

**Complex Trauma & the Wounded Spirit: Incorporating Spirituality
Into Social Work Practice**

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by

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Certification of Approval

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Abstract

This thesis addresses the question of how individuals who carry the most horrific, tragic, and ill-fated experiences find the courage to achieve healing? It works towards a social justice informed understanding of the intersection of trauma and healing with specific attention given to the role of spirituality in facilitating that journey. This thesis will present spirituality as an essential part of social work practice. It will identify, cross reference, and critically examine components of spirituality as these components serve as therapeutic tools for addressing complex trauma. Spirituality is then discussed as a core social justice practice component applicable in a large range of practice context and settings.

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For the God of my heart, I am eternally yours.

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For this study I will reference my higher power, the Great, Sacred, Holy Spirit, the Divine, our God, the eternal Creator. For it is the reflection of the Spirit that is my guiding light through the dark. The Spirit that is *the breath of life*, the Spirit that *eternally breathes life* into my spirit.

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Introduction

Often in our lifetime we will hear of endured circumstances that are far beyond unfortunate and traumatizing. Stories that have our heart pound with such a blunt force, right before dropping into the pit of our stomach. When receiving these weighted truths, one may wonder, how do those individuals that carry the most horrific, tragic, and ill-fated experiences find the courage to push through the process to find healing? Which at times can be more painfilled than the event/s which the suffering derived from. When coming to try and understand the inner workings of trauma and healing, it is a marvel how effective spirituality lights the way through the *Dark Knight of the Soul* and prominently influences *The Hero's Journey*. Spirituality is a sacred and shared wonder by all who seek its divine miracles. By utilizing ageless spiritual practices, one will alchemize suffering into strength, as they transmute with and through the pain.

What are these transcendental practices that have been utilized and embodied for eons by humans who have experienced a multitude of multifaceted traumas? And, how do sacred, organic, and natural tools aid in the healing of ones wounded spirit? How can human service representatives, social workers, and mental health providers incorporate spirituality into their connection, care, and treatment when working with individuals who have suffered trauma at its highest intricacies? As professional lightworkers, we are chosen to initiate the Age of Aquarius. A period for the expansion of consciousness, mindfulness, and connectedness in the pursuit of unified harmony (Raab, 2020). We are all here to guide change, truth, transcendence, peace, and healing through the collective of humanity for generations to come (Raab, 2020). This thesis will

explore the phenomenon and power of spirituality and its given purpose, to *breathe life* back into a wounded spirit. Therefore, through the process, deepen the connection to the divine to cultivate healing to the whole self through the restoration of one's spirit-to-Spirit connection.

Method

The study of phenomenology is utilized to present a philosophy and alchemy of an individual's breathed experiences (Neubauer et al., 2019). The purpose of uncovering and understanding a shared phenomenon is to provide examples, meaning, and compassion while enhancing the overall collective perspective, connection, truth, and vibration. Humans have the capability to learn about themselves, others, and humanity from sharing another's breathed reality (Neubauer et al., 2019). This thesis will present spirituality as a core component of social work practice. It builds upon a characterization and critical examination of sacred and spiritual phenomena as a unique domain of integrative, transcendent, and healing experiences. This project will identify, cross reference, and examine components of spirituality while serving as a therapeutic medium for guiding the care and the ever-evolving well-being of those that have experienced complex trauma. Qualitative approaches found in ancient practices, works of art, theology, scholarly articles, and testimonies throughout human history will be presented in this research exposition on the spectacle of healing complex trauma with spirituality.

Just as the African Zulu proverb Ubuntu states, the humanity in me is the humanity in you, *I am because you are*. The phenomenon of exchanging lived experiences has been proven vital to human survival, relief, transcendence, and the evolution of our existence.

Chapter One: Courage

Trauma Wounding

Humans have experienced trauma since the beginning of time. These experiences span organically through nature such as natural disasters from a force of an earthly element; to one of the three assurances in life: childbirth, death, and unexpected change. Just as often throughout our history and more frequent as of now, these traumatic experiences derive and are inflicted by hierarchal patterns and practices. And over time, humans have been designed to suffer at the hand of another. These experiences are recorded throughout history and found in arts, theology, behaviors, wisdom, and within the human blueprint to our adaptive nature. Debatably so, much of what humans attune to primitive survival was originally alchemized from a traumatic experience once inflicted by pain, suffering, and fear.

Trauma is the Greek word for “wound”. A wound is an injury that needs to be tended to, nurtured, and cared for throughout the healing process. The force or impact of the traumatic experience not only directs the outcome of the wound, but also the application of adverse physical, mental, interpersonal, relational, and/or spiritual manifestations. Over time in clinical study and discussion, we have come to find the healing process is directive of the biopsychosocial-spiritual makeup to the individual and the accessibility they possess to connect internally and externally.

Biopsychosocial-Spiritual

Working within the biopsychosocial-spiritual framework the whole person is sought to be holistically understood. This includes evaluating historical genetics, present biology, and the

impact of their interpersonal, family, and social systems (Stroebe, 2015). The individuals' beliefs and spiritual practices are also fundamentally taken into consideration (Piotrowski, 2013). Each dimension (biological, psychological, social, and spiritual) interacts and influence each other. All human beings possess an interplay of these aspects, and the outcome, becomes present through cognitive processes, behaviors, illnesses, and ability to heal.

The biopsychosocial-spiritual assessment and perspective classifies how two individuals can experience similar traumas but differ in maladaptive manifestations and/or the ability to heal sufficiently and effectively. Healing does not always mean the wound is completely gone and/or forever forgotten, but that the wounding imprint is now part of the individual, integrating the unconscious and subconscious into their conscious human experience. The word spiritual is derived from the Latin word *spiritus* meaning breath gives life, or '*breath of life*'. When you feed your soul, you breathe life into your spirit which is our golden link to the divine, the essence of mind, nature, and God. This golden link is also known as the silver cord connection to some.

Trauma is the gateway to a wounded spirit, a weakened link or a disconnect from God, which leads to a life with a malnourished, abandoned, and neglected soul. When we are unable to find healthy coping mechanisms from pain, shock, and suffering; we dissociate, disconnect and fragment, all of which causes a misalignment from within (Van der Kolk, 2014). In a constant loop of unhealed trauma, with no healthy ways to cope, a surplus of one's energy from harmful emotions and flashbacks can exhaust to the point of numbness (Ataria, 2016). Metaphorically, a vacuum of the void. Catholics, Christians, and Mystics refer to this excruciating point of the journey as the *Dark Night of the Soul* (Ataria, 2016). Furthermore, a traumatic experience can

continue to collapse all-knowing aspects in an individual. And the victim and/or survivor may begin to fade into a point of absence in a landscape of emptiness. Common dark features of this phenomenological abyss include delusions, depersonalization, derealization, emptiness, isolation, and a lost sense of reality and meaning. The Dark Night of the Soul is also known as the *shaman's sickness*, *the spiritual desert*, and *spiritual crisis* or *nihilism* (Ataria, 2016). However, there are sacred tools and spiritual practices that can be utilized to light the dark and stormy path back to connection, compassion, and integration.

Courage

This is the path of the Hero's Journey. It is a detailed map of change, courage, and overcoming deep challenges and internal struggles (Williams, 2019). Every victim and/or survivor embarks on this adventure of the Hero's Journey and one or many Dark Nights of the Soul are typically granted and administered. Both Joseph Campbell and Carl Jung have divulged further theories into this treacherous and mystical transcendent phenomenon of spiritual and post-traumatic growth towards healing. The hero's journey addresses an individual's obstacles and personal change in three phases: departure, initiation, and return (Williams, 2019). It is a hero's birthright to rise through the ashes that the traumatic experience/s ignited and burned through their reality. Just as the phoenix, the hero will experience a renewal and rebirth that is pure of their uniqueness, creativity, courage, and remarkable resiliency.

Along the journey and through the process, there is *always* the call to heal. The hero begins to awaken and align to their painful experiences through signs, connections, synchronicities, and flashbacks that are unique to their experiences and understanding. Within

this heightened new awareness, the hero initiates the integration of their fragmented unconscious and subconscious into their perceived reality. Thus, taking a step towards alignment within.

Through the support of the divine, the hero is urged, nudged, and sometimes even pushed to integrate their shadow and light aspects. This initiation is a milestone on the path of the hero's journey for trauma victims and/or survivors. As the hero continues to answer the call they are elevated and directed to the next courageous step on their voyage of alchemy. This process of embarking on the hero's journey has been recorded continuously throughout history in various ways.

Often, when a person has experienced trauma, they become spiritually attuned to their needs and gain the ability to approach their wounds with curiosity, creativity, and courage. In alignment with this philosophy, scholar and humanist Brene Brown explored and presented many philosophical excursions on vulnerability, shame, and leadership. Which all require the expression of courage to show up even when you don't have control of the outcome (Brown, 2020). In the earliest form, the term *courage* had the meaning "to speak one's mind by telling one's heart". Brown affirmed the root of the word courage is *cor* which is the Latin word for *heart*. It takes an immense amount of heart to address one's unhealed trauma. The hero's journey profusely calls for hard and heart work along the path of self-discovery. And takes an abundance of courage to lean into the pain and suffering in the wake and aftereffects of trauma (Brown, 2020). It is something so extraordinary to lead with the heart, and at the same time, courage is astonishingly particular to the hero's journey, post-traumatic growth, alchemy, and restoration of the wounded spirit.

Post-traumatic growth through spiritual practices can provoke and promote radical acceptance of the whole self, others, and all lived experiences. Radical acceptance is a shift in mindset. As opposed to rejecting the pain, suffering, and the components that we have no control over, a shift in perspective is made to embrace reality, all truths to existence (Floyd, 2019). With a devoted and disciplined spiritual regime, one will gain the mindset and capability to extend love to their self and others. This is the hero's excursion of compassion, from initial heartbeat of trauma to the rhythm of transcendence and healing. This wondrous process is introspective of the butterfly effect flowing through humanity, repeatedly witnessed throughout history from the micro changes that translate to macro embodiment. In the wake of the return, the hero presents their alchemy, from suffering into strength, and imparts their transformed wisdom onto humanity. This is the process that elevates and enriches the healing of the collective (Williams, 2019). Through processing trauma, pain, and grief; a hero's journey is delivered with meaning and purpose, their *dharma*. Dharma is the soul's mission *and* sharing the knowledge of that mission with the collective to reach oneness, enlightenment, and the *healing of humanity*.

Spirituality vs. Pharmakeiā

Creatives, storytellers, and historians have been recording traumatic events throughout the evolution of humankind. Through those who have experienced trauma, the aftermath was exalted through their life's expressions of heart and mind. Thus, leaving our present era with time capsule accords of these chronological events. Historical pain and suffering can be found in the Egyptian hieroglyphs depicting the child sacrifices and wars in Egypt during the reign of the Babylonian Empire. Massive suffering can also be found in the petroglyphs and pictographs of the Indigenous people of their land. Native collectives have provided our present with cherished

preserves of historical etchings and paintings telling their connection to nature. As well as the agony of dismantling their spiritual nurturance amidst the horrid acts of colonialization and attempted genocide to their tribes, land, and people. Cursors to experiencing trauma can be found within the 66 books of the Bible and deep within the temples, churches, cults, covens, and hierarchal orders. And, can *most* certainly be found at the core of the many fairy tales of *The Brothers Grimms*.

Historically, creative and artistic expression has provided many individuals an outlet for processing pain and suffering. Personal declarations of trauma are found in the brush strokes of historical to contemporary artists such as romantic impressionist Francisco Goya and in the many self-portraits of surrealist Frida Kahlo. Additional historical accounts of trauma can be seen in the desperation and despair in the black and white photographs captured by Dorothea Lange during the Great Depression, just one of the many periods in our history of collective human suffering. These are only to name few of the *many* brilliant creatives and alchemists' representations of human experience through existence.

Reflections and real time documentation of unspeakable traumas can be found in the literature of the remarkable African American writers from the late 18th century to present day. As well as in well documented experiences from the courageous Jewish Holocaust survivors and those that have been affected by the anguish, dehumanization, and evil throughout our collective historical chronicles. Trauma is experienced and documented all around the world and all throughout our history. However, the start of clinical application in understanding and treating

the aftermath of trauma from symptomology, suffering, grief, and disease was not until the evolution of shared soldier experiences after returning home from combat.

Prior to clinical observation, the evolution of science, and health care based on science and medicine (biomedical perspective), humans were integrating their experiences and adapting from their traumas in the best way they knew how. This was particularly exemplified with the resources that humans possess and have access to internally and externally. Many adapted, transformed, and transmuted within groups, communities, and at the support of another. Many relied on their culture, religion, practice, creativity, and spirituality to gain a closer connection to themselves and to God. Healing was not reliant in science or pharmacology like we see today. While both have a place for acute injuries, emergencies, and maintenance to provide the space to heal, pharmaceuticals only mask the pain, suffering, and symptoms that result from trauma (Castillo & Braslow, 2021; Ivanov & Schwartz, 2021).

