

**EXPLORING HOW UNRESOLVED TRAUMA CONTRIBUTES TOWARDS
STUCKNESS WITHIN INTRAPERSONAL AND INTERPERSONAL
RELATIONSHIPS: APPLYING SOMATIC EXPERIENCING AND LOGOTHERAPY
INTERVENTIONS**

by

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DECLARATION

I declare that **'Exploring how unresolved trauma contributes towards stuckness within intrapersonal and interpersonal relationships: Applying somatic experiencing and logotherapy interventions'** is my own work and that all the sources that I have used or quoted are indicated and acknowledged by means of complete references.

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Change has been a constant and common denominator in the process of commencing and completing this thesis. The need to relocate and live abroad has increased my understanding of immigration trauma, with its many nuances of loss, adjustment, and reintegration.

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ABSTRACT

The study undertook to explore the notion of stuckness within interpersonal and intrapersonal relationship dynamics. Stuckness has different presentations and can pertain to an individual's inability to move beyond a particular challenge, or find resolution to one or more persistent problems. Alternatively, the stymied dynamic could manifest as a person becoming consistently highly activated or triggered. This has negative ramifications, within both interpersonal and intrapersonal relationships. Therapeutically, psychological stuckness is frequently encountered, and a lack of resolution of past trauma, is speculated as being a contributory factor.

A qualitative, explorative research study was conducted over a period of one year, to collect data. The research design consisted of five case studies of participants who engaged in approximately one year of therapy. Participants were seen fortnightly, by a clinical psychologist, who is also the researcher of the study. The notes taken in the therapy sessions, as well as other qualitative methods, were utilised to collect the data. The data was analysed for themes formulated by the researcher, which themes correlated with the principles of the two schools of thought applied in the study. Logotherapy and somatic experiencing are the therapeutic interventions, which were included in the research method. These approaches were utilised in an endeavour to explore their efficacy, in resolving stuckness, speculated as being due to unprocessed trauma.

Participation in the study was voluntary and boundaries of ethical codes, as well as values of psychotherapeutic therapy adhered to. There was no monetary exchange for the therapy received, and no costs incurred to the participants, in the research study. The presence of a long-standing persistent problem, or issue (stuckness) that had belied resolution, was the main criteria for inclusion in the study.

The research explored the possible association between unresolved trauma, as well as various types of interpersonal, and intrapersonal stuckness. Impulsivity, explosive tempers, irrationality, emotionality and bizarre acting out behaviours, are some of the presentations, that the study speculated, as being due to unprocessed traumatic

energy. A contribution of this research is that there is an absence of any prior studies conducted which explores stuckness and its correlation with unresolved trauma. In addition, no other research assessing the combined, top-down, and bottom-up efficacy of the therapeutic approaches of logotherapy and somatic experiencing were sourced. Payne, et al. (2015 b) state that they could not find evidence of more than five papers which provided case studies on somatic experiencing as a trauma intervention. The number of studies undertaken on somatic experiencing in general, is also significantly limited (Changaris, 2010; Samardzic, 2010). This adds to the value, meaning and purpose of this research, as it is a unique endeavour, motivated by the researcher's intention to add more value to individuals' lives, especially when the presenting problem, appears to be unfathomable stuckness. In an absence of any understanding for the reasons for such stuckness, these people may experience significant distress at being stymied, within the self, or in relation to others, as well as feel at a loss for any possible recourse. This study could prompt other researchers to conduct similar investigations, not only of the combined body-based, and cognitive psychotherapeutic interventions, but also of the link between stymied interpersonal, as well as intrapersonal relationship dynamics, and trauma.

The application of a mind, body and soul approach in the study, through the inclusion of logotherapy, is also relevant. In reviewing the direction of psychological fields, one can detect that the trends are towards constructs such as meditation, enlightenment, consciousness, meaning, purpose, mindfulness, presence, and spiritual identity. Individuals are seeking more enlightenment, and want to explore more of the noetic dimension, which I believe psychotherapy has to include, in order to meet the needs of an evolving society.

Key terms: activations, body psychotherapy, impact of unresolved trauma, interpersonal relationships, intrapersonal relationships, logotherapy, somatic experiencing, stuckness, stymied, triggered

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CHAPTER 1

INTRODUCTION

“The body, for a host of reasons, has been left out of the talking cure”

(Ogden, Minton & Pain, 2006, p.xxvii).

The immobility she felt in her body was as shocking as the news itself. Numbness seemed to have descended, almost instantaneously, creating a sensation of being locked in. Frozen with dread, she felt trapped, as if she was inside a large block of ice, and was seeing and experiencing everything from within this frozen piece of matter. Stiff and cold, she could see through the transparency of the ice, her perceptual awareness, registering everything that was transpiring, as her sense of taste, touch, smell, sight and hearing, accurately informed her body of the traumatic experience. She remained, however, completely numb. Immobile, the feeling of helplessness, powerlessness and sense of absolute loss of control, appeared to exacerbate the distress at feeling unable to move. The air around her appeared resistant to her attempts to take in oxygen, as she gasped for air, struggling to breathe. Everything seemed surreal, as she experienced a sensation of spiralling more and more out of control. Her body had begun to shake uncontrollably, almost the instant she had heard the overwhelmingly and distressing news. It was only now she noticed the trembling. The feel of her throbbing heart seemed to reverberate around her whole head, in what sounded like loud pounding. Then the body's sensations changed. She noticed a kind of slow settling feeling within her entire being, as she felt her body bobbing gently, in small, rhythmic movements of rocking, backwards and forwards. This had a soothing, comforting effect. The tiny beads of perspiration that had previously appeared on her forehead, now seemed to have dissipated. The trembling had stopped. The accelerated heart rate had begun to return to a normalised beat and a kind of regulation within her nervous system ensued. The disruption to the equilibrium in her body seemed to have been restored quite of its own accord. Emotion now seemed to replace the numbness. The tears came slowly at first, but increased in both volume and speed, resulting in a torrent of crying, as she wrapped her arms around herself, continuing in the rocking motion. It had been emotionally overwhelming and was indeed traumatic for her. Her body was clearly speaking the language of sensation (Levine, 2010).

The body indeed has a voice,
a silent one,
which communicates through sensation in the body,
as it seeks to find expression (Levine, 2010).

ORIENTATION TO THE STUDY

Chapter one provides an orientation to the research. The context of the problem, which is the possible association between stymied interpersonal, as well as intrapersonal situations and unresolved trauma, is explained. A discussion on the research motivations, and the impact of stuckness on relationships is included. The two therapeutic interventions utilised in the research, logotherapy and somatic experiencing (referred to as SE), are briefly described, together with definitions of relevant constructs. The chapter concludes with an overall outline of the chapters of the study and the contribution of this research.

Traumatic issues are often unconsciously stored within the memory of the body and in the mind, as well as on a spiritual level (Levine & Phillips, 2012; Ogden et al., 2006). This study seeks to explore the stuckness in relationships, both interpersonal and intrapersonal, and the possible connection between such stuckness and unconscious, past trauma. In addition, it considers the detrimental effect that this may have on an individual's interactions, as well as communication patterns with self and others.

Khan (2003) highlights that trauma can manifest itself through dysregulated, or malfunctioning behaviours amongst individuals, groups, or organisations. Stymied intrapersonal and interpersonal interactive dynamics, may manifest in the form of overt or covert, passive or aggressive behaviours, quiet, normal or loud communication patterns, and at times, in 'walling off' or exit behaviours. Literature from more recent research on trauma has enhanced awareness of the unconscious processes thereof (Geller & Porges, 2014; Hessel, 2014; McFarlane, 2010; Porges, 2017; Van der Kolk, 2014; Whitehouse & Heller, 2008). In addition, it has increased insight into how such unresolved psychic trauma can unintentionally, involuntarily and quite suddenly, without warning, break through into conscious behaviour, with dysfunctional outcomes (Van Der Kolk, Hopper & Osterman, 2008). Although some research has explored the impact of trauma on relationships (Dorahy et al., 2013; Nelson Goff et al., 2006; Ray & Vanstone, 2009; Rosenbaum & Varvin, 2007; Vandervoort, 2006), there appears to be limited available information, similar to what this study explored. This appears to be demonstrated from the minimal amount of literature that could be found on the topic.

During the time period of of June 2016 and April 2018, data bases that were consulted to review the possible literature on this research topic include: the Wiley Online Library, Taylor & Francis Online, SAGE Journals, PsychARTICLES, PsychINFO, Informit, Routledge, ScienceDirect, Social Science Citation Index, EBSCO, Wiley Interscience and ProQuest. Key words utilised in the literature search, included trauma and relationships, trauma and stuckness, activations, body psychotherapy, impact of unresolved trauma, stymied intrapersonal relationships as well as intrapersonal relationships, logotherapy, psychological stuckness; stymied relationship dynamics, somatic experiencing, stuckness, stymied, and triggered. The lack of empirical data that could be sourced confirms the minimal literature on this topic. In addition, no similar study combining the therapeutic approaches of logotherapy and somatic experiencing to explore varying stuckness or stymied contexts was found.

This study explores one small dimension of trauma, which is reiterated as the stuckness or stymied experiences of an individual, which present either cognitively, affectively or behaviourally, within intrapersonal or interpersonal interactive dynamics, that may, unknowingly, be linked to previous, unresolved traumatic events. According to Koithan, Verhoef, Bell, White, Mulkins and Ritenbaugh (2007, p. 664), stuckness refers to “a chronic, recurring, negative way of being-in-the-world, a repetitive dynamical rut, with negative biopsychosocial consequences”. Stuckness or stymied effects that arise within interpersonal or intrapersonal relationship dynamics, can often manifest in a process wherein a person becomes unable to move past a challenging dilemma or find resolution to a particular problem.

Alternatively, the stymied dynamic could be a result of an individual regularly becoming highly activated or triggered, influencing their communication patterns in a negative manner. High activation, due to a charge in the sympathetic nervous system within the body, is experienced as a bodily sensation. It manifests as an extreme level of arousal within the body which can transform into sensations of shaking, perspiration, increased heart rate etcetera (Levine, 1997). It could be described as the person’s nervous system almost, over-firing. Together with this, emotions and thoughts which are connected to the sensations, and which link to an unconscious past and unresolved issue, can then also be triggered. This means that the experience in the there-and-then, connects up with the experience in the here-and-now. The person could then

feel that everything that is being experienced, is part of the present time event, without awareness that present feelings have coupled or joined with those that actually occurred in the past event. Resolutions generally fail to materialise in such interactive dynamics, whether this takes place within the self or within relationships with others. Furthermore, it often leads to dysfunctional interactions in the communication patterns within the self, or in engagement with others. This is because the intense emotional or behavioural acting out, stymies functional interactive processes, which in turn can lead to destructive or ineffective outcomes. As indicated by Van der Kolk (2002a), some of the latest trauma research has promoted understanding in terms of the link between emotion, thought and the body. In addition, it has increased awareness of the extent to which overwhelming experiences affect memory, how individuals respond to stress, both physiologically, as well as psychologically, how appropriately affect is regulated, and the impact of trauma on relationships.

The definitions of the terms 'activation' and being 'triggered', specific to the context of this research, are provided further down in the content of this chapter. The manifestations of these activations are varied. They can be displayed in the form of stuckness or stymied behavioural, cognitive or emotional responses, as well as in the experiencing of repetitive, challenging issues and/or obstacles within a relationship. This may or may not be accompanied by activations or triggerings within oneself (activations and triggerings will be used interchangeably hereinafter). The latter two terms refer to unconscious, involuntary and often intense, emotional or behavioural responses, which occur as a result of unresolved trauma, of which the individual is completely unaware. Such activations are, for the most part, nonsensical or out of context to the actual occurrence. This is confirmed by Van der Kolk (2002 b), who states that an individual experiencing these intense emotions or sensory reactions, does not have cognitive awareness that the affective or behavioural response evidenced, is linked to the past, and that it is now manifesting in the here-and-now.

The manifestation in present time, is due to the mind and/or the body's memory, connecting or 'coupling,' with a previous trauma (Levine, 2015). These outward reactions are correlated with past, or there-and-then experiences, and are generally out of context to what is transpiring in the here-and-now. In addition, they often lead to stymied or destructive communication dynamics within the person or within

relationships. The reason that these reactions frequently have a detrimental impact, is that they are generally framed within overwhelming emotional or behavioural responses that are irrational, illogical, destructive as well as ongoing. In addition, they are often without resolution as they occur perpetually. As indicated by Van der Kolk (2006) and mentioned above, the repetitive occurrence is due to the fact that they are spontaneous reactions, that are linked to unconscious past trauma, that arise involuntarily, as well as spontaneously, without cognitive understanding. Together with this, the individual generally attributes the cause of such reactions to whatever the presenting challenge appears to be in that moment, which is actually just the perceived cause of the intense behaviour or stuckness, but is not the actual reason. In reality, the behaviour is linked to past unresolved woundings of which the person is unaware. Thus experiences from the there-and-then, are manifesting in the here-and-now. Exploring the links between such activations, stymied relationship dynamics and past trauma, was the focus of the research using somatic experiencing (SE) and logotherapeutic approaches.

Somatic experiencing is a body psychotherapy developed by Peter Levine, used in the intervention of trauma. Logotherapy is a meaning-orientated psychotherapy, which holds as its core premise, the idea that life is inundated with meaning (Lukas, 2000). In his formulation of logotherapy, Victor Frankl (1986) highlighted the fundamental tenet of this theory, as the will to meaning, as well as the will to freedom. This therapeutic approach also encompasses the principles of purpose, the uniqueness of each person, three types of core values, the will to freedom and freedom of choice, when exploring existential crises or unresolved issues (Frankl, 2006). Frankl (1986) also highlighted responsibility, as well as the significance of the soul, the unseen or noetic dimension of the individual as pertinent in the journey towards self-transcendence. He emphasised that humans are self-determining, with the option to choose how and what, their existence will comprise. Furthermore, with the awareness of their free will, a person can change the course of his or her life through challenging their thoughts and beliefs, as well as through the creation of new meanings. The relevance of a triad inclusion of the body, mind and soul, are increasingly being acknowledged within contemporary forerunners, in respect of the impact of trauma and its treatment approaches (Levine, 2015; Ogden, 2006; Pattakos, 2010; Rothschild, 2000; Van der Kolk, 2014).

The research methods of logotherapy and SE are utilised interchangeably, as the two primary therapeutic interventions. Therapy sessions (approximately 33 in total), comprising 50 minutes duration, were conducted with each of the research participants. They all presented with some ongoing, repetitive issue or issues, that persistently prevailed, and for which there was an absence of any understanding. This study is aimed at exploring a variety of types of stymied contexts, within inter and/or intrapersonal relationships. The stymied contexts or stuckness, were speculated as often originating from ongoing, unconscious activations, impacting either the intrapersonal or interpersonal relationship dynamic. Somatic experiencing is considered an effective therapeutic intervention, as it facilitates the resolution of unresolved trauma, incorporating body awareness and sensation. In its application together with a meaning-orientated, logotherapeutic approach, it serves to explore the possibility of new meanings. In addition, this cognitive paradigm can challenge pre-existing thoughts and beliefs, which may be faulty, illogical, irrational or too rigid (Frankl, 2000), and could result in optimal outcomes in assisting participants in their stymied contexts. These two interventions both oscillate towards working in the here-and-now, serving to increase levels of self-observation, self-awareness and consciousness of body sensation, as well as enhancing cognitive insight and understanding. In addition, it is envisaged that the combined approaches could assist individuals to improve their own emotional self-regulation. This would include the recognition and management, of personal activations, which could potentially jeopardise healthy relationship dynamics with the self and between others.

In providing particular attention to the impact of such activations within interpersonal and intrapersonal relationships, this study is focused on exploring how unresolved trauma could be one of the contributory causes leading to various manifestations of stymied interactive communication patterns. The stuckness, understood from a trauma perspective, considers that the individual could be viewed as still being in a type of emotional freeze, or immobility, in terms of a certain event from their past. This is due to a lack of completion of the protective defence responses of fight or flight, when the body experienced the actual trauma and a freeze response was locked in. One possible outcome of this lack of resolution, or being stuck in a freeze response, is that it holds the ability to unconsciously negate relationship dynamics. This may be within the self or between others and is seldom understood by the persons

experiencing them. It often includes a lack of consciousness, as well as understanding of what is transpiring in the body.

Orientation to the context of the problem

In orientating the reader to the context of the problem, it is pertinent to discuss the DSM-5 category of post-traumatic stress disorder (commonly known as PTSD), that is often associated with sufferers of trauma. The life of the individual diagnosed with PTSD becomes significantly compromised by the past, traumatic event or events. The basic premise of PTSD is that there is an ongoing, unconsciously prompted resurfacing of both affect as well as of bodily sensation and/or thoughts or images, that are linked to the traumatic memory, without dissipating over time (Van der Kolk, 2002).

Post-traumatic stress disorder is a well-known medical term within psychiatric manuals. In order to warrant a diagnosis of PTSD, the client needs to present with a certain cluster of symptoms which fit the prescribed presentation list (Caruth, 1995). One of the key features of the diagnosis is that a minimum period of at least one month subsequent to the trauma needs to have lapsed, with no prescribed time frames other than that. Thus a person could be diagnosed with PTSD, several years after an event. In conjunction, the symptom criteria include the person displaying signs of their coping capacity being exceeded, as well as other features such as intrusive thoughts, repetitive reliving of the traumatic experiences, depression, anxiety, disturbing dreams or nightmares, and avoidance of anything associated with the occurrence. However, as Caruth (1995) continues to elaborate, a traumatic event cannot depict a person's response, nor can it predict individual reactions.

Traumatic events, whether they are experienced physiologically through some sort of injury or through a psychological wounding, are unique to each person as well as being internalised and managed in accordance with each individual's intrapersonal dynamics (Levine, 2010). The concept of being 'triggered' or 'activated' (Levine, 2010; Van der Kolk, 2014), is pertinent to the essence of this research endeavour, as this is one of the main indicators that unconscious, unresolved trauma energy is being activated within the intrapersonal or interpersonal relationship.

With PTSD having now been briefly introduced, it is important to highlight that this study did not recruit participants who had been diagnosed with PTSD or any other psychiatric disorder. In this instance, therapy participants were invited and then included as research participant based on the fact that they were experiencing some type of stuck behaviour, or stymied communication dynamic, either within the self or between themselves and others.

The possible unresolved, unconscious processes of unprocessed trauma within an individual, was the focus of attention, and how such stymied behaviour, cognitions, affect or activations arose, as a result of possible unresolved past trauma. Studies have confirmed that victims of trauma can experience internal changes, subsequent to a healing process, which in turn, may give rise to new behaviours and may result in the elimination of becoming triggered (Levine, 2010, Van der Kolk, 2014).

Rationale for the research

Analysis of the problem: Trauma and relationships

One of the motivational reasons for exploring this research problem arose subsequent to a previous study conducted by the researcher on the impact of repetitive armed robbery in the workplace (E'Silva, 2005). In this study, an unintentional outcome was that the majority of the participants reported that their interpersonal relationship dynamics had deteriorated substantially after the repetitive traumatic experiences. This prompted the researcher's interest as to how current, as well as unresolved trauma, could be a notable, contributory factor in the stuckness found within relationships, whether they be with significant others or just with others in general. In addition, the stymied behaviour could manifest itself within the relationship dynamic that individuals have with themselves.

During this trauma study it was further noted by E'silva (2005) that the statistics prevailing in South Africa during that period indicated that 75% of marriages were ending up in the divorce courts, and this was an underreported figure as many persons opted just to separate, not having the financial resources to pay for a divorce. This

awareness planted the seed of questioning around relationship dynamics and the possible detrimental impact that unresolved trauma could have.

The current research task, utilising SE and logotherapy, has as its broad intention, the pursuit of increased insight, knowledge and awareness of therapeutic approaches that can contribute to addressing stuckness, maximising relationships with oneself and with others, as well as effectively resolving trauma.

Unresolved trauma is often something an individual is not consciously aware of. The integration of trauma within the psyche, can manifest in the presentation of certain behaviours and patterns, in the relationship with the self and in interactions between others. Research conducted on trauma and its impact on relationships (Donnellan, Murray & Holland, 2014; Dorahy et al., 2015; Monson, Taft & Fredman, 2009; Ray & Vanstone, 2009; Vandervoort & Rokach, 2003) suggest significant negative implications. The issues highlighted in these studies include behaviours such as mistrust, social withdrawal, sexual dysfunctions, shame, infidelity, self-doubt and low self-esteem. Additional presentations were moodiness, disconnection, high levels of irritability, anxiety, hyper-intention, irrational thinking patterns, excessive pre-occupation around perfection, obsessiveness, feelings of inadequacy, self-consciousness in respect of weight management, judgemental thinking, impatience, intolerance and hyper critical tendencies. In considering the interpersonal relationship dynamics being discussed in this research, some of the manifestations could be in respect of miscommunications, constant misunderstandings, altercations, activations and reactions that are often out of context. Logical solutions and clear understanding regarding resolution of these stymied dynamics could be attributed to the unconsciousness that often correlates with traumatic experiences (Donnellan, Murray & Holland, 2014; Levine, 2015; Van der Kolk, 2014).

The researcher speculates that stuckness, and the unconscious associated trauma, could contribute towards the premature dissolution of interpersonal relationships, or to the lack of maximisation within the intrapersonal dynamics of a person.

Motivation for the research study

The current study has, amongst the other motivations mentioned, been prompted by the search for possible new understanding, meaning, and resolution of individual stuckness. This includes the recognition, dissolution and management, of unwanted, as well as unwarranted activations. While acknowledging the possibility of other determining factors, these activations and stymied relationship dynamics are viewed by the researcher, as being due to unresolved traumatic wounds from the individual's past.

The study focused on how unresolved trauma unconsciously influences physiological and psychological processes. The trauma, which may have occurred in childhood or in adulthood, can potentially, detrimentally and without conscious awareness, effect the individual in so far as both intrapersonal and interpersonal relationship dynamics are concerned. Although the researcher was unable to source and replicate research or literature on this particular type of exploration, other findings have suggested personality changes resulting from trauma (Hartman et al. & Levin in Allen, 1994; Van der Kolk & Ducey in Allen, 1994; Souffrant in Wilson & Keane, 1997; Swanson et al. in Allen, 1994; Sloan et al. in Wilson & Keane, 1997).

Limited research and literature on the topic

A third motivating factor prompting this research study was the apparently limited literature and research on the effect of trauma upon, as well as *within*, intrapersonal and interpersonal relationship dynamics. The various data bases that were consulted in sourcing research material, on a combined body-based and cognitive therapeutic approach in exploring stuckness, as well as its corresponding link to trauma, are detailed in the initial discussions in this chapter.

Personal motivation for the study

The research was also motivated out of the personal meaning it provided the researcher. The two therapeutic approaches of SE and logotherapy used in the study are relevant because subsequent to qualifying as a logotherapist, and engaging in her

own therapy process with a SE practitioner, new meanings emerged for the researcher. Logotherapy is meaning centred therapy and the term 'meaning' is gaining more attention within the field of contemporary trauma studies (Southwick, Gilmartin, McDonough & Morrissey, 2006; Asagba, 2015). A noticeable, positive shift occurred within the researcher in terms of personal resolution of trauma, as well as meaningful and positive change, which was further enhanced by embarking on a journey of study of SE. As a result of the positive, personal changes that these interventions brought about, together with the application of these approaches within her own therapeutic practice, it held significance for the researcher to explore them. In addition, the stuckness often encountered within a therapeutic space with clients became an area of interest. The study provided a platform to explore these ideas more fully.

Research domain

The research is focused on exploring the possibility that relationships with the self and others can be salvaged or improved by allowing the stuckness, stymied dynamic or activation, to serve as an indicator of an unresolved trauma, which can then be addressed and resolved, through the application of a combined approach of body psychotherapy (SE) and meaning orientated therapy (logotherapy).

The structure of the thesis

The overall structure of this research study can be concisely summarised as detailed hereunder:

Chapter 1 is intended to provide the reader with the general details of this research endeavour. The context of the research problem pertains to the stymied intrapersonal and interpersonal relationship dynamics, which can result due to unconscious, unresolved traumatic symptoms. These symptoms arise involuntarily via the body, and cause behavioural or emotional responses, that negate, or detrimentally impact, these interpersonal or intrapersonal interaction patterns. The research approach explored how two therapeutic interventions, SE and logotherapy techniques, could assist in addressing and resolving the stuckness or stymied dynamics within such relationships. Supporting background information in respect of the context of the problem, research

aims, methodology, how the study was approached, participation criteria and how participants were recruited, as well as definitions of key constructs, are all contained within Chapter 1.

In Chapter 2, the literature review explores how trauma may be a contributing factor in the development of stymied interpersonal and intrapersonal relationship dynamics (E'silva, 2005; Nelson Goff et al., 2006). It seeks to elaborate on the unresolved traumatic energy which remains within the person, particularly within the cellular system and how working with the physiology of the person can contribute towards healing (Levine, 2010; Ogden et al., 2006).

Chapter 3 focuses on the assessment tool for the current study: using SE and logotherapeutic techniques as the interventions within the therapeutic encounter. The various tenets of these two approaches are detailed comprehensively within the chapter.

The methodology of the study is detailed in Chapter 4. Specification, with respect to participants in the research, is outlined in terms of recruitment, selection criteria and demographic details of the sample group. Process notes were taken during the sessions. Audio recordings were not utilised, due to the extent of required observation, versus minimal talking, that takes place during the SE interventions. Furthermore, the most natural therapeutic space was intended for the client, to minimise any association to the process being associated with a research study. In addition, due to the researcher's intent to ensure authenticity, a logotherapeutic principle, the view was that tape recordings would create unnecessary tension. This tension would be within the individual and the therapist, thus not only undermining the therapeutic process, but also possibly the authenticity of participant's responses.

In Chapter 5, the researcher discusses the results yielded by these interventions and their impact upon the individuals within their varying case presentations. It includes an overview of the entire study and concluding remarks.

An integration of the case study outcomes, with accompanying concluding remarks concerning the study, are detailed in the final segment of the research document, in chapter 6. This chapter briefly discusses the research and possible future implications.

Contributions of the research study

This study is centred on the premise that stuckness experienced within intrapersonal and interpersonal relationships could result from previously experienced, unprocessed or unresolved trauma. If such a premise is correct, the symptoms of trauma will be demonstrated in stymied contexts, that play themselves out in our daily lives, within the interactive communication and interaction dynamics of these relationships. It could manifest in the confusing activations and misunderstood, unwanted triggerings that arise in different interactive contexts. The research utilised the therapeutic intervention techniques of both SE and logotherapy in the study. These two interventions are regarded by the researcher as effective when they stand alone, and even more so when applied interchangeably and integrated within a therapeutic encounter.

Concluding remarks

In this chapter the overall aims and intentions, as well as a comprehensive coverage of the pertinent details of this research study were provided. This exploration of stuckness within interpersonal and intrapersonal relationship dynamics is one which also examines the effectiveness of the therapeutic approaches of SE and logotherapy. The utilisation of these two interventions, in addressing stymied contexts and possible connections to the presence of unresolved traumatic events, may be of value and contribute in some way to a clinician's understanding and ability to assist clients within therapy processes.

CHAPTER 2

LITERATURE REVIEW

Introduction: A review of how unresolved trauma can have a detrimental impact within the intrapersonal or any interpersonal relationship

An in-depth discussion is provided in this chapter, including a more contemporary definition of trauma from the SE body-based perspective, as well as the meaning-orientated, cognitive therapy approach of logotherapy. It commences with an example of a possible relationship scenario, which includes various of the constructs pertinent to the broad research topic. These include activations, poor boundaries, loss of impulse control, shame, often stymied intrapersonal and interpersonal relationship dynamics. The relevance of the manner in which physiological dimensions of trauma marry with faulty cognitions, belief systems and illogical meaning making, is elaborated upon. Stuckness is described in various forms and the chapter concludes by elaborating on the two therapeutic interventions, as well as their value as a combined approach.

An example of a scenario:

Subsequent to a text message received from a client, while working on this research there is a reminder. A reminder of the one of the reasons for the commitment to the study. The client's text indicated that he had beat her yet again, in another incident where 'activations' had led to behaviours which were followed the next day by feelings of guilt and remorse. Understanding was not helping, nor were challenging cognitions, for, in the light of the involuntary and intense explosive emotion that appeared to ignite from the body, this client's partner, lost rational thought capacity. He furthermore, seemed to return to the past, as his central nervous system engaged with past memory, blurring the boundary between previously experienced psychic wounding from his past, and reliving it as if it were occurring in the present, as it coupled with a similar wounding in the here-and-now. The only issue is that there was no conscious awareness of this, nor control over the activation in that moment. Compounding the issue further, is the instant, inaccurate and often misplaced cognitive attribution of cause or blame for the behaviour or emotion displayed which serves to justify the activation. This is the kind of confusing behaviour within relationships together with other 'stymied' contexts that motivated the study.

Stuckness, trauma and relationship

The above scenario, depicting an abusive act, which occurs with some frequency within relationships, refers to what is often regarded in psychological nomenclature, as either poor impulse control, low levels of emotional intelligence, inadequate emotional regulation, or in a layman's terms, simple lack of self-control (Nelson Goff et al., 2006; Siegel, 2012; Van der Kolk, 2002, a). If repetitive, the relationship dynamic is stymied and the perpetual jarring of a healthy engagement, can lead to dissolution of the union. Interpersonal violence can contribute towards destructive patterns within both the intrapersonal, as well as the interpersonal relationship dynamic. Therapeutically, these contexts are challenging and at times confrontational for both clients as well as the practitioners working with them. Balcom (1996, p. 1) concurs that when working with such cases, therapists and other professionals involved are faced with complexity and a "plethora of difficulties" in working through individual trauma histories, as well as the couple together. This pertains to any stymied trauma dynamic, irrespective of whether the focus is intrapersonal (abusive relationship with the self, involving self-harm, self-mutilation, self-sabotage, etcetera) or a particular type of interpersonal stuckness within relationship, or other contexts.

Koithan et al. (2007) define stuckness, as referring to a habitual, cyclical, repetitive state [in relationship with self or others] which is accompanied by a languaging of stuckness about the stymied patterns, which too, are recurrent and result in negative biopsychosocial outcomes. A denotative meaning of stuckness, according to the researcher of this study, is that it is a more pathological stymied, recurrent pattern of communication or behaviour, occurring intra-psychically, eliciting feelings of distress, confusion, misunderstanding and/or dysfunction, in either intrapersonal, or interpersonal relationship dynamics. It tends to undermine the self, as well as negating optimal ways of being in the world and healthy wellbeing. It includes an inability to find resolution to ongoing intrapersonal struggles within the self, despite the awareness that the issue is illogical, irrational, limiting or self-sabotaging, or detrimental to the self. The stymied effect can take the form of a number of presentations, ranging from stuckness in terms of inability in self-actualisation, acceptance, or integration of something into one's life (sexual identity crises), or being challenged by perpetual feelings of worthlessness, social phobias, aggression and acting in, or out behaviours,

etcetera. Stymied interpersonal relationship dynamics, irrespective of whether they are of a business, social, intimate, romantic, occupational, or personal nature, could also be the area of stuckness.

Beaudoin (2008) views the stymied context as one which lacks mobility or the capacity to change, and which is continuously thwarted. It can also refer to the repetitive and ongoing movement, in non-productive, or detrimental directions. The feeling of being stuck, is, according to Gianpiero (2007, p. 185) “the manifestation of an impasse, an intrapsychic conflict, and/or an interpersonal roadblock”. To this end, he views the stuckness as a possible opening cue, hinting towards the opportunity for development in the here-and-now. His question “where is this leading?” as opposed to “where is this coming from?” (Gianpiero, 2007, p. 187), aligns with Frankl’s (2006) logotherapeutic view, which is that stuckness is viewed as an existential crisis or existential vacuum. Such a crisis calls our attention to a possible exploration of existing meanings, and how these thoughts and beliefs, are impeding the expansion into new meaningful avenues in one’s life. His question, in keeping with this school of thought, might have been ‘*what is waiting for you ahead, five years from now?*’ as opposed to focusing on the stuckness.

Logotherapy regards stymied contexts, or existential challenges, as opportunities wherein one can review the past, consider the option of choice/s, engage in attitude modulation, be reminded of one’s will to freedom, as well as find one’s way out of suffering in moving forward (Lukas, 2000). Gianpiero (2007) calls attention to the fact that as far back as Piaget’s contributions in 1969, this process is explained through two of several constructs within a child’s overall development, i.e., the cognitive schemas of adaptation and assimilation. This is not unlike a stymied context wherein the intrapsychic self is hindered in some way, whether intrapersonally, or interpersonally, and is confronted with an opportunity to review and make changes.

In returning to the case previously illustrated, social perceptions and correlating opinions, may result in labelling it as an abusive relationship which is dysfunctional. Such abusive unions are often the cause of significant levels of distress and/or trauma, in both the abuser and the abused, which in turn exacerbates a decline in emotional wellbeing. In support of this, Rosenbaum and Varvin (2007, p. 1527) highlight that

while trauma per se can be considered to pose one of the greatest health threats worldwide, the trauma that ensues subsequent to violence between people are “endemic in parts of the world”.

The absence of a locus of control, as depicted in the situation, comprise two individuals, with the abuser having been triggered in some way and both seemingly overwhelmed by affective responses. Thomson and Kennedy (in Kahn, 2003) refer to this as an activation, stimulation of which, prompts the flooding of intense emotion within the individual, rendering loss of control. The clinical impressions that could be inferred from this case, are that there are a number of different, stymied contexts presenting. Firstly, the individual being victimised would be experiencing the flooding of intense physiological arousal, together with feelings of helplessness and being out of control, in this new present time traumatic episode. The abuser however, in keeping with the idea of activation and being triggered, has re-experienced the flooding of intense stimulation from a past, unresolved, unconscious experience in the here-and-now. The person is out of control in the current moment, due to the arousal from the past experience, overwhelming all cognitive understanding. On a supposition that healthy communication patterns, as well as interpersonal skills, as well as appropriate conflict resolution abilities, were previously accessible to this individual, these would now be inaccessible. They would be impeded or overridden, by the intense physiological re-arousal from a previous, past trauma, and replaced by violent behaviour. In addition, it is also possible that in the afore-mentioned scenario, there was a commitment to refrain from such abusive behaviour, which has, yet again, been repeated.

A challenging situation now becomes exacerbated by additional remorse, as well as recriminations, and an ongoing stuckness is reinforced, in terms of the intrapersonal relationship dynamic within the individual. The victim, who in turn may have sustained or been witness to abusive patterns of interaction historically, may also be experiencing intrapersonal stuckness. This stymied situation is that there is an unhealthy tolerance for the abusive behaviour, and an intrapsychic stuckness for the abused. In addition, there is a stuckness that continues, in the couple’s interactive, communication dynamic, due to the present pattern of behaviours in the here-and-now, which are influenced by the past, unresolved trauma. This correlates with the

view of Van der Kolk (1989): that the repetition of traumatic memory can occur on any number of different levels, such as affectively or physically. Stuckness implies immovability and according to Kahn (2003), cannot be avoided within social interactive relationships.

Subsequent to such a traumatic incident, the couple may be confronted with feeling stuck, in terms of solutions and may experience a host of emotions from anger, confusion, revenge, indignation, powerlessness, resentment, disillusionment, as well as disappointment in the relationship itself. To exacerbate the context further, the current trauma can create a new trauma. The new trauma would be based on the behaviours and emotions elicited in the present moment of the current abusive act. This correlates with Levine and Kline's (2007) view that aggressive behaviour is generated by trauma, and trauma in turn, engenders aggressive behaviour. These feelings, as well as the experience, can in turn, activate the re-experiencing or triggering of other, different, past, unresolved trauma which connects with the here-and-now trauma, which was actually triggered by past unprocessed trauma (Chu & Geib, in Balcom, 1996). In SE, when two or more traumatic events link together, the term is known as coupling (connecting or linking with) which will be explained in Chapter 3, which elaborates in more detail, on the research interventions.

To elaborate, the principles of the family system paradigm are utilised in explaining the foregoing, from the perspective of systems in operation. Becvar and Becvar (2000) state that a system comprises many interrelated and interactive parts, which impact and influence each other, as well as the system as a whole. In addition, completely independent systems, function within larger systems, which follow the same principle.

In applying this theory and returning to the previously discussed example of the abuse within a relationship, resulting in trauma, there are several pertinent points to consider. This relationship system is consequently placed under duress because of the inappropriate conduct, disrespect, breach of trust and loss of safety within the individual systems that make up the relationship system. The relationship system sustains further pressure from the individual systems, which, subsequent to the activation episode, are now both respectively under psychological stress. The reason being is that the individual persons, each made up of their own parts which comprise

their independent functioning system, are processing their own intrapersonal challenges as a result of the current trauma. Thus with this pressure the individual systems are further compounded as this abusive event holds the potential to trigger other, different, unresolved past trauma sustained by each of them individually. In their mutual interactions within the system, besides the event recently transpired and the impact that that incident had upon them individually, the relationship dynamic subsequent to the occurrence, will now include other previously dormant or unconscious trauma, which has been activated in each person. Thus, the complexity of the cycle of traumatic memories that can potentially become interactive, subsequent to one given event (as illustrated in the example), transpiring in the here-and-now, but which emanates from the there-and-then, past trauma, is significant.

To be concise, the here-and-now perceptions trigger past, unresolved trauma. This memory is acted out in the present, which potentially creates a new trauma. The new trauma can, in each of the persons, activate additional, different, unresolved past traumatic memory again, in each of them.

Defining trauma: A more contemporary, body psychotherapeutic view

In providing a definition that aptly fits with the mind body and spirit perspective of this study, various descriptive contributions of a few of the experts within the field of trauma, are reviewed: Peter Levine, Pat Ogden, Stephen Porges, Babette Rothschild, Robert Scaer and Bessel Van der Kolk.

In a concise review of how trauma was described in earlier years, we can consider the views of John Erichson, who in 1860, attributed the trauma symptoms, experienced by persons in railway fatalities, as being due to spinal shock (Leys, 2000). The subsequent contributions from Paul Oppenheim, a neurologist, depicted trauma responses as fundamental changes in the brain, and termed the collective symptoms of trauma, traumatic neurosis. The physiology of shock, evolved some fifty years thereafter, into conceptualisations of emotional shock, mental wounding and more psychologically orientated meanings, influenced by pioneers in the field of psychological nomenclature. These included J.M. Charcot, Pierre Janet, Alfred Binet, Morton Prince, Josef Breuer and Sigmund Freud. Historical definitions of trauma range

from individuals being dissociated from self, compromised cognitive-perceptual functioning, disrupted autonomy, splitting of the mind, psychic wounding, shell shock, female hysteria, troubling memories, absence of recall and states of dissociation from oneself. In reviewing some of the historical psychological history relating to trauma, Van der Kolk (2002, b) highlighted the writings of Sigmund Freud, the father of the psychoanalytical school of thought, who referred to the concept of acting. Freud's explanation is that in the absence of awareness of a traumatic event, an individual's inclination will be to reproduce the memory behaviourally, with behaviour [the body] being the only recall of the trauma.

Interestingly, contemporary views have resumed attention to the physiology component of traumatic experiences, with increasingly more insight and understanding of this phenomenon, than in formative years. "Trauma is not in the event itself, rather, trauma resides in the nervous system" (Levine & Kline, 2007, p. 4). The interpretation in an overwhelming incident, that incapacitates a person and leaves the self traumatised, is that they are not enough (Levine, 2010). Boundaries become infringed (Van der Kolk, 2014), meanings become obscured (Caruth, 1995) and the memory of the event, in particular, the sensations and emotions linked to it, are often dissociated from. The memory is however, retained within the memory of the body (Ogden et al., 2006; Rothschild, 2010; Scaer, 2006; Scaer, 2012; Van der Kolk, 2014), in particular, the nervous system (Levine & Phillips, 2012).

The subsequent impairment in boundary awareness, together with feelings of inadequacy and a loss of a can sense of safety structures around the self, can often lead to the inability to know how to implement healthy relationship parameters. This is exacerbated by the ongoing feelings experienced internally, which are seldom recognised. This lack of recognition is due to the stored, unconscious, emotional and/or cognitive memory, which according to Rothschild (2000) is still very much active within body and/or the mind. The effects of each trauma sustained by an individual is unique to that person, irrespective of whether such trauma appears large or small (Scaer, 2001). Heller (2006) emphasises that individual trauma is a singular experience, which thus suggests that a definition of trauma is a personal one. The crises and disasters of the human living experience form part of normal existence (Van

der Kolk, 1994), and as indicated by Levine (2010), the lack of resolution thereof does not have to be a life sentence.

In the event that internal and external resources are insufficient to manage a perceived threat, traumatisation takes place (Van der Kolk, 1989). In Van der Kolk's (1989) opinion, if trauma were a formal diagnosis in the DSM-5, this manual could possibly be reduced to the size of a pamphlet. The justification is that in general, the majority of symptoms experienced by individuals have their original roots in traumatic experiences. In essence it is any physiological, psychological, or spiritual experience that exceeds the capacity of the organism to cope.

Helsel (2015, p. 682) states that symptomology presented by victims of trauma unfortunately attracts psychiatric diagnoses, which he considers a misunderstanding of the actual experience of the survivor of trauma. His view is that the symptoms are components of our innate self-protection, which "have outlived their utility". Trauma responses are extensive, and are discussed in depth in the methodology. However, Matsakis (1998) highlights responses as incorporating three main emotional states: fear, being overwhelmed, and helplessness, or powerlessness. This author also includes the fact that in a trauma experience the person may often perceive the event as life-threatening, with no possibility of escape. The emotional range of affect in traumatic experiences includes feelings of incapacitation, isolation, exposure, impotence, and in particular, shame, or the fear of shame (Freed & D'Andrea, 2015; Heller, 2006; Schimmenti, 2016).

The blending of shame and trauma

Shame (Heller, 2006; Naparstek, 2006; Paat, 2013; Schemmenti, 2016) is often closely connected to traumatic experiences, and despite the illogical correlation, the individual tends to struggle with feelings of humiliation, deep self-loathing, self-disgust, as well as anger, at not having had control over the events sustained. Although shame is not an emotion exclusive to trauma, there are distinctions of trauma-induced shame as outlined by Paat (2013):

- a. Feeling shame within oneself due to having been victimised
- b. The event that occurred, whether inflicted by self or others, is deemed shameful
- c. Feeling shame as a result of the guilt experienced, including witness-guilt
- d. Feeling shame simply because of who one is
- e. Feeling shame for other persons, in particular for the perpetrator/s.

Shame that is linked to trauma is complex (Dorahy et al., 2013; Dorahy, Middleton, Seager, McGurrin, Williams & Chambers, 2015; Paat, 2013) and in the absence of demonstrating any resistance, a victim may experience being immobilised by feelings of fear, helplessness and passivity. The perception can often be that there is a loss of freedom and autonomy, which has the potential to negatively impact one's identity. One's assumptions about self are shattered, which in turn, can erode self-respect, as well as contribute to additional feelings of guilt.

In addition, the illogical shame which is coupled with the sense of inadequacy, and at times, a lack of knowing how to self-protect, is often a deep-rooted unconscious embedment. Levine and Kline (2007) expand on this, by highlighting an individual's scared feelings that often arise, when the body's response to trauma is actioned. There is often a feeling of having been betrayed by the self, and the body (Van der Kolk, 2014) and having to relearn that it is safe enough to go inside and explore the sensations of the body, trusting in its inherent wisdom.

Trauma is viewed as a psychophysical occurrence, irrespective of whether the individual sustained any physical injury or not (Rothschild, 2000). Shapiro (in Hessel, 2015) states that somatic therapy, is an approach that inserts the body at the centre of the intervention, as compared to verbally re-exploring the events of a trauma.

Physiological symptoms of trauma

Somatic experiencing and other body psychotherapies are communicated via the body through sensations, emotions, postural stances, images, thoughts and memories, from a bottom-up perspective, that require tracking and interpretation. Within the context of intrapersonal or interpersonal relationships, in the event of becoming

emotionally overwhelmed, or activated, an individual's defensive flight response, may be exhibited by the behaviour of exiting (physically or emotionally or psychologically). In the event that the fight response is a person's general inclination, within a perceived challenging, or triggering context, the person would oscillate towards becoming antagonistic, aggressive, or passively angry. This could lead to venting, or expressing such affect, either psychologically, emotionally or physically. In the flight mode of reacting, this protective defensive response, may often be observed in a relationship dynamic, when a person shuts down, walls off, sulks, retreats into sullen silence, faints, manipulates, dissociates, denies, externalises blame, or becomes rejecting. Traumatized people, as indicated by Van der Kolk (2002, b), are seldom aware that in the here-and-now intense affective, or behavioural overreactions, the felt sense in the body, or confusing behaviour, may be emanating from past unresolved traumatic events. Instead, the current challenges, or presenting issues, are deemed the reasons for the in-the-moment responses. The individual then makes use of justifications and rationalisations, based on the here-and-now occurrences and context. Physiological reactions are not fully comprehended, and the overwhelming fear can impede appropriate and/or protective responses. In the case of the flight, or fight response being hindered, either due to size, age, or being detected as unsafe, or impossible, the option of choice is removed. This exacerbates the feelings of helplessness and hopelessness, which in turn can contribute to feelings of illogical shame and inadequacy. A very young child may not be able to protect the self, and in the case of an adult, it could be perceived as being more dangerous to respond with fight, or flight behaviours.

In elucidating once more the integral focus of this research, the intention of the study is to explore the impact of unresolved trauma on interpersonal and intrapersonal relationship dynamics. The latter includes assessing whether relationships within the self, and between others, can be salvaged or improved, by addressing unresolved trauma, which may be contributing to the stuckness being experienced. It is the researcher's assessment that unconscious trauma memories within the body and the mind, can lead to behavioural, emotional or affective stuckness.

In reviewing what has been studied, from a position of the aims of the research stated above, and utilising the therapeutic interventions of SE and logotherapy, the

researcher found very little had been explored from this perspective. Literature that explored connecting ideas includes research such as that conducted by Nelson Goff et al. (2006), Ray and Vanstone (2009), as well as Rosenbaum and Varvin, (2007). The study conducted by Nelson Goff et al. (2006), considered the effects of trauma on intimate relationships, as well as upon family dynamics. However, this research endeavour, is more focused on the impact that unresolved trauma has within the relationship which is manifested in the forms of either stuckness or stymied interpersonal or intrapersonal relationship dynamics and/or activations that arise within the unions.

Stuckness, trauma and self-regulation

Vohs and Finkel (2006) clarify a possible misassumption in respect of an individual's level of self-control being correlated with the ability to self-regulate. This is equally applicable to the concept of self-discipline. A person that is able to exert exceptional levels of self-control or, who is significantly disciplined in the way their life is executed, suggests that a person is able to manage oneself effectively. This does not, however, provide a measure of nor confirmation of an individual's self-regulation capability. Self-regulation involves the capacity to modulate emotions, control impulses and in essence, manage the self psychologically, physiologically and spiritually. As confirmed by Nozaki (2015), self-regulation, includes the capacity to regulate one's own affect (intrinsic emotional regulation) as well as that of others (extrinsic emotional regulation).

The concept of somatic-regulation in the treatment of traumatised youth was researched by Warner, Spinazzola, Westcott, Gunn and Hodgdon (2014), and limited capacity to self-regulate, highlighted as being particular to this group type. However, despite deficits in this ability, the latter researchers emphasise the potential for developing self-regulation through "building interoceptive awareness of, attunement to, and skills for shifting physiological arousal" (Warner et al., p. 238). Interoception is broadly defined by Farb et al. (2015, p.1) as indicators that arise from within the inside of the body and are detected through the felt sense or physical sensations. The capacity to engage in interoceptive awareness, such as sensing heart rate and breathing depth, is integral for our sense of "embodiment, motivation, and well-being" and is a process which includes receiving, locating and evaluating signals from within

the body. This perceptual capacity is regarded as being closely connected to self-regulation, and thus, is viewed as having contributed towards helping a person in their ability to ensure equilibrium within the human system, over the evolution of time

Types of stuckness, trauma and attachment

In the assessment of using SE and logotherapy to alleviate stuckness, it is important to be cognisant of the different types of stuckness that can arise subsequent to trauma. This inability to correct or change something when it is acutely desired by a person can be due to traumatic incidence and does not automatically indicate an incapacity to self-regulate. Lack of self-regulation capacity can be one element of traumatic memory which results in stymied behaviour.

In the event that the stuckness is due to unresolved trauma from infancy, then the view of trauma and attachment theories assist in comprehension of assisting individuals. According to O'Leary et al. 1998 (in Vandervoort & Rokach, 2006) the capacity to self-regulate is undermined subsequent to suffering traumatic incidence. This capacity may be undermined by a trauma from any period in an individual's pre-birth (in the womb), infancy, childhood, adolescence or adulthood.

A previous case study of one of the researcher's own therapeutic clients will be used as an example of how psychological stuckness can, on an intrapersonal level, due to unresolved grief as well as attachment trauma, play itself out in an interpersonal relationship.

Client Anonymous reported to her therapist that she was struggling with intense anxiety over her son, who was in his last few years of adolescence and this emotion was negatively permeating their relationship. Intolerable levels of anxiety and fear, coupled with intrusive thoughts over something happening to him, such as injury or loss of life, were the presenting intrapsychic or intrapersonal symptoms. Interpersonally, this client was aware of being unduly overprotective and becoming emotionally upset over some of her son's behaviours that in her rational thinking mind she was aware were normal behaviours. What is known in terms of fear is that in most instances, it is irrational, illogical and often nonsensical. This client, however, was

experiencing unconscious activations which blurred her perceptual functioning capacity and stimulated high levels of arousal in her nervous system. This appeared to the therapist to be a consequent of past, unresolved trauma being activated. It was obvious to the client that her emotional experiences were not marrying up with actual contextual events and the stuckness was manifesting on two levels. Intrapersonally, she was feeling out of control and helpless to change her affective experience. On an interpersonal level, there was concern that her out of context feelings were undermining and detrimental to the relationship intended with her son. During a SE therapeutic session, to this client's surprise, in exploring the topic cognitively with the therapist and then moving into body psychotherapy, the current context linked up to grief in her past. There were three incidences of grief, involving three significant male family members, two lost through death in recent years and one from more than 20 years prior. Additionally, due to attachment trauma in the client's past, involving trauma with loss of caregivers, it appeared to have caused a blockage or stuckness in her ability to access emotions congruently. That stuckness appeared to have, in turn, obstructed her capacity to fully grieve the interpersonal losses. Van der Kolk (1994) states that in a traumatic event, the person disengages or disconnects psychologically and thus has no recall of the trauma. Thus affect (helplessness, sadness, anger, hurt, fear etcetera) and accompanying sensations (accelerated heart rate, trembling, shallow breath, light-headedness etcetera) as well as behaviour (immobilised fight and flight responses) that are linked to the unresolved trauma, tend to return in confusing and unexpected ways without lessening over time. This indicates that the person was unable to assimilate and integrate the traumatic event/s. The activation/s as a whole, includes the inappropriate, misplaced, misunderstood or unwanted patterns of behaviour from such experiences, which compromise healthy interpersonal and intrapersonal relationship dynamics.

Returning to the case being discussed, it can thus be seen that there are two different stuckness episodes, each accompanied by psychic energy, still unprocessed and trapped in the body. This vortex of traumatic energy, which includes a range of emotions, retained within the client's physiology over an extended time, led to the unconscious anxiety over separation from her son. The symptoms thereof manifest in controlling, irrational affective responses and other counterproductive, interactive

relationship patterns, due to the lack of resolution of the traumas experienced (grief and attachment issues).

Attachment theories inform us of the link between trauma and the underdevelopment of integral processes in the mother-child bond. Carleton and Gabay (2012) include the theories of Wilhelm Reich, who is one of the pioneers in conceptualisations of body psychotherapies. Their research discusses the concept of self-regulation, including Reich's view that the most important period of this process's development, is in the first year of a child's life. The mother-infant bond serves as the premise for the development of self-regulation, as well as optimal affective, somatic and social functioning.

The body's nervous system is self-regulating which means that the energy accumulated in arousal is automatically discharged (Carleton & Gabay, 2012). Individuals who experienced trauma in the attachment period of their life, often have bodies which are constantly aroused or hyper-aroused. As a result of not having been able to release the energy, the activation within the sympathetic nervous system does not dissipate. In the event that this continues over an extended length of time, the result is that the physiology and psychology of the person regards the hyper-aroused nervous system as being the norm.

The manifestation of ongoing activation or stuckness was thus the presenting symptom. In the same way that certain symptomology provides a practitioner with an indication of a possible diagnosis, within which the cluster of symptoms, would most appropriately fit, likewise, the symptoms connected to the stymied contexts, cannot be addressed in isolation. It is understood by the researcher that resolution of a stuckness or a psychological trauma cannot be resolved by addressing it on the symptom level. Instead, in keeping with the ideology of logotherapeutic principles, symptoms also need to be challenged on the level of the mind where all thinking occurs and from where choice results (Frankl, 1970; Lukas, 2000; Graber, 2004). Thoughts become the premise for beliefs and associated meanings. Thus, exploring the dimension of meanings, is pertinent in addressing the stymied relationship dynamics from a cognitive aspect. As expressed by Crumbaugh and Henrion (2004), while there are many defences that contribute towards ensuring a position of continued stymied

outcomes, such as sublimation, projection, rationalisation, denial, compensation, as well as psychological issues such as depression, hypochondriasis, anxiety and obsessive thinking, the creating of a space where one's mind-set or frame of reference can be explored, may contribute to the discovery of new meanings and purpose in the relationship with self and others. As highlighted by the interpersonal work of Hendrix (2008), the challenging issues arising in relationships, are often less about the interpersonal interactions, but more accurately, are reflections of unresolved past issues couched within the individuals.

Relationships: Intrapersonal and interpersonal interactive dynamic

Relationships, both within the self and with others, as discussed in this study, form the context wherein stuckness presents itself and which stuckness may be due to the lack of resolution of past trauma. The significance of a psychologically well integrated sense of self, as a factor in determining appropriate engagement with others (Siegel, 2001; Rawn & Vohs, 2006; Johnson, 2010; Nozaki, 2015), as well as with the world at large, is well documented within psychological literature by pioneers in the field such as Sigmund Freud, Adolf Adler, Carl Jung, Carl Rogers, Bowlby, Erik Erikson and many others. Traumatic incidences, however, can undermine the healthy formation of self, particularly if such events transpire when very young (Van der Kolk, 2002, b; Sbarra & Hazan, 2008; Johnson, 2010). The relationship with the self which includes one's self-concept as well as one's internal, interactive pattern of communication can also be particularly impacted by trauma, resulting in personality changes (E'silva, 2005; Van Niekerk, 2002).

Trauma conveys a silent message that we are not enough, that we are inadequate in some way to manage ourselves and events (Scaer, 2001). It violates or infringes on boundaries (Johnson, 2010), can lead to a fragmented sense of self (Rosenbaum & Varvin, 2007) and results in emotional numbing (Ray & Vanstone, 2009), as well as disrupting perceptions of autonomy (Heller, 2006). This assault on the self-concept and intrapersonal relationship dynamic, in turn has direct implications for how one will engage with others and conduct oneself in the world. Psychological integration and healthy wellbeing are integral to optimal interpersonal engagement and Nozaki (2015) highlights the relevance of self-regulation in this respect. Relationships are a context

wherein trauma can take place and therefore, a brief synopsis on the concepts of interpersonal and intrapersonal relationship dynamics is pertinent. As indicated by Vohs and Finkel (2006, p. 8), there is a reciprocal influence between intrapersonal dynamics, and the processes of interpersonal processes. Thus both relationships influence each other, encompassing a “dynamic and bidirectional interplay between self and relationship processes”.

Psychological literature provides a proliferation of information which reiterates the importance of a healthy self-development, as well as an authentic relationship with the adult self, as being a precursor for optimal connections with others (Siegel, 2001; Rawn & Vohs, 2006; Paat, 2013). Intrapersonal relationship refers to the relationship one has with oneself, and the interactive pattern of communication that occurs within one’s psychological and physiological functioning. Communication patterns, or a communication dynamic, refers to the interactive process of either inner dialogue within an individual system, or between persons in a relationship system (Becvar & Becvar, 2000). This research explores whether traumatic events, which can become embedded within the unconscious and stored in the nervous system, may have a detrimental and insidious manner of finding their way into either the intrapersonal or interpersonal relationship dynamic (Levine, 2015). The possible outcome is either individually living at ‘half-mast’, with failure to self-actualise, or the contamination of interactions with others that leads to the premature dissolution thereof. According to Frankl (2006), without the capacity to self-actualise, a more necessary evolution, self-transcendence, can not materialise. Self-transcendence refers to the human capacity to elevate the self conceptually, to rise above as it were, through meaning, beyond the materialism of the world and of the self (Lukas, 2000).

Acting out behaviours which could be aggressive or violent and internalised, acting in actions, may manifest in the form of self-harm. They can often be linked to past, unresolved traumatic experiences which are held in the memory of both the mind, as well as the body (Levine & Kline, 2007). The repetitive exhibition of unacceptable behaviour, which is detrimental to the self, as well as within relationships, and which could be due to unresolved traumatic experiences, is not uncommon in social contexts. The outcome is that such behaviour could incur unnecessary pain and conflict (Van der Kolk, 1989). The sense of self often becomes compromised, or eroded

psychologically, as a result of traumatic experiences, and in the face of further conflicted relationships dynamics this can become exacerbated with further negative effects upon general wellbeing (Vandervoort & Rokach, 2003). Positive social relationships are regarded as being integral to optimal levels of human wellbeing (Vohs & Finkel, 2006).

Relationship elements such as communication, connection, sexual intimacy and support, are some of the identified areas that are affected within intimate unions, as a result of trauma (Nelson Goff et al., 2006). The meanings that are then associated with these concepts may change, and through the process of conscious awareness (Crumbaugh & Henrion, 2004), and challenging existing perceptions (Pattakos, 2010), the process of cognitive resolution of the trauma, through the creation of new meaning exploration, can occur. In addition, individuals can become empowered through the realisation of the freedom of choice, attitude and responsibility (Frankl, 2006). This ensures addressing the cognitive component of the unresolved trauma, while the SE process works with unprocessed traumatic energy, stored within the physiology of the person. As trauma results in an individual feeling disempowered, resolution on a body and mind level, can assist the individual to become re-empowered, which is integral to the process of healing (Rokach & Cripps in Vandervoort & Rokach, 2006). As stated by Levine (2010), renegotiating the unresolved trauma, is a process of restoration to a person's full capacity and aliveness.

Pertinent to this study are the effects of trauma on the self, and how this impacts, or influences the internal relationship dynamic, as well as the interconnection between the self and others, especially in significant unions. Inner relationship elements such as communication, connection, sexual intimacy and support were some of the identified areas that are affected. Cerney (1990, p. 782) includes this in his work, stating that the effects of trauma, which are contained within the deep recesses of the unconscious mind, and which are "shrouded in ambiguity" have the ability to "seep through in self-destructive behaviour". Nelson Goff et al. (2006) states that when this occurs within interpersonal contexts, it is as a result of past trauma.

Belief systems and trauma

Belief systems are impacted by trauma, or can influence the adaptive coping in a traumatic event. This can contribute to stymied contexts. In addition, stuckness can be the result of firmly entrenched belief systems. In the case of one's belief systems contributing towards stuckness linked to trauma, the stuckness can simultaneously, be partly due to the lack of resolution of a trauma, and also because of belief systems reinforcing the stymied effect.

One general understanding within the population is that individuals each have a specific worldview, or lens through which they see the world (Janoff-Bulman, 1992). This frame of reference, or lens, is influenced by the thoughts, ideologies, memories, knowledge, experiences, and belief systems, formulated over the course of one's life. Frankl (1986) includes the constructs of attitude, values and meaning. Ego state theory (Emmerson, 2003), as well as Family Systems theory (Becvar & Becvar, 2000), maintain that psychologically integrated people have a healthy capacity to be flexible, and open to change [thus open to reviewing previous, often stereotypical thoughts and beliefs]. This incurs evolution of thought, brought about by the conscious choice of the individual to learn, develop, and maximise personal potentiality. The impact of trauma can, however, according to Janoff-Bulman (1992), erode one's worldview, which is a collective composition of assumptions one has of the self, and of the world, as well as how things should be.

In her shattered assumptions theory, Janoff-Bulman (1992) explains how these views of self and worldviews, facilitate general wellbeing, as they generally hold beliefs that adopt ideas, confirming that the world is a just and benevolent one. This worldview includes views of the self as valuable, with adequate capacity and coping abilities, as well as includes a person's sense of purpose and meaning attributions. Trauma challenges one's previously held benevolent worldviews, and can often convert to feelings that overwhelm, incapacitate, disorientate, and terrify an individual. The overwhelming events could also lead to feelings of extreme incompetence, vulnerability, or even result in psychological fragmentation. The benevolent worldview can be transformed with a replaced view of it being an unpredictable, unsafe and malevolent place, overriding previously held beliefs of invulnerability. Falsetti, Resick

and Davis, in Edmondson, Chaudoir, Mills, Park, Holub and Barkowiak (2011) state that the realisation that one is not invincible, together with increased awareness of one's mortality, serves to undermine the sense of self, as well as detrimentally impact meaning and purpose.

The search for new avenues of personally defined meaning and purpose form the core premise of logotherapy, and this intervention can be used to recreate new meanings, as well as a possibly changed worldview, after such assumptions have been negatively impacted by trauma (Fabry, 1969). In addition, previously held belief systems that may have been incorporated into the individual's worldview, and which may have been part of their conditioning, or include indoctrinated teachings etcetera, can also be explored. Logotherapy, as a more existential paradigm, involves concepts such as attitudinal modulation, creation of new meaning, exploring the noetic dimension and personally created values, which although differs in contrast to the more body based psychotherapies, is a cognitive therapeutic approach, which can challenge faulty belief systems (Lukas, 2000).

While it is common for one's ideologies and belief systems to create blocks in communication and behaviour, it is the speculation of the researcher that the stymied contexts, or stuckness experienced by an individual, can often arise from a combination of both trauma, and a worldview that reinforces that stuckness. Belief systems, are generally entrenched ideas that can potentially keep us stuck (Pattakos, 2010). Likened to trenches, these belief systems are often the reason why individuals become stymied, as they result in becoming engrained defensive systems, that obscure self-realisation, and new meaning formation.

Altered assumptions can lead to changes in any one, or all of the domains of affect, behaviour and cognition. This in turn, has a domino effect on the relationship one has with the self, and thus between self and others.

Belief systems, stuckness and relationships

Stuckness may occur, in the speculation of the researcher, as a result of unresolved trauma. However, stymied contexts can also be obstructed by the presence of firmly

held cognitions, that collate, to form firmly entrenched belief systems, that are resistant to modulation. Therapeutic aims within a logotherapeutic intervention, include the healing of self, towards ultimate self-transcendence, which often includes an exploration of the meanings and beliefs held, that amalgamate into a sense of self (Frankl, 2000). Michael and Snyder (2005, p. 435) describe meaning as making sense [of] and finding benefit [in]. Frankl's view of meaning, while including that which has value for a person, is extensive (Graber, 2004), and is described in more depth in Chapter 3 on the therapeutic approaches.

At times it is possible to experience stuckness, or an impasse, which is actually the intrapsychic self, needing to renegotiate some of the incongruence between existing cognitive, emotional and physical templates and one's current life context (Gianpiero, 2007). In research conducted on stuckness in bereavement, Michael and Snyder (2005) discuss how such trauma often demands a reassessment of one's worldview, as well as making adjustments, to accommodate, or assimilate the new experiences, that are often coupled with new insights, realisations, or knowledge. A healthy self-concept, and psychological integration, that includes having a sense of purpose, when coupled with another individual of the same essence, can result in an optimum interpersonal relationship dynamic. In working somatically, in a therapeutic process of resolving traumatic issues, as well as challenging, or reviewing belief systems, the potential of an individual can be improved and maximised. As with all living organisms, change, or metamorphosis, is inevitable, and vital for continuity. The human being too, is a dynamic system, or organism (Becvar & Becvar, 2000). Resistance to embracing change, is in opposition to the cultivation of health and well-being. This includes a continuous review of one's life, including one's knowledge, thinking processes, internalised belief systems, as well as goals, aspirations, meaning and purpose.

Meanings are cognitively stored, and are largely influenced by belief systems, as well as experiences and values (Pattakos, 2010). The researcher supports the idea that if relationships are not experienced like prisons, the occupants are less inclined to want to escape. One reason that interpersonal relationships instil feelings of being jailed, is that often the thinking processes of the individual/s are incarcerating, leading to stymied contexts. Belief systems that are framed within Frankl's (2006) principles would imply that they need to be unique, personally defined, flexible to change and

independent, as well as reinforced with an awareness of one's freedom of choice. If meanings, belief systems, and ideologies, entrap an individual into a space of mental inflexibility, rigidity, stereotypical thinking and closed off thinking, then the intrapersonal dynamic can be negated. This in turn can have a detrimental impact on interpersonal unions, whether social, occupational, personal or intimate. According to Pattakos (2010), humans are habitual creatures that lock themselves in mental cages, and become incarcerated inside their own imprisoning thoughts. Challenging limiting belief systems is, in his view, one of the keys to unlocking the door of one's own mental prison.

A body-mind approach as an explorative intervention: A body psychotherapy (SE) and a humanistic-existential theory (logotherapy)

Logotherapy and SE as the therapeutic methods used in the study, are comprehensively covered in Chapter 3, on the research interventions. The study utilised the interventions of logotherapy and SE in a combined manner, at times integrating them and at other times, on their own, depending on the context of that particular therapeutic space. As stand-alone approaches, each of these two schools of thought hold merit, being effective interventions and, in the researcher's view, in assisting persons becoming unstuck from psychological challenges.

Previous research using either SE or logotherapy

Somatic experiencing was used as a trauma intervention for social service workers, who had been involved in assisting in both Hurricanes, Katrina and Rita. The results of this form of intervention were positive (Leitch, Vanslyke & Allen, 2009). In a dissertation on trauma, Samardzic (2010), applied SE as an intervention on participants, who reported that their experience of this approach was an empowering one. The participants confirmed that they were able to process the trauma effectively, using the body work, and reported having increased insight, as well as understanding. They noted more available coping abilities, especially in respect of working with their body awareness, in managing triggers. Further improvements included an improved sense of physical, and psychological freedom, increased awareness of how to help

their bodies discharge tension, as well as how to process emotion, by connecting with the felt sense within the body, and working with sensation. The overall conclusion reached, was that participants reported that SE had been an empowering and transformational experience.

In research conducted by Schulenberg, Hutzell, Nassif and Rogina (2008), logotherapy is regarded as a psychotherapy that can lead to self-empowerment. This is validated by the fact that by adopting this approach, in a therapeutic process, an individual is assisted towards authentic identity formation, through a re-exploration and frequently, re-definition of their own values. In addition, “it galvanizes people to find ways to deal with adversity” (Schulenberg et al., 2008, p. 457). Southwick, Gilmartin, McDonough and Morrissey (2006) applied logotherapy in research conducted on veterans with PTSD symptoms. Their conclusions and consequent recommendations, based on the findings of the study, were that such a meaning-orientated approach be included, as an adjunct to other interventions, when addressing trauma. They substantiate this by highlighting that trauma often brings about a loss of meaning and existential crises, and therefore, issues pertaining to meaning, are integral to any kind of trauma intervention.