The terms pharmacy and pharmaceuticals derive from Greek and Latin origins (Uchibayashi, 2003). The Greek word ‘*pharmakeiā*’ or ‘*pharmakeutikos*’ from the word ‘*pharmakeus*’ means ‘to charm and enchant, sorcery, the preparer of drugs, poisoner, sorcerer’ (Hurtado, 2022; Uchibayashi, 2003). And from the Latin origin of ‘*pharmako*’ meaning ‘the result of charm, magic, potion, medicine’ (Hurtado, 2022; Uchibayashi, 2003). Effective healing will not be accomplished through *poisons*, *sorcery*, or *potions*, but through integration, alignment, and transcendence with the support of the divine. Before the days of industrial chemicals and biomedical *pharmakeiā*, many who sought to integrate their traumatic experiences turned to the divine and reconnected to our eternal creator through natural and holistic remedies.

The restoration of one's spirit-to Spirit connection *is* the path to reaching spiritually supported areas of healing, purpose, and meaning.

Chapter Two: Clinical History

Literature Review

Throughout history, arts and literature from all over the world, human expressions present traumatic events being associated with negative, distressing, and prolonged symptoms. It was found in early historical battles that majority of soldiers who returned from war experienced similar indications such as feeling sad, anxious, home sick, and having an inability to sleep (History of PTSD, 2022). The impact of battle and the life struggles after returning home can be described as far back as poets' pages of Homer's epic *The Odyssey* and William Shakespeare's *King Henry VI* (Davis, 2019). There are many recordings of the loss of sight from blotting out the flashbacks and the remanence of the time spent in battle showing up as absolute terror in dreams (Crocq & Crocq, 2000). There are numerous refection's of hypervigilance to the sound of the wind, as the blow and whistle of the seasons share similarities to the release of the cannonball (Crocq & Crocq, 2000). Recollections of withdrawal, anxiety, sleeplessness, and depression were shared experiences of soldiers' post war (Crocq & Crocq, 2000). Veterans collectively displayed negative, distressing, and prolonged symptoms from their time spent in the military and long after.

For over two hundred years, Britain used the term *Post-Traumatic Neurosis* to explain the correlation between military experiences and trauma (Crocq & Crocq, 2000; History of PTSD, 2022). In 1761, Austrian physician Josef Leopold, named the collective experience of veteran symptoms *nostalgia* (History of PTSD, 2022). The word *nostalgia* derives from the Greek

words nostos (return) and algos (pain) (Albrecht, 2019). Many factors contribute to the suffering and pain that soldiers experience in combat, upon their return home, and as they adjust back to their life. However, scholars and clinicians began to realize that it was not only soldiers experiencing emotional and negative post conditions due to an experienced traumatic event, but a large portion of society. Thus, eventually bringing a clinical understanding to trauma, its causes, and potential treatments.

Early 19th Century

The 19th century influenced a rise in examining the exposure of trauma. Consequently, led to the clinical understanding and diagnostic qualifications of what is now known as post-traumatic disorder (PTSD) and complex post-traumatic disorder (CPTSD). There were many terms coined over the centuries to describe the clinical and personal observations of the psychological and physical aftermath of war. For example, the terms *irritable heart*, *Soldiers Heart* and *Da Costa syndrome* or *Effort syndrome*, were all used to name the physical and emotional symptoms related to the functionality of the human heart after battle (History of PTSD, 2022.). A U.S. civil war army surgeon by the name of Jacob Mendez De Costa noted symptoms of rapid breathing, heartbeats, and pulses as overstimulated indicators from the heart. De Costa observed and stated that the soldiers were in a state of chronic traumatic neurosis (Davis, 2019). Unfortunately, soldiers during this time were not the only humans being clinically observed as experiencing psychological and physical symptoms after a traumatic experience.

English surgeon Frederick Erichsen linked traumatic events to psychological and physical injury in 1860 (Schnyder et al., 2001). Erichsen noticed “fear, fright, and alarm” in the survivors of accidents on the railroads and believed they suffered from a *concussion to the spine*, linking

the spine to the brain and referring to this occurrence as *Railroad Spinal Syndrome* (History of PTSD, 2022). In 1865, *railroad shaking* was referred to in writings by Charles Dickenson to describe the deep fear of train travel after witnessing a railroad accident where there were multiple injuries and deaths (History of PTSD, 2022). In 1867, not only civilians of both the railroad tragedies and war veterans were coming forth with similar complaints of symptoms, but so were the witnesses to the train crashes during the rise of the industrial revolution (Blackstock, 2021). This provided additional evidence that any type of exposure to a traumatic event can have an impact on an individual's well-being and future trajectory.

Late 19th Century

During the late 19th century, German neurologist Albert Eulenberg further explored the connection between a traumatic experience and the development of physical and psychological injuries. In 1878 he used the term *psychic trauma* to describe the shock that soldiers would experience after being bewildered by a sudden wave of overpowering emotions (History of PTSD, 2022). The acute violent acts of terror and rage were believed to be psychological injuries. The overwhelming onset of these powerful and maladaptive emotions were considered to cause damage to the brain. It was proposed by Eulenberg that these individuals were experiencing a molecular concussion, comparable to a cerebral concussion caused by a physical injury (Moskowitz et al., 2019). However, surgeons were not the only scholars investigating the development of maladaptive physical, emotional, and behavioral conditions resulting from traumatic events.

A year later, psychologist CTJ Rigler introduced the term *compensation neurosis*. During this time, local laws had just been passed allowing those who were emotionally suffering after a

train accident to receive compensation from the railroad industrialists. Simultaneously, the railroad corporations were strongly denying the symptoms, suffering, claims of distress, and increase in disability. More specifically for those with no physicality to show for their proclaimed discomfort and pain (Blackstock, 2021; History of PTSD, 2022). Rigler and the railway industrialists mutually questioned the fabrication and exaggeration in the patients with claims of symptoms following the involvement and/or witnessing of a train crash (Anders, 2012). The legal term, *malingering*, is when an individual pretends to be ill to gain benefit from escaping responsibility, commonly relating to work or duty (Weiss & Dell, 2017). Dating back to the Civil War the claim of a falsified illness has always been highly frowned upon (Weiss & Dell, 2017). Considerably, denying an individual's reality and questioning their motive when seeking validation and accountability from their oppressor or abuser is a theme that is commonly recorded throughout history.

French neurologist Jean-Martin Charcot was using the terms *Névrose Traumatique* and *Hystérie Traumatique* in 1882 to describe the suffering of those who showed signs of post-traumatic symptoms (History of PTSD, 2022). His study continued exploring the connection between physical injury, psychological symptoms, and impulsive conduct. In his point of view, there was a genetic disposition root to the immorality of the railway crash patients. Charcot proclaimed that both men and women partook in risky behaviors after a traumatic experience, however, it was the actions of the women patients that were strongly noted as something they inherited. The recorded behaviors were thought to be a nervous instability, that often led to a dependency of drinking liquor and sexual promiscuity (Blackstock, 2021; History of PTSD, 2022). In that same year of 1882, Erichsen wrote the book, *Concussion of the Spine* to publicize

the post-traumatic symptoms experienced in railroad accidents. Erichsen claimed that *nervous shock* is the cause of physical injury in those who survived the accidents (Blackstock, 2021; History of PTSD, 2022). It took two years for Erichsen to publish his clinical observation due to the medical and industrial publicized controversy that denied crash victim's motives when seeking support and compensation. In 1883, John Putnam declared that those cases that were classified as Railroad Spinal Syndrome were similar to the patients suffering from hysteria, then known as *Hysterical neurosis* (Figley, 2012). The compiled terms and symptoms of trauma across clinical landscapes began to cross-reference and validate each other.

Leading into 1885, Surgeon Henry Page stated that Ericksen's nervous shock was not a physical symptom from the spine, but a psychological malfunction in the nervous system. Page utilized the terms *Nervous shock* and *Functional Disorder* to describe his theory (History of PTSD, 2022). That same year German neurologist Hermann Oppenheim began to use *Traumatic Neurosis* to describe post-traumatic symptoms. He believed there to be an adverse disruption physically happening within the brain's functionality (Figley, 2012). Oppenheim's study of the physical and psychological symptoms introduced the application of the term *trauma* within the study of psychology, which previously was predominately only used in surgical spaces (History of PTSD, 2022). Physical and psychological adverse effects continue to disputably intertwine as causations to each other in professional medical and clinical study and discussion.

By the end of the nineteenth century, the word *trauma* was widely used. Across the globe, similar documented symptoms were found in many accords of sexual and physical assault, murder, combat, and from natural and manmade disasters (Blackstock, 2021). Over a decade after Jean-Martin Charcot correlated symptoms of trauma to a hereditary immorality, Pierre Janet

also brought emphasis on the external element of the traumatic experience and the impact it has on the outcome of the individuals' symptomology and recovery. Women and working-class men alike were experiencing *convergent*, today known as dissociative symptoms, and hysteria after a traumatic event that they were unequipped to handle in the moment and afterward (Figley, 2012). Both Charcot and Janet agreed in the classification of neurosis. However, Charcot's perspective was that the central nervous system was latently flawed, while Janet explored the patients claims described as shock to perhaps be imaginary (Figley, 2012).

Influence from the Freud's

An Austrian neurologist by the name of Sigmund Freud collaborated with a German physician, Joseph Breuer on research and their clinical understandings on trauma. In 1893, they published 'Preliminary Communication of the Psychological Mechanisms of Hysterical Phenomena'. In this publication they presented, "In traumatic neurosis, the operative cause of the illness is not the trifling injury but the effect of the fright- the psychical trauma" (Moskowitz et al., 2019, pg. 15). This concept concluded that, "...any experience which calls upon distressing affects – such as those of *fright, anxiety, shame, or physical pain* – may operate as a trauma of this kind . . . (p.5-6)" (Moskowitz et al., 2019, pg. 15). It was understood that these physical symptoms were representative of the psychological injury that occurred when encountered with a traumatic experience. However, the assessment and analysis between post-traumatic symptoms and the originating experience, the root to the symptoms, would continue in clinical discussion to this day.

Freud was in Vienna in 1896 when he published the *Aetiology of Hysteria*. His analysis and theory continued to discuss the impact and importance of the external factor in traumatic

events. In his writings, Freud discussed the aftereffects and symptoms of his patients who had claimed sexual abuse in childhood. Freud observed that majority of his patients described reliving the traumatic event of childhood sexual abuse in forms of *traumatic flashbacks, nightmares, and night terrors* (History of PTSD, 2022). Freud's original theory eventually become known as the "seduction theory" (Figley, 2012). Freud was the first psychiatrist to believe his patients were telling the truth about the sexually abusive memories and their experienced symptoms that arose in the event and aftermath (Masson, 1984). He believed his patients to have been the victims of unwanted premature sexual intercourse which rendered them to experience post-traumatic symptoms that would possibly begin in childhood, lead into their adulthood and on into their elder years (Masson, 1984). In a letter to a friend, Freud reflected on the response of the chair of the Board of Psychiatry at the University of Vienna the evening he presented his seduction theory. Freud wrote:

A lecture on the etiology of hysteria at the Psychiatric Society met with an icy reception from the asses, and from Krafft-Ebing the strange comment: "It sounds like a scientific fairy tale". [*Es klingt wie ein wissenschaftliches Märchen.*] "And this after one has demonstrated to them a solution to a more-than-thousand-year-old problem, a "source of the Nile!" (Masson, 1984). Freud ended the letter to his friend with, "They can all go to hell." (*Sie können mich alle gern haben.*) (Masson, 1984).

Freud believed child sexual abuse to be a cause of hysteria and neurosis (Masson, 1984). His initial proposed theoretical perspective intended that his patients (mostly young girls at the time of the abuse); were once a child too weak, frightened, helpless, and often dependent on the

safety and care of the adult to defend themselves from the acts of cruelty and violence (Masson, 1984). Freud once believed his patients who claimed sexual abuse in their childhoods were victims to an imbalance of power the adult had over the child. Typically, fathers who raped their daughters (Masson, 1984). This heinous act left an imprint on the patient's development and with a life of repetitive presenting psychological and emotional disturbances. Additionally, this act also often left the predator with shame and guilt (Masson, 1984). Locals to Vienna and his professional peers widely discredited his philosophy by deliberately and blatantly opposing the deep-rooted connection in child sexual assault and mental illness (Masson, 1984).

Freud's rejection and unpopularity after presenting the seduction theory is believed to be a reason for the shift in his concentrated perspective. While his original theory focused on the external element of the adult predatory action, his then later newly presented theory shifted to the study of a child's unconscious internal conflict to desire sex (Figley, 2012). Almost a decade after presenting the 'seduction theory' and when his youngest daughter Anna Freud was the age of nine, Freud changed his perspective and presented a new theory, the Oedipus theory. Freud's Oedipus theory states that the claims of child sexual abuse were fantasies or memories of fantasies of the child's unconscious desire for sexual interaction (History of PTSD, 2022). He then stated that the child's unconscious process presented that the child lusted after their parent, seeking out sexual pleasures and behaviors. In the child doing so, the child could eventually lead a life of emotional conflict and turmoil. Shifting the predatory action from the adult to the child, who was then now the seducer, and the seduced.

Today, Freud is known as the father of psychology and psychoanalytics. His youngest daughter, companion, colleague and frequently recorded case study, Anna Freud, is a prominent

and key founder in child psychiatry. Much of Anna Freud's psychoanalytic study and theory into practice was learned from her own life experiences. Both the Freuds continued to influence the field of psychiatry to this day.

20th Century

The first quarter of the twentieth century continued with observing trauma outcomes, Freud's newly adopted theory, and the role of the unconscious in understanding the origins and aftereffect of trauma during World War I (WWI) (Figley, 2012). As clinicians continued to observe symptoms, military trauma terms such as, *combat stress*, *combat exhaustion*, *battle fatigue*, *shell-shock*, *disorderly action of the heart* (DAH) and *neurasthenia* were all used to describe the acute and gradual chronic symptoms in war soldiers and veterans (History of PTSD, 2022). During this time additional associations between psychological trauma and neurological disorders emerged. In 1915, a German medical officer at a Prisoner of War (POW) camp named F. Moerchen, suggested that trauma could result in abnormal biological responses within the central nervous system. He presented that these observed responses were organic in nature after one experienced a traumatic event (Linden et al., 2011). Within eighteen years of Moerchen's suggestions on trauma the first Nazi ran concentration camp would open to hold its prisoners. Disheartening and demeaning events continue to cause harm and trauma onto specific communities and their loved ones. Throughout history, powerful abusers and oppressors inflict these acts while denying their victims pain, suffering, and experience.

The scenarios in negating an individual's post-traumatic symptoms was resurfaced by German psychiatrist Bonhoeffer in 1926. Bonhoeffer argued that a majority of those claimed and classified to be suffering from 'traumatic neurosis' were inertly weak and motivated to seek

compensation (History of PTSD, 2022). As a result, German veterans who were suffering from post war symptoms were no longer granted compensations for their post-traumatic symptoms after combat (History of PTSD, 2022). The same year Sigmund Freud recognized that trauma causes the feelings of *fright*, including *helplessness* and *powerlessness*, which are qualifying indicators of complex trauma today (History of PTSD, 2022).

In 1932, Sandor Ferenczi bravely readdressed Freud's seduction theory expanding on the undercurrents of child sexual abuse and its correlations to experienced trauma and mental illness. Similar to Freud, Ferenczi was challenged by his colleagues with a cohesion of disapproval and opposition. The further suppression of the seduction theory resulted in Ferenczi's work not achieving publication until much after his passing in 1933 (History of PTSD, 2022). Another documented historical resist and opposition in acknowledging the damaging effects of child sexual abuse and its correlation to PTSD, including mental, emotional, and physical entailments that follow.

World War II (WWII) led to the symptomatic interpretations from *war-traumatized civilians*, some of which were concentration camp survivors themselves. Descriptions of trauma responses from the experienced civilians leading up to and during World War II were purposefully not recognized in the study of clinical psychiatry (History of PTSD, 2022). Nazi physicians and clinicians intentionally ignored the link in the targeted patients that described post-traumatic symptoms. The Nazi physicians and clinicians deliberately ignored the harmful attributes of combat, concentration and death camp experiences, political oppression, dehumanization, hostility, hate and military occupation that the war-traumatized civilians endured (History of PTSD, 2022). One of the many examples in our history where abuse of

power is monopolized in the merge of biomedicine, division, and science. This merge directed the segregation, oppression, and dehumanization of a targeted group of people.

Hateful crimes against humanity were surged on by psychologically constructed biases and propagandized mass manipulation (Stern, 2021). Referred to as the ‘father of *propaganda* or *public relations*’ is, Edward Bernays, who is also the nephew to Sigmund Freud (Suman, 2021). The many accounts of agony, terror, and suffering from those that experienced the Jewish Holocaust, the reign of Adolph Hitler and Nazi, Germany were deliberately ignored (Stern, 2021). At the very same time Nazi scientists, physicians and medical officials were running hereditary and sterilization eugenic based experiments on the people of Jewish communities and the many groups of individuals that they also classified as *undesirable*, *disabled* and *diseased* (Stern, 2021). To this day the complexity of trauma is projected on to the masses by propaganda, the segregating of people, and the experimental nature found in clinical and biomedical study.

As a result, Post-World War II delivered the Nuremberg Doctors’ Trial which held twenty-three of Hitlers high-ranking directive physicians and officials accountable for attempted mass genocide (Stern, 2021). The trial held twenty of the twenty-three Nazi officials liable for war crimes of human experimentation and mass sterilization, thus laying the groundwork for *The Nuremberg Code*. To this day, this code protects civilians from being subjects in biomedical human experiments in the name of science, research, division, and disease (Stern, 2021). Not only did approximately 6 million people lose their lives from the Jewish Holocaust, but an endless number of individuals were traumatically affected (Stern, 2021). This includes those that were sterilized, experimented on, and experienced concentration camps at any capacity. Furthermore, the after affects can be found within the genetics and lineages who will carry out

the grief, disease, post-traumatic symptoms, and responsibility for generational healing from this globally projected and inflicted trauma.

Diagnostic & Statistical Manuals

Neurologists, physicians, psychiatrists, and medical officials who explored veteran concerns began to link the centuries of symptomatic terminology, observations, and psychopathology to the same root cause, a traumatic experience (History of PTSD, 2022). After centuries of observation and clinical assessment on post-traumatic symptoms, the first section on mental disorders was developed by the American Armed Forces and the Veterans Association (VA) and was published by World Health Organization (WHO) in 1948 (History of PTSD, 2022). To this day, the WHO is the acting publisher for the International Classification of Diseases (ICD). The ICD-6 contained the first variation of an official documentation and recognition in a post-traumatic diagnosis, code 326.3, *Acute situational maladjustment* (History of PTSD, 2022). The three categories of acute situational maladjustment were: *abnormal excitability under minor stress; combat fatigue; and operational fatigue* (History of PTSD, 2022). This solidified a unified language for professionals in diagnosing and discussing trauma.

The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) was published by the American Psychiatric Association (APA) in the United States of America in 1952 (Kring et al., 2017). The first DSM (DSM-1) referenced the ICD-6 and contained about 60 mental disorders based on theories of abnormal psychology and psychopathology (Kring et al., 2017). *Gross Stress Reaction* could be found within the “Transient Situational Personality Disorders” section of the DSM-1. *Gross Stress Reaction* is comparable to current qualifying PTSD symptoms, described as presenting with *server physical demands* or *emotional stress*

brought upon by *combat* or a *civilian catastrophe* (History of PTSD, 2022). A criticism at the time was that *all* of the disorders listed appeared to be response or a reaction to an external event of hardship the patient faced in their lives. Passively and covertly implying that the internal and external maladaptive responses, behaviors, and grief are symptoms resulting from a core external traumatic experience (Kring et al., 2017).

The Kinsey Institute for Research in Sex, Gender, and Reproduction (Previously named the Institute for Sex Research at Indiana University) was founded in 1947 by zoologist Alfred Kinsey. The Kinsey institute released their findings on child sexual abuse in 1953 stating that approximately 25% of females were sexually assaulted in childhood, however they denied any significant harm to likely effect the child psychologically or physically in the aftermath (History of PTSD, 2022). It is important to know that Alfred Kinsey and his staff conducted his observations on child sexuality and development through sexual assault and molestation to over 300 infants and children (Reisman & Eichel, 1990; Satin, 2020). He and his staff came to their conclusions by recording the number of orgasms babies and children aged 2 months to 15 years old had with a stopwatch. These abusive and repetitive criminal acts were done in the name of science. Scientific study that no child or parent (in their right mind) could or would consent to (Reisman & Eichel, 1990; Satin, 2020). These are the fraudulent and criminal “scientific” foundations to understanding child sexual development and childhood sexual assault statistics. Kinsey’s clinical observations also laid the groundwork for laws around childhood sexual molestation and assault in the U. S that are still used to this date.

In 1955, Weinberg’s child sexual abuse research was published stating that the occurrence is 9 cases per million, while incest was only one per million (History of PTSD,

2022). Weinberg's data was conflicting with the data presented by the Kinsey Institute from a couple years prior (History of PTSD, 2022). The same year of 1955, and twenty years after Ferenczi's death, Ferenczi's additional findings on child sexual assault pertaining to Freud's original seduction theory published, despite his previous colleagues' critically opposed critiques. He noted that the experience of child sexual assault has the ability to fragment a personality and lead to sexual perversions later in adulthood (Olafson et al., 1993). Ferenczi stated that the sexually abusive memories were isolated from the conscious, but could be accessed in altered states of consciousness, such as dreamlike states (Olafson et al., 1993).

One of Ferenczi's biggest critics was Ernest Jones. Jones not only translated Ferenczi's theory on trauma, "confession of tongues" for English publication, he also acted as Freud's biographer. Ferenczi's theory stated that the adult (typically a father sexually assaulting their daughter) manipulated, misinterpreted, and took advantage of the representation of passion in play with their child. Ferenczi brought attention to the overpowering aggression inflicted by the adult that would lead the child to submit and surrender (Olafson et al., 1993). Freud had initially made efforts to censor Ferenczi's elaborated theory dating back to 1932 after he had abandoned his original theory.

During the final years of his life, Ferenczi continued to examine, elaborate, and keep Freud's seduction theoretical content relevant in clinical study and discussion. Freud supported Jones's continued efforts in suppressing Ferenczi's expansion on his original work (Rachman, 1997). Throughout the years Jones publicly made comments on Ferenczi's mental state in attempts to defame his character and professional validity. Jones even went as far as to destroy proofs of Ferenczi's observations, which delayed the publication on his further exploration on

child sexual assault and mental illness to the public. It is important to note Jones was accused on three separate occasions for incidents of sexual indiscretions towards his underage female patients, one of his victims reported was a girl who was only ten years old (Olafson et al., 1993). Throughout history personal incentives have empowered abusers and oppressors to manipulate the trajectory of clinical understanding in trauma and treatment.

As the study of symptoms from traumatic experience/s continued into the mid twentieth century, further theories representing the aftermath of trauma emerged. The link in post-traumatic symptoms of the Jewish Holocaust survivors were eventually suggested in 1954 by Hermann and Thygesen. *Concentration camp syndrome* observed the physical manifestations and linked the responses to emotional disturbances (History of PTSD, 2022). The *Concentration Camp Syndrome*, also presented intellectual and physical deterioration. This was observed to occur when an individual had endured a traumatic experience at one of its highest capacities, such as the involvement or within proximity to a concentration camp.

In 1958, “Life-based personality change” was presented by Venzlaff to describe the symptoms after an encounter of extreme traumatic stress as he observed from the victims of the Nazi reign (History of PTSD, 2022). It would be over thirty years from the Nazi control until the WHO would add *Enduring Personality Change After Catastrophic Event* to the ICD-10 in 1993. Today these symptoms and experiences are recognized and known as indicators for Complex Post-Traumatic Stress Disorder (CPTSD) (History of PTSD, 2022).

Leading up to the classification of complex PTSD, clinical observations were being made correlating and confirming that the presenting post-traumatic symptoms were a response to the impact of the traumatic event. The term *Survivor Guilt* is coined by Nederland in 1961 was used

to describe the guilt that survivors of a life-threatening event experienced, which is linked to symptoms of grief (History of PTSD, 2022). The same year of 1961, symptomology we recognize today as definers of complex PTSD were introduced by Eitinger. These conditions include chronic anxiety, a lowering capacity to tolerate stress as the individual ages, depression, and the inability to perform daily functions. For example, the incapability to maintain a job or to begin and/or hold interpersonal relationships (History of PTSD, 2022). That same year, Miller presented *Accident Neurosis* to describe PTSD symptoms that were exaggerated by the individuals claims of suffering. Miller stated that the victim was after financial gain and once they received the compensation the victim would no longer claim pain (History of PTSD, 2022). Thus, continuing the trend of negating one's experiences and the suffering that followed.

Both the DSM -II and the ICD-8 published the *Transient Situational Disturbance* in 1968 to represent PTSD symptoms. From then on and over the decades, PTSD and CPTSD symptoms have been intertwined, cross referenced, and found placement under a variety of differential diagnosis throughout the many editions of the DSM & ICD's. It was not until the 1970's that the traumatic experiences were linked to the post-traumatic symptoms. Terms such as *Post-Vietnam Syndrome*, *Acute Reaction to Stress*, *Abused Child Syndrome*, *Battered Women Syndrome* and *Rape Trauma Syndrome* were created (History of PTSD, 2022). Each highlighting the external event responsible for the presenting symptomology in the aftermath.

In 1980 the DSM-III presented for the first time *Post Traumatic Stress Disorder* (PTSD) under anxiety disorders (History of PTSD, 2022). The PTSD symptoms were recognized as the result of a traumatic event that is "outside the range of usual human experience" (History of PTSD, 2022). At that time, dissociation was to be considered a rare occurrence and earned its

own section. Both civilian and combat trauma were listed, but no direct mention of domestic violence or endured physical, emotional, or sexual abuse in childhood (History of PTSD, 2022). Through the 1980's, PTSD classifying symptoms included additions such as avoidance, intense fear, terror, and/or helplessness.

Judith Herman proposed Complex PTSD as a separate diagnosis to PTSD in 1992, which was renamed to *Disorders of Extreme Stress Not Otherwise Specified* (DESNOS) (History of PTSD, 2022). The qualifying classifications was defined by encompassing borderline personality disorder (BPD), dissociative identity disorder (DID, once known as multiple personality disorder (MPD)), and somatization symptom disorder (SSD) (History of PTSD, 2022). The classifying symptoms that were named included both emotional and behavioral disturbances such as impulsivity, self-destructiveness, panic, rage, dissociation, identity struggles, interpersonal challenges, and somatization, which is defined as physical symptoms to no known cause (History of PTSD, 2022). This conceptualization of complex trauma was ultimately rejected as the presented content was perceived to be a more severe form of PTSD.