The body psychotherapies

The approach of working with the body in the attainment of psychological wellness has been in existence for thousands of years within the contemplative healing modalities, such as tai chi, reiki, qigong, yoga, meditation, and so forth (Levine, 2010; Van Der Kolk et al., 2014). This important fact has often easily been overlooked in contemporary praxis. Within modern nomenclature, neural science highlights the integral task of an individual’s physical being from which affect and meaning arise (Ogden et al., 2006). Van der Kolk (2014) advocates that optimal therapeutic results, subsequent to processing traumatic events, require the inclusion of awareness, as well as understanding of sensations of the body. In addition, it requires consciousness of the affective responses in the present, as well as how they could be linking up to the past. Contemporary post trauma approaches, ideally need to engage the individual

in the process of not just the interaction between cognitive and affective, but also, to the felt sense in the body, which includes organs, chemicals, skin, muscles and bone.

There is a great deal of literature pertaining to body psychotherapeutic views on the impact of trauma (Berceli, 2008; Ogden, 2006; Levine, 2010; Phillips, 2013; Rothschild, 2000; Scaer, 2012; Siegel, 2012; Van der Kolk et al., 2014), as well as psychological theories, that elaborate on the some of the underlying causes of relationship challenges, such as psychodynamic, family systems, and transactional analysis schools of thought (Meyer, Moore & Viljoen, 1989). According to Tantia (2016), there appears to be a preference as to which construct, namely soma or body, is to be used when referring to body-mind interventions. Different terms have been adopted, with division appearing amongst certain countries around the globe. The preference in the United Kingdom and Europe tends to be towards the usage of 'body psychotherapy', while 'somatic psychotherapy' is the preferred term in the United States and Australia (Young in Tantia, 2016).

In the majority of psychotherapeutic interventions, somatic responses, or body reactions to trauma, have previously been excluded from their methodology (Bradley, Green, Russ, Dutra & Westen, 2005; Foa et al., 1999; Marks, Lovell, Noshirvani, Livanou & Thrasher, 1998; Tarrier, Sommerfield, Pilgrim & Humphreys, 1999 and Ursano et al., 2004, in Ogden et al., 2006). However, it is becoming more widely recognised that the physiological effects of trauma on the individual, particularly on the nervous system, are significant, necessitating therapeutic interventions that work with the body, assisting with discharges and releasing on a somatic level (Levine, 2010; Ogden et al., 2006).

While it is an accepted fact, that trauma affects the individual cognitively, and may, or may not be recalled through memory (Shalev, Yehuda & McFarlane, 2000), there is a progressive movement within psychological schools of thought, acknowledging that the body too, stores trauma in memory (Levine, 2015; Ogden et al., 2006; Van der Kolk, 2014;). Bessel van der Kolk (2014) entitled his book, *The Body Keeps the Score* and Peter Levine (2010) entitled his book, *In an Unspoken Voice*, while Robert Scaer (2001) named his book *The Body Bears the Burden*. These titles illustrate the awareness of trauma experts, that much of trauma is contained within the body's

memory. Rothschild (2010), emphasises that integrated trauma therapy, needs to incorporate the concepts of assessing, comprehending, and providing treatment approaches, that take into consideration the impact that trauma has on the mind, as well as on the body. This is outlined in SE, as developed by Peter Levine (1997, 2005, 2010), who states that the body too, remembers, and can store trauma in memory, within the cells of the body. Attention is also drawn to this phenomenon, by other body psychotherapies, which are becoming more, and more prevalent when addressing trauma therapeutically (Langmuir, Kirsh & Classen, 2012; Viola, 2013). One of the most similar body therapies to the SE, is the work of Pat Ogden (2006) whose work is known as *sensorimotor psychotherapy*.

However, one fundamental difference between cognitive therapies and body psychotherapies, is that dissociation and other defence mechanisms, which are activated unconsciously within the mind of a person, and which interfere with effective therapy processes, are absent from the body (Scaer, 2001). The body does not engage in the use of unconscious defence mechanisms (such as reactive formation intellectualisation, projection, justification and the like) and thus, therapeutic work can be more effective when working with SE as cognition, including such defences, which are not within the person's awareness, can be bypassed (Levine, 2010). The implications are that often the impact of the trauma results in a host of symptoms that are activated from within the physiology of the person, rather than being mentally driven, which in turn leads to individuals becoming activated, or triggered without any corresponding understanding, because the trigger emanates from the physical domain (Ogden et al., 2006).

At a body psychotherapy conference conducted in 2010 in the United States, a consensus regarding a concise understanding of how the soma responds to the impact of a traumatic event was reached by various experts in this field (Eichhorn, 2010). When incoming stimuli alert the human perception to the possibility of danger or threat, an instinctive, evolutionary survival system is instantly activated. Once this trigger or alarm is turned on within the body, one of three possible biological responses ensue: fight, flight or freeze. The term freeze, is also explained by ethnologists as tonic immobility, and Levine (2010) states that this universal mammalian response to the protective defensive of going into a freeze response, is also termed paralysis, or

shutdown, and we can either go into a freeze, or a collapse state. The incompleteness of the trauma response, is as a result of either the fight, or the flight responses having been obstructed, shut down, or prevented from completion.

Compatibility of logotherapy and SE

In this study, stuckness in any kind of relationship context, is considered to be a possible consequence of unresolved trauma. Meanings, whether previously held, or challenged, as a result of traumatic experiences, are strongly correlated with trauma (Janoff-Bulman, 1992; Edmondson, Chaudoir, Mills, Park, Holub & Bartkowiak, 2011). Reviewing current meanings and exploring the possibility of new, uniquely designed meanings, is effectively done using logotherapeutic principles, and is enabled by facilitating a therapeutic space of enhanced consciousness, as well as awareness (Pattakos, 2010). The resolution of trauma has been implicated as increasing improving one's overall sensory perceptions. Furthermore, it can allow for an improved ability to perceive with more clarity, as well as seemingly open a person up, to more consciousness, as well as aliveness within the body and mind (Levine, 2010).

Contemporary trends in the field of trauma validate the value of the application of body-mind psychotherapies (Eichhorn, 2010; Levine, 2015; Phillips, 2013; Van der Kolk, 2014). The researcher considered the combination of the SE body psychotherapy, and the meaning orientated intervention of logotherapy, as potentially effective, in exploring the association between impasses and trauma. This view is confirmed by Schulenberg, Hutzell et al. (2008), who highlight, that due to its meaning-orientation, logotherapy is correlated with positive outcomes, and has been found to be highly adaptable, when combined and used in conjunction with other approaches.

Somatic experiencing, as an intervention, involves a process of tracking the client, through awareness and observation of what occurs within, and without the body (Phillips, 2013). This requires the facilitator to follow slightly behind the client, which in essence, involves allowing the client to lead. One of the compatible areas between SE and logotherapy, is that they both have tracking as an essential component of their paradigm. Logotherapy, requires attentive tracking of what is verbalised. It involves tracking the words, nuances, tones and expressions of what is meaningful, and

valuable to the client (Shantall, 2003). SE focuses on tracking sensation in the body (Levine, 2010), as well as noting anything behaviourally demonstrated, and together, they provide a holistic tracking of both body and mind.

In engaging in therapy an individual is exercising the option of personal choice. Choice is one of the tenets of logotherapy, and is part of the theory of SE. Frankl (2006) states that no matter how unbearable a situation is, a person always has the option of choosing to self-distance, de-reflect, and elect to make a choice of how one will respond to a given situation. This would include reviewing the meaning and interpretation concluded about a given scenario, and considering new avenues of understanding, as well as thoughts, regarding an event. Levine (2010) discusses the concept of choice, in terms of experiencing for example, an intense emotion. The ability to hold strong affect arising within the body, in response to an emotionally overwhelming situation, and remain with the feeling with awareness, as well as presence, refers to the construct of the term containment. Containment, which refers to the restraining of an emotion, and holding it within the body with presence, and full awareness. This provides a person with time to reflect, and an opportunity to innovatively channel that affective energy.

Somatic experiencing within a therapeutic context focuses attention on the symptoms from a body perspective, while logotherapy is an approach which incorporates a socratic dialogue, exploring the potential that can be gleaned from challenges arising in the present and the past (Frankl, 2006). In addition, logotherapy considers the understandings and interpretations arising as a consequence of the suffering and trauma. It facilitates a space wherein the person can confront irrational, or limiting belief systems, and explore new avenues of meaning. Both interventions work in the current time frame: in the here-and-now, as opposed to approaches that focus on the past (then-and-there) and/or the future (when-and-where). Lastly, the pioneers of both of these approaches include the concept of noetic or soul (Frankl, 2006) or spiritual awakening (Levine, 1997) as aspects of an individual that are impacted, in the experience of these two interventions.

Logotherapy

Logotherapy is a meaning-orientated intervention, and meaning, as highlighted by Reker (1994), leads to enhancing the overall physiological and psychological well-being of a person. In addition, it is a psychological school of thought, that unlike others, includes the noetic, or the soul dimension. Frankl (2006) emphasised the mind, body, soul dimension, of each unique individual. In addressing stuckness, in either one's intrapersonal, or interpersonal interactive dynamic, the core tenets of logotherapy: choice, attitude, freedom of will, uniqueness of the self, and the unseen or noetic dimension can be utilised. Pattakos (2010) includes Stephen Covey's soul code, which relates to the freedom and strength of one's ability to choose, the unique capacity to engage in, potential to increase self-awareness, presence and being in the world, as well as a will to meaning. One of the main goals of this approach is to stimulate the will to meaning, which may require a shift in one's level of consciousness. A new level of awareness or consciousness, or looking at the world through a new lens, is one of the ways in which logotherapy assists individuals to redefine the self. This is confirmed by Pattakos (2010, p. 5), who states that "viewing life as inherently meaningful and with unlimited potential, requires a shift in consciousness".

Logotherapy is a humanistic-existential school of thought (Melton & Schulenberg, 2008), and has value, as well as relevance, in terms of the human condition (Schulenberg et al., 2008). Logotherapy is an effective approach, in terms of its applicability to a wide number of differing psychological challenges, as well as mental health issues. It can also offer an avenue of stimulating individuals towards higher levels of adaptation, and management of life stressors, as well as to positively assert oneself, in the face of challenges, or victimisation.

Viktor Frankl who fathered this approach, intended it to empower individuals through an exploration of current meanings, and the attainment of future meanings (Tomy, 2014). According to this theory, life and the meaning of life, as well as meaningful living, is a process of discovering, rather than creating. This is achieved, in a logotherapeutic intervention, by the facilitation of a space wherein a person is invited to explore work, love, suffering, and future orientation, through the realisation of three main values which Frankl highlighted. The three broad values, incorporate creative

values, experiential values, and attitudinal values. Makola and Van Den Berg (2008) indicate that when individuals have a strong combined sense of self-efficacy, as well as meaning in life, they tend to have the ability to engage their affective and cognitive resources in a more enhanced capacity.

As indicated by Frankl (2000), meaning, or purpose in life, is attainable through commitment. This commitment can be either in terms of what you do, or experience, or the attitude which is adopted in the face of struggles, and difficult life situations, or calamities. He refers to the commitment as values, named as either attitudinal, experiential, or creative values. Makola and van Den Berg (2008) discuss commitment as an ingredient of hardiness, which corresponds with Frankl's (2000) ideas. Conscience is regarded by Frankl as a meaning organ, and as such, it will work in a similar fashion to a compass, guiding us in the direction we need to go, when the meaning potentials in our lives may be obscured (Lukas, 2000).

Lukas (2000) further postulates that rather than viewing unresolved trauma as a disease or disorder, it should be regarded as a psychological injury, which results from feelings of extreme fear, powerlessness, as well as loss of control. Furthermore, he maintains that unravelling trauma in the soma, thus restores the wisdom of the body.

Logotherapy is internationally recognised, and its fundamental principles enable a therapeutic process, which is both efficient and effective, as well as able to provide optimal outcomes (Ameli & Dattilio, 2013). Similar to family system theory, it was regarded by Frankl (1986) as a system that was open and flexible to change, and is premised as being an intervention that is co-operative.

Somatic experiencing

Somatic experiencing is a relatively new trauma approach and, as indicated, is one of many different body psychotherapies. As explained previously, unlike traditional psychological talk therapy, SE concentrates on the physiological processes of recognising and discharging previous unresolved traumas from the body (Levine, 2005). Somatic experiencing, and how trauma becomes trapped inside one's physiology, is a holistic intervention in respect of effectively addressing unresolved

trauma within a therapeutic context (Levine, 1997; Levine, 2005; Levine, 2010). It has contributed towards enhancing the overall understanding of the impact of trauma, not only psychologically, but also physiologically. In addition, it highlights why at times people remain stymied or stuck, despite having engaged in extensive efforts to address the trauma, through conventional psychotherapy interventions. This is succinctly expressed by Rothenberg (in Levine, 1997), who states that deepening the comprehension of the impact of trauma and recovery processes, could be instrumental in preventing people from continuing on a road of self-destruct.

The work of SE is aimed at facilitating healing shifts within a person, so that they are shifted from past restrictive behaviours, towards more self-empowerment in the here-and-now. Emphasis is necessary, in respect of adopting a new perspective, in that the impact of ordinary, unresolved issues can have as much of a detrimental effect, as a traumatic incident (Levine, 2015).

It is a methodology that is aimed at restoring resilience and wholeness to the body, through the resetting of the nervous system (Levine, 2010). As elucidated by Payne, Levine and Crane-Godreau (2015, c), whereas cognitive therapies are top-down interventions, body psychotherapies such as SE, take a bottom-up approach. This approach encourages the individual's attention to the inner sensations detected in the body, both visceral–Interoception, and musculoskeletal (proprioception and kinesthesia). Furthermore, it is not a type of exposure therapy, as it intentionally avoids evoking direct and intense traumatic memories.

Concluding Remarks

This section concludes the in-depth exploration of the review of the literature on stuckness and trauma. In addition, it expands upon all interrelated concepts that serve to provide more understanding, as well as insight, into the key constructs of trauma, meaning, belief systems, and body psychotherapies. In particular, it elaborates on contemporary research conducted, that highlights the value of utilising top-down, as well as bottom-up therapeutic interventions. The combined framework and therapeutic approaches of SE, together with logotherapy, are detailed in Chapter three.

CHAPTER 3

THEORETICAL FRAMEWORK

A COMBINED FRAMEWORK AND RESEARCH METHOD

Somatic experiencing and logotherapy are the two schools of thought used in the study, and are relevant to the outcomes of the research. This chapter thus provides comprehensive information to facilitate the understanding of these two approaches. As indicated in the previous chapters, the joint utilisation of these two interventions in the research method endeavours to assess their effectiveness in addressing trauma. In particular, their efficacy in addressing stymied life contexts by addressing unprocessed trauma, as a combined bottom-up and top-down intervention, is pertinent.

As indicated in chapter 2, this study may be considered unique, as no literature in respect of previous research of a similar nature, appears to have been conducted. Somatic experiencing and logotherapy both highlight the uniqueness of the individual's own paradigm. In addition, logotherapy underpins the importance of a person's instinctual will to freedom (Frankl, 2006), while SE highlights the instinctual will, as well as the body's inherent capacity to heal, within the intelligence of the physiology of a person (Levine, 2010).

General Overview

A detailed explanation of the theoretical underpinnings of these two methods used as the therapeutic approaches in the study, follow hereunder.

Somatic experiencing and logotherapy were interchangeably applied in the therapy sessions, sometimes in conjunction with, and at other times, as stand-alone approaches, depending on the contextual process. Participants were initially provided with the necessary amount of psycho-education in respect of both interventions, especially SE.

Somatic experiencing

Advances in neuroscience, and the emergence of body psychotherapies, have resulted in increased insight into how traumatic events can be remembered affectively, and somatically within the procedural memory, as opposed to verbal narratives that are retained within the explicit memory (Van der Kolk in Novak, 2008). Somatic experiencing is one of the many body psychotherapies to have emerged, and is a naturalistic approach to healing symptoms of trauma.

This trauma intervention developed by Peter Levine has been fine-tuned over a period of more than 45 years (Payne, et al., 2015, a). His work has evolved over the years and been influenced by his careers in biophysics, psychophysiology and psychology. In addition, he has focused on observations of animals living in the wild who appear to have an innate immunity to the impact of trauma, and how they process trauma physiologically. He engaged in extensive observations of how prey animals who were constantly subjected to adversity and threat in their habitats in the wild, displayed the ability to self-regulate after a traumatic experience. In these endeavours, he became aware of how the animals were able to shake off the effects of the routine, life-endangering experiences encountered, without any unresolved traumatic energy remaining. The paralysis that can accompany emotional feelings of overwhelm, in the face of imminent danger, is also known as tonic immobility, which occurs when one becomes frozen with fear. However, unlike animals, who are able to be in this state only temporarily, humans tend to develop it into a long-term trait, which in turn prevents them from engaging in their lives with the optimal levels of vital energy. This understanding of trauma, served to motivate Levine to further explorations of the human brain, investigating whether the same capacity was inherently built into the human nervous system, and how to begin to utilise this ability (Phillips, 2007).

Thus, SE as a paradigm and intervention holds the basic premise that humans, like other mammals, are by nature gifted with a natural instinct. As such, humans, correspondingly, too have a vulnerability to being traumatised, and equally have the ability within the central nervous system, to recover and restore equilibrium to the body (Levine, 2010).

However, one of the factors that contribute towards the human struggle with traumatic events, is the complex and superior thinking capacity that distinguishes people from animals. This cognitive function works at making judgements, and meaning attributions, which can often result in faulty meaning making. In addition, illogical and inappropriate meanings can, together with emotions, become attached to overwhelming experiences. Typically, trauma is generally accompanied by the emotion of shame, which affect, although illogical, can be significant, and exacerbate the emotional overwhelm (Heller, 2006).

How is this traumatic intervention different from other trauma approaches?

Primarily, the significant difference is that SE includes the body in the intervention, whereas the majority of other therapeutic approaches have, in the past, not included the soma. Secondly, whereas the repetitive retelling of the events of the past trauma, were traditionally focused upon, in what was referred to as a trauma debriefing process, SE eliminates the need for detailed recounting of events that were emotionally overwhelming (Levine, 2015; Van der Kolk, 2014).

Levine (2010) explains it as a therapeutic approach to trauma, that facilitates a process whereby the physiological responses that would have transpired during a trauma are engaged, instead of simply being relived. While traditional psychiatric and psychological methods can be effective, SE provides an even more comprehensive approach, thus superseding limitations of interventions that exclude the body, by addressing the trauma at its physiological roots through the felt sense within the body. The felt sense provides a person with an instinctual response, not unlike an animal's instincts, as well as including the intellectual capabilities of a person.

Sensorimotor psychotherapy is significantly similar to SE with the main contrast being noted by Ogden and Minton (2000, p. 2), as being one of intention. While Levine's emphasis is upon the tracking of the felt sense in the body, these authors indicate that his approach lacks the inclusion of focusing specifically, on "therapeutic maps to address cognitive or emotional processing" (Ogden & Minton, 2000, p. 2).

Somatic experiencing also differs from body mapping, an innovative inclusion in body psychotherapy, which was originally devised by Morgan and Solomon (in Crawford, 2010). This process, as initially devised by these developers, is to work within groups, where individuals are separated into pairs, and while one lies on either a piece of paper, cloth or canvas, the other draws an outline of their body. Crawford (2010) modified this to work on a one-on-one basis, making several changes to the process, and utilising grounding techniques, before commencing with the activities, to assist participants to settle into a more relaxed space. A further inclusion to the body map is the encouragement of the individual to draw a diagram to represent the body on an A4 size paper. This picture is then to accompany the person for the interval period between sessions, with the instruction being to pencil or shade in daily their felt sense experiences, with the objective of follow up discussions and explorations.

The central nervous system and neurobiological views

In order to gain a comprehensive understanding of SE, reviewing how trauma works within the physiology of the person is necessitated. Yovell (in Novak, 2008) underscores the importance of all therapeutic practitioners to review what neurobiologists are contributing to the field of trauma work, and where relevant, to integrate the new findings, or adjust methods and approaches to include the discoveries.

Pendulation

Pendulation, as explained by Levine (2010), is a process used to assist individuals to not become overwhelmed during the reworking of trauma. It refers to a process of swinging attention away from the experience within the body of fear, or anger, or dread, and anything else that is uncomfortable for the person. The focus is orientated towards a more neutral or positive experience, which serves as a process of *befriending* the feelings within the body. Pendulation is described as the “intrinsic rhythm pulsing between the experienced polarities of contraction and expansion [or openness]” (Levine, 2010, p. 351). In SE, it implies a type of movement between two entities. One can move the focus of attention between a quiet part of the body, and a part that is experiencing a physiological response to some kind of arousal. As a bottom

up approach (physiological), it is possible to swing, or pendulate between these methods, with logotherapy as a top-down (cognitive) intervention. Additionally, in a SE session, the therapist can guide the person to observe within, and without the body, as well as from person to environment.

Activations or being triggered

The psychological, or physiological impact of wounding sustained through trauma, can lead to a process of behaviours that include events being repetitively re-experienced, which then begin to become blended into experiences in the here-and-now (Van Der Kolk, 2002 a). These are referred to as activations, or being triggered. This activation, or being triggered, generally arises, or emanates from the body, when a current disconcerting, or traumatising event unconsciously connects to a previously unresolved trauma (Levine, 2010). The release of excessive energy in the event that an activation occurs within the body, manifests in the form of spontaneous movement (stretching, adjusting posture, shaking, trembling), or crying, and so forth (Payne et al., 2015 b).

A more biologically oriented explanation of what transpires, in the event of being triggered, is that the physiological arousal levels within the body escalate dramatically. This indicates that the sympathetic nervous system is engaged, and symptoms experienced within the person include feeling affectively overwhelmed, out of control, confused, reactive, incensed, hypervigilant, impulsive, guarded, unsafe, fearful, or panicked, and the like. This is classified as experiencing significant hyperarousal. Contrastingly, when one is actually disengaging, dissociating, walling off, or shutting down, hypoarousal occurs. The accompanying symptoms manifested in the body, indicating that this may be occurring, include passivity, feeling immobile, numbness, distant, lifeless, disorientated, or affectively blunted, etcetera. In an ideal emotional range, when arousal levels are optimal and appropriate, a person experiences emotions in a more tolerable manner, and can respond, rather than react, with behaviours and responses that are appropriate to context (Ogden et al., 2006).

The elements that can potentially link together the present experience to a past traumatic memory include sensory perceptions, images, affect, meaning, or

behaviour. The body communicates this recall via physical sensations, which in turn connects to intense affective reactions, that are generally experienced in the here-and-now, as being in excess of what is actually transpiring in the present tense. This is because the activation, or triggered response, is linked to a past trauma, and recalled via memory in the body, as if it were actually happening in the present moment. The implication is that the behaviour, or affect experienced in that moment, will be out of context, with present emotions linking with past affect. To elucidate, the emotional response of the present event fires up within the body, coupling with previous unresolved traumatic energy, which simultaneously ignites in the sympathetic charge of the soma. The result is that the body then produces a much larger quantity of affective energy, in excess of the context of the present event. This out-of-context reaction, often leaves the person confused as to the intensity of their emotions and behaviour, with a high likelihood of repetitive occurrences, due to the lack of awareness and insight, in terms of what is transpiring for the individual (Levine, 2010; Van der Kolk, 1989; Van der Kolk, 2002 b).

In considering this from the perspective of occurring within interpersonal, or intrapersonal relationship communication patterns, it can be understood how stymied dynamics ensue, as the often explosive reaction is not properly comprehended, and the intrapersonal, or interpersonal conflict, is attributed to other elements, rather than to activations.

Instinct, or the innate aptitude or natural pattern of activity, is an important inclusion in the theory of SE (Levine, 1997). In contrast, contemporary teachings in the field of psychology refer to this concept of instincts with terms such as drives, motivations and needs (Levine, 2010). The latter author indicates the need to be cognisant of the fact that many of our “human behaviour patterns (though modifiable), are primal, automatic, universal and predictable” (Levine, 2010, p. 231). Instincts are naturally geared to serve our human functioning. However, as is understood in the phenomenology of trauma, instincts that have run amok, manifested in the forms of violence, aggression, fixations and addictions, etcetera, contribute significantly to human suffering rather than survival.

This traumatic intervention focuses on the resolution of the physiological disruption, caused by failure of the body's defences to appropriately engage, in unresolved previous traumatic events (Levine, 1997). As stated by Porges (in Levine, 1997) SE can be stated as being a scientific approach to trauma, which is geared towards effecting healing, and involves an interactive multi-directional communication between our cognitions, and our physiological functioning. It is furthermore about tuning into the communicative voices of our body, and learning to understand them.

In the event of a person displaying stymied contexts within their life, and which events have not been linked to possible, unresolved past trauma, SE provides an opportunity for individuals to move beyond their stuckness. This approach assists in the resetting of the nervous system, creating more aliveness, and renewed energy within the physical body. Somatic experiencing is designed to create a facilitative space, wherein the person's body is restored to wellness, through the process of regaining the capacity to self-regulate, once the traumatic energy has been dispelled from the body. It thus restores balance and integrity (Levine, 2010).

Attunement, resonance and coherence

The concept of tuning a piano, tuning into a radio station, or syncing to a media device, is not unlike what occurs within the body psychotherapy concepts of attunement, resonance, and coherence. Hopenwasser (2008, p. 349) defines attunement as "synchronised awareness of implicit knowing that is nonlinear and bidirectional", and likens therapists who are fully in attunement to their clients, as being similar to microtonal tuning forks. This construct occurs within an engagement, is characterised with a rhythmic, in sync, unseen energy interaction, is conditional upon being fully present in the-here-and-now and could be likened to a somatic projection. This is similar to projective identification, a concept from psycho-dynamic schools of thought.

Empathic attunement is premised upon the neural networks being triggered within the brain, which networks are roused via the perceptions of the five senses. The term body empathy is used to describe what takes place in an encounter, when sensations are experienced in the body in the absence of mental constructs, and which arises from the stimulation emanating from the activation of neural networks (Shaw, in

Hopenwasser, 2008). In a SE therapy process, when attunement, and connectedness of mirror neurons, heart pace, as well as emotional tone are in place, then coherence can occur.

Coherence refers to a positive process of cooperation within the bodily system, as well as between people, or systems. It is evidenced via the breath, which deepens and becomes slower. In addition, there is an absence of muscular bracing, there is a flow of breath into the whole body, and it becomes rhythmic, with a sense of total resonance experienced in the entire being. Coherence refers to a sensation of flow, or unobstructed energetic movement within the body, which is detected interoceptively, while resonance is viewed as a frequency in one's body system of enhanced vibrational flow (Levine, 2010). Rothschild (2004) discussed the resonance that takes place between humans and animals, which is influenced by what has now been scientifically proven, to occur due to the presence of mirror neurons in the brain. It is a flow that ultimately happens between organisms, when the level of attunement, or interconnectedness of individuals peaks.

In order to become more attuned with a client, it is a prerequisite for the therapist to be 'fluid' in the body, grounded, composed, physically present, and mentally connected. It is also important to remain constantly, and solidly in the here-and-now moment, in a harmonising manner. The latter is actually part of the curative process, in that it becomes a corrective experience for the client, as that which was absent and required in a traumatic experience, namely the support of a caring and supporting other, is now offered in the therapeutic space. This in turn facilitates the energetic discharge from within the body (Levine & Kline, 2007). One may, however, need to exercise caution in the process of synchronising with the client, as the information detected, or cued may not always be uncontaminated data. Somatic communication, not dissimilar to conventional talk therapy, can be confused due to the subjective nature of therapy, and it is important for a therapist to be conscious of his or her own body, activations and nuances, as well as to check with the client should there be any ambiguity experienced (Rothschild, 2004).

Ultimately, this SE process of attunement, coherence, resonance and aligning with one's body, is part of the process of releasing stuckness, unprocessed traumatic

energy, resetting the nervous system and restoring aliveness to the body. Levine (2010) reiterates the need to reconnect to one's vital energy in the process of therapy, as historically, humans have become increasingly disconnected from their vital core. This is due to the inability, and lack of understanding of how to fully resolve traumatic incidences somatically.

Self-regulation and dysregulation

Including the process of self-regulation is part of SE work. However, of even more significance, is the fact that through the process of doing ongoing body work, a person can potentially, develop increasing capacity in terms of building more self-regulation ability. As indicated by Warner et al. (2014), the ability to self-regulate is an important element of the therapeutic process. Within a context of ongoing therapeutic SE engagement, there can be an expectation of improvement in a person's self-regulation. This is in part due to the fact that SE is not reliant upon excessive verbal exchanges, includes some body movement at times, and can potentially improve interoceptive awareness.

Self-regulation as a process, ensures physiological equilibrium, and consequently in the accompanying behaviours that ensue, is regarded as a construct that serves to mould other psychological elements (Vohs & Finkel, 2006). According to Levine (2010) and Rothschild (2004), the objective is to help clients increase their awareness of, and orientation to their five senses, which informs the nervous system that in the here-and-now, there is no threat. The practice of focusing on being fully present, as well as utilising the five senses to orientate to the present time, assists the client to settle. In addition, it can be utilised by the client outside of the therapeutic space as a valuable self-regulation technique. This therapeutic process involves slowing down the physiological processes, through bringing attention to the body, with awareness and scanning, with the aim of becoming more aware of what is happening in the body. The emphasis in the early stages of the therapeutic encounter, is the establishment of safety, stabilisation and containment. The latter is significant because in the absence thereof, attempting to work with traumatised individuals before this has been established, can result in iatrogenic damage, in the re-traumatisation of the client.

Carleton and Gabay (2012) discuss self-regulation in healthy nervous systems, and how trauma, especially in the attachment period of life in infancy, can result in dysregulated nervous systems. Developmental trauma results in unprocessed energy remaining within the nervous system, and thus the sympathetic nervous system remains constantly on alert or charged. In a healthy nervous system, energy released into the body due to heightened levels of arousal, results in the activation of the sympathetic nervous system. The parasympathetic nervous system then comes on line, to lower the levels of sympathetic charge, and the body is once again restored to healthy levels of regulation. Dysregulated individuals often have hyper-aroused bodies, due to the body's inherent alert switch not having been switched off, and which constantly remains on. As a result, over an extended period the physiology of the person integrates this as the norm, and the person exists on a type of hyper-alert mode. In the absence of any danger or perceived threat, the nervous system, which contain excessive levels of arousal or unprocessed energy, activates. This compromises the body's function, as the nervous system acts as a trigger, instead of requiring an external occurrence, or threat to actually cause the activation. This energy acts as a constant attack on the person's sense of integration, as it is characterised by a dispersed, unintegrated magnetic force, that constantly derails the physiology of the individual.

Titration

Somatic experiencing involves another concept known as titration. This term, borrowed from chemistry, refers to the process where two reagents are blended in a gradual, monitored manner, mixing in one tiny measure at a time, so as to prevent any intense reaction between the chemicals. In the context of SE, it refers to the exploring of small episodes of each traumatic event, with close awareness and assessment of the individual client's bodily responses to those events. Bodily expressions could include sensations such as changes in the breath, posture, accelerated heart rate, pins and needles, tightness in a part of the body, dizziness and tearfulness and so on (Levine, 2010). Likewise, the processing of traumatic events requires a slow and graduated approach, to ensure that flooding, intense emotional overwhelm, and the risk of a client becoming re-traumatised is prevented (Payne et al., 2015, a). It is the role of the therapist to assist the client to scan their own body, as well as to regularly

request feedback from the client, as to what is being experienced on the level of the felt sense within the body. This is known as a tracking process. The gradual process of tracking, working with small dosages at a time, is referred to in SE, as pacing.

Pacing

The pace at which the therapeutic process unfolds, when working with trauma cases, is an integral element of the application and practice of SE. This forms part of the implementation of safety and stabilisation, as well as containment within trauma focused therapy. The reasons for such cognisance, in respect of the pace of the therapeutic work, is that the pace or speed at which the sessions move, ensures that clients do not become too activated too quickly, in the body's processing of a previous traumatic event. In this way, the client is also becoming familiarised with another aspect of self-regulation (Rothschild, 2010; Levine, 2010). Orientating the client to their awareness, is a process of mindfulness, whereby the client is invited to observe, in a neutral, non-judgemental manner, what is being noticed on a sensation level in the body. In this act of witnessing, the client is becoming more attuned to their own patterns, perceptions and reactions within the body, with an attitude of curiosity. Attuning to their five senses, is one such way of assisting the client to pendulate away from the sensations being experienced in the body (dysregulation), and to become more regulated again, through being resourced (Levine, 2010).

It is not uncommon to allow several sessions to take place, to accommodate the facilitation of a safe environment, wherein the traumatic incidences can be explored. As stressed by Ogden et al. (2006) when working with trauma, the events of which are recorded in the body and the brain, it is important to remember that although an individual's brain lives in a body, our brains are part of the social engagement of other brains in the world. The wiring of the mind is such that it is developed to interact with other minds, to perceive the affective states and emotional expressions of others, to detect physical arousal states that "through our mirror neuron system's fundamental capacity to create emotional resonance, serve as the gateway of empathy" (Ogden et al., 2006, p. 151). This reinforces the fact that the human brain comprises both an embodied, as well as a relational aspect.

Coupling

Coupling (Levine, 2010), or a type of domino effect (Van der Kolk et al., 2008), refers to the fact that there is generally a link between present day overwhelming events, and past, unresolved traumatic experiences. While symptomology may have many similarities, the coupling of these overwhelming occurrences, provides one explanation for the uniquely different individual experiences, and responses that can be witnessed between persons, when exposed to the same trauma.

Trauma and boundaries

Humans have instinctive self-protective psychological, physiological, as well as energetic, and emotional boundaries. These ensure that the coping mechanisms of the body are not overwhelmed, and that a sense of self is retained. In the event of a traumatic event, these boundaries become infringed upon or ruptured, which compromises an individual's sense of self (Levine & Kline, 2007).

Developmental psychologists view boundaries as being constructed in the formative years (Phillips, 2013). Mahler (in Phillips, 2003) proposed that certain stages evolve progressively within the initial three years of life, which contribute towards the formation of flexible and permeable boundaries. These include symbiotic, separation-individuation, practicing, rapprochement, as well as emotional object constancy, and individuality. These all work towards the ultimate development of healthy adult intrapsychic, and interpersonal boundaries. Boundaries are concisely stated by Becvar and Becvar (2000) as distinguishing individuals as being separate from each other, while according to Phillips (2013), still being able to feel connected.