In the same year of 1992, the ICD-10 published three different post traumatic conditions. Two under anxiety disorders, *Acute Stress Reaction* which encompassed symptoms that last under a month and *Post-Traumatic Stress Disorder*, which was used for symptoms that lasted at least a month after traumatic event. And the third placed under adult personality disorders, *Enduring Personality Change After Catastrophic Experiences* (EPCACE) which was defined as a more complex lasting disorder now known as complex PTSD (History of PTSD, 2022). In 1995 Charles Figley named *Compassion fatigue* or *Secondary Traumatic Stress Disorder* to describe the experience of PTSD symptoms in health and help professionals that worked with

those that had PTSD (History of PTSD, 2022). We know this experience today as *vicarious trauma* which can lead to burnout, an incapability to perform daily and/or work tasks and responsibilities. Historically recorded events have laid the groundwork in the evolution of understanding the undercurrents of trauma. The diagnostic manuals and shared personal testimonies present the repercussions of the shocking and harmful experiences, and the power trauma has to negatively affect an individual.

21st Century

To this day the APA and DSM affiliation continues to discount complex PTSD as a separate post traumatic mental health condition. The proclaimed reason being that there is not enough scientific evidence to prove Herman's theory. However, there is enough repetitive and accurate historical events through recorded human experiences to back Herman's findings. Herman stated that complex PTSD is a more severe form of PTSD, but with variances found in the in the context and outcome of interpersonal relationships and multiple traumas (Herman, 1992). According to Herman (1992), "Complex PTSD is the result of exposure to repeated or prolonged instances or multiple forms of interpersonal trauma, often occurring under circumstances where escape is not possible due to physical, psychological, maturational, family, environment, or social constraints" (Anderson, 2021 p.13).

PTSD is currently the most common diagnosis associated with experienced and unhealed trauma (Emmons et al., 2021). Emmons and colleagues (2021) define the following components regarding the comprehensive evaluation of complex PTSD:

- 1). Interpersonal trauma: The core characteristic of complex trauma is trauma that has resulted from relationships and typically begins in childhood, including abandonment,

maltreatment, loss of caregiver, abuse that occurs in the context of a relationship, trauma that results from a chronic abuse of power, and trauma from chronic neglect in which basic needs are consistently unmet.

2). Multiple traumas: Someone who experienced a single traumatic event will likely have vastly different symptoms than someone who has been repeatedly subjected to trauma.

3). The seven domains to complex trauma are: (a) attachment; (b) biology; (c) affect regulation; (d) dissociation; (e) behavioral regulation and control; (f) cognition; and (g) self-concept.

In a study comparing PTSD to CPTSD, functional impairment that results from these seven domains was found to be more extensive than impairments associated with PTSD.

CPTSD patients were particular to the realms of family and relationship problems (Karatzias et al., 2016). Complex trauma is associated with high psychiatric comorbidity and physical health problems, such as heart disease, cancer, chronic illness, autoimmune disorders, fibromyalgia, and chronic pain (Cook et al., 2005; Rhodes, 2015) as well as emotional lability, dissociation, impairments in executive functioning, and interpersonal relationship difficulties (Briere & Spinazzola, 2005; Rhodes, 2015; Van der Kolk, 2009). In addition, specific dysfunction in the areas of the brain responsible for body awareness. This brain activity contributes to the emotional arousal and dysregulation of the bodily systems in individuals with complex trauma (Van der Kolk 2009; Emerson, 2015). Therefore, the pathways required for interoception, or internal body awareness, are more severely compromised by complex trauma than by PTSD (Emerson, 2015; Emmons et al., 2021; Van der Kolk, 2014).

Collectively shared experiences of victims and survivors of complex PTSD include various forms of child, adolescent, and adult abuse. This includes repeated sexual, physical, psychological, domestic abuse and/or violence. Qualifying indications involve neglect, abandonment and being a witness to repeated acts of violence and/or abuse (Herman, 1994; Van der Kolk, 2014). Complex PTSD is also commonly found in those that have veteran experiences, highlighting the individuals that served in war and/or combat, POW exposure, and those that are involved in the child welfare system (Courtois, 2004; Kisiel et al., 2014; Van der Kolk, 2014). In addition, symptoms of CPTSD are commonly witnessed in those that have experienced any form of human trafficking, slavery, being kidnapped and/or held hostage.

Furthermore, common characterized symptoms of CPTSD are also found in those of sweatshop workers and indentured servants (Courtois, 2004; Van der Kolk, 2014). Fear, pride, and violent dominance are proven staples in shaping an individual's personality, which is presented throughout history. All of which can be traced as fundamental components of trauma and can result in physical illness and various maladaptive behaviors. In Western culture we pathologize these types of consequential symptoms and behaviors as mental illnesses, diseases, and disorders. These types of concerning observations are defined, categorized, classified, and then spread throughout the pages of the DSM as a core diagnosis to one's suffering.

There are several common indicators associated with those who have endured complex trauma. It is often many of these same individuals slip through the cracks of an accurate core diagnosis due to the lack of appropriate classification from the APA and DSM. This produces a misdiagnosis which leads to the incorrect application of care and treatment, malpractice. One reason for this reoccurrence is due to the wide range of diverse symptom clusters. For example,

once exposed to repeated and interpersonal trauma/s, without adapting to healthy coping mechanisms, one's symptomology may present as any number of a single diagnosis or a comorbidity. These include, but are not limited to, anxiety, depression, dissociation, and post-traumatic stress. Many survivors experience memory and sleep disruptions, as well as interpersonal and relational challenges.

Additional outcomes of CPTSD include negative self-concept, mood disorders, emotional dysregulation, personality disorders, and maladaptive somatic presentations (Rizeq et al., 2018). Herman (1992) presented the core responses, symptoms, and behaviors of CPTSD as *shame*, *dissociation*, and *interpersonal/relational disturbances* (Dorahy et al., 2016). Fear, anger, intrusive thoughts, flashbacks, night terrors, negative emotions, phobias, hypervigilance, avoidance, and suicidal ideation are also heavily linked to CPTSD. The inability to feel safe in one's environment or even within their own bodies are also common experiences of those living with complex PTSD. More specifically, individuals can encounter the fear of abandonment, the inability to obtain secure attachments, the incapacity to trust themselves or others, and unhealthy coping mechanisms (Van der Kolk, 2014).

Coping mechanisms are uniquely different to everyone; however, they have been clinically categorized as either negative (maladaptive) or positive (adaptive) behaviors (Holubova et al., 2016). Frequently used maladaptive and harmful coping mechanisms can involve self-harm, self-sabotage, and self-medicating with promiscuity and impulsivity. Self-medicating with substance and alcohol use and misuse are often considered the first line of defense in numbing the pain, suffering, and fear associated with PTSD and CPTSD (Karatzias et al., 2021). Herman (1992) stated that recovery from complex trauma is found in the survivor's

development of post-traumatic growth by creating positive and meaningful interpersonal connections. This is accomplished through empowerment, psychotherapy, and support. It is important to note that there is no biomedical treatment suggested for complex trauma. In addition, there is no profit to be made through industrial *pharmakeiā*, which begs the critical thinker to conclude the lack of reward in revenue as the reason for the disconnect in diagnosis, the APA, the DSM and our governing institutions and systems.

Trauma & Neurobiology

Leading up to and throughout the beginning of the 21st century, the study and assessment of the countless number of traumatic experiences have brought forth pioneers in PTSD and CPTSD. In Bessel Van der Kolk's book, *The Body Keeps the Score*, the comprehension of various scopes of practices, study, and theory that make up our current understanding of trauma from the biopsychosocial- spiritual framework are presented. It is now understood that traumatized individuals have a hyperactive sympathetic nervous system within their central nervous system (CNS) and remain in their emotional and unconscious brain, their limbic system (Van der Kolk, 2014). Signaled responses of fight, flight, freeze, and fawn from the presence of a perceived threat directed by the CNS keep traumatized individuals in a constant state of survival mode, their trauma body. These reactions are the body's organic response and the natural line of defense that descends from the unconscious, through the subconscious, to the present conscious, also known as the automatic nervous system (ANS) (Van der Kolk, 2014). The sympathetic nervous system and the unhealed trauma are activated through the individual's sensory awareness such as touch, sight, smell, sound, taste, and intuition.

Explained through neurology and biology, it is now understood that traumatized individuals struggle to access the “rest and digest” part of their parasympathetic system and do not return to homeostasis, a stable internal balance and coordinated functioning of the bodily systems (Van der Kolk, 2014). Traumatized individuals produce large amounts of stress hormones, adrenalin, and cortisol that remains in the body without the ability to balance long after the threat is no longer present. In addition, their neurotransmitters are constantly being activated, sending nerve impulses to prepare the body to defend and protect, which results in the heartbeat, blood pressure, and oxygen levels to pace at a much higher rate (Van der Kolk, 2014). Experienced trauma can lead to adverse functioning to the entire individual, body, mind, and spirit.

Those that have experienced trauma, especially in childhood, may encounter maladaptive functioning in part of the brain that is involved with emotional and behavioral responses (the limbic system). Particularly bringing attention to potentially affecting all parts of the brain area. Van der Kolk (2014) explains that the input, processing, and output volumes are increased or decreased adversely and are not limited to any isolated part of the brain in the wake of trauma. The thalamus is the relay system for the following sensory perceptions sight, sound, taste, and touch. Smell is processed through the olfactory cortex that connects odors to emotions and memories pertaining to survival instincts (Van der Kolk, 2014). Once sensory input is received, it is passed in two directions. Of these two directions neuroscientist Joseph LeDoux named the amygdala the low road and the frontal lobes the high road (Van der Kolk, 2014 pg.60).

Within the frontal lobe is the prefrontal cortex, which is responsible for our conscious awareness such as reasoning, problem solving, comprehension, impulse-control, creativity, and

perseverance, the high road. The amygdala referred by Van der Kolk (2014) as the ‘brains smoke detector’, controls fear responses, emotional responses, memories, and stress detection, the low road (Van der Kolk, 2014). Each part of the brain brings awareness to instinct, threat, and survival when encountered by a threat and/or a traumatic event.

Those who have endured trauma, especially in childhood, have an increased volume production in the amygdala and a decreased functioning in the prefrontal cortex (Bremner, 2016). The amygdala then quickly seeks feedback from the hippocampus. The hippocampus is responsible for regulating input and output signals and connecting them to past experiences. The hippocampus is also responsible for avenues for learning and memory (Van der Kolk, 2014). If the amygdala perceives a threat from the feedback of the hippocampus the hypothalamus is then activated. The hypothalamus is responsible for the metabolic process by signaling the ANS and hormone release, which result in a whole-body response to the threat (Van der Kolk, 2014). The Broca’s area is also adversely affected in the activation of a perceived threat, which is the speech center responsible for patterns of breathing and speaking or expression (Van der Kolk, 2014). Trauma is now known to be detected in every part and cell of the body.

It is important to understand the impact of trauma at a neurobiological level to identify significant treatment options. Neurotransmitters and hormones are the body’s chemical messengers. Hormones travel through the bloodstream to different organs and tissues. Neurotransmitters occur in the brain and the CNS and communicate with the body through neurons (Dfarhud et al., 2014; Van der Kolk, 2014). It is understood that neurotransmitters and hormones affect heart rate, digestion, mood, and feelings. These chemical messengers allow people to bond with themselves and others, feel joy, and experience pleasure (Dfarhud et al.,

2014). They reflect one's environment, interpersonal and social relations, and healthy habits. These habits include diet, sleep, hygiene, exercise, and preventing microbes (Dfarhud et al., 2014).

Positive psychology suggests that we have control of our 'happiness chemicals' including serotonin, dopamine, oxytocin, and endorphins (Dfarhud et al., 2014; Malmir et al., 2014). Serotonin stabilizes one's mood to provide the ability to feel sentiments of happiness, while dopamine is responsible for motivation, sentiments of reward, and short-term pleasure. Oxytocin is responsible for our ability to feel love, attachment, and relationship bonding, while endorphins provide pain reduction in responses to stress or discomfort (Dfarhud et al., 2014).

In terms of decision making, neuroscience explains that humans have three brains: the head, the gut, and the heart (Soosalu et al., 2019). The head is the seat of logic, yet our unconscious directs 90% of our behaviors; the gut is our intuition, where 90% of the body's serotonin is produced; and the heart influences emotions and affection (Soosalu et al., 2019; Wang et al., 2018). There are more neuropathways running from the heart to the brain, than the brain to the heart. Humans are an intricate piece of art, a whole ecosystem in one temple. Gaining a full understanding how our body communicates within our internal systems further connects one's mind, body, and spirit.

Currently there are standardized tests to evaluate PTSD, but so far none have been developed for complex PTSD. However, screening an individual's adverse childhood experiences (ACE) has provided insight to the trajectory of chronic health problems, mental illness, and substance use problems in adolescence through adulthood (CDC, 2022). ACE's screen for potentially traumatic experiences endured before the age of 18. These experiences

include physical and emotional abuse, neglect, bullying, and household challenges such as caregiver mental illness, domestic violence, incarceration, substance abuse, and death of a loved one (CDC, 2022). Understanding these potential childhood threats have proven higher death rates, autoimmune and heart diseases, mental health challenges, and can adversely affect education, job opportunities, and earning potential (CDC, 2022).