Challenges, disruptions or trauma in these early formative years of the developing child, referred to as attachment trauma, can compromise the appropriate formation of boundaries, leading to dysfunctional intrapersonal, and interpersonal dynamics. The reason for this is that attachment trauma, often followed by more trauma during the becoming years, results in a person's inability to set protective limits, and establish healthy boundaries. As a consequence, healthy connecting and distancing in the

intrapersonal, and interpersonal relationship domains, is compromised (Phillips, 2013).

Logotherapy

As a therapeutic approach, logotherapy emphasises the here-and-now exploration of an individual's existential world, while not excluding a person's past. In addition, it is rooted in the view that life has meaning, irrespective of events and circumstances (Shantall, 2003).

Victor Frankl (1979) asserted, that in assisting a person who is suffering, or struggling with a dilemma, a psychotherapy that supports concepts such as individual uniqueness, choice, attitude, self-realisation, responsibility, belief systems and values, can always elicit the unheard cry for meaning. Logotherapy upholds that meaning can be found, within the process of exploring a person's basic will to meaning in life, as well as recognising individual values, opportunities and challenges that life presents. It is equally accepted that meaning can be found, not only in the positive experiences of life, but also in the pain and suffering of various life crises. However, as indicated by Pattakos (2010), the ability to become aware of the inborn, and unlimited human capacity for realising meaning and purpose in life, is often the outcome of an elevation, or alteration in a person's level of conscious awareness.

Frankl's theory was formulated before the start of World War II, and his ideas were then put to the test, when he was subsequently incarcerated in four different prison camps during the Nazi reign. While SE works at resolving past events, logotherapy is future orientated. Within a therapeutic context, this method places significant emphasis on ascertaining an individual's talents, strengths, as well as reinforcing the idea that change is one's own personal responsibility (Southwick et al., 2006).

Logotherapy, as a meaning-centred therapeutic approach, underscores the notion that all of life holds meaning in different forms, and is uniquely determined by each individual. Derived from the Greek word *logos*, which is translated as meaning, it can be restated as a meaning therapy (Frankl, 2006). Southwick et al. (2006, p. 162) state that literal meaning of logotherapy is "healing through meaning". As a theory, it is

contained under the broad umbrella of existential psychology. In ascertaining what it is that ultimately motivates a person, Frankl believed meaning was a driving force, and rejected theories of motivation, as postulated by Sigmund Freud and Adolf Adler. Barnes (2000) provides a brief historical synopsis of logotherapy, which has been termed the *Third Viennese School of Psychotherapy*. Graber (2004) provides an account of the basic difference between the premise of Frankl's theory, and that of Sigmund Freud and Alfred Adler. Three broad psychological schools of thought were developed over the years within the field of psychological paradigms. Freud's psychoanalytical theory, which included the *Will to Pleasure*, as the major motivation of all human behaviour, followed by Alfred Adler's school of thought, which purports that humans strive under the principle of the *Will to Power*. The third school to emerge was that of Victor Frankl's and he asserted that people ideally need to strive under the principles of the *Will to Meaning* and the *Will to Freedom* (Graber, 2004).

Frankl (2006) indicated that finding one's own unique meaning and purpose in life, is regarded as the fundamental impetus, that propels a person forward. His theory is founded on the principle of the will to meaning, or the will to freedom, the latter of which, does, according to the researcher, include the principles of pleasure and power. In substantiating this, when one exists from a paradigm of freedom, creating one's own self and reality, living responsibly, with personally derived meanings, the pleasure and power principles are subsumed. In stating this differently, the will to freedom can result in self-empowerment, including the individual's uniquely formulated, personal meanings and the choice to live in a purpose-driven manner, from which personal pleasure can be derived.

In the basic paradigm of logotherapy, Frankl upheld that meaning can be found in the challenges, the obstacles, the trauma, in any kind of suffering, as well as in the positive experiences of life (Graber, 2004; Pattakos, 2010). Frankl states (in Lukas, 2000) that in the global pandemic of increasing suicidal acts, which in themselves denote an ultimate loss of meaning, it has not led to a more active, and expansive implementation of logotherapy within the field of psychology. This is despite logotherapy being an analysis of what human existence is primarily concerned with. Barnes (2000, p. 26) states that logotherapy, as termed by Frankl, was viewed as an existential analysis

which led him to label it from the two concepts: logos, which originates from the Greek language, with four different possible translations, “word, deed, action and meaning”.

Therapy is regarded as being somewhat of a misnomer; while logotherapy is aimed at restoring wellness, it is also an engagement in an analytical process, to facilitate the highest attainment of individual potential. It emphasises the adoption of a new frame of reference, wherein the focus is on one’s talents, positive traits, inherent capacity, human potential, and striving towards ultimate meaning and thus optimal wellbeing.

How is logotherapy different from other cognitive, top-down approaches?

As explained by Barnes (2000) fundamental differences between this school of thought, and other psychotherapies, can be concisely stated as being one of time orientation. Whereas psychoanalysis focuses on past challenges, and behaviourism on present time issues, logotherapy, as a humanistic existential paradigm, is orientated towards future striving, attainment, and purpose.

While most psychotherapies have curative objectives, placing the onus of responsibility on the therapist to effect a process of healing and change, logotherapy underpins one’s own responsibility. As such, it places the emphasis on creating a space wherein the therapist acts as a facilitator, in eliciting from within the client, their own sense of responsibility, together with meaning and purpose. In terms of symptomology, psychoanalysis is a process where unconscious behaviour is made more conscious with an eradication of symptoms, while behaviourism focuses on relearning to create an absence of symptoms. Logotherapy, on the other hand, helps the individual to realise that symptoms are separate from the self as a reality, and to gain new perspectives. It underscores the power of the human spirit, as well as the freedom of choice. In the event that change is not possible, one has the freedom to change attitudes, and meaning interpretations, to create symptom relief. However, as noted by Southwick et al., (2006), logotherapy leans towards exploring the client’s capabilities and strong points, as well as reviewing meanings and purpose, rather than having a symptom focused orientation. The alleviation of symptoms, will often be an outcome that arises due to the fuller realisation of a successful purpose, and meaning based encounter.

Furthermore, an additional feature that sets logotherapy apart from other cognitive approaches, is its emphasis on the noetic dimension. This noetic aspect, or spirit of a person, alludes to the essence of what it is to be a person, the highest functioning part of the self which is healthy (Frankl, 2006). Frankl believed that the spirit is beyond illness, and the ideals of logotherapy do not advocate a homeostatic context, free of struggle and strife. Instead, individual life satisfaction, is derived from ongoing growth, development, attainment and maximization of the human potential, motivated by the impetus of a will to freedom, meaning, as well as intentionality.

In the active process of therapeutic engagement, logotherapy upholds that each individual experience shared by a client is unique. The concept of uniqueness refers to the client, the set of presenting issues, or discussions, the therapeutic encounter, the therapist, the client relationship, and the outcomes. There is significant emphasis on the sacredness of each therapeutic engagement, and there is a reciprocal interaction between client and therapist. The interaction can often move in the direction of following the principles, of what is known as a socratic dialogue (Shantall, 2003).

Socratic dialogue

The socratic dialogue, as applied in logotherapy, is explained by Graber (2004), as following the actual ideology of Socrates. He upheld that the role of the tutor is to elicit the individual's intrinsic knowledge, rather than impart information. The socratic dialogue refrains from utilising the 'why' type questions, as well as those that can be responded to with a simple 'yes' or 'no'. Instead, more open-ended questioning is focused upon which leads to more individual introspection, through the inclusion of terms such as 'what', 'where', 'when', 'if' etcetera. Within this socratic dialogue, the facilitator attunes to what is being said by the client, with particular focus on any logohints, that are instinctively shared. According to Fabry (1988), logohints are relevant pieces of information, that are spontaneously offered within a therapy session, and which are cues for exploring meaning and value. In addition, they can be verbal, or non-verbal. According to the perspective of Shantall (2003), these logohints point towards individual meaning, referring to relevant aspects, objects, people or animals, within an individual's life, that have significant pertinence or value. These logohints become the building bricks for creating new meanings, as well as forward planning,

and as such, underpin the therapeutic process, as they refer to the hints, nuances, suggestions, or cues of something positive, and substantially important to the client.

In the course of a socratic dialogue, Fabry (1988) states that past, meaningful experiences, memories of achievement, dream analysis, and significant role models, can be included. Furthermore, in the socratic dialogue, there can also be what is termed logo moments, wherein the client has an unexpected, and sudden self-realisation, or illumination regarding a previous challenge, and can gain new perspective and meaning from it. Lukas (2000) upholds that logotherapeutic encounters should engage the person in the socratic dialogue, and ensure that the outcome of each session, meets the client's needs. This means ensuring that the facilitator provides a response to the individual's presenting question, instilling some hope within the client, and facilitating an exploration of the power of the noetic dimension.

Using one of the tenets of logotherapy, which is paradoxical intention, one can challenge irrational fears that manifest in the here-and-now (Graber, 2004). In conjunction, the physiology of the client can be simultaneously addressed using SE, to enable the body to renegotiate the unresolved energy of previous trauma/s, embedded within the memory of the central nervous system (Levine, 2010). Graber (2004) concisely states that paradoxical intention refers to substituting the challenging problem, which is generally an affective state, with paradoxical desires and thoughts. Lukas (2000) encourages engaging the construct of attitude modulation in respect of the symptom/s presenting, upholding that this technique is effective, in implementing change. Paradoxical Intention often requires the inclusion of the principle of self-distancing.

Freedom and choice

Freedom is taken to another level, when one has the choice, to redefine oneself, to reformulate thinking, to challenge limiting belief systems, to acknowledge one's uniqueness, and to contemplate, as well as explore, the possibility of a noetic soul dimension. Frankl (2006) states that when we make active choices, we are confirming and displaying our autonomy as human beings. When it comes to belief systems, and

how they underpin our behaviour in our relationships, we have a choice to review those ideas, as well as previously learned information, to prevent the obstruction of a meaningful and purposeful life.

Frankl (in Graber, 2004) postulated that logotherapy involves a person striving towards the future, moving forward, adopting personal responsibility, as well as exploring the intentionality of life. The thoughts a person has, in respect of existence, also becomes an integral component of this personal responsibility. The responsible thing to do, is to assess, and review one's worldviews, as well as beliefs, ensuring that they do not obscure, obstruct, or limit, potential meaning acquisition. To be conscious, is to be aware. In taking responsibility for one's thinking, more consciousness needs to be intended. Reflection, introspection, and ongoing thinking about one's thoughts, influences new avenues of meaning. The process of paying more focused attention to what, when and how one perceives, interprets, as well as conceptualises, becomes relevant, in that it contributes towards personal meaning attribution, and purpose.

In order to experience true personal freedom, Graber (2004) highlights that it needs to transpire by means of the mind having an internal locus of authenticity. This is developed through developing one's own ideas, as well as establishing beliefs that are real and meaningful for the individual. It requires a reassessment of one's thoughts and ideologies, as well as inherent beliefs, followed by a confrontation of or challenge to any limiting beliefs. Included within this is the element of responsibility, which entails a personal re-evaluation of the thoughts, ideas, beliefs that are held. Furthermore, it means to assess whether they accord with the person's current perception of concepts, as well as worldview. It may entail the defiance, or possible challenge, of certain societal norms and ideologies, that could be potentially obscuring the individual's quest in the attainment of new meanings and purpose.

Tenets of logotherapy, include validation and affirmation of the individual, in assisting them to develop a healthier relationship with the self, as well as to assist them in self-realisation. The whole integrated and meaningful relationship with self (Pattakos, 2010), which includes challenging limiting belief systems, precedes what will ultimately need to eventually follow, which is self-transcendence.

Self-transcendence

Frankl (1988, p. 25, 26), highlights that the self-transcendent aspect of a person's life suggests that "being human always means being directed and pointed to something or someone, other than itself". Pattakos (2010, p. 162) discusses self-transcendence as "living beyond oneself". The latter trait is one which Frankl highlighted as characterising one's unique humanness. In some of the Black cultural traditions in South Africa, there is a humanistic collective construct, as opposed to strongly individualistic White Western culture, referred to as ubuntu, which can assist in the understanding of the concept of self-transcendence. Ubuntu involves the manner in which people solidify their own humanness, by acknowledging, and extending themselves, in respect of others. In being of service to others, or living with intentionality towards people, self-transcendence can occur.

Meaning

Logotherapy sees meaning experienced on two levels. Ultimate meaning, and the meaning of the moment (Graber 2004, p. 87). Meaning requires an exploration around the question as to who, what and why one exists, as well as the direction in which one is moving. This is moving from mind to noetic dimension. Life transitions a person through various experiences, and different life stages, accompanied by a host of unique life experiences. Meaning is distinctly different from situation to situation and from person to person, and has to be personally embraced and experienced for it to be transforming, as well as to have unique personal value.

Will to meaning

The concept of a will to meaning, according to Frankl (1988), is a fundamental pursuit of meaning and living with intentionality. Frankl's three highways to intentionality and meaning, through which we can travel in order to find purpose, are encapsulated by the meaning triangle of three different values (Frankl, 2006). Values have universal meanings, that are held in common by large groups of people at a given time. They tend to change to accommodate the needs of the people when they no longer offer universal meanings.

The three value groupings, or highways towards meaning and purpose, are made possible through three different categories of meaning acquisition. They are accessed through different values, which are elaborated upon by Graber (2004). Creative values are discovered in the valued moments, where a person finds meaning through his creating activities, such as occupation, work, and goals set as well as attained. It includes deeds performed and other self-developments. Experiential values include the experiences with significant others, with whom the individual has engaged in relationships, or encounters, and includes all interactive contexts, that have been regarded as highly important, or meaningful to the person.

Attitudinal values revolve around significant events, decisions, positions that have needed to be taken, or that might have been brave or altruistic, and which took the individual beyond the self. To illustrate, a person may have been subjected to a detrimental situation, facing odds that may have been insurmountable, and risen above them victoriously. This feat then results in positive changes within the self.

Complimentary nature of the two approaches: SE and logotherapy

In order to present the value of the dual application of SE and logotherapy, certain pertinent points in their utilisation, as well as their complimentary nature are detailed, before providing a summary of their theoretical underpinnings.

Somatic experiencing, a body based trauma intervention, fine tunes the individual to the non-verbal realm, which is regarded as the body's communication domain. The body expresses via the felt sense, as well as through gestures, facial expressions, body movements, posture, skin tone changes, body impulses, visceral awareness, breathing and muscle tension etcetera (Levine & Kline, 2007). Ameli and Dattilio (2013) highlight the compatibility of logotherapy with other approaches, with one significant difference being, that it includes the noetic or unseen domain (Frankl, 2006). These two approaches can be seen as having some similarities, and in other ways, are complimentary.

As confirmed in a study conducted by Macaluso (2015) the basic structure of the therapeutic engagement, using SE and logotherapy, results in a process where the

person is encouraged to attend to the inner landscape of affect, cognition and physical sensations. The attunement level in the therapist, is required to be finely honed into the client, as well as be fully engaged within the therapeutic process. This involves several integral elements when working with the approaches of SE and logotherapy. These include:

- Establishing safety, stabilisation and containment
- Working with presence, and remaining constantly engaged in the here-and-now
- Establishing rapport and engagement with the client
- Tracking of sensation as well as cognitive content
- Working with resonance and coherence
- Utilisation of the model which encourages feedback from the client regarding their experience of sensation; images and thoughts; behaviour and movement; affect; as well as meaning and interpretation
- Posture and movement are enacted by client, and observed, as well as at times mirrored by therapist.

The most distinguishing feature between them, is the fact that one is a bottom-up approach, and the other is a top down approach. Thus, in utilising these two methods together, they serve to complement, and support each other in a holistic manner of addressing bottom-up, and top-down processes, in the unravelling, unblocking, or opening up of stymied contexts.

Top-down versus bottom-up emotional processing

In explaining the integral differences in therapeutic interventions with top-down, and bottom-up emotional processing, Van Der Kolk (2002 a) highlights that in the past, most approaches excluded the body, and accompanying sensate experiences. In illustrating this, hunger is used as an example. Under normal conditions, one is able to ignore the physical sensation in the body that signals hunger, despite the physiological cramping, or rumbling experienced in the stomach. The capacity to inhibit this sensation, is referred to as a top-down mechanism. The majority of adult

functioning operates using this processing, where the higher cortical areas of the brain dominate, as a control centre. It is common for much of the population to override the lower levels of activity, inhibiting, ignoring what is felt within the body, and experienced on a sensory level. Thus under normal living conditions, cognitive dominance maintains the equilibrium within the individual's attentive, affective and bodily states, ensuring regulation is maintained.

As stated by Damasio (in Van der Kolk, 2002 a), individuals utilise their thinking capacity to hide the body, together with outer and inner experiences of the soma, suggesting that mental imagery serves to hide what is actually transpiring in the body. Van Der Kolk (2002 b) states that this inhibition ability is, however, dependent upon the relative degree of emotional arousal being experienced in the body. Bottom-up processing is significantly contrasted against this top-down processing, which is rooted in thinking operations, and is controlled by the neocortex. The latter part of the brain is responsible for higher-order cognitive processing. The cognitive-perceptual functioning operations, which involve perception, observation, interpretation and implementation, are some of the activities that occur at this high-level of executive functioning. Ogden and Minton (2000) elaborate, explaining that the higher-order cognitive processes often direct the lower levels. However, the higher levels are semi-reliant on the optimal operations of the lower levels. The lower levels are more rudimentary with respect to evolution, development and processing, and thus establish a type of basis from which the higher-order processes gain input.

Affect states that originate from within bodily sensations, are unable to be effectively inhibited when an adult is responding to perceived threat, or if the person is a young child. Top-down therapeutic interventions tend to concentrate on inhibiting dysregulated affective states, attempting to utilise the cognitive functioning to manage emotions and sensations. This is distinguished from the objectives of a bottom-up approach, which works via the physiology of the body, to actually allow for the discharge of unprocessed energy and lead to a restoration of healthy regulation in the body (Van der Kolk, 2002 b).

It was recognised within the current study that the stuckness could be couched within the psychological (thus the application of logotherapy) and/or the physiological

domains (utilising the inclusion of the SE approach) of the individual, as well as within their intrapersonal and/or interpersonal dynamics. As confirmed by Ogden and Minton (2000), the interdependent, and interactive process that takes place between the bottom-up, and top-down interplay, is of particular value and importance in addressing trauma. In the same manner that the process of grief, requires emotional processing within a therapeutic context, likewise, unprocessed sensorimotor responses that have been immobilised, need to be recognised and experienced physiologically, via the felt sense.

Logotherapy is a meaning, value based and purpose driven, cognitive therapeutic approach, which views the individual from body, mind, as well as soul dimension (Barnes, 2000). It comprises various existential psychological tenets (Frankl, 1986). In addition, this therapy includes confronting thought processes that are not relevant just to the traumatic events, but also to any other interrelated ideology, as well as belief systems. Logotherapy upholds that meaning can be found within the process of exploring our basic will to meaning in life, as well as recognising individual values, opportunities, and challenges that life presents. It is equally accepted that meaning can be found not only in the positive experiences of life, but also, in the pain and suffering of various life crises. However, as indicated by Pattakos (2010), the ability to become aware of the inborn and unlimited human capacity for realising meaning and purpose in life, is often the outcome of an elevation or alteration in a person's level of conscious awareness. Conscious awareness becomes significant in the therapeutic encounter, especially where dissociation and unconscious processes may be occurring as a result of the unresolved trauma, and which symptoms are driven somatically via the body (Ogden et al. 2006). The latter authors also include the concept of meaning. They highlight that therapeutic goals, aimed at facilitating healing, imply changes in experiences and such changes, require the inclusion of meanings, to contribute towards positive corrective experiences, within the therapeutic relationship.

The inclusion of the noetic aspect of a person, is one of the differential aspects of this paradigm, when compared to other schools of thought. It underscores authenticity, the uniqueness of the person, inner strength and living within one's integrity (Tate, Williams III & Harden, 2013). Somatic experiencing is a trauma resolution, body based

therapy (Whitehouse & Heller, 2008), which also pertinently embraces the tenets of authenticity, as unique experiences are felt within the body, and relearning the value of trusting one's own body and self (Levine, 2010). Logotherapy highlights that meaning can be found in suffering, and SE supports this same idea (Levine, 2010). The noetic, or spiritual element of a person, is involved in the meaning and suffering in both approaches. The SE perspective, is that trauma resolution and release, has the capacity to make a person more receptive to becoming more open, or aware of their own spiritual nature and experiences. This is expounded upon by Levine (2010, p. 349) who states that "trauma represents a profound compression of survival energy, energy that has not been able to complete its meaningful course of action". Trauma leads to rigidity, fragmentation, dissociation and disembodiment, while the reprocessing thereof, results in becoming more embodied, restoring wholeness, as well as opening the person up, to a flow of the energetic life force, with which we are all born.

In a logotherapy study, Reker and Wong (in Makola, 2008) provide a denotative description of meaning in one's existence, as encapsulating the constructs of a sense of directness in one's life, adherence to structure as well as coherence. Somatic experiencing as an intervention works by facilitating more coherence within the body through reducing traumatic energy. In addition, it enhances meaning as it restores goodness, and a sense of purpose (Levine, 2010). Thus, it can be seen that these two approaches, both work specifically at facilitating meaning, a sense of purpose, and resonance. Thus, in combining them in a psychotherapeutic approach, one being concentrated on verbal dialogue and cognitions, while the other focuses on exploring the nonverbal expression of the body, they provide a very similar experience for the individual, on the two main spectrums of a person's total being.

As logotherapy is a meaning-driven orientation, it allows for the cognitive engagement of questioning and challenging pre-existing beliefs, many of which can serve to confirm, or exacerbate the interpreted meanings of traumatic experiences. This becomes particularly relevant, as certain worldviews and belief systems can serve to obstruct the process of change. Affective experiences, often internalised subsequent to trauma, include: survivor guilt, shame, emancipation, diminishing of self and an existential loss of meaning (Southwick, et al, 2006).

Frankl's (2006) views regarding how to manage the challenges of life that bring about suffering, disappointments and [trauma] etcetera, focuses on finding the value, or meaning in negative experiences, and turning them into ones which can be viewed through a more optimum lens. In substantiating, he states that negativity reinforces more despair and unhappiness, even leading to physiological illness, and thus does not contribute towards finding resolutions. In addition, within intrapersonal and interpersonal relationship contexts, where there are experiences of emptiness, he advocates that a shift in attitude from negative to positive is beneficial. To this end, it is pertinent to add that attitude is of particular emphasis in logotherapy, as adopting a positive attitude in the face of overwhelming challenges, is viewed as drawing on the strength, determination and power of the human spirit. It is solely the client who can facilitate a change in attitude, and thus be instrumental in determining his or her healing. However, Frankl highlights an important distinction in terms of the consideration of shifting from pessimism to optimism; advocating instead a mental shift from pessimism to activism. Whereas thinking about a situation more positively, after previously considering it from a negative perspective, is normally the idea, Frankl's Logotherapeutic ideology, is that one moves from the pessimism, to actively engaging the problem with newfound enthused positivism. Lukas (2000) contributes to this, with the concept of attitude modulation, to encapsulate the attitudinal adjustments that are implemented by a client. It is her opinion that logotherapy can be described as a type of re-adjustment therapy, where symptoms which often become pathologised by the individual are de-emphasised, and an attitude change regarding those symptoms, contributes to recovery.

Uniqueness

The principles of logotherapy include uniqueness as being one of its tenets, upholding that human beings are incomparable to each other. Expanding upon this, the therapy process undertaken with each client, is also considered to be a unique encounter and experience, for both client and therapist. Thus, the constructs of the theory, such as meaning, will to freedom, values, attitude, and choices etcetera, are interwoven into the therapeutic process, in a manner that is particular to the individuality of each client (Pattakos, 2010).

Similarly, SE, as a trauma intervention, underscores that trauma is a personal, uniquely experienced event, and is influenced by pre-existing meanings, values, as well as other factors, which are framed within the individuality of each person (Levine & Kline, 2007). It is a common feature of trauma for faulty meaning making to have occurred, the belief systems of which can be effectively challenged, using a logotherapeutic stance.

Application of the approaches

In discussing how these approaches are presented within a therapeutic setting, the client is often consulted as to the seating arrangements of the session. He or she may be encouraged to consider what would feel most comfortable, in terms of the seating between their seat and the therapist's, in particular the distancing, as well as the positioning. Due to the nature of SE, which invites and encourages the client to follow the leading of the body, sessions can be conducted with the client lying down or sitting on the floor, bent over or in whatever position feels preferable for the client.

Similar to all talk therapy contexts, logotherapy provides clients with seating within a confidential space and generally, therapist and client are positioned directly opposite each other or at a slight angle. In a SE intervention this can be exactly the same. Alternatively, the practitioner can utilise a plinth in the room and utilise the session for touch therapy. There is an element of non-invasive contact involved in SE interventions where deemed necessary and when agreed upon between the client and the therapist. This is not, however, a prerequisite. In contrast to logotherapy which adopts a more generic seating arrangement, SE often utilises items or props that are regarded as aiding the body work process. These include cushions, pillows, blankets and other items that can serve to aid in the somatic release work.

The most fundamental difference in these two theories is that one is focused on paying attention predominantly to what is being verbalised, with possible attention to posture and other physiological manifestations (Shantall, 2003), while the other is mainly centred on what the body is communicating or displaying (Levine, 2010). Carleton and Gabay (2012) assist in highlighting how such body expression occurs, by listing the various signs which can be detected when the body experiences distress: felt

sensations, skin colour changes, muscular tension, involuntary movements, heart rate, breathing depth patterns, posture, and facial grimaces or expressions and the like.

Tracking

Frankl (2006) likened the role of the therapist to that of an eye specialist. The task of the therapist as a facilitator, is to help widen the visual spectrum of the person, so that the entire gamut of meaning waiting to emerge, can break through into conscious realisation, and become seen.

Dissimilar to many of the other therapeutic paradigms, such as psychodynamic (Sadock & Sadock, 2003), family systems therapy (Becvar & Becvar, 2000), and transactional analysis (Novak, 2008) etcetera, that require the leading and/or analysis of the therapist, both SE and logotherapy, recognise the client as leading their own assessment of their body and mind. They are viewed as the expert of his or her own mind or body, and the inherent wisdom that each individual inherently has within the self, acknowledged (Levine, 2010; Shantall, 2003).

Logotherapy, while absent of being an intervention that coaxes, teaches, lectures, advises or instructs, involves the technique of tracking the client. In the therapeutic space, the person is encouraged to express, discuss and explore their own comprehension of current, as well as possible new avenues of meaning. The therapist is likened to a facilitator who engenders a space for self-discovery and growth, rather than an analytical expert who has a view of what the client needs in order to maximise one's life. Logotherapy involves tracking cognitions and the verbal expressions, narrated stories, as well as that which is purposely omitted, or unable to be articulated. It is the facilitation of a space, wherein a client can evolve, maximise their inherent abilities, and develop the capacity to step into, as well as own, their rightful space in life (Shantall, 2003).

Somatic experiencing, as a body psychotherapy, is centred upon focusing how, when and what the body communicates physiologically, such as via sensation, posture and position. This requires that the therapist is positioned in a tracking, following manner,

rather than leading or directing the client. Tracking, according to Levine, involves the “awareness of interoceptive sensations, the process of tracking bodily sensations” (Levine & Kline, 2007, p. 323). In this way, an individual can access and modify emotional responses, and attain a core sense of the self. Rothschild (2010), reiterates this, stating that in a body psychotherapy approach, the therapist follows, moving in the direction of what the client says or experiences, allowing them the lead. However, in both SE and logotherapy, directives and guidance interventions also occur when necessary. Levine (2010) elaborates, explaining that this process of following behind the client’s awareness and observations, about that which is being communicated in the body, may be paralleled with that of a tracker in the wild. When tracking animals in the wild, the scout will stop and assess an animal’s tracks, in order to determine where it is headed, or what type of animal it is, based on its footprints. Thus, in the SE intervention, the narrative of the client is within the body, and the facilitator focuses on tracking the physiological responses of the client’s body, while simultaneously, noting and attuning to what may be happening in his or her own body.

Tracking is a collaborative act, that requires both therapist and client to be focused on what is predominantly taking place within, and without, the client (Levine & Kline, 2007; Levine, 2010). The client orientates to sensation, with awareness and attunement of what is occurring within the body, increasing the level of internal presence of the soma, as well as holding awareness of any thoughts or emotions, that may simultaneously arise. This is observed and followed by the therapist. There are constant physiological shifts taking place during this process, which are tracked by both the client and the therapist. The therapist, however, is also required to not only track the occurrences and shifts within the client’s physiology, but also to apply the same awareness, attunement and presence, to his or her own observations of what is taking place introceptively (in organs, breathing, digestion, etcetera), proprioceptively (musculo-skeletal, tension, etcetera), interioceptively (sensory perceptions such as smell, sight, touch, taste, sound), and in terms of affect and cognition.

The combination of these two methods facilitates a comprehensive process of tracking, both psychologically (exploration of self as well as associated values, thoughts and meanings) and physiologically, (exploration and awareness of the felt sense, leading to release, discharge and re-integration).

Somatic markers, cues and logohints

While SE orientates the client to concentrate with awareness, as well as observe what is being experienced in the body, the therapist simultaneously engages in the same practice. It is the task of the therapist to remain constantly attuned to the client, and with full presence, to observe for physical cues. This necessitates high levels of resonance and coherence in the therapist's own body (Levine, 2010). This tracking process is not unlike a typical x-ray machine, which detects what is happening within the body. The scanning of the body, moving up and down with proprioceptive awareness, appraises and assesses what the conscious mind often cannot see. Proprioception is a term discussed by Payne et al, (2015 a) and denotes the utilisation of all of the senses, when orientating to awareness of what is happening within, and without the body.

While the logohints, which have been previously discussed and refer to cues or indicators, that are important or of value to the the communicator (Fabry, 1988), the SE equivalent for logohints, has not been previously addressed. The SE counterpart for logohints, are somatic markers. These form part of the physiological tracking, and refer to internal cues, such as blushing when we are ashamed, or sensations of expansiveness experienced in a smile, butterfly feelings in the abdomen when excited or worried, widening the eyes when startled, and exhaling deeply when letting go of something that was weighing us down mentally (Levine, 2010).

Mirroring via mirror neurons

Reflective counselling, as taught according to the person-centred school of thought developed by Carl Rogers (1995), includes the concept of mirroring or feeding back to the client, what is heard by the therapist. This is repeated back in the therapist's own words. The mirroring via mirror neurons, that is referred to in the theory of SE and other body psychotherapies, may have nuances of similarity but relates more to brain cells, known as mirror neurons. The manner in which this occurs is through actions, or behaviours demonstrated by individuals. In the event that a person for example, smiles, or adopts an aggressive physical posture in an encounter with another, the mirror neurons could fire within the observer, and map what is noted or detected,

mapping the same in their own body. Within an SE session, this mirroring occurs at times on an internal level, within the felt sense in the therapist's body, or at other times, through the therapist physically mirroring what the client is exhibiting, either physically or emotionally. This could be in a demonstrative or empathic manner. This serves to promote attunement and connection between them both, and is regarded as being as aligned with any telepathic experience, as is possible (Levine, 2010).

The phenomena of neurons firing in the brain in one person, as an activity of duplicating what has been observed in another, has been observed in research conducted by Giacomo Rizzolatti and Vittoria Gallese (Rothschild, 2004). This matching of what a client is experiencing emotionally, or really understanding the narration of the client in a therapeutic process, would be experienced within a logotherapeutic frame. However, while mirror neurons are understood as enabling one individual to reflect the working of another individual's cells within the cerebrum (Rothschild, 2004), the verbal interaction within a logotherapeutic space would exclude verbal mirroring, matching or reflecting. Instead, the logotherapeutic dialogue, while demonstrating cognitive and emotional tracking, tends to be one in which probing questions are presented, and can take on more of a confrontational, or challenging tone from the therapist (Shantall, 2003). As indicated previously, the interactive communication between therapist and client in the logotherapeutic encounter is referred to as the socratic dialogue. This dialogue involves the eliciting of knowledge inherent within an individual, which also serves to add, or restore meaning to his or her world. Logotherapy works with that concept, seeing meaning as something for the client to discover on their own, by tapping into their own instinctive wisdom of their inner being, or spirit. Included in the socratic dialogue, is the delivery of provocative open-ended questions by the facilitator, that require the client to engage in deeper introspection, as well as reflection. The therapist tracks what the client is saying, giving particular attention to any logohints, weaving the valued content shared, back into the dialogue. Fabry (in Graber, 2004) expands on this, describing that the facilitator reflects back elements of the client's conversation, in order to enable the client to access more of their highest self. It is understood that the person, within his or her healthy core, intuitively knows what is being sought or is needed, in order to find more meaning and purpose in life. Thus, there is both physiological and psychological

mirroring occurring simultaneously, or interchangeably within the therapeutic space, utilising both logotherapy and SE in the tracking process.

Embodiment and self-distancing

Embodiment and self-distancing entail a process of focussed awareness, bringing the individual more into the present moment, and into the interoceptive experiences of the body. It includes exploring the felt sense, within and without the body, as well as observing the life force and movement transpiring inside (Levine, 2010). Albert Einstein, interestingly, is referred to as having had a high level of embodiment, and this, together with his level of attunement, enabled his creative and lateral thinking - “embodiment” is a personal-evolutionary solution to the tyranny of the yapping “monkey mind” (Levine, 2010, p. 279).

An additional way of quietening a person’s internal chatter is mindfulness, which is defined by Harrison (2015) as a term used to describe the practice of paying attention, non-judgemental acceptance, increased body awareness, affect, cognitions, state of mind, and presence in the here-and-now. This attention tendency, can serve a valuable role in addressing rumination and negative preoccupation. In addition, when attention is harnessed in body focused awareness, it facilitates more stillness in the thinking processes. The increased awareness of the interoceptive interplay facilitates more embodiment, as well as results in the improved development of two senses, namely presence (being fully engaged in the here-and-now), as well as agency (the capacity to initiate, accept and implement change). The utilisation of both of these senses enhance general well-being (Farb et al., 2015) and are integral in the SE therapeutic process.

Interoception is regarded as paramount to an individual’s sense of embodiment, as well as influencing motivational levels, decision making, stress resilience and general wellbeing. This is due to the notion that it is strongly associated with self-regulation and ensuring equilibrium. High attunement to interoceptive cues can, however, in the event that bodily states are dysregulated, influence a person towards increased feelings of anxiety. Definitions vary, some of which categorise this type of awareness

as being felt body sensations or, the activity of receiving, evaluating and appraising of internal experience, such as respiration depth and heart rate (Farb et al., 2015).

The process of becoming more embodied is facilitated by being intentionally conscious, and applying focused awareness to our bodies (Fogel, 2009). Body awareness within a therapeutic process, assists to create some distance from distressing, or negative affect, which is often influenced, or fuelled by prevailing belief systems. The realisation that we are not our thoughts can be the initiation of a journey towards opening up more aliveness in the body (Levine, 2010). In a similar manner, the application of the technique of self-distancing, also enables a client to gain more perspective. This occurs in the process of creating some distance between the self and the cognitions, which may be leading to the feelings of distress. Self-distancing refers to the ability of the client to see symptoms and behaviours apart from the self; creating a space between what is challenging, being observed, experienced, or confronted with, as separate from the self. In so doing, some perspective, or new awareness can be facilitated, since clients frequently over-identify with their symptoms, or problems (Graber, 2004).

The objective of self-distancing is to foster the attainment of a wider perspective which facilitates increased clarity, as well as to orientate to the authentic or spiritual self, rather than the conditioned one. In addition, it can serve to open up more accurate understanding and awareness of the self, the other, as well as the context of the challenging situation (Graber, 2004; Lukas, 2000). In brief, self-distancing refers to developing the ability to create distance from the self, in order to be able to observe what is being experienced, and to facilitate the possibility of varying perspectives. Fabry (1988) states that self-distancing is a process where, as one becomes less identified with the challenge, and where one moves into a position of being a spectator or observer, rather than a participant. In so doing, the self-distancing enables different perspectives, attitudinal shifts, and more potential for the realisation of new solutions, that would otherwise, not previously have been able to be conceptualised. The elevated levels of awareness, or consciousness, which are often the outcome of self-distancing, are also facilitated when utilising the SE method. In contrast however, more intentional focus is given to what is being experienced, rather than a moving away. Increased focus and attention is given to what is being experienced within the body,

which attentiveness assists in the discharge of unprocessed traumatic energy. As confirmed by Levine (2010), when the blockages of unprocessed traumatic energy are resolved, increased levels of vital energy, or life force within the physiology of the body are restored. Paradoxical intention on the other hand, is the act of engaging in the actual behaviour that is feared, or that provokes anxiety. Instead of moving away from the anxiety provoking stimuli, the person intentionally moved towards it (Southwick, et al., 2006).

Working in the here-and-now

Somatic experiencing is a real time, present-centred process, which has the intention of releasing past, unresolved and unprocessed traumatic events by working on the discharge of the associated, unreleased traumatic energy (Levine, 2010). Van der Kolk (2014) states that trauma is fundamentally a disturbance of the capacity to stay grounded in the-here-and-now. Logotherapy emphasises the here-and-now exploration of an individual's existential world, while not excluding a person's past (Shantall, 2003). The researcher views the combined utilisation of both a cognitive (logotherapy) and body-based (SE) psychotherapy process, where the here-and-now is integral to the therapeutic encounter, so as to be effective in working with trauma and potential related stuckness.

An SE approach thus assists in bringing more regulation to the central nervous system to facilitate more capacity to be as well as to remain, grounded and centred. In the process of the therapeutic SE sessions, which serves to harness present-time, focused awareness on the body, the client is learning to become more mindful, as well as learning self-regulation skills. In addition, it fosters the development of a 'muscle' for staying in the here-and-now, which has the added benefit of assisting clients who have a tendency to constantly be in their thinking minds and on constant alert. The development of becoming more attuned to one's own body is a further outcome derived from SE sessions.

Resourcing and anchoring

One of the main tenets of SE interventions is the concept of resourcing. Resourcing is a contributory factor in this intervention and enables the discharge of trapped energy from previous trauma. The body is considered to be one of the deepest resources within the therapeutic process, as the person experiences varying physical sensations. In the process of this felt sense experience, the client also discovers that the body has the capacity to discharge different sensations, simply by paying attention, and staying present with what is felt. Additionally, the client notes the different changes in these physical sensations that occur in the SE process when such discharge occurs, and the nervous system recalibrates, or renegotiates the traumatic energy adjustments. The self-awareness is integral to this process, and the individual's attention is directed to focusing on what they detect or notice, as they scan and observe their bodily sensations, gaining more presence from their own inner experience (Levine & Kline, 2007; Levine, 2010). In SE nomenclature, resourcing is an integral part of the therapeutic work, involving physiological arousal, or activation and deactivation. The terms used for activation (sympathetic nervous system arousal) and deactivation (parasympathetic nervous system arousal), refer to the person being in a trauma vortex (when experiencing activation), and moving into a counter vortex (when physiological regulation is restored in the body). Resourcing is a contributory factor in this process, and enables the discharge of trapped energy from previous trauma. There may, or may not be cognitions and/or emotions that arise during this increase, and subsequent discharge of energy (Levine, 1997, 2010).

Levine and Kline (2007, p. 133) discuss the term resource at length, highlighting that the *Oxford Thesaurus* lists at least 25 synonyms for this term. These include "initiative, ingenuity, talent, imagination, cleverness, aptitude qualifications, gumption, intestinal fortitude, wealth and possessions". Levine's definition, is that it refers to anything concrete, or abstract that can serve to provide support, uplift, empower or help or optimise a person's overall well-being. This includes wellness in the areas of psychological, physiological, as well as the spiritual domains.

Resources can be overt or covert, external or internal (experienced from within the person in the form of memory or sensation), are unique to each person with

personalised interpretations, and are always positive in connotative meaning. External resources are extensive, and include objects, environments, communities, people, animals, textures, colours and music and so on. The list of internal resources includes abilities, talents, accomplishments, physical capabilities, participation in activities, character traits, achievements, memories, positive highlight experiences, meaningful moments and an internal sense of connectedness to a spiritual centre within or noetic dimension. It is pertinent to add that internal or external resources, that support and enhance wellbeing in one person, can be an activation for another, triggering past negative, unresolved experiences. This reinforces the significance of each therapeutic engagement being unique from a SE perspective (Levine & Kline, 2007), and correlates with the uniqueness of each client, as well as therapeutic context, from a logotherapeutic paradigm (Shantall, 2003).

Payne, Levine and Crane-Godreau (2015 c) suggest one definition of resourcing, as assisting a client to become connected to their inner experience of the more expansive, positive, strengthening, or soothing emotions, that may be experienced. The aim of resourcing, is to facilitate a therapeutic space of safety and stabilisation, without which, effective treatment can become compromised. Cultivating an environment where the person feels safe and secure, is conducive not only for relationship building, but more pertinent to the method of SE, in that it creates more equilibrium within the nervous system, thus restoring it to balance.

Somatic experiencing is complemented by a similar process of anchoring, or reinforcing past positive experiences. This is done by working in the here-and-now to recapture a previous past, positive then-and-there experience that can provide a mental resource to challenge the possible negative thinking or thought processes. Positive, past experiences introduce the possibility of shifting mood and affective states, which serve to promote optimal changes in thought, feelings and behaviours (Shantall, 2003). This experience can include visualisation, future imaging orientation or just remembering. The reinforcement of a positive, past experience within the mind, serves to create feelings of wellbeing, strength, support, calm or comfort and is not too dissimilar to the technique advocated by Rick Hansen, in his book on rewiring happiness (Hansen, 2015).

Discharge or resolution of trauma

Re-negotiation, resetting or recalibration of the nervous system

In their revolutionary book on *Trauma through the Eyes of a Child*, Levine and Kline (2007) explain various ways of helping regulate children. Discharge, as it occurs in a SE therapy session, engages the client in a process of assisting the dissipation of blocked trauma energy. This is fundamentally achieved through concentrated focus on the felt sense in the body, being present, the tolerating and shifting of sensation, which contributes towards the resolution of the unprocessed trauma. The body's memory of unprocessed psychic energy, may manifest in the form of abdominal constriction, nausea, pressure, muscle tension, tingling or pain. The shifting of these sensations can take place in several ways, one of which is orientating attention to resources, the sensory perceptions, time and space or the body. This movement of sensation, which is facilitated through utilising either external stimuli or the body as a resource, is also referred to as pendulation. Pendulation works in a naturally innate, rhythmic manner within the soma as attention moves from contraction to expansion, tension to relaxation, affective unease to emotional comfort, feelings of helplessness and fear to empowerment and confidence. The natural process of pendulation that ensures physiological equilibrium within the body, becomes disrupted in traumatic experiences. "Pendulation is what keeps the momentum of change happening over time" (Levine & Kline, 2007, p. 93).

Discharge, as previously explained, can typically be expressed in the various involuntary, outward displays of physical signs such as shaking, experiencing the infusion of heat or cold in or outside of the body, perspiration, laboured breathing and crying etcetera. This is the body engaging in releasing the blocked energy, and then opening up the process of resetting of the nervous system, as it renegotiates an incomplete protective response, or restores more equilibrium. The outcome is transformative in the body, restoring the body to more expansiveness, and feelings of energetic aliveness, as well as embodiment (Levine, 2010).

Orienting

Orienting is fundamental to the SE process and involves the client becoming aware of and attuning to their own body. The client utilises their proprioceptive awareness, as well as pays attention to all aspects of the therapeutic environment, with presence and focus being strongly in the here-and-now. The therapist in turn, attunes to the invisible and visible displays, by observing postural, facial and vocal cues, as well as breathing, pulsation, movement, etcetera (Levine & Kline, 2007).

Sensation, image or thought, behaviour, affect, and meaning or interpretation (SIBAM)

In the therapeutic approach of SE, one particular model, known as the SIBAM model, stands for the inclusion of five fundamental aspects of a traumatic experience: sensation, image or thought, behaviour, affect and meaning. The said model, developed during the 1970's by Peter Levine, is helpful in the tracking process in a SE session. An elaboration of acronym SIBAM includes: sensation as incorporating the felt sense within the body; images, as well as thoughts; behaviour, any physical movement or impulses towards movement; affective responses or emotions experienced; and meaning, interpretation and cognitive understanding. These five elements of the SIBAM acronym can be utilised in a manner that is helpful in working somatically with the body-based, SE approach (Levine, 2010).

In the SE therapy process, SIBAM as a model, assists clients to become aware of their experience and track these five main elements within their awareness, as and when they occur. Central to the utilisation of this model, is the understanding that empathic attunement, which facilitates the formation of connection within intimate relationships, is reliant upon sufficient capacity to experience body resonance. It is relevant to note that the therapist facilitating a SE therapeutic session, is required to have intact embodiment skills in order to effectively assist a client, as well as master the ability to experience somatic resonance, and engage in subtle observations, in the process of close tracking of the client's experience of SIBAM. The client tracks and observes what occurs in the body, using the elements of sensation, image, affect and meaning, while the therapist focuses on the behaviour component of the SIBAM model. The therapist

can solely observe behaviour, while the remaining parts of this model are required to be provided by the client to the facilitator. Behaviours that can be detected and inferred by the therapist, include gestures, emotion, posture, movement, body positioning, facial expressions, autonomic signals (cardiovascular and respiratory), visceral behaviours and archetypal behaviours (Levine, 2010).

This is explained to each client from early in the SE sessions, enabling greater flow and resonance when working with the body psychotherapeutically. In addition, it facilitates the therapeutic space where minimal talk therapy is required, as the client has a basic frame to work from in the self-appraisal and assessment, of their own physical experiencing. The client is guided to track sensation in the body using awareness, incorporating mindfulness, and provided with psycho-education in respect of the SIBAM inclusion, as well as resourcing (Levine, 2010).

Concluding remarks

This concludes detailed explanations of the two therapeutic interventions utilised in the study. The methods and their accompanying tenets has been comprehensively discussed in this chapter. In addition, a description of what makes these interventions differ from other therapeutic approaches is provided, as well as the complimentary nature of these two schools of thought. Chapter 4 follows with pertinent information regarding the methodology of the study.

CHAPTER 4

METHODOLOGY

INTRODUCTION

This chapter on methodology is aimed at providing comprehensive details on the method of this qualitative study. However, this chapter is somewhat atypical, similar to the two schools of thought of SE and logotherapy, utilised as therapy interventions in the study, and which are dissimilar to other paradigms. These approaches are not typical in their tenets, with both viewing the client as the expert, or the guru in their therapeutic process. In addition, they both engage in a process of tracking, as well as in working in the here-and-now (Levine, 2010; Shantall, 2003). Also, the research aim of exploring stuckness, as a cause of unresolved trauma/s, in the year-long therapy process, rather than focusing on the presenting problem of stuckness itself, can also be considered to be somewhat atypical.

A study of this nature does not previously appear to have been conducted. In addition, logotherapy reinforces the idea of the uniqueness of both individuals, as well as the therapeutic contexts that involve unique persons. This influenced the decisions around ensuring that the study, in particular the research design, incorporated the premise of remaining in line with these core constructs of being unique in its approach. This entailed making certain that the participants' engagement, was within a completely authentic therapeutic process, couched in safety and containment. The latter, together with the fact that SE is a body psychotherapy intervention, involving minimal dialogue, and which is framed in lengthy periods of silence, influenced the researcher's decision not to utilise video, or audio tape recordings. This protected participants from experiencing any additional, unnecessary mental, or physical dysregulation, especially in view of the fact that during the sessions, disequilibrium would inevitably arise, due to the reworking of traumatic experiences.

In addition, as one of the intentions of the research includes the aim of assessing the outcomes of moving from stymied, to becoming unstuck, any possible variable obstructing this, was considered. Literature confirms that in qualitatively designed psychotherapy, or counselling outcomes-based research studies, the influencing

variables include: the therapeutic relationship, the therapist, cultural factors, process and outcome measurement, mechanisms of change, and the participant (Boundless, 2013). The latter are all regarded as potential, possible influences on the psychotherapeutic outcomes. A person's level of trust within an individual therapy session has a direct bearing on the therapeutic outcomes. Tate, Williams and Harden (2013) elaborate on the framework of logotherapy and concur that the most fundamental ingredient in the therapeutic process is building alliance with the client. This is also reiterated in the discussions concerning working with a SE approach, and other body based trauma work (Levine, 2010; Ogden & Minton, 2000). An additional factor is that the nature of the therapy process exploring unresolved trauma. In dealing with trauma in therapy, clients can re-experience significant distress, and dysregulation of the central nervous system, which is unsettling enough within the therapeutic relationship, and therefore, this influencing variable of safety, as well as trust, was deemed of paramount importance (Van Der Kolk, 2002, a).

As explained in previous chapters, the utilisation of both of these schools of thought in the exploration of trauma, hypothesised as being the reason for stuckness within clients, serves to provide a comprehensive, top down and bottom up approach. It is therefore pertinent to open this chapter by highlighting that the effectiveness of utilising these two distinct therapeutic paradigms in combination, to yield the possible outcomes of becoming unstuck, is integral in reviewing the methodology of this research. In addition, assessing whether stuckness or being stymied, either on the level of the interpersonal or the intrapersonal, could effectively be addressed utilising these two interventions, is another central aim of this study.

The evolvement of psychotherapy has been significantly impacted and developed by the examination of case studies, dating as far back as the ones conducted by Sigmund Freud in 1901 and 1909 (Widdowson, 2011). Thus, the effectiveness of using clinical case studies in exploring logotherapy and SE, as a combined therapeutic approach in addressing trauma, hypothesised as a possible cause of intrapersonal and interpersonal stuckness, seemed feasible. As indicated by Widdowson (2011), case study methodology is being utilised with more prevalence within psychotherapeutic studies. Wolpe (in Widdowson, 2011) states that historically, the progress in shaping behavioural therapy was expanded through the utilisation of case studies, and Eels (in

Widdowson, 2011, p. 25) stresses that “in the practice of psychotherapy, the most basic unit of the study is the case”.

Five participants undertook to engage in the study, and they attended approximately one year of psychotherapy with the researcher, who is a clinical psychologist. Each participant presented with issues involving some type of stuckness and differing stymied contexts. Fishman (in Widdowson, 2011, p. 25), states that “single-case studies that allow for the examination of the detailed unfolding of events across time in the context of the case as a whole, represent one of the most pragmatic and practice orientated forms of psychotherapy research”.

McLeod (2008) emphasises that within current research there have been few qualitative case studies conducted that have focused on therapeutic outcomes. This is significant when compared to the large number of quantitative studies carried out within the discipline of research. Psychotherapy techniques and approaches, are expected to provide evidence of their efficacy, especially within outcomes based therapies. As pressures for health funding escalate, so too will expectations around whether or not a therapy approach achieves what it is intended to, that is, restoring wellness.

Expanding on the discussions in the previous chapter, SE and logotherapy, as interventions, are both collaborative and they also require more engagement from the client than some of the other traditional psychotherapies. They require that the therapist at times tracks the client, both in terms of what is being communicated, as well as what is expressed via the body. In addition, where SE is used, the client is also invited and encouraged to learn to track their own sensation, affective and cognitive experiences within the body. Both of these approaches uphold the principle of facilitating a therapeutic space for the client, as opposed to the therapist directing, analysing, or leading. However, directives and guidance are at times utilised, as well as are necessary, within the therapeutic encounters. These approaches both contribute to enhanced feelings of self-mastery and empowerment, as the client is positioned as the expert or guru of their own life, in a therapy process which is much more self-directed than other approaches. Since the therapist becomes more of a guide, tracker or facilitator in both interventions, this serves to enhance independence

and self-empowerment in the client. In the majority of other therapeutic approaches, the therapist leads, analyses and directs the process of therapy.

This manner of intervention is a suitable fit for this research study, as confirmed by McLeod (2008), who indicates that qualitative evaluation research adopts a position of collaboration, which involves elements of dialogue and openness. Somatic experiencing tracks and observes the communication of the body, with an attitude of surrender and openness, to what presents itself via sensations in the body (Levine, 2010). Logotherapy on the other hand, focuses on monitoring the dialogue of the client and the unique communication that is elicited from the individual, which is their own personal view/s and truth (Shantall, 2003). In addition, just as the individual's attitude is relevant within the process of SE, so too is it highlighted as an integral tenet in logotherapy, but from the perspective of attitude modulation (Lukas, 2000). This attitude modulation refers to the process where one has the option of challenging pre-existing thoughts etcetera, and selecting new, different or alternate attitudes, in the face of challenges, and with the intention of optimising new meaning and purpose.

Widdowson (2011) states that although case studies have in the past contributed significantly to the evolving field of psychotherapy, the quantity of case studies contained within contemporary psychotherapy literature is limited. The limitation appears to be due to insufficient detail being provided in what work was actually conducted, as well as a lack of information regarding the cases, that serve to promote the readers' understanding of outcomes reached.

McLeod (2008) elaborates on the book, *What Works for Whom? A Critical Review of Psychotherapy Research* published in 1996 by Tony Roth and Peter Fonagy, which includes the psychotherapy research conducted, together with their compiled findings. The studies they executed were funded by the British National Health Service, in search of evidence-based treatments. Their research explored the efficacy of different interventions across varying populations. Similarly, this research study attempted to gain more reliable and conclusive evidence of the efficacy of the two interventions of SE and logotherapy as well as to link stuckness to unresolved trauma.

This published work of Roth and Fonagy (in McLeod, 2008) includes an emphasis on research evidence being accepted as valid and true, through the implementation of randomised controlled trials (RCT's). Challenging this view, McLeod (2008) firstly discusses the concepts of power and control, which are prevalent constructs in both conventional research, as well as evidenced in psychotherapeutic literature. This type of power, as found in psychotherapy studies, is generally centred on social status, social institutions and ideology as well as the academic of the actual researchers, together with the manner in which they communicate. The element of voice, influences the consciousness of the utilisation, as well as the expression of power and control. Thus, there is a possibility that psychotherapy outcomes may be influenced by political as well as social power.

The argument McLeod (2008) poses against the idea that just RCT's are accepted as valid and true, and that there is a lack of acknowledgment of the client's voice in terms of how the therapy method was experienced, as well as the voice of the therapist in the process of delivery of the intervention. In addition, what has been gained from the experience of the research study, for both the client and the therapist, is excluded in such outcomes of therapy approaches. The latter has been specifically included in the findings of this study.

In this research study participants were asked, at the end of the research, to provide feedback to the researcher, not just in respect of their experiences, changes, outcomes and unstuckness that may have ensued, but also as to how they experienced SE and logotherapy as interventions. Four years subsequent to the completion of this initial research, clients were also asked to respond to a few questions confirming whether such unstuckness, or changes had remained constant, as well as to provide information on their present time awareness, of the efficacy, and longevity of the therapy outcomes.

Logotherapy, as well as SE, as interventions, are therapy approaches which are aimed at re-empowering clients, and restoring their physical and psychological wellbeing. Thus power is reinstated. It would thus be in keeping with the overall goals of this research study, that the analysis of these case studies adopted a more narrative explanation of each individual case, from both the perspective of the client and the

researcher, as opposed to looking to analyse data with statistical methods. As indicated by McLeod (2008, p. 5), the publication by Roth and Fonagy in 1996, provided findings that tended to medicalise therapy, and thus was framed and presented more in line with that of a medical mode approach, which tends to be more quantitative than qualitative. In elaborating, neither the clients' nor the therapists' opinions regarding outcomes, are considered in research that focuses on the "medicalization of therapy through assessment/diagnostic measures and the use of" randomised control studies. A further criticism of their findings (McLeod, 2008) on outcomes of psychotherapy, was that the RCT's focused on work executed in the affluent sectors of the market and which "rarely focus on forms of therapy that are not well represented in the academic establishment, feminist, transpersonal, gay affirmative, multicultural and telephone counselling" (McLeod, 2008, p. 5).

As indicated by Kohlbacher (2006, p. 2), one of the most recognised research specialists on case studies, Robert K. Yin, highlights that the use of case studies in social science research, can prove to be one of significant challenge, stating that "the distinctive need for case studies arises out of the desire to understand complex social phenomena". The reason for this is that it provides the opportunity for the researcher to "retain the holistic and meaningful characteristics of real-life events".

In keeping with the integral construct of logotherapy, which is to enhance direction and purpose, as well as the will to freedom, the meaning, value and new sense of motivation which the therapy provided participants with was pertinent. Therefore, the objective of the chapter, which analyses the methods of the research, is to report on how these participants gained more meaning and purpose in their lives, as well as highlighting the value of trauma therapy (SE), and meaning-orientated therapy (logotherapy) approaches, as interventions which significantly assist in helping people become unstuck. In addition, it is intended to fulfil a personal goal of meaning and purpose, in reporting case studies that provided, not only evidence of healing and recovery for all of the participants, but which also contributed to personal meaning as a researcher. Accomplishing this in the most unique and authentic manner possible, were integral to the methodology of the research. As highlighted by Hartley (in Kohlbacher, 2006) a case study is concentrated on theoretical leaning, as well as the

individuality of the participants, rather than be focused on methods of research enquiry. Case studies add a dimension of authenticity to the real life contexts.

The methodology adopted the guidelines of Parahoo (in Jones & Lyons, 2000) who suggest that it include: the research design, methods of data collection, time, place and source of data, as well as the methods of data analysis. The research methods are aimed at assessing the therapeutic outcomes of the study and a qualitative method is used. This method fits well with the concept of trauma, as the research aim of qualitative approaches is primarily focused on gaining increased knowledge, in respect of the meanings which individuals derive and how they make sense of events that transpire.

Research design

Hyett, Kenny and Dickson-Swift (2014) assessed the methodological assessments of 34 case studies and concluded that the design of the study was not clearly indicated in many of the research papers. In addition, there appeared to be a lack of precise descriptors and motivations for the use of case studies in the majority of the case studies reviewed. The design of this research study is a qualitative, outcomes based, explorative study endeavour, that utilised multiple case studies which were instrumental in nature. Baxter and Jack (2008) highlight the work of Stake who states that case studies which are instrumental in nature, promote understanding of the issues within the conceptual framework. In this research, because each case study conducted was aimed at improving understanding of the phenomenon of trauma, it can be regarded as an instrumental case study.

McLeod (2008) explains that different case studies such as explanatory, exploratory or descriptive can be selected, dependent upon what the research question seeks to answer. An explorative design is ideally suited to executing a study in an area that has no previous research to consult, and includes objectives such as the cultivation of new ideas, refining ideas for further investigation, as well as increasing knowledge in a particular issue. The latter accords well with this research study. Yin (in Baxter & Jack, 2008) states that the objective of explorative case studies is to duplicate the findings across multiple cases. While multiple cases were included in the study, each case

study was examined in its uniqueness to explore stuckness. In the sessions covering an extended period of time, past unresolved trauma became the focus of attention, as a possible cause of the stuckness. The subsequent reporting on each of the case studies assessed the outcomes, as to whether clients became unstuck from the particular, originally highlighted, stymied context that had been identified as the presenting problem.

As indicated by Hyett, Kenny and Dickson-Swift (2014), instrumental cases yield information, or understanding on a subject, which ultimately contributes towards increased theoretical understanding. The method of data collection included initial comprehensive clinical interviews, completion of a self-evaluation questionnaire, followed by an extensive number of individual, fortnightly therapy sessions, which spanned the duration period of approximately one year. At the end of the year of sessions, the clients were requested to repeat the original, formulated questionnaire for a second time, to self-reflect on their own growth and/or a possible shift. In the culmination of the study, participants were contacted via email again, approximately four and a half years later, with a request to respond to several questions regarding the maintenance of the therapeutic outcomes.

In conducting case study research, the researcher is to ensure that the reporting contains adequate information, to make certain that the reader is able to evaluate its credibility (Baxter & Jack, 2008). One manner in which this was addressed by the researcher, was through utilising the principle of triangulation of data sources. These different data sources that facilitated this triangulation, included the initial interviews, the initial questionnaire completed twice, the process notes detailing the participants' progress, the clinician's observation, for each of the sessions conducted over the one-year period, and the final questionnaire completed, four years after the initial research was conducted. As indicated by Knafl and Breitmayer (in Baxter & Jack, 2008, p. 556), the accumulation of this information from these various sources, serves as a strategic approach to examining and assessing the data from varying perspectives. This in turn facilitates "idea convergence and the confirmation of findings."

Relevant to the outcomes is the therapeutic relationship, which both SE (Levine, 2010; Rothschild, 2010) and logotherapy (Graber, 2004) highlight as one of the most

significant elements in the entire process of resolution. Psychotherapeutic intervention is largely dependent upon the quality of the relationship or encounter/s established between therapist and client or, in this research study, between researcher and participant. Optimal therapeutic outcomes are significantly influenced by a positive relationship development, which in turn becomes a corrective experience for the client, who has often been wounded within a relationship context. Brinkmann and Kvale (2015) highlight the researcher, as the most fundamental, and integral research instrument within a qualitative study.

As indicated by Mays and Pope (2000), qualitative research is the development of constructs that serve to assist in the comprehension of social phenomena within more naturalistic contexts, rather than in laboratories. This type of research design aims to provide responses to questions. An example of such a question could be to consider what the motivation is that drives individuals to act in certain ways, or how certain events influence behaviour. Qualitative studies provide valuable contributions to participants of a sensitive nature, in exploring answers to questions that relate to real-life situations, and in how to implement an object or objective, or to explore constructs and ideologies (Hancock, Windridge & Ockleford, 2007).

In contrast to quantitative research conducted, the number of qualitative studies focusing on the results of various therapy, has been sparse (McLeod, 2008). The two interventions employed for this study are regarded by the researcher of this study as comprehensive, in that the outcomes are assessed from a holistic coverage of a combination of both bottom up, and top down approaches. The collaborative utilisation of a top down and bottom up approach, is effective in treating trauma and can result in alleviating individual stuckness (Ogden & Minton, 2000; Van der Kolk, 2002 a). The role of qualitative methods in assessing outcomes of therapy, according to psychotherapy research conducted, has predominantly focused on different facets of therapeutic engagement or contextual aspects of therapy (McLeod, 2008).

Case study: Unit of analysis

Miles and Huberman (in Baxter & Jack, 2008) refer to the case study as being the unit of analysis, and they encourage the exploration of questions that assist in ascertaining

what is pertinent to the research aims in the case study. The unit of analysis in this research study is qualitative data emanating from several case studies. In this research, the case studies seek to provide information pertinent to the question 'does stuckness in interpersonal and intrapersonal relationships ensue as a result of unresolved trauma?' The second question considers whether SE and logotherapy are effective interventions, when applied interactively or in an alternating manner, within a therapeutic context, to the presenting problem of stuckness resulting from unresolved trauma. The assessing of the therapeutic outcomes, thus informs the viability of these approaches in therapy outcomes.

Rowley (2002, p. 18) provides a definition of a case study as "an empirical enquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident." In the case of relationship stuckness, whether it be within the intrapersonal dynamic of the self, or between persons, the issues, according to the researcher that become the presenting problems, are often embedded within unresolved traumatic incidents from the past. Case studies in general entail the application of various sources of data collection, such as clinical interviews, questionnaires and/or other documentation. Rowley (2002) states that a research endeavour can make use either of a single case study, or several cases, in exploring a particular area within a real life phenomenon. Such case studies are able to contribute towards building psychological theories, as well as being "useful in the early stages of research on a topic or when a fresh perspective is needed" (Rowley, 2002, p. 16).

Hyett, Kenny and Dickson-Swift (2014) indicate that the application of a case study in contemporary research and ensuing findings, result in considerable variance in the literature. The reason for this is that case studies in qualitative investigations are influenced by concepts such as paradigms, and study designs, as well as differing methodologies and theoretical underpinnings. The variances in case study research publications, presents researchers with certain challenges in terms of the definition, as well as the comprehension of understanding the case study as a methodology. In-depth, explorative evaluations of individuals or effective outcomes of an intervention, provide an additional definition of a case study. It is a method of analysis, as well as a design that explores places, incidents individuals, circumstances or phenomena, with

a view to being able to bring more insight and understanding, as well as predict future outcomes, or further a scientific body of knowledge. A case study as a concept, is viewed as an approach, as well as a particular type of research design, intended to investigate and assess phenomena. The analyses are intended to be able to be generalised across populations (Mills, Durepos & Wiebe, 2010).

According to Rowley (2002), the traditional research perspective is that case studies tend towards being too subjective, and present as inferior to other methods. However, Creswell (in Hyett, Kenny & Dickson-Swift, 2014, p.2), states that a case study facilitates an opportunity to investigate “a real-life, contemporary bounded system (a case), or multiple bounded systems (cases) over time, through detailed, in-depth data collection, involving multiple sources of information, and reports a case description and case themes”.

As indicated by Baxter and Jack (2008), multiple or collective case studies can enable a researcher to explore several cases, contrasting, comparing and finding commonalities, as well as differences between them. Yin (in Baxter & Jack, 2008) highlights that collective case studies serve as a platform to indicate similarities in outcomes, the latter of which formed part of the research aims of this study. Focus was given to assessing whether similar results in becoming unstuck, prevailed across all of the case studies, and whether this was attributed to resolving trauma, irrespective of what the context of the stuckness was. Results from this kind of research can be regarded as strong and reliable, albeit consuming lengthy periods of time and they can be costly to execute too.

Information can be collated from a varied array of sources or through the application of varied methods (Mills, et al., 2010). Conceptual frameworks direct research. As such, they support case studies conducted by providing a type of anchor for the research effort. Such frameworks are not intended to indicate correlations between constructs, but instead, comprise various propositions. The elements in case studies are referred to as propositions, while Stake (in Baxter and Jack, 2008) applies the term ‘issues’ (Yin in Baxter & Jack, 2008). Propositions serve to steer the direction of the research and both Yin and Stake (in Baxter & Jack, 2008), agree that these propositions, or issues, form the questions which the research intends exploring. In

this research, three propositions are considered. One includes whether trauma leads to stuckness that bypasses cognitive awareness, as well as understanding, another is whether stuckness results in stymied interpersonal or intrapersonal relationship dynamics, and the third one considers whether SE and logotherapy are effective interventions, in unblocking individuals who have become psychologically stuck.

Methods of data collection

According to Patton and Yin (in Baxter & Jack, 2008), the use of multiple types of data sources enhances reliability of the information gained. Various types of data can be sourced, and in this study the researcher made use of a clinical interview and a questionnaire. The self-evaluation questionnaire was formulated by the researcher, with questions that are based on logotherapy literature. These questions were responded to at the onset of therapy and at the culmination of the year of therapy. Additionally, as well as pertinently, an extensive number of therapeutic sessions were conducted on a fortnightly basis, over a period of approximately one year, which formed the individual case studies. Whereas in many case studies, the objective is to extrapolate central themes, this research utilised these data sources in order to assess the therapeutic outcomes. This assessment reviewed whether SE and logotherapy were effectively able to eliminate stuckness. Thus, the outcomes of participants would be that they had resolved past trauma and become unstuck, within either their intrapersonal or interpersonal relationship dynamics. The view of the researcher is that stuckness due to unprocessed past trauma is seen as a significant undermining factor, in respect of effective interpersonal and intrapersonal relationship dynamics. The said somatic experiencing and logotherapy, thus also form part of the conceptual framework.