Insight and research from various theoretical frameworks and therapeutic modalities have provided clinical professionals a comprehensive approach to working with traumatized individuals. For example, John Bowlby's attachment theory has offered a psychological philosophy to how the care received in early years effects one's growth, development, behaviors, interpersonal and social relationships (Karatzias et al., 2021). This framework considers that separation, attachment, attunement, and care received as an infant and in childhood, particularly from their primary caregiver, can result in either a secure, anxious, avoidant, or disorganized attachment style as one grows (Karatzias et al., 2021). Understanding one's attachment style can provide cognitive depth to how one interacts interpersonally and with others and their ability to recover from complex trauma.

More recently, Stephen Porges' (2022) Polyvagal Theory was discovered as a psychological comprehension based on neuroanatomy and neurophysiology. The Polyvagal Theory suggests that post-traumatic stress symptoms are biologically based and somatically experienced. This evaluates the interaction and interplay of the ANS and considers the activity of the vagus nerve for understanding how trauma is perceived and received. The vagus nerve is the major component of the parasympathetic nervous system and 80% of its nerve fibers are sensory based. It connects the brain, to the heart, to the viscera (the organs in the stomach) (Porges,

2022). The polyvagal theory proposes that the vagus nerve regulates our feelings of safety, which provides the ability to connect and communicate with ourselves and each other.

According to the Polyvagal Theory, the ANS can be presented in three states: (1) rest-and-digest (ventral vagal), (2) fight-or-flight, and (3) shutdown (dorsal vagal). First, the “ventral vagal” is an adaptive response of the parasympathetic system that is responsible for safety and connection pertaining to one’s environment. The “fight-or-flight” response which is the survival strategy evoked by the sympathetic nervous system and prepares the body for action. Lastly, the “dorsal vagal” is responsible for activating a “freeze” state, it is the body’s immobilization or shutdown response when detecting danger or a threat and the maladaptive response of the parasympathetic nervous system (Porges, 2022). The feedback from the vagus nerve is critical for the body to reach homeostasis. In addition, the vagus nerve can be stimulated through practice and coregulation to enhance sentiments of safety. The use of relationships with domesticated animals and horses, as used in equine therapy, have proved most effective in managing coregulation and providing safety (White-Lewis, 2019). Feeling safe is so vital to acquire equilibrium to the mind, body, and spirit, assisting in the recovery of CPTSD.

Trauma-Focused Therapeutic Models

Incorporating trauma-focused and trauma-informed care became the fundamental framework for victims and/or survivors of trauma throughout the 20th and 21st centuries. There are various therapeutic modalities that help promote the restoration of the mind-body-spirit connection. Marsha Linehan’s Dialectical Behavior Therapy (DBT) proposes several tools for distress tolerance, emotional regulation, and interpersonal effectiveness (Linehan, 2022). DBT presents skill sets that promote self-soothing, mindfulness, adaptive problem solving, and

effective communication (Linehan, 2022). In addition, DBT helps to build mastery in the activities one enjoys and the development of positive self-dialog. DBT also encourages the ability to develop and set boundaries while bringing attention to responses and reactions in a skill Linehan refers to as the ‘wise mind’. Furthermore, DBT therapy helps to bring awareness to what is in and out of one’s control, which in turn promotes radical acceptance to the experiences of one’s mind, heart, and body (Linehan, 2022).

Strength-based, solution-focused, and client-centered modalities provide the most effective foundation for meeting a client where they are at. Meaning the therapeutic approaches are directive of the client’s current capabilities and understandings (Ellenbogen et al., 2019). This ensures the client’s position in directing trajectory of treatment based on their unique history and current presenting challenges. These perspectives endorse the client’s integration, resiliency, self-determination, and post-traumatic growth (Ellenbogen et al., 2019).

Heart Centered Therapy (HCT) is a loving and gentle approach to emotional, physical, and spiritual healing that is guided by the wisdom of one’s own heart (Hartman & Zimberoff, 2007). The heart naturally knows how to heal the conscious. HCT intends to utilize the strength of the individual’s heart to melt away the remnants of the traumatic experience/s that left sentiments of pain, separation, suffering, and confusion stuck within the subconscious (Hartman & Zimberoff, 2007). The aims of HCT are to touch on the depths of humanity, one’s heart and soul, by teaching the victim and/or survivor to entrust the voice of their own heart to guide them to wholeness (Hartman & Zimberoff, 2007).

Focusing is another popular technique of trauma-focused therapy, presented by Eugene Gendlin. Gendlin presents in six steps to finding oneself which involves clearing a

compassionate space for one's inner feelings so they may be heard and seen. Focusing strategies welcomes an individual's bodily sensations and emotions with curiosity and compassion, while resonating, examining, and accepting why they are there (Gendlin, 1999). Focusing is an internal dialogue from the mind to the body, accomplished by exploring one's intuitions or 'gut feelings' that helps one to access the connection to their emotional and physical sensations. This practice can be accomplished alone and/or with others (Gendlin, 1999). Focusing develops skills such as active listening, stress reduction, decision making, problem solving, and conflict resolution. Furthermore, focusing helps to foster inner resources of self-compassion, empathy, resilience, and other personal and relational qualities, while providing clarity and connection (Gendlin, 1999).

With the idea that individuals cannot be fully understood without learning their developmental process, an evidence-based form of therapy was introduced. Internal Family Systems (IFS), proposed by Richard Schwartz, states that we are all made of multiple parts and a core Self. The core Self is in everyone, it is made up of the 8 c's: confidence, calmness, creativity, clarity, curiosity, courage, compassion, and connectedness (Anderson, 2021). The core Self is inherently good and cannot be damaged, broken, or corrupted, it knows how to heal various parts of one's mind and heart. In addition, one also possesses subpersonalities that arose through the interaction of each other and were influenced by experiences. These parts are referred to as the exiles, managers, and firefighters (Anderson, 2021). While sometimes at conflict with each other, all parts want something positive for the individual. IFS helps to facilitate understanding, communication, compassion, and acceptance between these polarized personalized parts. IFS promotes emotional regulation, radical self-acceptance, integration,

transcendence, and interconnectedness for those suffering from complex trauma (Anderson, 2021).

Understanding the role of grief in complex trauma reveals the potential to experience post-traumatic growth (PTG). Grief is a natural response to a loss; this can be a loss of someone or the loss of a significant experience. Within the context of complex trauma, grief is also experienced in the wake and accumulation of the harmful or traumatic event/s. Trauma responses and flashbacks bring forth the remanence of excruciating states of fear, humiliation, abandonment, helplessness, and hopelessness (Schoulte et al., 2012). Grieving what was, what should have been, and/or what was lost is vital for victims and/or survivors to recover from the pain and suffering associated to the trauma.

Traumatic bereavement is essential in providing a space to feel, aid and cope to one's emotional, physical, and spiritual suffering (Schoulte et al., 2012). Grieving through traumatic bereavement provides an ongoing adjustment to the distress, pain, suffering and negative emotions. Positive psychology and Mindfulness-to-Meaning-Theory (MMT) highlight this part of the process in resiliency, adaptivity, and endured personal growth (Williams et al., 2021). As one grieves their trauma, they gradually accept their losses and integrate their traumatic experiences (Schoulte et al., 2012; Williams et al., 2021). While distress is part of the bereavement process it demonstrates post-traumatic growth which provides meaning, sense making, and transcendence.

Eye movement desensitization and reprocessing (EMDR) addresses the treatment and care of trauma clients by aiming to resolve past traumatic experiences, attune to current trauma responses, and build personal resiliency (Dansiger et al., 2020). EMDR utilizes bilateral

stimulation (BLS) to desensitize and reprocess traumatic memories and flashbacks. This is accomplished through eye movements and auditory tones that stimulate both hemispheres of the brain (Dansiger et al., 2020). EMDR also utilizes tactile taps bring awareness back to one's body from the dissociation, disconnection, and fragmentation trauma can cause. The stimulation of the nerves through touch increases blood flow and activates the parasympathetic system (Dansiger et al., 2020). EMDR aims to integrate past traumatic experiences into adaptive emotional and cognitive functionality while illuminating distress, negative emotions, beliefs, and physical sensations (Dansiger et al., 2020). This is a profound method for working with those suffering from complex trauma.

Somatic experiencing (SE) is a body centered and mind approach to healing trauma. Somatic therapy was invented by Peter Levine. Levine describes the psychobiological method as a model of interpersonal resiliency (Kuhfuß et al., 2021; Levine et al., 2018). SE aims to modify the trauma response by gradually reducing the arousal associated to the experience of trauma. This is accomplished through guiding the victim and/or survivor to access their bodily sensations, the process which Levine named "introspection". The ability to facilitate self-awareness through introspection helps to resolve traumatic, implicit, and unconscious memories (Levine et al., 2018). This mind-body approach increases the individual's window of tolerance, their distress levels. SE guides the client to accept to their inner physical sensations and associated emotion and feelings. SE highlights the activation of internal and external resources to identify parts of the body or memories that are linked to positive and reassuring sentiments (Kuhfuß et al., 2021; LaurensKids.org, 2022). This method promotes self-awareness and healing to the whole person through the mind-body connection.

According to De Oliveira (2020), neuroplasticity is the process of the brain's capability to adapt, reorganize, and form new structures, functions, and connections in neuro pathways. This can create positive and new experiences that are contradictory of those that inflicted trauma imprinting by promoting the brain and CNS's ability to restructure. Developing adaptive coping mechanisms, distress tolerance skills, stimulating the vagus nerve, and remapping trauma responses and reactions are all effective in healing the brain, body, heart, and spirit. Attunement to sentiments of safety, attachment styles, and attention to what the body, mind, heart, and spirit are experiencing recreates an equilibrium throughout all the body's systems.

Newly developed adaptive coping skills and awareness to one's responses through a biopsychosocial-spiritual approach creates new neuropathways and changes how circuits are wired in the brain. This is the process of neuroplasticity which evokes healing of the whole self. While one often has no control of the inflicted trauma and the symptoms that arise from a shocking and traumatic experience, all possess the power to lay new groundwork within the brain and the body to heal their whole being. Trauma-focused and trauma-informed therapies are most effective for helping complex trauma victims and/or survivors begin the journey of healing.

Chapter Three: Perpetration & Profit

Over time, humans have been designed to suffer at the hand of another. Trauma is not only an individual misfortune, but also a social issue with political origins; trauma is shaped by power (Sabnis et al., 2021). Ill willed dominance is controlling, abusive, and apathetic; and it is the most vulnerable who are majorly targeted and affected. Favorable tactics throughout history of abusers and oppressors include *fear, fraud, force, and/or coercion*, the same qualifications for human trafficking. This projection of power is witnessed and experienced to this day through fear mongering, propaganda, and indoctrination and the cause for perpetration through trauma (Kaplan, 2005). Politics, big pharma, technology, mainstream media (MSM), and those that are considered ‘the elites’ heavily rely on these tactics to regulate the masses by keeping people stuck in their trauma bodies.

These sectors and systems have the power to cause distress, distrust, discrimination, and dysregulation throughout groups of individuals. Furthermore, associated tactics often play a role in initially traumatizing and/or retraumatizing previously targeted groups or individuals. Consequently, there is a lack of accountability taken by these same sectors for the tactics they use to keep specific individuals, they claim to serve, in a state of fear and survival mode. This section will present the origins of controlled perpetration. These sectors are often masked as protection and preventative care when they are covertly responsible for inflicting and retraumatizing victims and/or survivors. More importantly, keeping those who are suffering from healing.

Child Abuse

The under reporting and purposefully diverted attention from governmental institutions, politicians, and the MSM continues to invalidate so many individuals that are isolated and silently suffering. Today, it is reported that 1 in 3 girls and 1 in 5 boys are sexually abused before the age of 18 years old (Four Corners Child Advocacy Center, 2019; LaurensKids.org, 2022). Four Corners Child Advocacy Center (2019), reports that 70% of all reported sexual assault (including adults) is a child under the age of 17 years old. LaurensKids (2022), a non-profit committed to preventing childhood abuse and healing survivors, reports there are approximately 42 million survivors of sexual abuse in America. However, this is only what has been reported.

Four Corners Child Advocacy Center (2019), reports that those that do end up disclosing their sexual abuse, over 80% initially deny the assault happened or is happening and 75% end up disclosing on accident. Furthermore, an estimated 30% never disclose to anyone. Childhelp (2021), a national child abuse hotline and coalition, reports that 80% of young adults who experienced sexual abuse in childhood meet the criteria for at least one psychological disorder by the age of 21. As Freud once stated in his original theory, child sexual abuse truly is, “more-than-thousand-year-old-problem, a ‘source of the Nile!’” (Masson, 1984).

Since 2011, clinical research has revealed that children who are exposed to violence in their family and/or prolonged emotional, physical and/or sexual abuse through their primitive developmental years, presents the same pattern of activity in the brains as soldiers who were exposed to combat (University College London, 2011). Abuse is generational, it is observed through social construct and is passed down by learned behaviors. For example, studies have

shown that women with a score of four or more ACE's are 33% more vulnerable to experience rape in adulthood (Van der Kolk, 2014, pg. 148-149).