The subject of analysis in each of the case studies is an individual and their particular stuck context. Baxter and Jack (2008) discuss that within the parameters of a case study, there are other elements that are necessitated in ensuring a well-designed case study. These include propositions, conceptual framework implementation, well formulated research hypotheses or questions, correlating data to propositions, as well as what may be required for the interpretation of the outcomes. Yin (in Baxter & Jack, 2008) highlights the component of criteria necessary to make interpretative

conclusions, as one element of analysis of case studies. In this research study, the main requirement within the initial therapy presentation was the necessary indication of individual stuckness, or being stymied within a relational context, within the self or between the self and others. Each of these participants were selected for use in the study due to their presentation of a particular stuckness, either in respect of their interpersonal or intrapersonal relationship dynamics.

Reporting a case study is regarded as a complex, and challenging task in a research endeavour. Yin (in Baxter & Jack, 2008) states that in the process of condensing the salient details in an all-encompassing coverage of the case study, it is pertinent to ensure that all relevant data is well integrated into a comprehensive whole.

In the analysis phase, one of the objectives of examining and interpreting the information obtained from the various sources, namely the clinical interview, the extensive number of therapeutic sessions in each case study, as well as the post-research feedback, was efficacy. It was an intention to explore whether the two interventions, namely SE and logotherapy, provided effective outcomes in respect of unblocking the stuckness. A collective analysis of all the sources is supported by Yin (in Baxter and Jack, 2008), who encourages the avoidance of analysing from sources independently, and to rather integrate the overall data, considering the case outcomes comprehensively.

Rowley (2002) states that while case studies have been regarded as deficient, in terms of both being objective and rigorous in contrast to other study designs. Miles and Huberman (in Baxter & Jack, 2008) highlight their value in research. There is potential for positive overall outcomes in a case study, which could have value in terms of the results. Such contributions can increase the current body of knowledge, as well as support new thinking.

Rowley (2002) supports the use of case studies and suggests that they are particularly useful to new studies, where current theoretical ideology is lacking. In addition, a case study is beneficial in preliminary studies, where new insight and understanding are required. The objective of using a case study, is according to Hancock, Windridge and

Ockleford (2007, p.11) to evaluate and explore one particular case in comprehensive detail; as such, it is “particularistic and contextual”.

Miles and Huberman (in Baxter & Jack, 2008) define a case study as something that takes place within a contained situation, and thus view it as the unit of analysis. Case studies that adopt a qualitative framework have been significantly debated in respect of healthcare studies (Jones & Lyons, 2004). However, Green (in Jones & Lyons, 2004) highlights the fact that health care research embraces significantly more important elements than just scientific rigor. These elements include personal experience, observation, reflection and the need to translate scientific outcomes in order to assist clients. Baxter and Jack (2008, p. 544) state that “case studies can inform professional practice or evidence-informed decision making in both clinical and policy realms”.

The type of research study is considered an appropriate research fit for a number of reasons. As stated by McLeod (2008), a case study is not regarded as an actual research method, but instead, involves the researcher’s utilisation of gathering and interpreting information that yields itself to producing data that can be used in the said case study. Thus, SE and logotherapy as two independent yet compatible interventions, are appropriate research methods, as they are the therapeutic techniques utilised, as well as the methods of gathering and interpreting the data. This facilitates this research study’s question of how something occurs, or impacts, as well as contributes to the explorative, qualitative study of how the combined integrated use of SE and logotherapy, can be instrumental in unblocking stuckness. In addition, participant behaviour is not manipulated.

Limitations of case studies

In a review of some of the criticisms levelled against the use of case studies, one that is often highlighted is that they cannot be generalised to the wider population. Case studies entail the evaluation and interpretation of information gathered. As the researcher evaluates and interprets the data from the case study, his or her own personal frame of reference, as well as emotions, can influence a more subjective assessment. It is therefore, pertinent to consider observer bias as a factor that

contributes towards the limitations of this type of research method. Case studies can also be challenging to duplicate, as well demand extensive amounts of time to analyse the qualitative data (McLeod, 2008).

While sessions were conducted within a therapeutic context, the aim was to keep the process as unstructured and naturally authentic as possible. In addition, it included the conscious awareness of the researcher, that the study is a meaning-orientated endeavour, rather than having a purely scientific orientation. The meaning-orientation perspective correlates with the principles of logotherapy, which include a mindfulness of the unique, authentic experiences and therapeutic process of each of the participants (Shantall, 2003).

Participants

In keeping with the procedures of a collective case study model (Baxter & Jack, 2008), the study made use of a single sample group which comprised five participants who were recruited from the pool of new clients attending a private practice of a clinical psychologist who is also, in this case, the researcher. While six individuals were initially selected to participate, only five of the six continued with the research endeavour. The sixth participant had to withdraw due to an inability to attend therapy sessions, as a result of new occupational demands.

Recruitment of participants

Clients approaching the clinical psychologist in her private practice with presenting issues of stuckness, or due to experiencing some kind of psychological block, were invited to participate. They were provided with in-depth explanations of the research study on their second visit to the therapist, after it had been determined that their presenting problem indicated stymied dynamics, either in their interpersonal or intrapersonal relationships. The in-depth, comprehensive semi-structured clinical interview (Annexure A) was conducted during the first consultation. The intention of such interviews was to evaluate whether the client's challenges were indicative of stymied intrapersonal or interpersonal relationship dynamics. In the second session, clients were invited to consider voluntary participation in the research study. It was

also advised that should participation be agreed upon, the client would be presented with a written invitation and consent form in the follow up session.

Selection criteria

As previously stated in chapter one, the sample of participants were not diagnosed with PTSD or evaluated for any other stress disorder. Instead, the participants were assessed on the basis of presenting issues and correlating indicators of stuckness, in the challenges with which they were currently struggling. These stymied contexts were expected to be occurring within either their intrapersonal or interpersonal relationship dynamics. While it is possible that participants presented with some features of PTSD, this was not assessed in any diagnostic manner. The emphasis was on participants' confirmation of being stymied, as well as their preparedness to explore within present time or past, any possible, unresolved traumas, which may or may not contribute towards outcomes of becoming unstuck. Thus, the only criteria for inclusion in the study is that participants needed to present with some type of ongoing, distressing and significant stuckness, either, as said, in their relationship with themselves or with others.

Ethical considerations

A comprehensive outline and detail of what the study entailed, including its broad aims, was provided to each participant during the initial verbal invitation. Once each participant had confirmed their full understanding of the intentions of the research, as well as their voluntary willingness to participate in the study, a written, formal invitation (Annexure B) was extended to each participant in person. This written invitation included their consent to participate, with confidentiality assured and was duly signed by each participant.

Ethics of power dynamics: Dual role of therapist and researcher

No monetary exchange

In order to maintain the highest ethical standards and avoid any kind of exploitation of the participants, there was no exchange of money for any of the approximately

fortnightly therapy sessions, which extended for one calendar year. This formed part of the consent to their willingness to be part of the research. Participants were advised that the study was not prescriptive in terms of a predetermined number of sessions. However, sessions would be matched to their availability, resolution of their presenting problem and the therapist's ability to accommodate their requirements. The study's therapy sessions with participants, would not, however, continue beyond one year.

It was explained to participants that the therapy process for the duration of this period would utilise only the two approaches of logotherapy and SE as therapy interventions. Participants were also informed that should they be interested, they could request a copy of the concluded research.

In an attempt to alleviate any tension which could have potentially arisen between the participants and the clinical psychologist who acted in the dual role of therapist and researcher, a number of aspects were considered. The researcher discussed the role of being a research participant which each client at the inception of the therapy. It was ensured that all relevant consent forms were understood and completed. Once voluntary participation had been agreed upon, and all related matters formalised for the study, no further discussions of the research took place with them for the duration of the study. Although a research endeavour, the study involved a therapeutic engagement with participants that proceeded in the same manner, and according to the same ethical principles, as any other therapeutic process.

In attempting to ensure that the sessions adhered to a therapy process in its most natural form, as well as fostering a space of safety, the researcher chose to exclude all forms of video recordings, or camera devices. The focus was solely on what transpired within the therapeutic sessions, and subsequent to finalising initial participation, no further mention was made in respect of the research study. The researcher made every effort to ensure that the most authentic therapeutic engagement was facilitated. The writing of notes within sessions, as a mandatory part of a clinical psychologist's role, was explained to the participants at inception of the process. They were also advised that these therapeutic notes would become part of the research information, and this was not viewed by the researcher, as a limitation in the dual role dynamic. In order to assist the researcher to keep her attention on the

therapy role, no research work other than the practical component of doing the actual sessions was conducted in the year of therapy. The researcher refrained from any research literature searches, information gathering, and analysis of the therapy process notes, during the entire year of therapy. Thus the necessary considerations, in respect of the dual role context, was regarded as having been given adequate attention and avoiding any possible conflict of interests.

The study was presented to the University of South Africa in Pretoria, to obtain approval from the Ethics Committee and approval was received to continue with the research in May, 2011.

Research process

Clinical Interviews

The inception of the research study process comprised conducting in-depth clinical interviews (Annexure B) which were semi-structured, with each of the participants. During this phase, participants were assessed in terms of a full history of their past, as well as their current, presenting problem.

Self-evaluation, open-ended questionnaire

At the onset of the study participants were also invited to complete their responses to a questionnaire (Annexure C) compiled by the researcher, comprising self-reflective questions. These introspective questions were aimed at assisting the participants to become more aware of themselves at the inception of the study, together with some of their existing perceptions. The questions were formulated using the frame of reference of logotherapy, and were intended to facilitate more opening up of introspection in terms of meaning, purpose and belief systems. At the end of the year of therapy participation, participants repeated the questionnaire for a second time to assess their own progress and growth.

One-year period (approximate) of therapy sessions

Participants attended fortnightly therapy sessions where SE and logotherapy were interchangeably adopted as therapeutic interventions. The duration of the therapy sessions was explained as continuing until resolution in becoming unstuck occurred, or until the maximum period of the research was reached, that is, one year. In adherence to the objective of the research study, i.e., to ensure the most authentic process, the work of Mays and Pope (2000) is reiterated. As stated by them, qualitative research enhances the understanding in the developing of constructs that serve to assist in the comprehension of social phenomena in more natural contexts, rather than in laboratories.

As indicated under the ethics section, the sessions were not video or audio recorded, as SE uses observation as the primary method of assessing, which is generally accompanied by long gaps of silence in the therapeutic process, due to the nature of body psychotherapy. Thus, the utilisation of video and audio recording was deemed unsuitable, especially in SE sessions which were often permeated with silence. There is a process of observation and stillness entailed when tracking, scanning and focusing on the sensations within the body. To compensate, the researcher made use of written process notes. Secondly, SE and logotherapy both have, as their tenets, the element of authenticity and the relevance thereof, in facilitating optimal therapeutic outcomes. The presence of any recording device within the duration of the therapy sessions was viewed as a distraction or deterrent from ensuring that the participants behave in the most authentic manner. Thirdly, any kind of trauma work is always grounded in ensuring safety, stabilisation and containment and the invasion of cameras or recording devices was, in the view of the researcher, a possible obstacle to authentic therapeutic process (Rothschild, 2010). The presence of a camera or voice recorder is, irrespective of assurances of confidentiality, not regarded as being conducive to creating an environment of safety, stabilisation and containment within the therapy process. During trauma work, a participant explores their inner world, which is often difficult to face and it can also be challenging, even to share with the therapist. The participant often becomes significantly overwhelmed, merely by being in the presence of another caring and containing person and any device which brings other parties into

the reprocessing of such vulnerable memories, can hinder the very nature of the healing therapeutic process.

Re-submission of self-evaluation, open-ended questionnaire

At the conclusion of the research, the same set of questions was presented to the five participants, who were again requested to complete them with awareness of where they were, in the here-and-now, subsequent to the therapeutic process of engagement (Annexure C).

Participant post-research feedback

Establishing resolution of stuckness after research

Participants were invited to provide feedback, based on the request in the feedback letter (Annexure E). This was aimed at expressing their experiences of the therapeutic process of the one year of sessions, as well as their view of the SE and logotherapy interventions. A second feedback request letter (Annexure F), was sent to the participants via email, approximately four years after the research study had ended. The intention of this final correspondence to the participants, was to determine whether the stuckness had remained permanently resolved, as well as their views on the therapy interventions. This provided information regarding the effectiveness of the therapy methods as well as the study's outcomes.

Research setting

Data collection comprised the information shared by the participants within the therapeutic interactions, and written down by the therapist. It is generally accepted and valued by those that work within the field of psychology, that relationship building is key to any successful therapeutic encounter (Yalom, 2009). According to Geller and Porges (2014), research confirms that the effective change resulting from any psychotherapeutic experience, is dependent upon the quality of the therapeutic relationship, as well as safety, stabilisation, security and [unconditional] positive regard.

Logotherapy falls under the broad umbrella of the existential school of thought (Frankl, 1986; Graber, 2004). One of the most significant aspects of the latter paradigm, as well as of logotherapy, is that this intervention regards the experience and quality of the encounter of the therapeutic relationship as being of paramount importance. In addition, it is a meaning-driven orientation and thus the consciousness around setting the scene for the encounter was focused on meaning, warmth, authentic presence and engagement (Graber, 2004).

Somatic experiencing is a trauma intervention and, like other trauma approaches, it esteems the necessity of safety, containment, stabilisation and resourcing the client (Scaer, 2001; Rothschild, 2004; Levine & Kline, 2007). Thus, every session was conducted with high levels of awareness, to ensure that these elements were taken into account with the utmost consciousness.

Analysing and Interpreting data

Case study methodology is directed by the proposed works of two main contributors, Robert Stake and Robert Yin (Baxter & Jack, 2008). Their views on analysis techniques vary slightly, in that Yin proposes five types of analysis and Stake contributes two, the latter being categorical aggregation and direct interpretations. The five types of analysis proposed by Yin (Baxter & Jack, 2008, p. 554), include “pattern matching, within-case, linking data to propositions, explanation building, time-series analysis, logic models and cross-case synthesis”.

Within-case and across-case analysis

In this study, within-case and across-case analysis was conducted to explore the possibility of stuckness and unresolved trauma. In addition, it undertook to glean information from the study, regarding the outcomes as well as the effectiveness of the two interventions of logotherapy and SE.

In the analysis of the information contained within the research case studies, a qualitative enquiry involves endeavours to both make “sense and interpret the phenomena in terms of the meaning the participants place on them” (Ponelis, 2015,

p. 541). Thus the analysis phase of the research followed Cope's (in Ponelis, 2015) four levels of analysis which comprise: transcribing and capturing of sessions; typing up the case studies; within-case analysis; interpretation; and concluding the findings of the outcomes of the case studies.

As case studies form the basis of this research study exploration, within-case analysis was selected, as it facilitates an in-depth exploration of each unique case. As confirmed by Mills et al. (2010), within-case analysis ensures an intimate assessment of each individual case. This in turn provides an opportunity to explore the stuckness particular to each case, as well as the corresponding traumas related to such stymied effects.

Each participants' session notes conducted over the year of the research were transcribed. Thereafter, using a within-case and across-case approach (Ayres, Kavanaugh & Knafl, 2003), the transcriptions were assessed and summarised. This was conducted against the backdrop of the central aims of the study, being the presenting stuckness and exploring its possible link to unresolved trauma, applying logotherapy and SE. Initial presentation, as recorded in the initial interviews, as well as at the start of the therapeutic engagement, was contrasted against any shifts or significant changes that the participants experienced. In addition, any other relevant observations, in respect of stymied contexts were also noted. Cases were interpreted and evaluated in terms of any new traumas that arose during the course of the therapy, as well as any cognitive shifts, changes, new meaning acquisition, and any other noteworthy outcomes. In particular, final outcomes, subsequent to the one year of therapy, were considered, assessing whether becoming unstuck had transpired.

Propositions were formulated for the data analysis coding, and the contents of the summaries of the transcripts analysed, to identify these formulated themes (Ayres et al., 2003). These codes in the within-case analysis, highlighted themes for further exploration that included: stymied contexts, interpersonal or intrapersonal stuckness or both, duration period of stuckness, description of current and past trauma, presenting stuckness and links to previous unresolved issues and/or trauma, faulty meaning making, irrational beliefs and thinking patterns, values prevailing and new possible values created, attitudinal shifting, self-awareness improvements,

assessment and ascertaining overall outcomes of the cases. The propositions were coded and diagrammatically presented in order to evaluate the similarities and differences, as well as formulate conclusions as part of the across-case analysis. However, as stated by Richards (in Ayres et al., 2003), it is insufficient to merely detail a list of themes, without exploring and providing an explanation of how these propositions can be comprehended within the individual cases, including how they fit together or are interrelated, across cases.

A summary of these generalisations was compiled after examination, and identification of the within-case, and across case interconnectedness, as well as interrelatedness. As indicated by Ayres et al., (2003), this cannot be done from simple identification of themes. The central units discovered in the individual cases were compared with the other cases, in order to determine similarities, differences, other variances, and comparatives within the collective case studies.

Concluding remarks

Qualitative research, within the health sciences disciplines, contributes towards the development of new theories and interventions, as well as assessing programmes [considering the effectiveness of certain therapeutic approaches] (Baxter & Jack, 2008). This qualitative study utilises SE and logotherapy as therapy interventions, specifically addressing traumatic experiences, and exploring whether becoming unstuck in interpersonal and intrapersonal contexts was a possible outcome, due to the resolution of trauma. The five case studies serve to assess the outcomes of the research, in respect of whether stuckness, or stymied contexts can be effectively resolved through addressing past, unresolved trauma, and considered the efficacy of the two therapeutic approaches.

CHAPTER 5

RESULTS

This chapter is a culmination of the data accumulated in the study and collates the information analysed from the various research methods utilised. Soy (1997) highlights the fact that, in a qualitative research study, a comprehensive and weighty amount of data is often accumulated. In the analysis of such a considerable amount of information, the central intention is to produce a report that concisely integrates the data, to provide evidence for the conclusion of the study. The within-case and across-case analysis, was reviewed against the backdrop of the research aims, detailed in chapter one of this thesis.

The primary intention of the the data analysis results, is to align with the objectives of the study, as well as to assess whether the findings correspond with the initial research problem statement. To reiterate, the research question was to explore whether stuckness within interpersonal and intrapersonal relationships, is potentially due to blocked, or unprocessed trauma retained within the person. Secondly, the aim was to explore whether SE and logotherapy served as effective therapeutic interventions, in resolving the trauma and corresponding stymied dynamic.

In outlining the analysis, this chapter commences with within-case summaries of the five case studies, a brief synopsis of the across-case findings, followed by a condensed review of the feedback provided by these participants. The feedback is a summary of both the feedback after the completion of the first phase of the study, as well as the final feedback received approximately four years after the first phase. The across-case presentation lists the similarities, commonalities and comparatives of the five participants' cases.

The data from the semi-structured, clinical interview and multiple therapy session process notes were reviewed and analysed. These comprehensive summaries of each of the five case studies, of the participants who engaged in approximately twelve months of therapy, is presented below. The twelve months comprised around thirty and thirty-three therapy hours in total, for each participant.

It is important to note that many demographic details, as well as occupation and geographical location of participants, have been intentionally omitted from the content herein, as a protection of participants' confidentiality, as well as to adhere to high ethical standards of therapy.

Summary of Case Studies

Case Study One

The first case study involved a man who had been married for four years, and was a father to a three-year-old son. The initial presenting stuckness discussed was an interpersonal one, in respect of sexual dissatisfaction within the marital union. This stuckness had been ongoing from the first year of their marriage. While the participant was of the opinion that this was due to differences in their respective personalities and meaning attribution of sexual interaction, the therapy process linked it to a previous infidelity, committed by his wife. This adultery had occurred within the first four months of their marriage. This stuckness in their sexual disconnect was explored, and linked to the unprocessed trauma of the affair. The trauma wounding had resulted in a diminished sense of self, undermined his masculinity, and activated feelings of inferiority, as well as inadequacy. The result was a sexual shut down on his part. This appeared to have been exacerbated by the reported, current trauma of psychological abuse, within the marriage. His wife was described as verbally abusive, irrational, demonstrated poor impulse control over her emotions, and displayed a general negative attitude. He in contrast, was generally optimistic, positive in his worldview and displayed respectful behaviour towards others. Their different value systems also became apparent in the therapy process. In addition, trauma that appeared linked and which also surfaced in the initial sessions, was an elected abortion that occurred prior to their marriage. This decision to terminate the pregnancy had been made without any consideration of his choice in the matter. He had thus been placed in a position of powerlessness and felt that he had had no control in the matter. Inconsistency was reported as a struggle he experienced in the relationship, both prior and during their marriage. He recalled that there had been ongoing oscillation on the part of his spouse as to whether she wanted to get married to him. This inconsistency was identified within the first few sessions and appeared connected to trauma in his relationship with

his mother. In his formative years, his mother's behaviour seemed to have contributed to the development of feelings of insecurity. She had often been irrational and emotional about her own marital challenges, demonstrating inconsistent behaviour around him.

An additional conflict in the marital union was between his wife and his brother, for whom she worked, in the family business. The complaint from this participant's wife was that he was unable to assert himself in his relationship with his brother. As a result, she had stated that he was weak, inadequate as a partner and was unable to stand up for her, when it involved his brother. This contributed to his underlying feelings of inadequacy, insecurity and low self-esteem, which had been activated by the trauma of the infidelity. Further exploration linked the latter feelings to an earlier trauma within an interpersonal context, that occurred in his pubescent period. During this time, he was belittled and mocked by female adolescents in his peer group. He experienced emotional overwhelm, failed to reach any resolution on it and thus, from a SE perspective, had been locked into the memory of his body. This unprocessed trauma during his adolescence, was underpinned by faulty meaning making, and influenced his identity formation development. It had reinforced a poor sense of self-worth and a psychological internalisation of not being good enough.

Intrapersonal stuckness became evident during the sessions wherein he could not allow himself to be authentic with his feelings, in respect of wanting to exit the relationship. Subsequent to the infidelity, his feelings were that of being devastated and unable to continue in the marriage. However, his thought processes overrode his emotions. He had been confused within himself of the fact that he had agreed to remain married despite the affair, especially when it was right at the beginning of their marital relationship, and he could have easily terminated their union. This intrapersonal stuckness was explored and linked to the trauma of his parents' divorce, in his pre-pubescent years, which he had also not resolved fully.

The stuckness within his intrapersonal dynamic became further exasperated within a few months into the therapy process, as it was compounded by a new trauma occurring during the time of the therapy. His wife announced that she was three and a half months' pregnant, and almost at the same time, he intercepted the start of a

new affair that his wife was engaging in. This second infidelity exacerbated the already significant stuckness, of not being able to consider divorce. His stymied intrapersonal relationship was underpinned by various thought processes, one of which included his reluctance to hurt his young son in the process of a dissolved family unit. This was now further complicated by the news that there was another child on the way. His values, as well as meaning attributions around commitment, loyalty, appropriate behaviour, and permission to be authentic with his own needs, conflicted with the idea of a divorce on a cognitive level.

He experienced much psychological discord and dissonance due to conflict within himself. This struggle included his high value system and a people pleasing tendency, which was rooted in feelings of anxiety, underpinned by a deep-seated belief of not feeling good enough. This intrapersonal stuckness, also included the intolerance he experienced about the infidelities, and his wish to bring an end to the emotional distress he felt. The thought processes adding to the inner turmoil revolved around his belief system which rejected the idea of a divorce, and even more so, executing it while one's partner is pregnant. Despite the recent infidelity and his paternity concerns, it was confirmed that he was the biological father of the unborn child and in addition, his wife wished to salvage the marriage. Meanings, underlying beliefs, as well as thoughts in respect of divorce, over-responsibility, accountability, self love and protective boundaries, were concepts explored within the sessions. An additional link was made to trauma from his childhood, wherein his mother had burdened him by making him her confidante. She had engaged with him on the level of a marital partner, discussing her unhappiness and desire to divorce his father. In exploring this further, the participant appeared to have become parentified from a young age, with his mother seeking solace and comfort from him, by discussing her marital and other adult issues with him. He would be requested to offer his opinion on adult matters when he himself was still a prepubescent young boy. His two siblings who were considerably older than him, had already left home. The marital dyad had incorporated him into the adult relationship from around the age of ten years. This role reversal appeared to have contributed towards his sense of responsibility, which had always been in excess of his peers in senior school and in general, were very high. During this therapy process, he became more conscious of how this had played itself out, not only in his marriage but also in previous, past intimate relationships. He was able to identify that his

tendency in past romantic liaisons, was to be attracted to females whom he described as presenting “like birds with broken wings.” He would then adopt the role of *rescuer* or *protective parent*. In addition, he became cognisant of the fact that he also took on this role with his friends, often acting in a capacity of caretaker, protector, or parent. He would regularly be the nominated driver when their alcohol consumption was excessive, and be the responsible adult in most contexts. During the reassessment of his values and meaning making, he realised that he aligned himself with friends who did not have the same value system as his own.

The intrapersonal stymied dynamic of not being able to consider a divorce was explored, as well as the distress he experienced at having to traumatise his son in a divorce process. Prevailing fears and dominant thought processes, as well as his limiting belief systems, were confronted. The therapeutic process explored the experiential, as well as attitudinal values held by this participant. The fear of the impact of a divorce on his young son was an area that resulted in immobilisation for the participant. This immobility was linked to the trauma of disappointing his son and letting him down, which linked up to the trauma where he felt his mom had let him down in the area of parentification. The trauma of living with an abusive context in terms of his marital union, created immobilisation due to overwhelming fear. His fear was that he would be responsible for placing his son and unborn child in a situation, where they would be exposed to the same type of abuse in his absence. This would be detrimental to their wellbeing and furthermore, exacerbated his already high levels of over responsibility. The concerns revolved around his spouse’s history of inappropriate behaviour, erratic mood swings, poor impulse control, volatile acting out and inconsistency. The participant feared that in a custody arrangement, when it was her turn to have his son, that she would behave like a child herself. This linked to the trauma of disappointing his mother when parentified, as a young boy and expected to respond to his mother’s requests for advice. The latter childhood trauma had been coupled with faulty meaning making as a child, as well as confusing emotions. This confusion coupled with his confusion at being prepared to stay married, given the context of his relationship with his wife. As a child, when his mother engaged him in conversations as a confidant regarding her marital issues, rather than as a young boy, he was expected to act and think as a partner to her, rather than her son.

Thus, the dilemmas of divorcing his wife when she was pregnant, potentially having to manage two young children on his own, issues around co-parenting with his wife who concerned him with her behaviours, as well as his angst and feelings of being under pressure in advising his family of origin, in particular his mother, were significant areas needing renegotiation. These issues were confronted, his limiting belief systems challenged, faulty meanings reassessed, new meanings and ideologies explored, creative, experiential and attitudinal values examined and his concerns in respect of having to advise his mother and his family of his situation discussed.

The participant made the eventual decision to begin divorce proceedings. New possibilities around not losing his family explored and he advised the lawyer that he wanted a fifty percent custody arrangement. He continued in the sessions during the research study of the legal dissolution of his marriage. He successfully negotiated through this process, managed difficult occurrences of inappropriate conduct and acting out behaviours on the part of his spouse, and gained confidence within himself. His self-esteem as well as his self-worth increased and he was able to become unstuck in respect of his perceptions of any sexual inadequacy due to the infidelities. He was able to revisit these previous traumas, coupled with faulty meaning making. In particular, he began to address his over responsibility, which contributed to the various stymied dynamics in many of his interpersonal relationships. He continued with the legal proceedings and was successful in obtaining the fifty percent custody rule in his divorce agreement. This ensured that he would have the children in his care for a full two weeks in each calendar month, thus addressing one of his anxieties, which was that he would lose his connection to his children.

Case Study Two

This participant, an unmarried female, with no dependents, presented with stuckness in respect of significant and immobilizing anxiety. This included the presence of occasional panic attacks. She was unwilling to engage in any pharmacological intervention, but was willing to participate in the individual therapy process. Therapeutic exploration revealed that the stuckness was linked to parentification.

This role reversal had occurred at a very young age, as a result of her mother being in a wheelchair, and which had been a traumatic experience. Her previously active mother had lost her autonomy, due to the amputation of the bottom part of one of her limbs. The participant's father became the caregiver to her mother and the result, was that he became overly focused on his spouse. His wife, in turn, became increasingly dependent and needy. This occurred when the participant was approximately 8 years old, leaving both herself and her sister, her only sibling, absent of appropriate parenting for much of the time. Thus, this participant not only experienced significant trauma due to her mother's physical disability, but also, together with her sister, experienced the trauma of psychological neglect. Coupled to these interlinking traumas, was a third trauma of a lost childhood whereby significant role reversal occurred, with herself and her sister ultimately becoming the parents of their own parents. As a result, she experienced high levels of disequilibrium and emotional dysregulation in her central nervous system. In one trauma, multiple events had linked together and several changes occurred simultaneously, leaving the participant in significant distress. The concept of change was not only linked to previous unprocessed trauma, but it was also internalized as a negative experience. Any changes in any form in her adult life, resulted in activations, resulting in immobilising fear, which in turn created much confusion, distress and self-hatred at being incapacitated. Her belief system viewed incapacity as inadequacy and weakness, which led to a vicious cycle of berating herself. The weakness further triggered her, as it fused with her view of her mother being weak. The trauma of watching her mother resist and fight against getting her autonomy back, had been perceived as weakness. In response to that, this participant had made an unconscious decision to be hard, unemotional, and remain detached from others, in order to protect herself from further hurt. Somatic experiencing processes, served to open up these unconscious elements of the unprocessed trauma, resulting in appropriate discharge, and leading to more cognitive awareness. Logotherapy was used to dialogue, challenge and confront the faulty meaning making and limiting beliefs underpinning her stymied intrapersonal relationship dynamic, and open her up to explore new avenues of meaning.

An additional stymied intrapersonal dynamic, involved the inability to terminate an inappropriate relationship with a male work colleague. He was a married man, had indicated having feelings for her and she felt she had an emotional connection to him.

The participant had maintained boundaries of remaining platonic, but could not bring herself to end the inappropriate, interpersonal relationship. This was creating an additional stuckness, in that albeit she desperately wanted to be in a relationship, this unhealthy alliance, was keeping her stymied. She was again stuck, placing herself in another impossible situation, like her mother's lost autonomy, which was similar to the patterning of her childhood. She held onto the hope of love and the idea of what she wanted, while stuck in a context that could not give her what she wanted, and which contravened her core value system. Intrapersonally, this participant experienced trauma in this romantic liaison and became activated into stuckness, or immobility. The immobility was linked to the trauma of the loss of a nurturing and loving mother, who was emotionally absent. This in turn linked to the trauma of being attracted to, and wanting someone who was also unavailable (married), which was the pattern of the absenteeism of a real relationship, and not having her needs met.

While change was on the one hand coupled with negative experiences and disempowerment, leading to a strong aversion to change, she was stuck in various stymied contexts, where she desperately wanted change to happen. This stuckness was interpreted as the dissonance between the adult desires, and the unconscious block due to unprocessed traumatic energy retained in her body. The latter resulted in regular activations from earlier periods in her life, which would trigger the emotions, experiences, and sensations from formative years. This resulted in more childlike behaviours and responses, as it was at younger ages, that she had become traumatised and stymied. To elaborate, she hoped for change to happen that would result in her mother becoming autonomous once again, resuming her role as a mother and a parent. She was stuck in being unable to accept that her mother would not walk again. In respect of her vocation, she experienced an inability to find her voice in the workplace, and wanted change in terms of their lack of recognition of her, as well as her worth. Aligning with her high expectations of her mother in being able to walk again, she adopted high levels of expectation from herself. Her levels of commitment to the company where she worked were unrealistically high, as was her sense of loyalty to them. Her perception of herself as not being good enough, prevented her from requesting a salary increase which she felt she had earned, and led to her reluctance to ask for the job promotion she felt she deserved. In addition, an inability

to apply for the financial assistance she wanted in order to pursue further studies, added to the various stymied contexts.

The intrapersonal stuckness in respect of accepting that her mother was in a wheelchair, and chose not to wear a prosthetic leg was explored. In addition, she was encouraged to examine which beliefs she held were limiting her and her visions for her own life, particularly that of being in a permanent, long term romantic relationship. Issues around abandonment, poor self-esteem and an aversion to change, the dissonance between wanting and simultaneously fearing change, which ultimately leads to growth, were discussed. The disempowerment in childhood, resultant from the complex trauma of abandonment, psychological neglect and figurative loss of her mother, created a stymied intrapersonal dynamic where she was stuck with accepting situations in her adulthood. Dissimilar to her childhood where she was unable to choose, this participant was confronted with the dialogue of her potential to change, and her freedom of choice as an adult, highlighted. These areas included her work situation, finding her voice to speak on her own behalf, and the unhealthy interpersonal relationship with the male work colleague.

A further contribution towards her stymied intrapersonal relationship was her rigidity with only dating men that were exceptionally handsome. An additional stuckness identified was the tendency to select males that were much younger than her as potential romantic partners. This was discussed and another stymied context linked to earlier trauma. The choice of men who were considerably younger, blocked the possibility of the relationship she desired, and resulted in them not continuing to want to see her after a short interaction. This meant she would be left abandoned yet again, re-enacting the wound of her trauma around the loss of her mother figure. The choice of younger men that were selected for looks rather than compatibility, ensured that she would continue in a stymied pattern that inevitably resulted in her not getting what she wanted, nor needed. The patterning of a type of self-sabotage was discussed and addressed, using both SE and logotherapy interventions.

Her immobility in various areas of her life was too, a role modelling of her mother's immobility, and thus a further stuckness from the trauma. Her unrealistic levels of loyalty were a distorted part of the faulty meaning making she had attributed to the

concept of commitment and loyalty. In some ways, this appeared to be a defensive mechanism, reactive formation, where she was strongly resistant to letting people down and breaking her commitment to them, as a defence against her own wounding. She herself, had been let down in her parents' unintentional lack of commitment, nurturance, and abandonment. This was linked to the complex trauma of her having been psychologically neglected during the years of her becoming, and having to act as a co-parent with her sister, to her own parents' inadequate caregiving. The trauma of emotional deprivation can lead to poor social engagement, as well as aversion of feelings. This presented as an intrapersonal stuckness, with this participant experiencing resistance to surrendering to her own emotions, which in turn resulted in stuckness in most of her interpersonal relationships, especially with members of the opposite sex. One of the outcomes of this childhood trauma, was the familiarity she had unintentionally developed, in respect of emotionally unavailable significant others. This intrapersonal stymie, appeared to interfere with her choice of romantic partners. The pattern that was identified was that the choice of males, was consistently with men who were on some level or in some way, unavailable emotionally or did not wish to connect with her in any meaningful affective manner.