In addition, girls who grew up witnessing domestic violence and abuse are at a much higher risk to find themselves in abusive and/or violent relationships later in life. As for boys, those that have witnesses domestic violence and abuse growing up, are seven times more likely to become the abuser in their future relationships (Van der Kolk, 2014, pg. 148-149). Every year more than 4.3 million children are referred to child protective services for concerns of abuse, neglect and/or maltreatment (Childhelp, 2021). Child abuse is a catalyst for various challenges, struggles, addictions, and illnesses later in life. Repeated and prolonged abuse during prime developmental years is a direct path to CPTSD (Herman, 1992; Van der Kolk, 2014).

Human Trafficking

Human trafficking is an unlawful and criminal act in the quest for profit by exploiting a child or an adult for solicited commercial sex and/or labor. Defined by the U.S. Code, 22 U.S.C. § 7102 and federal laws, the term human trafficking encompasses, “The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of *force*, *fraud*, or *coercion* for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” (DOJ, 2022). Human trafficking is a form of modern-day slavery.

According to the State of California Department of Justice (DOJ) (2022) and Attorney General Rob Bonta (2021), “The International Labor Organization estimates that there are more than 24.9 million human trafficking victims worldwide at any time. This includes 16 million victims of labor exploitation, 4.8 million victims of sexual exploitation, and 4.1 million victims of imposed forced labor”. However, non-profits and coalitions fighting human trafficking report

much higher numbers (Exodus Cry, 2018; Human Trafficking Search, 2013). It has been reported that the victims of human trafficking are often young girls and women (Bonta, 2021; Exodus Cry, 2018). Young girls and women are 57.6% of forced labor victims and 99.4% of sex trafficking victims” (Bonta, 2021). In addition, the State of California’s DOJ and Attorney General Rob Bonta (2021) also reports:

In the past, the U.S. Department of State has estimated that 14,500 to 17,500 victims are trafficked into the United States each year. This figure does not include victims who are trafficked within the country each year. California, a populous border state with a significant immigrant population and the world's fifth largest economy, is one of the nation's top destination states for trafficking human beings.

These hard truths beg critical thinkers to question the integrity of capitalism, hierarchy, political regulation, governmental protection, and currency. Taken into consideration, it is the most vulnerable who are targeted, how much longer will people continue to buy into these institutions, businesses, individuals, and systems that partake in human trafficking. Human trafficking is modern day slavery and requires one to immensely suffer for another to make a revenue and/or remain in control.

Human trafficking is a 150-billion-dollar industry globally per year. Much of which is operating in plain sight, at professional entertainment events, academic institutions, places of employment, and our very own backyards (Bonta, 2021). To add to the current human trafficking statistics, Bashman (2021) states:

The COVID-19 pandemic has only worsened the problem of trafficking, while the border crisis has heightened the need for foster families. Now more than ever, child welfare must

be reformed. According to the National Foster Youth Institute, 60% of human trafficking victims in the U.S. were involved in the foster care system at one time.

However, there much higher statistics for those that have been involved in child welfare that later become a victim of human trafficking. Multiple non-profits and coalition's dedicated to helping victims and/or survivors of human trafficking report up to 80% were once involved in CPS (Alaggia, 2004; Dayton, 2017; Human Trafficking Search, 2013). These devastating statistics brings forth curiosity on how and why human trafficking continues to be a topic kept under the radar to the public and in our current culture, politics, and media. Human trafficking is the result of a global system of exploitation (Exodus Cry, 2018) that can leave victims and/or survivors living a life with complex trauma (Courtois, 2004; Van der Kolk, 2014).

United States Veterans

The U.S. Government Accountability Office (U.S. GAO) states that, “more than 41 million Americans have served [in war] over the course of the nation’s history” (Vespa, 2020). There were around 18 million American veterans from the U.S. Armed Forces in 2018, that was around 7% of the adult population (Vespa, 2020). Between 2000 and 2018, the number of United States veterans declined by a third (from 26.4 million to 18.0 million). In addition, the veteran population is predicted to continue declining by 2.5 million in the next decade (Vespa, 2020). The National Academies of Sciences, Engineering, and Medicine (NASEM) documented that roughly 40% of our American veterans seek out mental health support from the Veterans Affairs (VA) (NASEM et al., 2018).

Cigna Health (2022) reports that some of the mental health risks, “among the U.S. Military, the rate of major depression among soldiers was five times as high as civilians, and the

rate of PTSD was nearly 15 times higher. Veterans with PTSD also have high psychiatric comorbidity rates” (pg.2). One of the highest priorities at the VA is to prevent suicide in those that have served for our country, however, veterans are 1.5 times more likely to die by suicide than the common civilian (U.S. GAO, 2021).

According to a study from the RAND Center for Military Health Policy Research, “major depressive disorder is three-to-five times more likely to emerge in those with PTSD than those without. And nearly 20% of service members returning from Iraq and Afghanistan reported experiencing a probable traumatic brain injury” (Cigna Health, 2022). In addition, the National Coalition for the Homeless estimated that in 2009 American veterans experiencing homelessness was anywhere “between 130,000 and 200,000 on any given night” (National Coalition for the Homeless, 2009). The National Coalition for Homeless Veterans stated of 2021, 13% of America’s homeless adult population are American veterans (National Coalition for Homeless Veterans, 2021). Substance use and interpersonal violence are also common trauma responses with our veterans when returning home from service (Inoue et al., 2022). Perpetration, re-perpetration, profit, and complex trauma go hand in hand when discussing the lived experiences of our American soldiers.

The U.S. GAO (2021) reports, “the number of veterans receiving mental health care from the Department of Veterans Affairs increased 90% from FY 2006-2019. During this time, VA's mental health budget increased from \$2.4 to \$8.9 billion.” Another recent study done by Watson Institute for International and Public Affairs of the Boston University “showed that more than 30,000 active duty and veterans of post 9/11 wars have died by suicide over the

last 20 years. That's more than four times the number of service members killed in war operations during that time" (Suitt, 2021).

In conclusion to these statistics and with our most current events, in terms of those who have dedicated their lives to our country, at the VA "telehealth visits for mental health increased by over 200% in the first 8 months of the pandemic" (U.S. GAO, 2021). The covid-19 pandemic has had the highest rates of adverse repercussions on our most vulnerable of populations. CPTSD lies deep within in our U. S. soldiers and veterans (Herman, 1992; Van der Kolk, 2014), and current events and elite platforms continue to keep these individuals of the most honorable of service deeply dysregulated and retraumatized (U.S GAO, 2021).

Exploitation

Exploitation is an essential piece to the success of capitalism and the foundation for abuse, perpetration, and human trafficking. From a capitalistic perspective, exploitation has been argued to be conceptualized as a two-sided coin or double edge sword. In its negative and harmful principality, exploitation is a selfish act of taking advantage of another for profit, typically done by *fear, force, fraud, and/or coercion*. It is an act based out of self-interest and is done to benefit oneself or a means (Reiman, 1987). As our way of life continues to integrate and depend on the use of technology, a majority rely on MSM and media for everyday functioning and shared knowledge. The use of these outlets and spaces is also the feeding ground for exploiting resources and human beings.

This type of criminal activity will only continue to rise with the use of technology and media. This involves the promotion and acceptance of both the cancel and rape culture. Cancel culture is the is the personal choice to "cancel" or withdrawal from someone whose opinions,

values, beliefs, and actions are found to be offensive and/or different than the person who does the canceling (Clark, 2020). Rape culture is a pervasive ideology in the normalizing, supporting, and excusing the acts of sexualization, exploitation, objectification, and sexual assault (Johnson & Johnson, 2021). Anyone who uses social media, internet spaces, or relies on MSM for their information are at risk of being constantly groomed through the ideologies of cancel and rape culture. Through these outlets so many impressionable minds are being encouraged to partake in the segregation and out grouping of individuals and communities. The use of technology and the media are head spheres in retraumatizing, sexualizing, and exploiting targeted populations.

Technology and media possess the overwhelming aptitude to perpetrate people. These areas of perpetration include easy access to pornography, grooming spaces, sexual and/or labor exploitation, all of which are constantly advancing and growing at an alarming and unregulated rate. Pornography and human trafficking are reliant on each other for business, while violence, abuse, rape, and nonconsensual sexual interaction is glorified between the interplay of the two sectors. Americans are some of the top consumers and producers of child sexual abuse which is presented and consumed through pornography (Our Rescue, 2018). In the context of child sex trafficking victims, 63% were advertised and/or sold on online platforms (Fight the New Drug, 2022; Thorn, 2015).

Dishearteningly enough, children face the risk of becoming victims to online grooming within 17 minutes of using an online space (NCOSE, 2022). In addition, majority of children are exposed to pornography by the age of 13 years old (Fight the New Drug, 2022). Exodus Cry (2018), a coalition committed to fighting human trafficking and exploitation, shares that the content produced in pornography socializes boys to become abusers and girls to accept violent

and sexual abuse, which is carried out through their developmental years into adulthood. Child on child sexual abuse accounts for 1/3 of predatory actions. Many of these instances of child on child sexual abuse claim they were influenced and aimed to reenact what they witnessed when viewing pornography (Exodus Cry, 2018). In addition, one in five females will be sexually abused on college campuses and while attending higher education institutions (Exodus Cry, 2018). This form of retraumatizing and perpetration through exploitation fuels symptoms of dysregulation, mental illness, and presents as barriers to healing PTSD and CPTSD.

The nature of the tech culture, without regulation and protection, is a universal weapon. This form of weaponry is used to target specific groups of demographics and their vulnerabilities. Teens on average spend more than 7 hours a day on screen time (Fight the New Drug, 2022) and 3 plus hours a day on social media platforms (Austin, 2021). Social media has harmful effects on children and teens who use it. Research shows that depression, anxiety, isolation, eating disorders, negative body image, and self-concept are all attributed from its use by our younger generations. Online spaces open the door to cyberbullying, sextortion, and exploitation (Austin, 2021). As a result, mental health professionals are witnessing a rise of self-harm and passive and active suicidal ideology in these populations.

Since 2019, Facebook (now renamed to Meta), also the owner of Instagram, is aware and has acknowledged their crafted algorithms negatively impact the mental health in children and teens (Austin, 2021). Public research and governmental institutions continue to guard these platforms and private sectors. The U.S federal regulation has not presented in-depth research on the harmful outcomes of social media use in decades (Austin, 2021). It is also significant to note

that our younger and most vulnerable generations are at the highest risk of the negative impacts of social media.

If we continue to turn an eye to the dark side of technology and the media, the numbers of perpetration and traumatization will only continue to rise. Without advocating and demanding change to these multifaceted spaces of profitable and promoted exploitation, our communities will remain in a state of trauma. And the symptoms of PTSD and CPTSD will be exacerbated in those that are already suffering from trauma.

Elite Trading

Historically repeated patterns of abuse, oppression, and control are classified qualifiers to complex trauma. In turn the traumatic experience has played a defined role in the ever-increasing profit of big pharma. This is due to the immediate need and attention in mental and physical health. As presented, trauma often leaves long lasting and detrimental imprints to an experienced individual's psyche, central nervous system, autoimmune system, biological process, genetics, and within the human DNA blueprint.

Mental health disorders in the pharmaceutical market revenue were at 36.77 billion in 2020 (Visiongain Inc, 2021). In 2020, the global pharmaceutical industry (big pharma) quadrupled since the early 2000's, with a revenue collecting over a trillion dollars. (Batt et al., 2020). Big pharma spends 19 times the amount on marketing and advertisements than they do on scientific research (Tapper, 2022). A perpetual programing of propagandized pathology. If people are healthy, happy, and healing; elite traders, big pharma and politics have no reign in control or revenue.

Americans pay the highest pharmaceutical prices in the world, and in majority of cases, payments more than quadruple than other parts of the globe (Belk & Belk, 2020; Tapper, 2022). The United States legislature permits pharmaceutical companies to mark their own price and price cap limit throughout the production, marketing, and sale process to American people (Belk & Belk, 2020). In addition, the U.S. encompasses roughly 5% of the world's population and 33% of the developed world's population and are responsible for more than 65% of pharmaceutical revenue (Belk & Belk, 2020; Tapper, 2022). To restate, the American people take on more than half of the pharmaceutical revenue compared to the rest of the world.

A prime example of politics, big pharma, MSM, and elite traders profiting off masses of individuals experiencing trauma, fear, and mental illness is the 2020 global covid-19 pandemic. As a result, during the start of the covid 19 pandemic in America (declared in March 2020) through to June 2020, a rise of mental health challenges in the U.S. showed an overall increase by 40.9% compared to the same span of time the year prior in June 2019 (Czeisler et al., 2020). The gaping increase included a rise in DSM symptoms of depression, anxiety, PTSD, substance use, and suicidal ideation (Czeisler et al., 2020). According to a study by the Centers for Disease Control and Prevention (CDC), populations with the highest rates of adverse mental health effects from the pandemic were those belonging to teens and young adults and homes with abuse and/or domestic violence. Mental health challenges also rose in Hispanic communities, Black communities, among essential workers and unpaid caregivers for adults who are at high risk for the corona virus at its severity.

The rise in mental health adversities from the pandemic also majorly affected those already receiving treatment for pre-existing mental health conditions (Czeisler et al., 2020). In

addition, a high percentage of elderly individuals were isolated from their families and so many other souls transitioned alone with no support from their loved ones due to public mandates. The lockdowns also had an alarming and damning effect on American children and within family homes due to abuse, neglect, isolation, stress, and essential necessity disparities (Kourti et al., 2021).

Across America, under governmental state and regional ruling, intimate violence rose to 27% and domestic violence rose to 12%, with a 20% of relational violence rise during working hours in 2020 (Kourti et al., 2021). Unfortunately, family and child practitioners also noted a rise in child head injury during lockdowns and domestic violence involving a child rose 65% from 2019 to 2020 (Kourti et al., 2021). It is guesstimated that more than 80% of children were affected by stay-at-home orders and school closures worldwide (Rapp et al., 2021). However, the accuracy of child abuse and neglect reporting is still up for debate to some.

There are arguments stating that child abuse dropped during the stay-at-home orders by observing the number of calls made to child welfare agencies during this time. During the pandemic many schools were forced to shut down and children were mandated to isolate in their homes. According to Sege & Stephens (2022), some statistics show that child abuse reports to state welfare agencies decreased to 70 %. Sege & Stephens offered an argument that educators only reported 21% of the calls made to child protective services and the gap “proves” the decline in child abuse (Sege & Stephens, 2022).

However, the lockdowns did not only mean children were not going to school, but they were also not attending childcare, therapy, doctor’s appointments, meetings with social workers or other human service providers. Therefore, eliminating all visits with individuals who all share

the same responsibility and due diligence as mandated reporters to act as an extra layer of support for our children of this country. Even if children were meeting with providers on a virtual platform, they were in a boxed frame, and the mandated reporters would not be able to provide a full and accurate visual assessment.

As for our teenagers and transitional aged youth/adolescents, deaths per suicide were seventeen times the amount of that same age group who were said to of passed away from the coronavirus during the pandemic (BACA, 2021). According to a census done in 2020, 7,200 teens and young adults died by suicide across America, while 429 were marked as deaths due to covid (BACA, 2021). Death by suicide in this same age group had already been on a significant rise from 2017 to 2018 with a 60% increase (UC Davis Health, 2021). However, during the beginning of the covid pandemic, attempts to die by suicide rose 31% and hospital emergency room visits rose 50.6% in girls aged 17 to 24 (Yard et al., 2021). There is an abundant amount of conflicting information available from the government and media to the front-line workers and those who hold positions in mental health.

Mental health and medical professionals experienced an alarming rise in youth and young adults who are considering, knew of someone, or had witnessed a death by suicide throughout the pandemic. The complexity of trauma has its strongest ties in our government, institutions, systems, society, media, and the profit and agenda for the elite. Repeated and prolonged abuse by these sectors have the power to activate and dysregulate one's CNS. And to lead individuals to a life filled with trauma responses, often followed with sentiments of distrust and the lack of feeling safe. These are key components to experiencing CPTSD (Herman, 1992; Van der Kolk, 2014).

Incentive & Interplay

It is significant to recognize financial ties when understanding the incentive for the decisions made with such high profits at stake. Big pharma covers more than 65% of the Food & Drug Administration's (FDA) budget. The FDA exists in part to oversee pharmaceuticals as a whole in America (Belk & Belk, 2020; Tapper, 2022). Since 1992, pharmaceutical companies pay "prescription drug user fees" to help assist the process of pharmaceutical approval in the U.S.

Additionally, our own legislature prohibits our government to negotiate pharmaceutical pricing and is the only major established government to not take on the precautionary or responsibility for their citizens (Belk & Belk, 2020). In 1997, the FDA permitted U.S. pharmaceutical companies to market directly to consumers, one of only two countries in the world, the other being New Zealand (Belk & Belk, 2020; Commissioner, 2018; Tapper, 2022). One of marketing's largest outlets consists of television advertisements, which is a perverse approach to selling and shaping perception. Big pharma still heavily relies on this marketing method to this day (Commissioner, 2018; Tapper, 2022). A form of grooming and shaping one's perception in pathology and sole reliance in recovery with the biomedical model through pharmaceuticals (*pharmakeiā*).

BlackRock & Vanguard

Both the media and big pharma are both largely owned by BlackRock, the largest investment company, and Vanguard, which follows right behind BlackRock coming in as the second largest (Ederer & Pellegrino, 2022; Edwards, 2021; Mercola et al., 2021). According to Law Insider, "BlackRock means persons controlling, controlled by or under common control

with BlackRock, Inc. that act as investment adviser and *subadviser* to the Funds”, *the Funds* referencing Morgan Stanley Investment Management (Law Insider, 2022). Placing BlackRock as the investment advisor to the American public, and the subadvisor between the people, life altering decisions, and their money.

The title, *Vanguard*, was chosen by John C. Bogle, who is part of Wellington Management Company, and is named after one of the biggest and fastest British battleships built by the Royal Navy completed at the end WWII (Edwards, 2021; Farley, 2021). The battleship once carried King George VI, Queen Elizabeth, and Princess Elizabeth on a trip to South Africa in 1947 and is known for its service to the Royal family (Farley, 2021). The Children’s Health Defense states that, the word “vanguard” means “the foremost position in an army or fleet advancing into battle,” and/or “*the leading position in a trend or movement*” (Mercola et al., 2021). Translating to those who lead and influence past and current public events.

Vanguard is the largest owner of mutual funds (Edwards, 2021). The funds are owned by various stakeholders and is not open to public trade or outsider investors (Edwards, 2021; Mercola et al., 2021). While the owners of Vanguard do their best to not self-identify their involvement, both Rothschild Investment Corp. and the Edmond De Rothschild Holding are two known stakeholders. It is also suggested there are connections and financial ties to Orsini family, the American Bush family, the British Royal family, the du Pont family, the Morgans, Vanderbilts, Rockefellers and many other elite families and cult legacies of wealth (Mercola et al., 2021). In addition, Oxfam and Bloomberg report that 1% of the world’s population together owns more wealth than the other 99%. And “Oxfam says that 82% of all earned money in 2017

went to this 1%.” (Chainey, 2018; Mercola et al., 2021). Capitalism reflects the tyranny found amongst elite traders, their investments, and interests.

BlackRock and Vanguard are the top two owners of four of the six media companies including Time Warner, Comcast, Disney, and News Corp, combined these company’s control 90% of the media landscape in the U.S (Fichtner et al., 2017; Mercola et al., 2021). As of 2021, Pfizer, originally starting as a fine chemical business, is a pharmaceutical giant in big pharma. Pfizer also holds the largest criminal fine in history for fraudulently promoting and distributing medications off-label with unregulated doses. Not only did they lie to the public, but Pfizer was also criminally caught paying compliant doctors a kickback for prescribing these unregulated medications (DOJ, 2014).

However, Pfizer is now the biggest and leading profiter in pharmaceutical drug sales, also a main provider of the covid vaccine and its following doses of booster shots (GetReskilled.com, 2022). BlackRock and Vanguard are Pfizer’s top two investors and stockholders, as they are also with The New York Times. They truly have a hand and a say in just about everything in America, from everyday products, food, banks, the media, and the biomedical field.

The two companies are also top share owners and work closely with Wall Street and the top U.S banking systems JPMorgan Chase, Wells Fargo, Bank of America, Citigroup, U.S. Bank and PNC (Conley et al., 2021; Dougherty et al., 2016; Fichtner et al., 2017; Mercola et al., 2021). In addition, BlackRock and Vanguard work closely with The Federal Reserve and acts as an advisory team by lending money to the central bank and having a direct say in its directive and running specific software (Mercola et al., 2021). Lastly, both companies own shares of a long list of other companies that head Corporate America, including Microsoft, Amazon, Apple,

Facebook (renamed to Meta as of October 28th, 2021) and Alphabet Inc (Fichtner et al., 2017; Mercola et al., 2021). There is hard and factual evidence to the statement that BlackRock and Vanguard have ownership and a say in just about anything you can think of in America.

BlackRock and Vanguard mutually have the power to manipulate global wealth, past and current events, and how it is all perceived and internalized (Fichtner et al., 2017; Mercola et al., 2021). These are passive, yet key players in massive grooming of the people through the media, indoctrination, and internet spaces. They have major involvement in the same sectors and spaces where exploitation, retraumatizing, human trafficking, and inflicted mass psychosis of people across countries, and globally. These crimes against humanity are taking place to this date at this very instance. They hold a bold amount responsibility for the perverse programmed reliance in pathology, pharmaceuticals, and the biomedical model for prevention and treatment.

These two massive stockholders are heavily part of the production of toxic chemicals in everyday use products, food and beverage that keeps individuals from healing their mind-body, soul, and spirit. BlackRock and Vanguard have an impervious involvement in trauma, toxicity, tyranny, and treatment. Through their control and for their benefit they covertly *coerce* those who are most impressionable to become a forever consumer, an investment client by way of their suffering and trauma. Toxicity, tyranny, and malpractice from biomedical treatments all serve as current substantial barriers for healing complex trauma.

U.S Government & Financial Ties to Systems of Care

To further explore financial ties, the interplay of incentive from our own U.S government and those involved with constructing and editing the classifications in the DSM will now be presented. It is recorded that 56% of the of the DSM-5 panel members had financial connections

to pharmaceutical companies. Those members that served on the panels for mood disorders, schizophrenia, and other psychotic disorders for the DSM-5 were *all*, 100%, found to have financial ties to pharmaceutical companies (Cosgrove et al., 2006). The DSM panel members are responsible for defining, developing, and modifying the diagnostic criteria for mental illness in America (Cosgrove et al., 2006). It is also noted that the personal connections, and financial incentives, between the DSM panel members and pharmaceutical companies are especially strong in the diagnostic classifications of mental illnesses, where pharmaceuticals are *the only* option of treatment presented to the patient (Cosgrove et al., 2006).

Advocacy groups including The National Alliance on Mental Illness (NAMI), American Diabetes Association (ADA) and the Asthma and Allergy Foundation of America (AAFA) accept funds from the same pharmaceutical companies that manufacture the biomedical treatment to their cause (Batt et al., 2020). It is crucial to recognize that many of these advocacy groups were also primarily established and funded by their big pharma counterpart. Today, at least two-thirds of the advocacy groups and a good number of politicians who make governing decisions on public health still accept funds from these corporate pharmaceutical directors. There is an unethical amount of money and lost morality and integrity in these connections, exchanges, and relations (Batt et al., 2020; Iwayemi & Ndiaye, 2021).

Another example influenced by the connection between the U.S federal government and big pharma are the number of officials in institutions who have been tangled in the corruption and greed to gain personal profit. For example, individuals in congress, DOJ, FDA, CDC, FTC (Federal Trade Commission), and the NHI (National Health Institute) have been involved in lobbying, bribery, receiving funding, and/or special gifts, from big pharma (Iwayemi & Ndiaye,

2021). Both democratic and republican representatives, candidates, and campaigns that make governing decisions, regarding our systems of care and public health, have been found guilty of receiving donations, gifts, and funding from pharmaceutical companies (Iwayemi & Ndiaye, 2021; Lupkin, 2018). Many government officials and lawmakers throughout history have left their positions in the U.S government to work for a much larger salary with big pharma, many refer to this as “the revolving door” (Iwayemi & Ndiaye, 2021; Lupkin, 2018).

Our ruling governing systems, including public and private academic and health care institutions, rely on the DSM for understanding, diagnosing, and treating mental illnesses and disorders. There are a number of individuals, corporations, and systems that received personal incentive and revenue from the result of one’s experienced trauma, suffering, perpetration and improper treatment. The interplay of these sectors bank on collective trauma, dysregulated and toxified bodily systems, and the profit of biomedical treatment for power and control.

Chapter Four: Perception in Treatment

Humanistic Frameworks

The primary focus of psychology started with curing mental illnesses. However, the focus shifted to including treating both abnormal behavior and mental illnesses shortly after World War II (Seligman & Csikszentmihalyi, 2000). Humanistic, Transpersonal, Phenomenological, and Positive psychology all work from a whole person approach with an emphasis on transcendence. Humanistic theory is a holistic approach that works with the individual's human capacity to grow through inner strength and unique qualities. Several psychologists explored and developed theories of positive aspects that can contribute to the overall happiness, well-being, and quality of life through a humanistic approach.

Carl Rogers, one of the most influential humanist psychologists, first presented client centered therapy during the 1940s and 1950s (Rogers, 2013). This method involves an individual's innate ability to make choices that guides self-direction to attain self-actualization, which is the desire to reach one's full potential (Cherry, 2020; Journal Psyche, 2018). Rogers identified the five principles to a fully functioning person as openness, presence, trust, creativity, and fulfillment (Journal Psyche, 2018). These five principals can be accomplished by self-actualization, self-maintenance, and self-enhancement, all of which require unconditional positive regard. According to Rogers, unconditional positive regard is the act in which an individual provides compassion and love to another (and/or themselves) without any judgements or restrictions (Cherry, 2020). Rogers (1967) states, "The good life is a process, not a state of being. It is a direction not a destination" (p. 187).