In addition, a further stuckness presented in the form of unresolved grief (trauma), in respect of the loss of her mother, as she had once known her. Her mother, previously autonomous and present as a caregiver, was now confined to a wheelchair. As this loss of her mother's limb had occurred at a time when the participant was very young, she was unable to take care of her children. In addition, she had also engaged in role reversals, expecting both of her children, as well as her husband, to take care of her. In the therapy process, she experienced emotional pain and overwhelm, at not having had a mother to parent her sufficiently. Her father also elected to abscond from his parental responsibilities, and basically her sister and herself became the parents of their mother and father.

During the course of the sessions, the participant discovered much unresolved pain, anger and confusion towards her parents, and was able to process these feelings. In addition, the stuckness in her intrapersonal relationship where she was unable to be gentle and compassionate with herself, was linked to the trauma of her mother's disability. As her perception was that her mother took on a victim role, and was too

weak to try and regain her mobility by wearing the prosthetic leg, she viewed her with contempt. Any resemblance of softness, or gentleness, or self-compassion, triggered this traumatic energy, and she would become filled with self-loathing and self-contempt.

A further stymied area of her intrapersonal relationship, was her inability to embrace herself with a sense of self-love, self-acceptance, and freedom. In addition, she had to re-examine her levels of appropriate personal accountability, in contrast to the existing levels of over-responsibility she adopted. This stuckness appeared to be connected to the trauma of the role reversal. The result was a failure to successfully negotiate the necessary developmental milestones that are a prerequisite to healthy becoming. In working through these unresolved issues, she developed a more integrated sense of self and began working on addressing the various stymied contexts. This participant also realized that she was denying herself love in relationships by the choices she was making and reassessed her behaviours.

Case Study Three

This participant is a single parent of two children and self-employed in an industry dominated by males. Her presenting problem was her dysfunctional relationship with a partner, with whom she co-habitated a few times during a given week. Her partner displayed alcoholic tendencies, which was coupled with aggressive and mean, as well as, acting out behaviours. He was regularly verbally, as well as physically abusive, and deprecating towards her. Additional other unhealthy, destructive behaviours he displayed, included being unfaithful with other women which he denied doing, as well as showing irresponsibility in his work commitment and often gambled his earnings away. Although this participant knew cognitively that this interpersonal relationship was maladaptive, she struggled to end the traumatic union, as she felt she loved him. This participant's partner would also externalise all blame onto her, labelling her male dominated work industry as part of the problem, as well as slandering her character and appearance.

In light of the view that there was more than sufficient understanding of the unacceptable nature of her relationship context with her partner, SE sessions were

significantly instrumental in assisting her to become unstuck, as the body psychotherapy assisted her to work with the unconscious and unprocessed traumatic energy within her body. This was able to assist her to identify a linking childhood trauma within her interpersonal relationship with her mother. This exploration helped her to understand the immobilisation that became activated in the relationship with her partner as it was coupled with this trauma from her formative years, wherein the participant was psychologically abused and mistreated by her biological mother. Although her relationship with her mother was currently perceived by her as acceptable, she had not made the connection between the stymied romantic relationship trauma and that of her traumatic wounds from early childhood. This involved her mother treating her significantly differently from her male siblings and being excessively harsh and cruel, in her interactions with her daughter. The unspoken messages, were that she was inferior to the male gender and that she was not good enough as she was. Her mother would make her feel like she was the problem in the family system, with her brothers prioritised or treated in a much more loving and esteeming way than she was.

The stuckness of constantly reengaging in relationships that were abusive appeared linked to this childhood trauma, with the participant confirming a history of traumatic incidences in all of her intimate romantic relationships from the past. The cognitive element needing attention, was the understanding that firstly, she had normalised the abnormal in adulthood, and this would have been due to it being a familiar experience and feeling from her childhood. In addition, it was also due to her psychological conditioning, because abnormal treatment in her childhood, had been internalised as normal behaviour. In addition, the stuckness in terms of unprocessed traumatic energy required release, and the central nervous system needed recalibration from the disruption of the early childhood trauma. Both were addressed, with the logotherapy intervention being instrumental in assisting her to challenge limiting and/or irrational beliefs, as well as review her values, choices, attitude and will to freedom in adult life.

The stuckness of continuing with an abusive partner, despite recognising the maladaptive nature of the relationship was explored. It appeared that her love for him was what kept her stymied. Instead of the abuse activating the expected fight or flight response within her nervous system, it triggered immobilisation within her. This

activation into a continual freeze response, prevented her from exercising the adaptive behaviour necessary to protect herself. This immobility was linked to the trauma experienced in her interpersonal relationship with her mother, where she was mistreated and abused by a loved one. She was able to tolerate the abuse because she loved her mother and was also under the authority of the parent figure. One area that demanded attention was her understanding of love and how love is demonstrated on a practical level, in a healthy relationship dynamic. The faulty meaning making, linked to the trauma which was stuck on a somatic level, required redefinition and new meanings explored. The SE was necessary to assist in renegotiating the trauma, to help discharge the stuck traumatic energy. Thus when her partner abused her, she was able to override it because of her love for him, and thus remained stuck. Love and abuse were coupled, and confusingly retained in her cognitions. The habit pattern of being made to feel bad about oneself for no apparent reason, was also what she had been subjected to in her significant formative years. As a result, the participant was able to easily accept dysfunctional behaviour, because it was what she had been accustomed to for most of her childhood. She had normalised abnormal, or said differently, was habituated to maltreatment. This participant became aware that she was repeating a pattern with her partner, hoping and wishing he would eventually change for the better.

An additional stymied element in her intrapersonal relationship dynamics was an apparent lack of self-esteem, and insight into appropriate interpersonal relationship behaviours, as well as low self-worth. Her self-identity and value of self had been compromised by the trauma. This was linked to the trauma of being invalidated as a child, as well as other themes of abandonment and psychological neglect. An additional area of stuckness was in her interpersonal relationship with her own firstborn son, who was presenting with several behavioural issues. This relationship dynamic was also explored as a further stymied interpersonal context. While she was aware of what she was doing and felt a degree of self-loathing towards herself for doing it, she found herself involuntarily, picking on her son on a consistent manner. In addition, her view of him was from a negative perspective and she felt herself rejecting him. This stymied pattern, was a re-enactment of her own unresolved trauma, where she too was rejected and treated unfairly by her parents, who were supposed to love, care, and nurture her unconditionally.

Once the unprocessed traumatic energy had been discharged, she was able to implement changes that her cognitive mind had already recognised, but which behaviourally, she had been unable to move past the stuckness. In addition, she was able to embrace her son in a more loving and unconditional manner. The participant also managed to dissolve the dysfunctional relationship with the abusive and alcoholic partner, and began working on her relationship with herself.

Case Study Four

Case study four is of an unmarried male participant who presented with stuckness in the form of commitment phobia, which was underpinned by anxiety and frustration. Initially, he indicated that he was also quite stymied in his intrapersonal relationship, in terms of perceiving himself negatively, as well as struggling to just be himself and behave authentically. It appeared that the presenting problem of commitment was actually linked to anxiety around a lack of self-acceptance. Somatic experiencing work brought several unconscious memories to the surface. This increased the cognitive awareness in respect of the link between certain traumatic events in his childhood, which had hindered the development of a healthy self-image.

Furthermore, in addition to the difficulty in being himself, he felt unable to feel free enough to be himself in his own country. This he identified as being due to his sexual identification, and having to hide who he really is. The participant's family of origin were immigrants from India, and held firmly entrenched cultural beliefs. In addition, their beliefs around gender roles, masculinity and sexuality were quite traditional. He described his father as authoritarian, verbally abusive, aggressive, and mostly absent. The relationship with his father was stymied and he found it difficult to engage with his father without feeling intimidated. As a child, he had experienced his father as overbearing and fearful. However, this feeling still became activated in him whenever he was in his father's presence, and appeared linked to feelings of intense and irrational fear to his adult mind. This fear was somatically explored, and linked to experiences with his older sister who had bullied him relentlessly in his childhood, and who had engendered in him much fear. The thought processes underpinning these traumatic bullying experiences were explored. He also found it confusing, as although he experienced these feelings of intimidation in his father's presence, he also identified

with him. The participant felt that he and his father, were similar on many levels, and shared some common characteristics. This confusion was linked to an additional trauma from his childhood, where faulty meaning making had been cognitively stored. The trauma concept of fused negative feelings, together with positive emotions, was the reason for the confusion. The fearful and intimidating feelings experienced in his interpersonal relationship with his father were explored, and linked to a trauma from his pre-primary years. The link was made to a vicarious trauma at the age of six, when he witnessed an altercation between his parents. In the incident he recalls his father presenting as violent, intimidating, and terrifying to him, as he was screaming and verbally abusing the participant's mother in the kitchen, while simultaneously throwing dishes at her. He recalled the plates smashing on the floor, as well as the fear, commotion, and anguish he experienced at seeing his mother that he loved, being attacked by his father, that he also loved. This was accompanied by feelings of terror and confusion, and these emotions coupled with that of love. Thus in adulthood, he was experiencing the activation of intimidation around his father, as well as confusion, as he felt great love and admiration for him.

A further, more current trauma from his early adult years, linked to one wherein his brother had physically abused his wife. This had resulted in a significant emotional activation within him, triggering overwhelming anger towards his brother. He recognised that the emotion was out of context, in terms of its intensity when it had occurred. In the sessions, he was able to explore how this anger had coupled with unprocessed anger from his childhood, when his father had attacked his mother with the dishes. This facilitated a space wherein therapeutic processes could be implemented working from a bottom-up perspective, as well as a top-down one.

His worldview was quite negative, and he was not optimistic that his family would ever respond favourably towards his homosexual status. He had identified himself as homosexual from a young age, and was quite sure that this would attract rejection from his entire family. The male energy in his family of origin, as well as extended family, was perceived by this participant as patriarchal, and he felt that masculinity was highly prized. This further stymied his position and reinforced his fear of *coming out of the closet*. The emotions he had expressed in sessions, of not feeling safe in his own country, appeared to be linked to the fear of being ostracised by all of his

family, which in turn activated overwhelming feelings of anxiety. This fear of their response to his sexuality, which triggered the anxiety in him, in turn, activated deep rooted feelings of not being good enough. The latter feelings were explored and linked up to a trauma around the age of four or five years old. He recounted that his parents had been invited to see his art at nursery school and no-one came, while all the other parents of his peers attended. This left him feeling rejected, not good enough and worthless. The experience of being unseen and invalidated, was a theme that prevailed in most of his childhood. The family dynamic in his family of origin during childhood, was described as unaffectionate, absent of nurturance and touch, in the form of hugging etcetera. This participant's feelings of not being good enough, were triggered in many of his interpersonal relationships, such as in romantic liaisons, friendships, and in the workplace. He expressed internal struggles within his intrapersonal relationship, where he could not allow himself to relax. He was plagued by an internalised pressure to excel, to be perfect, and felt he left no margins for failure. Perfection was his only interpretation of success, and this spilled over into workaholic behaviour in his vocation. The trauma from his childhood experiences had left a deep sense of inadequacy, which activated constantly during his teenage and adult years. This triggered a response in him to try harder, work more intensely, set the expectations of himself very high, and strive for perfection. All of these endeavours were an attempt to override the activated feelings of not being good enough, which actually was the result of unprocessed traumatic energy. He also indicated that he had, as the youngest of five very critical and judgmental siblings, found them all to be intimidating, as well as often experiencing a feeling of being both unseen and unheard. This belief system around perfection was identified as one that limited him, was challenged in the therapeutic process, and the unresolved trauma addressed through SE.

In respect of his intimate interpersonal relationships with other males, he tended to select men that were considerably older than himself, sometimes even fifteen years his senior. This was explored as it psychologically primed him for unconscious activations. It would activate unresolved trauma, triggering the release of unprocessed feelings of fear, intimidation and confusion, as it would link up with the various traumas around his caregivers. In addition, it would also connect to the trauma of his older sister's bullying behaviour towards him. These unconscious feelings would erupt

involuntarily due to the trauma around his father figure and in turn, present him with a pseudo issue of commitment phobia, as he would naturally, engage in a flight response.

The trauma around the bullying of his sister and disempowerment of his authoritarian parent, which resulted in involuntary fears and feelings of intimidation, were activated in his workplace. To reiterate, it linked to the trauma of growing up as the youngest of five siblings, all of which he perceived as critical, judgemental and in particular, his aggressive sister who was 7 years older than him. She swore at him, was psychologically abusive, as well as constantly bullied and fought with him. He reported still experiencing significant fear in her presence. This resulted in intrapersonal dissonance, with conflicting emotions as he wanted to assert himself, express his opinion, self-protect, be authentic and confident, but found he withdrew and did not have healthy protective boundaries.

His fear of rejection in adulthood was rooted in feelings of lack of self-acceptance and thus self-rejection. This activated feelings of inadequacy and not feeling good enough, which was also linked to two different adolescent traumas. The first trauma linked to the psychological bullying from a teacher who shamed him in the classroom by mocking his different presentation. He was 14 years old and the teacher had waved her hands like a fairy in the air, shouting a question at him as to why he was so different. His femininity had been continually commented upon during his first two years of senior high. This had led to deep internalised shame, which had faulty meaning making attributions attached to it. In addition, he experienced stuckness in respect of dissatisfaction and unhappiness with his body, which was linked to severe acne, occurring from around sixteen years of age. This had caused him significant distress as the skin disorder had presented all over his body. There had been no support or understanding from his parents, nor willingness to assist him in this distress. This further exacerbated his feelings of being invisible and irrelevant. He worked and saved up his own money, and eventually paid for his own laser skin treatment to address the issue. He was thus able to feel more comfortable within and about his own skin. He stated that his father was always critical about his acne but yet never offered any positive comments once his skin had begun to heal, which had been wounding for him.

A lack of interest in attendance at his graduation had triggered traumatic feelings from his childhood of being invisible, as no-one was there. His parents did eventually arrive late, but the faulty meaning making had already happened for this participant. The trauma from his nursery school trauma, which linked in to this event, was explored and processed.

The logotherapy concepts of uniqueness and self-acceptance, the will to freedom, choice to change one's thinking and belief systems, as well as develop a value system that is inherently one's own, were explored with him. In particular, he found it liberating to explore cultural indoctrinations that he could re-assess. During the sessions, he experienced a trauma in the here-and-now as he was involved in a car accident. This trauma was, however, processed immediately and much more effectively, with his new awareness and understanding of how to be present with his experiences. He was also able to apply the logotherapeutic views based on his newfound understanding, and the accident reframed into a positive one, wherein reviewed his life and how he could make himself better.

His description of his family members was that they all tended towards being highly critical and judgmental, with very little warmth and affection being demonstrated. He indicated that he struggled with intimacy in close relationships, and his fear of judgement was accompanied by anxiety over being perceived by others as stupid. It appeared that the commitment phobia as well as the inability to be himself, was linked to previous trauma of being unacceptable in comparison with others, as well as the potential trauma of being rejected and shamed by his family, if he was to 'come out of the closet' as a gay man.

During the therapy process, this participant was able to recognise that his father was actually quite an unconditional parent, and that he was more fearful of his mother's rejection. His mother was perceived as controlling, threatening and a constant mental reminder to him that he could never come out as gay. This linked up to a previous incident which had traumatised him wherein his mother had been emotionally irate and cursing. This in turn, was linked to a previous childhood trauma, when he was very young (approximately 6 years of age) where he had taken money out of his mother's purse without asking. She had then humiliated and shamed him in front of

the entire family, which had left him with the belief that he was acceptable only if he compared well to others. His need for validation from others was significant, as well as many of his deeply held limiting beliefs. In addition, his trauma was overlapped with many faulty meaning attributions which required confrontation within the therapy sessions. These faulty meaning making beliefs were challenged and new way of thinking elicited, using the socratic dialogue technique of logotherapy. Logotherapy tenets of choice, accepting the uniqueness of the self, and challenging limiting belief systems, were also introduced. This was also part of the stymied perspective of himself as defective in some way, as he was still not in a long-term relationship. The values, meanings and interpretations of various concepts such as masculinity, self-acceptance and being single were explored. As a result, he was able to reformulate constructs within his frame of reference and develop values, that were more in line with his authentic self. He worked on being more real with how he chose to define himself, rather than who others preferred him to be. An additional trauma linking to this, was an incident as a teenager. He was highlighted as being different by many of the teachers in his first two years in senior high school. The particular event recalled was being singled out by one of his teachers in year eight, and strongly admonished in respect of him being noticeably different from his peers. While she had stated that it was in respect of his classroom behaviour, he knew it was because he presented as too feminine in contrast to his fellow classmates. It was covertly insinuated that his effeminate disposition was what the teacher's dissatisfaction was about and he had been acutely aware of attracting a similar response from most of the educators that he came into contact with at school, during his adolescence. A negative interpretation and meaning was derived from this, adding to his pre-existing fear and uncertainty around his emerging sexuality, which he recognised as being different to the majority.

This led to an exploration of challenging faulty meaning, making, reviewing stereotypical and cultural indoctrinations, embracing new meanings and considering the purpose around teaching. As he himself was dissatisfied with his vocation and loved academia, as well as teaching, it opened up avenues for exploration around new career options, that would provide more meaning and purpose in his life. It appeared that once the issue around teachers and the associated trauma was addressed, it opened him up to be able to consider a new occupation in a role and in a domain, where he himself had been traumatised.

Case Study Five

The participant in this final case presented with stuckness around resolution of her previous marriage, which had ended in a divorce three years prior to attending this therapy process. She was experiencing fear and anxiety around contaminating a new, current romantic relationship, due to her insecurities around unfaithfulness. Her history revealed that she and her ex-husband had adopted two young baby boys, one at fourteen months of age and one at 8 months of age, rather than have their own biological children. In the last two years of their marriage, he had engaged in an extra-marital affair, which had resulted in him fathering a male child. Despite having been divorced for 3 years at the onset of therapy, this participant remained stymied in respect of the affair having been the cause of her divorce. A major issue for her was that she was also unable to accept the child he had fathered and who was now effectively, her own children's brother. Her stuckness in respect of her ex-husband's affair, the hatred towards the woman involved in his affair, her rejection of his new son, and the struggle to accept that her sons had to mix with this child when they stayed with their father, was significant. In the shared custody arrangement, her children spent time with their father's new biological son. This participant remained stymied in respect of not being able to regard this child with feelings other than hatred, despite her cognitive awareness that her emotions were illogical and unjustified.

Altercations between herself and her ex partner were ongoing. An additional presenting problem was her stuckness around mistrust, insecurity and anxiety in her own new relationship, due to her ex-husband's infidelity. This participant feared that she would sabotage the new relationship, due to her unresolved issues, which were resulting in her displaying irrational behaviours.

In the sessions, the infidelity trauma appeared to have triggered feelings of stupidity because she did not know it had been continuing over a two-year period. This participant was a high powered career woman who worked long hours, which she retrospectively realised was possibly one of the factors contributing towards her not detecting that her ex-husband was having an affair. In addition, she was able to come to the realisation that she had contributed towards the breakdown of their marriage and that their relationship had been experiencing challenges before the infidelity. The

emotions around feeling stupid were linked in sessions to her never having felt intellectual enough during her formative school years. While she had obtained a master's degree in Business Finance and occupied a high powered position within a company, she had only come into her realisation of her potential late in life, having gone back to university as an adult learner. She identified herself as somewhat of a workaholic, and could see how this may have led to her husband feeling his needs were not being met. This was explored and appeared to link up with her fear of not being good enough and constantly needing to prove her worth. A further trauma link was made in terms of her feelings of being disempowered by the infidelity, which had resulted in her feeling out of control, activating feelings of loss and abandonment. This was linked up to her adolescence and her first significant boyfriend, who had died in a tragic accident, leaving her feeling out of control, and resulting in experiences of loss and abandonment. She had dated him from the ages of fifteen through to nineteen, and he had been a stabilising factor for her during this period when most of her trauma had occurred in her relationship with her father.

Further trauma links surfaced from her childhood days, where she was able to identify always feeling out of control. Her parents fought incessantly until they eventually divorced when she was eleven years old. The divorce then resulted in her parents constantly fighting over the children, with her father kidnapping them, messy custody battles, the involvement of child welfare, and her mother regaining custody again when she was fourteen years old. Coupled with this was the constant changing of schools because of her parents continual moving, and she had always felt she had no say in anything. Fear was an emotion that presented together with feelings of loss of control, as her father had been extremely strict, administering corporal punishment for relatively insignificant misdemeanours. The participant confirmed that even when her mother was around, she was not able to protect her, as she too was intimidated by what she described as her father's outbursts and tirades. Further trauma was experienced in her adolescent years in terms of her pubescent development, as well as the severe restrictions and controlling behaviour on the part of her father. The sessions also moved towards assisting with faulty meaning making and limiting belief systems, which had been linked to the various traumatic events, in order that she could make sense of them at that time. The complex trauma in her childhood appeared to have obstructed the development of healthy protective boundaries, and further

stuckness was revealed in her rejection of her femininity. This participant struggled with fears of becoming like her mother, whom she described as manipulative, and who engaged in role reversals with her. As an adult this participant felt she had been coerced into financially supporting her mother. This caused much resentment within her. The participant thus began to reject much of her own female energy, competing hard in a male dominated industry for recognition. She focused on being strong, independent, outspoken, and exceptionally driven within the workplace. Additional struggles for her was the dissonance she felt around sexual issues. This appeared to be due to the psychological trauma from her father, during the period of her sexual development as she moved through her pubescent years. At one stage, around the age of fifteen, she had run away from home, as she knew her father would beat her for having worn make up. While her father was described as displaying righteousness and religiosity in his position as an elder in the church, he was simultaneously engaged in affairs with different women. Both parents were elders in the church, resulting in this participant experiencing religion, as a traumatic mental experience. The prohibitions and trauma sustained around the topic of sex and one's sexuality, became triggered with her own son's adolescent development during the therapy processes. Her rigidity and prudish manner of conceptualising what children and teenagers naturally experience in their normal development during puberty was explored and again, beliefs and thoughts were required to be revisited, reformulated and new meanings negotiated. She had begun to be excessive and inappropriate in managing the situation with her son, and the trauma therapy she was participating in in the research, contributed towards her successfully working through these issues.

The participant presented with a tendency to people please within her immediate family, as well as within most of her intimate relationships. She was prone to avoiding expressing her opinions and felt she got taken advantage of because of her need to be approved of. This resulted in a stuckness within all of her interpersonal relationships, as well as an internal struggle within her intrapersonal relationship. In exploration, it was linked to a childhood incident where her father was on a ladder and in an altercation with her mother, threw a tin of paint all over her mother. She tried to help her and always felt like had to be the parent in the argument and it was very traumatic for her. The participant recalled that her mother and stepmother would have public altercations in the school grounds, which had been quite overwhelming for her.

In addition, her anxieties and feelings of not being good enough, were linked to childhood complex trauma involving abandonment and psychological neglect from her mother. The therapy processes including challenging her limiting beliefs and faulty meaning making around relationships, boundaries, differentiation capabilities, healthy expression of self, communication patterns, dysfunctional parenting, etcetera. In addition, it was necessary to negotiate new ways of conceptualising, and formulating meanings that were more accurate, and which held personal value to her. Food was an additional issue that was discussed, together with her low self-esteem and self-consciousness around her weight. This led to explorations around her relationship with food. Marriage had been strongly correlated with life being about food, which was apparently due to their marital 'culture' having been dominated by food and eating. This linked to an incident at school where she was ridiculed for being fat. The stuckness around food was attributed by her as being due to poor eating habits. Her view was that she ate all the wrong food groups, in excess and had not being guided by her parents to adopt a healthy diet. There was also an absence of appropriate family role modelling in respect of healthy eating habits. In addition, food became a comfort due to the psychological neglect within her family of origin, and she began to use food as a source of nurturing herself. The awareness of food being linked to emotions was helpful for her, and the sessions worked at creating a space for her to develop a new relationship with food, herself, as well as engage in healthier ways of living her life.

This participant successfully addressed her imbalance around work life and recreation. New values and aspirations were discussed and she improved in terms of her levels of self-esteem, independent thinking, as well as her own unique and more personal meanings and belief systems. She was able to be authentic, reduce the approval seeking behaviour, lean in on others, as well as ask for support and assistance. The participant improved in her capacity to say no, especially when that was what she actually preferred to say. She was able to embrace her ex husband's son, and worked through various romantic relationship dynamics during the period of the therapy sessions. Her resistance to being open to any kind of belief in the noetic dimension altered for her during the year of therapy, as she was able to reassess her own belief system, address the trauma linked to religion, as well as explore her own values and ideology around this topic.

Self-Reflective Questionnaire

The same questionnaire (Annexure C) was completed by all five participants at the inception of the research and then again at the culmination of the study. The purpose of the questionnaire was for each of the participants to introspect on different meaning and purpose type questions that had been formulated by the researcher. The aim of the researcher in including these self-reflective questionnaires was for participants to embrace more responsibility, consider their uniqueness, review their attitudes and some of their values, as well as to become aware of choice and freedom of will, which are all tenets of logotherapy. In addition, at the end of the therapy process, in again responding to the same questions, they could review and assess some of their own changes and outcomes of the therapy sessions. As the objective of these two activities were self-reflective and part of the one-year therapeutic process, the results were not analysed for inclusion in this chapter.

ACROSS-CASE ANALYSIS OF WITHIN-CASE STUDIES PREVAILING THEMES IDENTIFIED

Formulation of the themes identified above

The below table was comprised to summarise some of the themes identified in the five cases. An explanation of how these themes were identified, as well as brief explanations of some of them is pertinent.

Two of the integral aims of the researcher in this study is to explore the possible connection between varying types of stymied contexts within or between people, as well as to assess the benefit of utilising a combined therapeutic approach, comprising body-based and cognitive-based interventions. Furthermore, together with the foregoing, the aim includes investigating whether such links to stuckness and trauma are overt or covert.

As explained previously, logotherapy is a purpose driven, meaning orientated cognitive therapy and SE is a bottom-up body psychotherapy, aimed at addressing trauma. The tenets of these two paradigms influenced the questions formulated by the

researcher, some of which include terms such as: meanings interpreted; trauma; unresolved past traumatic event; limiting beliefs; uniqueness; resolution; coupling; values created; presenting stuckness; will to freedom; human spirit; conscious versus unconscious awareness; noetic dimension; new meanings created; choice and attitudes.

The exploration of the link between stuckness and trauma influenced some of the themes identified in the above table. To elaborate, a question in the research aim was to investigate the link between the presenting stuckness and trauma. This led to the theme of exploring whether the link between a stymied context and the initial trauma that arose in the sessions was overt or covert, and whether there was any obvious correlation.

The theories of both therapeutic interventions, explain some possible outcomes that can be expected by the clinician and the client, should they be effective. These outcomes, which incorporate the key terms detailed in the above paragraph, provided a further guide to the researcher, in respect of what to look for, in the therapeutic process of each of the cases.

THEME	CASE 1	CASE 2	CASE 3	CASE 4	CASE 5	TOTALS
Did the presenting stuckness link to the first trauma explored in an obvious manner?	No	No	No	No	No	5 out of 5 cases
Did the participant have any conscious awareness of the link between the stuckness and the first trauma explored?	No	No	No	No	No	5 out of 5 cases
Was there an additional trauma linked to the first trauma explored?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Was there faulty meaning making linked to the first trauma?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Did the participant establish more connection to a spiritual or noetic dimension?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Did a new realisation occur for the participant in terms of the stuckness?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Did the participant gain new meaning, perspective and feel more integrated overall?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Has the participant fully resolved the initial presenting stuckness?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Has participant maintained resolution from the stuckness approximately 4 years later?	Yes	Yes	Yes	Yes	Yes	5 out of 5 cases
Did participant create new value/s and/or meanings						

from the trauma resolution?	Yes	Yes	Yes	Yes	Yes 5 out of 5 cases
Did limiting beliefs play a role in perpetuating the stuckness?	Yes	Yes	Yes	Yes	Yes 5 out of 5 cases
Did the participant provide feedback confirming that the SE and Logotherapy interventions were effective for them?	Yes	Yes	Yes	Yes	Yes 5 out of 5 cases
Did the participant experience more will to freedom at the end of the therapy process?	Yes	Yes	Yes	Yes	Yes 5 out of 5 cases
Did the participant increase his or her perception of self as unique?	Yes	Yes	Yes	Yes	Yes 5 out of 5 cases
Did the participant experience liberation in the realisation that they have choice in respect of their attitude and life overall?	Yes	Yes	Yes	Yes	Yes 5 out of 5 cases

Similarities, Commonalities and Comparatives

A further discussion on this section is that parentification trauma appeared to be present in four out of the five cases where role reversal or role confusion occurred and resulted in psychological neglect. In all of the five cases conducted, the presenting stymied interpersonal or intrapersonal dynamic was able to be correlated to a previous, past trauma, either through linking to similar emotions experienced in the events, or the actual events were similar. Childhood trauma had occurred in each of the five cases without exception. Psychological abuse as either a child, or in adulthood contributed towards links from either the presenting stuckness, or to one of the traumatic experiences that surfaced in the therapeutic explorations. Actual physical abuse to the participants themselves, was a trauma that was present in only two of the five cases. However, vicarious traumatisation through observing physical abuse occur to one of the participants' parents, was evidenced in three out of the five cases. Themes of unresolved loss in either physical (death, abortion, divorce/relationships) and psychological forms (loss of identity, self-confidence, childhood, self-esteem) presented in all of the cases. In each of the cases in the study, the initial presenting stuckness, resulted in not actually being the issue that the person was struggling with. In all of the cases the stuckness appeared to be linked to previous unresolved and unprocessed trauma.

In June 2017, the participants who took part in the research were contacted via email. On the proviso that they were willing, they were requested to respond to the document

accompanying the email. In the attachment, they were asked to respond to a few questions regarding their participation in the initial research that occurred during 2012 and 2013 (Annexure E).

This was not pre-arranged with the participants and their unobligated, voluntary response, in being willing to provide further feedback on their current status, was highlighted. Participants were invited to respond, as to their present position, and whether issues addressed in the research study, had remained resolved. It was explained that the outcomes of the study, would be of value to the researcher.

Limitations and advantages of following-up with participants four years after the fact

The researcher viewed the follow-up as having value to the study, as it provided an additional exploration on whether the stuckness had been resolved and maintained. The tenets of SE and logotherapy emphasise the client's role, as the most pivotal one in the healing process, empowering the individual. A confirmation from each of the five participants that they had maintained the outcomes of the therapy process, could suggest that the therapeutic interventions were helpful, in achieving what these two schools of thought uphold. In addition, the concepts of safety, stabilisation, containment, trust, presence, attunement and relationship, are regarded as integral to therapeutic efficacy (Geller & Porges, 2014). In conjunction with this, the establishment of an optimal therapeutic relationship, where the client feels safe to explore unresolved issues, provides the setting for a corrective experience.

Limitations of following up with participants four years after the fact could be that there was no exploration as to whether they had undergone further therapy with another clinician or had commenced any kind of pharmacotherapy treatment.

Case 1

Currently, approximately four years subsequent to the initial interviewing, the participant is successfully parenting his two young male children as a divorcee, and has managed the challenges of the newly defined interpersonal relationship with his

ex wife. The participant confirmed that he had successfully divorced his wife during the therapy process, and has recovered from the infidelity. His role as a parent, in a fifty percent custody rule which was explored in his sessions, is being experienced by him as one of the greatest blessings of his life. Furthermore, he indicated that a new attitudinal value had evolved from the stuckness he had been struggling with before.

He is still aware of the need to question his existing belief systems on a continual basis, to check whether he is being an independent thinker or following the patterned thinking of his past. The ability to prioritise himself is improved, as well as avoid the people pleasing behaviour he was inclined to engage in previously. He indicated that he is much more self-confident, aware of his own values, clear minded and thinks for himself stating, *“Instead of following like a sheep, I have the ability to now challenge certain thoughts and have my own path to follow. It is very freeing.”*

His ability to be true to himself and his values has resulted in him explaining to some of his closest friends that although he will continue his friendships with them, he will spend less time with them, especially when they engage in unacceptable activities that contravene his way of life, morals and principles. In addition, he reports that the skills learned in the therapy process are still continuously being applied in his day-to-day living. In his own words it is expressed as *“My stuckness or issue of stymied was resolved in the therapy process, continuation of the skills I learned through therapy are continuously applied to maintain successful results, still now.”*

This participant has confirmed remaining resolved, with new values having been developed, as well as new meanings made, subsequent to participation in the therapy. He further confirmed having improved his overall psychological wellbeing, intrapersonal relationship, as well as his interpersonal communication dynamics. In respect of his experience of SE he stated that *“Somatic interventions took a long time to begin as there were many underlying aspects to my therapy that took priority. When we started somatic work I found it amazing, the ability to receive messages from your body is one thing, but the ability to interpret them is amazing. Interpretation is far way away for me, but the ability to identify that my body is speaking to me [via sensation] is amazing”.*

He is now remarried and advises that he is enjoying new meaning, as well as purpose in his new relationship. The new couple have recently had a baby and he is embracing his role as a father of three young sons, with confidence and happiness. He advises that what had daunted and overwhelmed him previously, is completely resolved and the previous stuckness successfully addressed.

Case 2

All of the above stuck areas were explored and addressed within the sessions. Limiting belief systems were examined and confronted, with the challenge to live her life more authentically, with the freedom of choice. This participant did go on to pursue her desire to study and has just completed a three-year degree in a new occupational area, a desire she had had, for more than fifteen years. She is hoping to do an honour's degree next and has emerged with a much clearer, optimistic perspective of herself. Her levels of self-nurturance, self-compassion and self-confidence improved and are a work in progress. The participant reported experiencing significant shifts away from the stymied intra and interpersonal relationship dynamics, as well as an opening up in respect of her emotional capacity. This participant confirmed that her life has moved in new optimal directions and she has remained resolved from her stuckness, four years subsequent to the process. Her anxiety is notably less and she expressed it as *"I rarely have had anxiety and despite a very difficult past year, as my mom unexpectedly passed away, I believe I was able to cope successfully"*. Although this participant is still working in the organisation where she experienced challenges, she feels happy to remain in their employ, while she continues to prepare herself for a new career in the future. She further indicated that at times she is still somewhat self-conscious but overall, has experienced improvements in her levels of confidence. The expression of emotions, the ability to take more calculated risks, to move out of her comfort zones and to engage in more authentic relationships with others, is considerably easier for her, subsequent to the therapy. The participant indicated, that while the somatic experiencing had been challenging, as well as an uncomfortable intervention for her, it has ultimately benefitted her growth, and helped her process many unresolved issues. In respect of her opinion about SE, she stated *"Psychotherapy is important, however, I do believe that without SE and logotherapy, I would still be stuck as once we worked through psychotherapy (mind), it is crucial to*

also go into the body as we are mind, body and spirit". Logotherapy assisted her to cognitively assess and confront limiting belief systems, as well as explore more self realised values and meaning. Her anxiety is less, she remains calmer in most life contexts and feels she has made positive shifts in all of the relevant areas of her life. The participant confirms an increased capacity to see herself as unique and valuable, as well as continue to work with challenging the negative self-talk and push pass perceived limitations and boundaries. In addition, despite her mother having died a year ago, she has still remained unstuck and has coped well with the grieving process and the enormity of the loss. In her feedback she states that she has found new meaning and purpose in her life, together with the resolution of many previously unprocessed traumas.

Case 3

The participant indicated that she had successfully maintained the termination of the relationship with the narcissistic partner, and felt she no longer attracted abusive men in her life. Her own relationship with herself has become much more of a priority, and she has an improved understanding of her responsibility to herself, as well as her children. She is appreciating the new values and thoughts she is cultivating. The participant reported that addressing limiting belief systems and faulty meanings, had been a positive factor in the therapy sessions. She confirms having experienced a new sense of internal strength as a woman, has more life skills, is managing her emotions better, feels more content, and is learning to accept, embrace and love herself as a unique being. Her relationship with her children is reported as improved. The SE work has contributed towards her processing many unresolved issues and she advised that has been able to let go of many unhealthy things in her life. In her feedback she stated *"My logic told me I was ok but my body held so much trauma. I actually never realised how the body could hold onto things from your past. After doing a lot of SE, my body has dealt with a great deal and as a result, I have been able to let go of things and people that were not good for me"*. Her acceptance of herself is much more authentic and she feels she understands the concept of power in a much healthier and existential manner. She is now married to a man who is gentle, caring, loving and who has a high standard of ethics, values and morals. This new healthy relationship as well as her own positive connection with herself, has led to a strong sense of value, meaning and

empowerment. This participant confirmed that she was resolved after the therapy process in respect of the stuckness, and has maintained that resolution. As she stated *“I have remained resolved from the stuckness four years later and my life has opened for the better since my therapy. These days, I am not at a struggle with who I am and I have come to love who I am. I do still, however, have a long journey to believe in myself worth. I am happily married with beautiful children, a solid career and on the road to live out my dreams.”*

Case 4

The feedback provided by this participant indicated a new awareness of his emotions and sensations in his body, which assisted him from over analysing and causing himself unnecessary anxiety. One of his comments in the feedback four years subsequent to the therapy process as stated by himself is *“Julie assisted me with issues relating to my commitment-phobia, father and related developmental trauma. She also assisted me with my stuckness related to coming to terms with acceptance of my sexual orientation and issues related to my employment.”* His relationship with his father has vastly improved, is described as healthier, and he is now able to enjoy conversations and discussions with him with ease.

On the whole he feels more empowered and able to be his authentic self in his roles at work, with family and with friends. In addition, at the time of the feedback four years after the therapy process, he reports that he has been in a committed and happy gay relationship for almost two years. He faced his fears and announced his sexuality to his family, and has maintained relationships with all of the family members. Although he is of the opinion that there is probably still some unprocessed and unconscious trauma from his childhood, he confirms that the stuckness, presenting at the time of the research, is now fully resolved. The participant stated that he feels stronger to cope with life and his previous rejection of spiritual matters is changed. He is exploring more thoughts on a noetic dimension and is no longer rejecting the notion of a God. He indicated that the somatic experiencing work has assisted him to process many unresolved issues and he finds himself becoming considerably less activated than before. As he stated *“The therapeutic interventions [SE and Logotherapy] were highly effective in resolving many of my issues. I became in touch with my sense of feeling*

and 'living within my body' – something which I was unaware of before my sessions with Julie". He has taken proactive steps to change the previous workaholic tendency as is now working at creating balance and harmony, through activities such as yoga, meditation and increasing his mental fitness levels. His passion for teaching, a role which he had hoped would one day be a reality, has eventuated. He confirms that he had found increased meaning and purpose by leaving his position as an auditor, and is now happy in his role as a lecturer, in accounting at a university. The consciousness around his thinking contributes towards him exercising more control over thoughts that disempower him. His awareness of concepts of choice and attitude is facilitating his intention to stay with thinking that generates more feelings of internal authentic power, as well as keep him in a position of empowerment.

Case 5

This participant was of the opinion that she has remained resolved around the stuckness she had experienced in her relationship with her ex-husband, and his young son that she previously struggled to accept. A new attitudinal value has been developed in that she now regards her previous stuck areas as having led to the 'greatest gift of her life'. The gift has been the journey work of therapy which has led her to new connection to her ex husband, as well as being able to embrace his little boy. This client reports shifting from previously avoidant behaviour of emotional issues and confrontations, to dealing with matters head-on. She advised that she felt she had developed new strengths to deal with life challenges and reported that the results from the therapy sessions have been long-lasting. Her self-awareness is substantially increased and she feels that it has changed her life. She furthermore confirmed that she viewed the SE and logotherapy interventions as effective, as well as instrumental in turning her life around. This participant indicated that she had previously experienced other interventions in a therapeutic context but in her words "*I resonated with the approach and feel it is truly unique. While it takes some getting used to, especially the SE sessions, the value I have derived from the approach has been immeasurable and invaluable.*" In addition, she stated that she has moved from previously seeing herself as a victim, to regarding herself as a victor. This participant reports that her relationships with males is shifted positively, as has her own intrapersonal connection with herself. Her capacity to exercise appropriate boundaries

has improved, and she now has a tendency to be quite tuned into the experiences in her body. She reports that she listens to the communication of her soma, is learning to stay more in the here-and-now, and also has a healthier relationship with her body, which is evidenced in the new, healthier relationship she has with food. This has led to considerable weight loss and she feels that staying attuned to what she experiences on the inside is as a result of the body psychotherapy. Her capacity to be comfortable within her own skin and spend time alone has increased substantially. Whereas in the past, due to the negative childhood experiences of religion, she was inclined to reject spiritual matters, she now finds a willingness to consider them. The SE process of resolving past trauma, appears to have unblocked her, while the logotherapeutic work of challenging faulty meaning making and limiting belief systems, has opened her up towards new meanings. Furthermore, it has contributed towards her reconsidering the noetic dimension, as well as towards rekindling the spirituality and purpose of her existence.

As she indicated, “spiritually I have grown a lot from the sessions. This is an ongoing part of my journey and I still don’t have all the answers yet. But my mind has been opened to new ways of thinking. I have questioned religion, spirituality, death, in ways that I never thought were possible”. The work conducted in the therapy process had led to her overcoming her fear, resigning from a very lucrative work position and forging ahead into a new, independent career. While she had experienced it as a challenging and scary decision, it has led to further growth and self-reliance. She has now been in a committed relationship for more than two years and indicates that she is much more present, engaged and enjoys a healthy, as well as happy connection with him. The meaning, together with the direction in her life, has in her opinion, been enhanced. She advised, that she has found that it also contributes towards her sense of purpose, to share with others, all these positive, empowering and fulfilling personal experiences.

Conclusions

This chapter has discussed the results of the explorative research of the five case studies. The descriptions of the various presenting stuckness contexts of each of the cases has been discussed at length. In addition, a within-case and across-case

summary has been provided, with explanatory notes. The five cases have also been detailed in respect of the feedback received from the participants, approximately four years after the therapy process was terminated.

CHAPTER 6

CONCLUSION

This chapter elaborates on the completion of the research study. It includes restating the intentions of the study, and summarising the findings. In addition, consideration is given to the contributions of the study, and possible starting points for further research into the topic, as well as for therapeutic interventions. Implications and limitations of the study are addressed, as well as briefly highlighting the possible spiritual connection to trauma. The final statement concludes this chapter.

In opening this final segment of the study, it is helpful to hold in awareness the results summarised in the previous chapter while the research aims are revisited. The study is focused on determining whether the stymied situation, or psychological stuckness, arising within either interpersonal or intrapersonal relationship dynamics, is as a result of unprocessed, unresolved and unconscious trauma. In addition, it seeks to assess the efficacy of the combined utilisation of SE and logotherapy as therapeutic interventions, in successfully addressing stuckness.

The stuckness explored in this study relates to something that a person experiences as a block, or an area of stymied immobility. It pertains to literally anything that a person may experience as blocking intrapersonal growth, or interpersonal success, or as a context that appears unable to be effectively addressed or changed. This may be an addiction, an abusive relationship, rejection of self, anger outbursts, compulsive acting out, bullying, lying or something hard to negotiate or accept, etcetera. The research explored these stymied life contexts, to assess whether the participants' stuckness could be addressed through the resolution of past traumatic events. Trauma in itself is about being stuck, immobilised or frozen (Levine, 2010).

This study could suggest that unprocessed traumatic events, or past emotionally overwhelming experiences, are a potential cause of persistent problems that perpetuate over time. Irrespective of the variances in types of stymied presentations, participants in the study presented as becoming unstuck, by the end of the therapy

process. The combined body and mind interventions in this study, appeared to be effective. One of the main aims of this study was to expand on the ideas already highlighted by experts within the field of trauma and body psychotherapy (Levine, 2010; Ogden, 2006; Porges, 2017; Scaer, 2012; Van der Kolk, 2014) that trauma does not exist only in the mind. The recovery from trauma is not always solved through mental processing alone. This is confirmed by Mate (Levine, 2010, p. xii) who states that “salvation is found in the body.”

Levine (2010, p. xii) states that the “key to healing is found in the deciphering of this nonverbal realm [of the body].” Emotionally overwhelming events that exceed our capacity to cope, occur when an individual becomes “stuck in their primitive responses to painful events. Trauma is caused when we are unable to release blocked energies, to fully move through the physical, and emotional reactions to hurtful experience.” It is then understandable that the presenting problems of stuckness, can be directly correlated to stuck trauma (from events) as the emotions, sensations, thoughts and energy arising from such events, are stymied, blocked or locked into the physiology of the individual. One particular stuckness, could easily then transform into another form of stuckness.

The logotherapeutic method influences from the level of meaning and purpose. Trauma has the potential to obstruct our sense of meaning, as it places our existence in jeopardy (Frankl, 1988), and undermines our sense of adequacy, as well as competence (Levine, 2010). The construct of meaning, is highly correlated with trauma. An individual will form interpretations, in an attempt to make meaningful sense of an overwhelming event. This often results in the formation of illogical and/or faulty meanings, as well as associations. As Hillman (2002) states, Illogical meaning, incoherent thought processing, absurd associations, and inconceivable belief systems are correlated with emotionally overwhelming events. Trauma is illogical. It is not meant to occur in the natural flow of life. Research by E Silva (2005) indicates that the cognitive-perceptual processing of traumatic events is often managed psychologically in a distorted manner. At times, faulty meaning making occurs, as well as the connection of nonsensical thoughts to the traumatic situation.

It would appear that in the same way that the links between stuckness and trauma are not always logical, nor follow a conventional, cognitive flow of comprehension, the therapeutic process of working through stuckness, follows a similar pattern. In much the same way that trauma can create a disconnect between the person and the self, the connections between stymied interpersonal and intrapersonal relationship dynamics, can be disconnected and unrelated in terms of events and associations. Levine (2010) states that resolution of trauma results in a process of reintegration, reconnection and re-engagement with oneself. In an event wherein a person's emotional capacity becomes exceeded, it can result in the individual becoming closed off and limiting or even shutting down the social engagement system.

Avenues for further research

Trauma and spirituality

Another consideration is the possibility that trauma disrupts the essence of who we are as humans, and that it blocks our noetic, or spiritual dimension. The link between spirituality and trauma appears to be an interesting, unexpected, and unintended outcome in the study. However, both Levine (2010) and Frankl (2000) include spirituality in the tenets of their formulated approaches. Levine (2010) discusses trauma as having a significant impact on the spirituality of a person. The interesting correlation with his view, is that the outcome of each of the five participants in the study, resulted in a significant reconnection with themselves, as well as fostering an interest in establishing more of a spiritual relationship within themselves. As stated, this was not an intended aim of the research but, according to Levine (2010), it is one of the results of restoring the body to wellness, in the process of resolution of trauma.

Further research studies could explore the possibility that trauma disrupts the essence of who we are as humans, and that it blocks, or impedes, the natural flow of an individual's noetic dimension, or inherent spiritual evolution.

Implications and limitations of the study

In reviewing the limitations of case studies in qualitative research, Soy (1997) emphasises that the volume of participants is not large enough for the results to be

generalised to the wider population. Additionally, as the researcher is also the therapist in this study, the concepts of bias and subjectivity can be regarded as elements which may have affected the validity and reliability of the research outcomes.

As discussed in the methodology chapter, attention to addressing matters of ethical concerns were considered as much as possible when engaging with participants. This was aimed at ensuring attention was focused on the role of therapist as much as was possible. Although participants attended normal, regular therapy visits, comprising of fifty minute sessions, on mostly a fortnightly basis, there was no exchange of any money. This pro-bono approach ensured an absence of any exploitation and the adoption of high ethical standards. A further benefit of therapy sessions being provided pro bono, is that there is no financial pressure upon participants and in the view of the researcher, reduces the risk of the client leaving the therapy process prematurely.

One of the constraints considered in this research is that the case studies spanned an entire year, during which period solid therapeutic relationships were established and which could bias the outcomes. In elaborating on this point, the extent to which the therapeutic encounter provides a corrective relationship experience, and the percentage that this factor influences the outcomes of the study, is a consideration. The pre-existing mental state of the participant was not formally diagnosed prior to the commencement of the research, and this could be regarded as a drawback, in respect of the validity of the study. However, during the clinical interviews at the onset of the research study, the clinical psychologist did not detect any symptoms suggesting the need for formal diagnoses. Pre-existing conditions of PTSD or any other disorder were not assessed, neither was any other diagnosis considered. The stuckness was reviewed simplistically, as potentially being the presentation of unresolved past trauma.

The more positive perspectives of the case study as a research method include a few advantages. These would include the value in it being more real to life and as such, having more meaning to the general population. In addition, Soy (1997) highlights that the case study as a unit of analysis holds merit in terms of promoting more insight and understanding into complex life scenarios.

All of the case studies yielded positive outcomes, in that stuckness was alleviated in each of the different individual presentations. This serves as an indication of the possible consideration in future research, that what may be more helpful, may not necessarily be the expected focus on the presenting issue, nor a comprehensive history taking process, but rather, linking the here-and-now, to the there-and-then, exploring links to trauma, and allowing the natural evolution of the therapy process, to unfold.

The outcomes of the research could suggest that stuckness can be due to unresolved trauma, and the type of presenting stuckness, not being as significant as the exploration of past emotional overwhelming experiences. When the emotionally overwhelming past experiences of the individuals are addressed, they could become unstuck. The five cases summarise how trauma undermines, and severely limits, or disrupts the optimal development of relationships, within the self and/or between others. Trauma is often at the root of most issues (Levine, 2010; Ogden, 2006; Porges, 2017; Scaer, 2012; Van Der Kolk, 2014). Despite five varying presentations, with completely different issues, when the past trauma was focused upon, the presenting problems were effectively resolved, or the symptom severity reduced.

Final statement

Psychology is about understanding people. The psychological schools of thoughts hold as a basic premise, the aim of helping people become more empowered, whole, healed, and assisting with optimal human behaviour. Somatic experiencing and logotherapy, as interventions, have as a starting point, the here-and-now. We need to assess the needs of individuals, and seek to understand them in the here-and-now context of the modern age of society, with movement into the there-and-then, as the therapy process demands it. Relationships and corrective experiences, are integral to successful therapeutic outcomes (Geller & Porges, 2014). Outcomes are important, more so than complex theoretical paradigms and therapy techniques, that do not necessarily provide effective and enduring results. It is the researcher's view that a possibility in potential future research may be to explore not only the efficacy of

an intervention, but also to assess the longevity of the effectiveness. Thus, studies that explore the longevity of outcomes, and which assess whether individuals remain resolved or fully resolve the entire issue that was presenting, may yield valuable input to the effectiveness of interventions. It is valuable to consider research that can lead to the accumulation of more information, as to whether cognitive therapy alone may be ineffective, or yield more optimal results when coupled with body psychotherapies. In summary, possible future research considerations, could explore further studies that assess outcomes, longitudinally, in terms of therapy that engages an individual on both a level of body psychotherapy such as SE, coupled with a cognitive intervention, in producing positive outcomes, in terms of results that lead to permanent and long term resolution of symptoms.

In reviewing the spiritual dimension of human beings, and approaching therapy from a more mind, body and soul perspective, additional SE and logotherapy studies could be considered. The utilisation of schools of thought such as logotherapy and SE that include a noetic dimension, and which could be regarded as interventions that are more inclusive of the triad of body, mind and soul, may be an idea for further studies. In addition, studies that explore the interconnectedness between trauma and unexplained interpersonal and/or intrapersonal stuckness, may be an area of further exploration for researchers within the domain of psychology and traumatology.

The outcomes of the research have appeared to yield positive results in so far as suggesting a possible connection between stuckness and trauma. It may contribute towards increased understanding of why individuals remain stuck within their intrapersonal and interpersonal relationship dynamics. The literature review discussed in the initial chapter, indicates a limited amount of available research on this type of study. There appears to have been no previous research conducted that assesses the effectiveness of the combined interventions of SE and logotherapy in addressing trauma to alleviate stymied life contexts. Furthermore, no literature could be sourced in terms of any earlier studies that explored the possible link between the concept of stuckness within the interpersonal and intrapersonal relationship of a person, and how this might be linked to trauma. In particular, there appears to be a lack of research conducted utilising a combined body psychotherapy, together with a cognitive approach in assisting individuals who may be challenged by persistent, perpetuating

dilemmas, that appear to be unresponsive to change. Trauma has the potential to incapacitate and in so doing, leaves a person feeling inadequate and not enough. It is the 'I' that exists and thus, when the self is experienced as insufficient, one's existence is in jeopardy. This in turn would mean that the person would experience loss of self-esteem due to trauma. Thus, the possible link between trauma and self-esteem is another area of possible future research.

What is pertinent are factors such as presence, attunement, empathy, safety, stabilisation, containment, resonance, trust in the wisdom of the individual's mind and body. Understanding the ontology of one's own trauma and how it plays itself out in the relationship domain, either with self or others, depends on the level of safety one feels in exploring one's own inner landscape.

The concept of inclusiveness, the noetic dimension of individuals and the necessity of a body, mind and soul paradigm, is part of the meaning and purpose of the researcher herself. Thus the study is born out of the intent to contribute to the broad field of psychology in a purpose-driven manner, based on the meaningfulness of the researcher's efforts. These efforts include making a worthwhile difference in the lives of those individuals encountered on the journey of therapy, without which there is no meaning to the role we play as clinicians.

Based on this study, it can be stated that SE and logotherapy as a combined top-down and bottom-up approach are effective interventions. Working cognitively and somatically, with these two approaches, results in a comprehensive body, mind and soul perspective. In reviewing the direction of psychological studies, one can detect that the trends are towards constructs such as mindfulness, enlightenment, consciousness, meaning, purpose and spiritual identity. Individuals are seeking more enlightenment and want to explore more of the noetic dimension, which I believe psychotherapy has to include, in order to meet the needs of an evolving society.

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ANNEXURE A

JULIE D.M. E SILVA

BA (Psych.), BAHons(Psych.), MA (Clin Psych.)

CLINICAL PSYCHOLOGIST

CLINICAL PSYCHOLOGICAL INTERVIEW

PERSONAL HISTORY

Personal Particulars:

Interview Date: _____ Date of Birth: _____ Gender _____ Age _____

Mobile Number: _____ Other Contact number: _____

Full Name of Client: _____

Residential Address: _____

Religion at birth: _____ Current Spiritual Perspective: _____

Place of birth: _____ Referred by: _____

Parents Place of Birth: _____

Other countries lived in: _____

Home language: _____ Other languages: _____

EDUCATIONAL AND EMPLOYMENT HISTORY

Primary School History – any significant information relating to this period of your life: _____

Senior High School history – any significant information relating to this period of your life: _____

Current qualifications: _____

Employer: _____ Current

job title: _____ Job satisfaction: _____

ADOLESCENT HISTORY – (Identity Formation/Diffusion)

Integration into high school difficult: _____

Competitive academically: _____ Average marks attained: _____

_____ How did you feel about them: _____

How did your parents feel about your marks and what were their expectations: _____?

Mood swings or depression in high school: _____

Sleep outs allowed: _____ From what age: _____

Close to mother during this period: _____

Close to father during this period: _____

Did you do sports in high school: _____ What sports: _____

HISTORY OF FAMILY OF ORIGIN

Raised by biological parents: _____

Living status of parents: _____

Marital status of parents: _____

History of parent's relationship dynamics: _____

Parental disciplinary style: _____

Corporal punishment: _____

Alcohol problems in home during childhood: _____

Number of siblings: _____

Position in family: _____

Relationship with siblings: _____

Feelings towards father: _____

Feelings towards mother: _____

CURRENT CONTEXT OF NUCLEAR FAMILY

Relationship status: _____ Period of relationship: _____

Description of current relationship: _____

History of previous relationships: _____

Number of children: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

RELATIONSHIP DYNAMICS:

Respect each other's friends and family/Who handles the finances/Who handles paperwork/
Communication/Transparency/ Spiritual Connection/ Emotional Connection/Authenticity/
Intimacy/Sexual Connection/ Respect/Do you both know exactly what is happening with all
personal matters/Conflict resolution/Openness to change/Agree to Disagree

MEDICAL HISTORY

Allergies: _____ Thyroid tested/problems: _____

_____ Previous head injuries or bouts of
unconsciousness: _____

Pharmacotherapy intervention before: Yes or No: _____ Medications previously
prescribed: _____

Psychotherapy intervention before: _____

Presently on any medication: _____ Reason: _____

Current doctor: _____

Any presenting disturbances in the last 3 months with the following symptoms:

Anxiety: _____ Irrational fears or
worry: _____ Panic attacks: _____ Difficulty or
disturbed sleep/: _____

Nightmares: _____ Appetite Changes: _____
_____ Avoidance behaviours: _____
_____ Erratic Mood swings: _____
_____ Tendency towards Irritability: _____
_____ Hair loss or changes in skin: _____

Depressed Mood: _____

Hyperintention or tendency towards catastrophising: _____

Tendency towards controlling behaviour: _____

Unreasonable levels of Tearfulness: _____ Decrease in levels of motivation
or loss of interest: _____ Poor impulse Control or
tendency towards activations or being triggered _____

(Trichotillomania) Hair pulling or eyelash etc.? _____

Menstruation changes: _____

Changes in Libido: _____ Disturbances in digestive system:

Hypervigilance: _____ Suicidal thoughts (ideation) or plans/acting out (intent):

Startle Response: _____ Feelings upon awaking: _____

Numbness or tingling in arms: _____ Vomiting or diarrheal: _____

_____ Social Isolation or Withdrawal: _____

Obsessive or compulsive tendencies: _____

_____ Avoidance of places or things? _____

If applicable: Hormonal screening: memory/ hot flushes/anxiety/ brain fog/ concentration/
/memory difficulties/depression/menses changes/night sweats/loss of libido /dry skin/painful
intercourse/change/palpitations/sugar cravings/mastalgia/migraines/weight fluctuations/
formication (sensation of ants crawling over the skin) _____

SEXUAL HISTORY

Any struggle with sexual orientation in your formative years? _____

Elaborate if any: _____

Sufficient and appropriate sexual education received? _____

_____ By whom: _____

How old when 1st boyfriend: _____ Positive relationship: _____

Parents reaction to relationships: _____

First sexual experience:(age) _____ With whom: _____

Positive/negative experience: _____

_____ Feelings of guilt experienced thereafter: _____

_____ Sex openly discussed in family: _____

_____ Are you comfortable talking about sexual

issues: _____ Do you have positive or negative views about Masturbation: _____

Are you aware of own masculine and feminine sides? _____

_____ Which do you feel is more dominant: _____

INTERPERSONAL and INTRAPERSONAL RELATIONSHIP STYLE

Describe yourself as passive or dominant: _____

How do you generally resolve conflict: Fight or flight: _____?

How did your parents resolve their conflicts: _____?

To the question 'who are you', please complete sentence: I am _____

Do you have many friends: _____?

TRAUMA HISTORY

History of all previous surgical procedures: _____

Traumatic Incidences:

Any bullying in school or workplace: _____

Deaths or significant losses (relationships/work/income): _____

Any struggles with conception, abortions or miscarriages: _____

Carjacking, crime or armed robberies: _____

What are you afraid of or what things make you feel scared: _____

Have you immigrated or ever thought of relocating to another country: _____?

RESOURCES/LOGOHINTS:

What is important or what adds value to your life: _____

Purpose: _____

Music that you like/special memories, people/ events/ films/pets/people/places: _____

HOBBIES/RECREATIONAL INTEREST AND ACTIVITIES

Physical Exercise: _____

Hobbies/Recreational Activities: _____

Social life/Interests/: _____

Meditation or routine spiritual practices: _____

ANNEXURE B

INVITATION FOR RESEARCH PARTICIPATION AND CONSENT FORM - 2012/2013

My name is Julie D.M. E Silva. I am currently completing my Doctorate Degree in Psychology. As part of the course requirements I am conducting research for which a dissertation shall be produced. In order for the research to be effectively carried out, the study requires a sample of persons who are willing to participate. Your willingness to be included as a participant would serve invaluable in understanding how the impact of unresolved life traumas and belief systems, can detrimentally affect individuals and in particular, impede psychological intrapersonal dynamics and hinder growth, as well as result in stymied relationship dynamics interpersonally, to the extent that one remains in dysfunctional relationship contexts. A fundamental overall aim of the research is to discover effective ways of assisting individuals to self-empower. The therapeutic sessions are intended to be aimed at utilising the techniques of Somatic Experience Interventions and Logotherapy, as well as to use the therapeutic space to challenge thought processes, which thoughts may be part of the individual's frame of reference that underpin belief systems. To the latter end, these beliefs may result in limited thinking as well as contribute towards impeding a person psychologically and the research aims to discover whether these interventions can assist in facilitating the process whereby an individual experience both a cognitive transformation, as well as a physiological restoration of wellness, which in turn could result in both new growth and direction. In addition, with the resolution of unresolved trauma, rediscovering new meanings and incorporating new belief systems, it is envisaged that more capacity in terms of one's own coping resources and capacity will also be broadened and overall, that the aforementioned will result in increased self-empowerment, both intrapersonally as well as interpersonally.

Participation in the research entails your regular and ongoing attendance as a client in the therapeutic process wherein the aforementioned will be concentrated on. Each session would be approximately 50 minutes or 75 minutes depending on the arrangement concluded for each therapy session and there would be no charge for such therapy sessions. It is envisaged that the information generated from this research might serve to provide insight into how to more effectively assist individuals to become increasingly more self-empowered and unlimited in maximising their potentiality within themselves as well as within all of their interpersonal relationships.

The research dissertation is proposed to be completed by the end of 2017 and therefore interviews are to be conducted as soon as possible after availing yourself of your time. Your participation in the research would make a valuable contribution to the field of Psychology. Should you be willing to participate, it would be appreciated if you could sign below as an indication of your voluntary inclusion in the research and as a confirmation of being fully informed of the research aims.

Thank you for affording the time to peruse the content of this invitation.

Yours sincerely

JULIE E SILVA (UNISA STUDENT)

I _____ AGREE TO VOLUNTARILY PARTICIPATE IN THIS RESEARCH ENDEAVOUR.

SIGNATURE: _____

DATE: _____

WITNESS: _____

DATE: _____

ANNEXURE C

RESEARCH STUDY : JULIE E SILVA

SELF-EVALUATION QUESTIONNAIRE:

How would you describe yourself? In 10 sentences, with brutal honesty, describe your best characteristic traits, both positive and negative.

How would it be for you to be in a relationship with yourself?

How would the person who knows you best and likes you the most, describe you?

How would the person who does not know you really well describe you after 2 encounters?

How do you deal with emotional pain?

How do you deal with fear now?

Are you able to allow yourself to enjoy life? In what way do you enjoy life? – using the last 2 weeks as an example.

Are you authentic with yourself? Do you really admit to what you feel and think?

How many people do you feel really care about YOU and your wellbeing? List them.

If you were to die today, which one or more persons would you ask to be at your deathbed?

What was the biggest struggle you encountered in adolescence and then answer? what your biggest struggle is now?

Being totally honest, consider which people that you really care about. List them.

Are you totally honest with those people with whom you share close relationships?

What have you identified as something you wish to change about yourself?

Do you think you love yourself unconditionally? Justify your answer.

Do you think you have a healthy relationship with the concept of responsibility?

What part of your life are you avoiding dealing with right now?

What parts of your life were momentous and proud achievement times for you?

Think about your life in 5 years' time and ideally what you would like to have, who you would want in your life and what you would ideally be doing and describe it now

ANNEXURE D

RESEARCH STUDY : JULIE E SILVA

COMPLETION OF THE SELF-EVALUATION QUESTIONNAIRE

Dear Research Participant

Firstly, I would like to extend a most sincere word of thanks to you for being willing to participate in this research project.

In order for me to assess the outcomes of this study, I would like to request your participation in completion of the self-evaluation questionnaire which was discussed and provided to you at the inception of the research.

As per the original instructions at the inception of the therapy process, I would require that you relook at the questions again and respond to them as spontaneously and honestly as possible. Although they are to be submitted to me, they will not be assessed or evaluated in any way as the value of the exercise is more for your own self-reflection and introspection. They should be answered from the current lens of how you experience yourself and your world from the perspective of the here-and-now.

Once again, my sincere thanks for your willing participation.

Julie E Silva

ANNEXURE E

PARTICIPANT POST-RESEARCH FEEDBACK LETTER

ESTABLISHING RESOLUTION OF STUCKNESS AFTER RESEARCH LETTER

JULIE E SILVA

BA(Unisa,) BA(Hons)(Unisa), MA (Clinical Psychology) (UP)

CLINICAL PSYCHOLOGIST & Logotherapist

Pr. No.:0860000220248

Dear Research Participant

Firstly, in opening, I would like to extend my deepest gratitude for your willingness to participate in my doctoral study. I am most appreciative and thankful for the commitment shown in attending your therapy sessions, as well as the willingness to experience somewhat different types of therapeutic interventions. In order for me to determine how these collective therapeutic encounters have been experienced by yourself, I would be most grateful if you could furnish me with the following: I would require a very authentic, honest, as well as specifically detailed indication, of how and in what manner, the therapy sessions which you have had with me for the duration period of this research, have or have not contributed towards meaningful change in your life. In addition, I would value your feedback regarding the therapeutic interventions of Somatic Experience work (releasing old traumatic experiences from your body), together with Logotherapeutic techniques (namely, purpose, meaning, change, authenticity, uniqueness, values, self-discovery, choice, attitude, responsibility, goal setting, maximising potentiality, challenging belief systems, attitude modulation, cognitive modulation) and your opinion on the effectiveness or non-effectiveness of these techniques throughout the therapeutic processes.

To assist with more specific guidelines, if you could indicate the impact that the overall process of therapy has had upon you; how the therapy process has, or has not assisted you in becoming 'unstuck' either in a relationship with a significant other, or with your own relationship with yourself, or within a specific context such as occupation etcetera; whether you feel you have undergone any changes within yourself or in the way that you interact with yourself and others; as well as the impact this had had upon your relationships both on a societal, familial and intimate level. Lastly, if you could briefly comment on whether or not you feel you have experienced changes in your overall personality as a result of the therapeutic encounters, as well as your views on a therapeutic encounter where exploration focuses on the levels of body, mind and spirit. I would be appreciative if you could type on a blank piece of paper with just your initials indicated, and drop it off at my practice.

Once again, my sincere thanks for the collective effort we have experienced together and it is my hope that the therapy has been a meaningful space, and one in which the encounter facilitated sufficient containment, support and safety, for you to explore more of yourself and gain a more integrated sense of your personhood, on a body, mind and soul level.

With deep gratitude,

Julie E Silva

ANNEXURE F

FINAL RESEARCH QUESTIONS

RESEARCH STUDY BY: JULIE E SILVA

This serves to confirm that I participated in the research conducted in 2012/2013 by Julie E'silva on presenting issues of stuckness and being stymied in either my Interpersonal and/or intrapersonal relationship dynamics. The therapy intervention which was used and explained to me was Somatic Experiencing and Logotherapy.

1. Indicate whether you felt the stuckness or issue of being stymied was resolved in the therapy process, either affirm or disaffirm.

2. If you responded yes to the above:

Can you confirm in a few lines, whether you feel, 4 years later, that you have remained resolved from the stuckness? In addition, it would be appreciated if you could provide any feedback you may have on the effectiveness of the therapy interventions you engaged in with Julie during the year you worked together with her as part of the research study.

Name in full : _____ Date: _____

Signature: _____