Being the first psychologist to examine motivation to self-actualization, Abraham Maslow's presented the Hierarchy of Needs, a pyramid that must be climbed from the bottom up. At the bottom of the pyramid is physiological needs such as, air, water, food, shelter, safety, and reproduction/sex (Neuropsych, 2022). The next two levels of the pyramid encompass psychological needs including (1) love and belonging, and (2) self-esteem. Towards the top of the pyramid is the self-fulfillment needs, self-actualization, and creativity. Maslow stated that self-actualization allows an individual to be in harmony with themselves, others, and the world around them (Maslow, 1971; Neuropsych, 2022). Lastly, at the peak of the pyramid is self-transcendence, described by Maslow (1971) as:

Transcendence refers to the very highest and most inclusive or holistic levels of human consciousness, behaving and relating, as ends rather than means, to oneself, to significant others, to human beings in general, to other species, to nature, and to the cosmos. (pg. 269)

Feelings of limitless horizons opening up to the vision, the feeling of being simultaneously more powerful and also more helpless than one ever was before, the feeling of great ecstasy and wonder and awe, the loss of placing in time and space with, finally, the conviction that something extremely important and valuable had happened, so that the subject is to some extent transformed and strengthened even in his daily life by such experiences.

Transcendence is pure alchemy and is the highest level of healing. Transcendence provides CPTSD victims and/or survivors ultimate relief and delivers meaning to the soul's life purpose.

William James presented the principals to Transpersonal Psychology which is focused on humanity's highest potential through a psychological framework that integrates spirituality and transcendence (CIIS SF, 2022). The transpersonal principalities rely on an individual's recognition, understanding, and realization in oneness, mystical, spiritual, and transcendent states of consciousness. This approach integrates the mind and body into the concept of interconnectedness to effectively reach levels of healing and transformation (CIIS SF, 2022; Taylor, 2015). In fact, Maslow stated that the role of transpersonal psychology is to explore the "farther reaches of human nature" (Taylor, 2015). This approach fosters integration of the mind-body and spirit connection.

The concept of Positive Psychology focuses on positive experiences, positive individual traits, and positive institutions (Cherry, 2021). Martin Seligman developed the positive psychology theory which highlights one's strengths, with optimism, as opposed to focusing on one's weaknesses, deficits, or pathology (Cherry, 2021). Seligman created a framework made up of the pertaining elements: positive emotion, relationships, meaning, and accomplishments, which he named the PERMA model (Cherry, 2021). This approach encourages individuals to discover and nurture their inner strengths, uniqueness, and wisdom to improve wellness, quality of life and healing.

Phenomenological Psychology is ancient wisdom accumulated by rich traditions and reflections of the individual, the human condition, and humanity (Irrarázaval, 2020). This framework consists of hermeneutic principals, existentialism, human freedom, and acceptance for the subjective role in the human experience and condition (SU Psychology Department, 2022). The phenomenological method aims to deepen ones understanding of their experiences

and perspectives of others. Within this deep understanding, one will come to understand the choices they make which are reflected in their cognitive process, behaviors, and actions (Irarrázaval, 2020; SU Psychology Department, 2022). This approach links the individual to the universal human experience and the collective existence.

The Psychodynamic Diagnostic Manual (PDM) is an alternative diagnostic manual to the ICD and the DSM. The PDM works from a humanistic perspective by aiming to understand an individual by the functioning of their mind, brain, and personal development. Each person is evaluated by their emotional, social, and interpersonal uniqueness (Lingiardi & McWilliams, 2015). Many of the concepts are rooted from the psychodynamic perspective, in which one's experiences through development shape their personality, behaviors, and understanding of the world (APA, 2022). The PDM approach assesses to understand one's unique profile through their relational capability, comprehensive understanding, symptoms patterns, and personal coping mechanisms. In addition, the PDM approach assesses the individual's capacity for self-observation of their emotions, behaviors, and judgements, which are all found through introspection and presenting manifestations (Lingiardi & McWilliams, 2015). Many of the humanistic frameworks focuses on the unique attributes of an individual in an attempt to create the space for growth, fulfillment, and healing through treatment and care.

Psychedelics

Psychedelics are heading way for hope in healing from adverse symptoms to the mind and body resulting from trauma. In an article titled *Do psychedelics need psychiatrists?*, the author Robin Donovan (2020) states:

The pharmaceutical industry is constantly cutting research into psychiatric medicines, and the drug development pipeline for psychiatric drugs is almost empty. French psychiatrist Forence Thibaut lamented in 2019, pointing to just 40 new drugs for psychiatric conditions launched since 1980. Meanwhile the FDA approved 50 new drugs for a variety of medical conditions in 2021 alone and averages 40 new approvals per year. Mental health has largely been left out of this revolution, though there are signs that may be changing.

Psychedelics combine natural and holistic remedies and few classified psychiatric pharmaceuticals that's have minimal side effects and do not require long term use for healing depression, anxiety, and trauma. Dr. Thibaut (2019) stated in her article titled, *Future paths in psychopharmacology*, that:

Since the 1950s the discovery of psychotropic compounds, mostly based on serendipity, has dramatically changed the lives of millions of people suffering from severe mental disorders. However, important questions remain regarding the lack of or insufficient effectiveness of psychotropic drugs in at least one third of cases, and there are also risks associated with their use, such as the serious metabolic effects associated with antipsychotics and some antidepressants. An increased time to response or remission is associated with suffering as well as an increased risk of morbidity and mortality.

Currently psychedelics are being clinically tested to treat various mental health challenges.

Though many have been used for healing in sacred spaces and practices for eons. Psychedelics include psilocybin (magic mushrooms), ketamine, methylenedioxymethamphetamine (MDMA), cannabis, and Ayahuasca (a plant-based psychoactive brew). Along with psychotherapy,

hallucinogens, also known as entactogens, demonstrate to be most effective in those that suffer from depression, anxiety, ADHD, substance use, and trauma including PTSD and CPTSD (Donovan, 2022; Henner et al., 2022; Krediet et al., 2020).

Many individuals have been used to test the long-term efficiency of already approved FDA psychotropic pharmaceuticals and interventions that were and are new to the mental health biomedical market. These individuals unknowingly step into the role as a testing participant in big pharma's human experimental nature. Mental health medications are no different from the allot of other mainstream *pharmakeiā*, and *fear, fraud, force, and coercion* are no stranger to the collaborators and interplay of big pharma. Unfortunately, the focus of the psychopharmacology was never about getting to the root of the pain and suffering (Castillo & Braslow, 2021), but rather about masking symptoms by taking patients out of their bodies and halting the human capability to naturally heal. This contributes to those with mental health challenges becoming in debt to big pharma and the biomedical model. Those seeking relief end up stepping into the position as a human experiment and a forever consumer by the lack of informed consent and respect for bodily autonomy.

It is a wonder where the line is drawn to implement the protections of *The Nuremberg Code*. While psychotropic medications can provide a space for someone to do therapeutic work in exploring and processing their traumas, majority of the medications only have the capability to maintain the patient or client (Ivanov & Schwartz, 2021). Therefore, these medications do not heal the mind, body, and soul nor do they restore one's spirit-to-Spirit connection. Again, there is no effective biomedical treatment for those living with CPTSD.

German New Medicine Model

In the 1970's, Dr. R. G. Hamer developed the German New Medicine model (GNM) and continued his work until his passing in 2017. Dr. Hamer brought forth the psyche, brain, and body connection. Ati Petrov, a holistic and dynamic medicine practitioner and founder of the Real Medicine Holistic Center in Ontario treats clients through the foundations of the GNM perspective and understanding. Petrov (2022) explains, "what we call disease is actually a biological process based in natural and evolutionary principles and it is meant to provide a much-needed balance in times of distress".

In addition, Petrov describes Dr. Hamer's revolutionary research through the GNM model, proving that once the body has endured a serious shock it may result in contained areas of the brain becoming activated. This activation of a particular area of the brain then sends signals of distress to the body organ or tissue that is also regulated by that same brain relay (Petrov, 2022). Dr. Hamer offered this evolutionary biological process as the natural course to signs and symptoms of disease that will eventually be present in the body and/or psyche (Petrov, 2022). Furthermore, the first GNM biological law states that every disease in the body originated from serious shock or a traumatic experience (Petrov, 2022).

The word disease is a sum of two parts, the prefix *dis* coupled together with the word *ease* suggests the original meaning of the term was about a *lack of ease*, not a reference to an illness (Merriam-Webster Dictionary, 2022). In this regard, signs and symptoms reinforce that both the brain and body are congruently experiencing a lack of ease. They congruently need rest and effective nurturing to effectively heal through the natural biological process. Petrov (2022) states that, "once we realize the implications of Dr. Hamer's findings, we can reach the

conclusion that nothing in nature is random and all processes have a purpose, including those occurring in our own body”. It is time to aid healing by supporting our natural biological process, not by continuously consuming chemicals masked as curing medicines but by getting back to nature, nurture, connection, and spirituality.

Rudolf Steiner

Over a century ago, Rudolf Steiner (1861-1925) predicted that “we will eliminate the soul with medicine” and this will be done ‘under the pretext of a ‘healthy point of view”’ (Rudolf Steiner, 1861-1925). Steiner was referencing to “a vaccine by which the human body will be treated as soon as possible directly at birth, so that the human being cannot develop the thought of the existence of soul and Spirit” (Rudolf Steiner, 1861-1925).

According to the CDC (2022), America recommends children and adolescent to schedule various immunization dosages before the age of 18. As of today, overall, children can be recommended for more than 73 doses of multiple rounds of over 15 separate FDA approved vaccines (CDC, 2022). Many of these injections start at birth with an infant receiving up to 4 injections in one physician visit. Of the recommended vaccines, 22 doses contain aluminum (Physicians for Informed Consent, 2022). Physicians for Informed Consent (2022) have stated in their research:

The U.S. Department of Health and Human Services (HHS) recognizes aluminum as a known neurotoxin. In addition, the FDA has warned about the risks of aluminum toxicity in infants and children. Small amounts of aluminum that remain in the human body have been observed to interfere with a variety of cellular and metabolic processes in the nervous system and in tissues of other parts of the body. The greatest negative effects of

aluminum have been observed in the nervous system and range from motor skill impairment to encephalopathy (altered mental state, personality changes, difficulty thinking, loss of memory, seizures, coma, and more).

When victims and/or survivors of PTSD and CPTSD are full of toxins and heavy metals their bodies are unable to reach regulation or natural and ultimate levels of connecting the mind-body-spirit and healing.

Along with the rise in recommended childhood vaccine doses autism also increased by 5,600%, autism is now found in 1 out of 44 children and developmental disorders are found in 1 and 6 children (CDC, 2021; 2022). As an American citizen you may not seek accountability or compensation from pharmaceutical companies for adverse effects or an injury from a governmentally advised and required vaccines. This lack of accountability or compensation from pharmaceutical companies is per the American governing law since 1986 and is still in effect to this day (Commissioner, 2018; Vaccine Injury Lawyers, 2019). Many of these immunization injections are required to attend public school and obtain some scopes of professional disciplines in adulthood. It is the biomedical model that leads in preventive, physical, and mental health care (Deacon, 2013). If Steiner's predictions are accurate, it is a wonder how truly interrupted and fragmented our God gifted system and natural biological processes are in treating our bodies, mind, trauma injuries and maintaining access to our soul and spirit.

Psychology Injury Model

Trauma and complex trauma are a psychological injury (Kuelker, 2019). According to Dr. Kuelker, "The new model is the psychological injury (PI) model. It states that the single largest cause of mental health problems is when a person experiences a psychological injury.

These occur when the person is subject to marked neglect, abuse, disrespect, or chaos in their social environment. They can also occur when the person experiences a traumatic event” (Kuelker, 2019). The symptoms and behaviors to unhealed trauma are not a disease or an illness, but a trauma response to the hardship the individual has experienced (Kuelker, 2019). For those that have experienced significant trauma, their central nervous systems are dysregulated, and neurobiology and gene expression have been heavily and adversely altered in the wake of the painful event/s.

However, humans possess the power to heal through spiritual practices that strengthen their connection to Spirit and the everlasting love, nature, nurture, and nourishment that the divine provides. Aiding to the soul and spirit for complex trauma victims and/or survivors is vital and will exemplify the path of healing that take places through Gods gifted design of the divine.

Chapter Five: Spirituality

Discussion

Spirituality is an embodied alignment with the divine, the design, and nature of God, when a person's essence is linked and led by Spirit (Reish, 2019). To be aligned with the divine, an individual must first aim to achieve wholeness, an alignment with your whole self. This is when the multi-dimensionality of a person, the mind, body, heart, soul, and spirit, are in balance and in harmony. This creates a pure equilibrium amongst all the aspects to a person. Wholeness can be achieved through many customs such as experience, growth, and development (Hartman & Zimberoff, 2007). And the knowledge, integrity, and wisdom that resides within an individual are eternally reignited, guiding the process of recovery and relief (Hartman & Zimberoff, 2007; Irrázaval, 2020). Reaching an alignment of the whole self can be accomplished through acquiring an expression of a spiritual nature.

During this point in the path, a hero learns deeply about themselves, finding the power and strength they internally possess. Spiritual nature is gifted through rehearsed spiritual concepts and practices, that represents and reflects the light of God. These transcendental concepts are mastered by discipline, mindfulness, connection, radical acceptance, and unconditional love. The same concepts to guide healing for complex trauma.

We are all spiritual beings having a multi-dimensional human experience. Within that ideology, many of the human experiences that have, and walk this earth, are carrying the weight of unhealed and complex trauma. Imprinted wounding is found throughout large populations of

multi-dimensional ancestral lineages and current lived experiences (Herman 1992; Van der Kolk, 2014). This is witnessed through epigenetics, neurobiology, and passed down adverse behaviors and beliefs (Van der Kolk, 2014), also known as generational curses. The complexity of trauma has altered the biology, psyche, mind, body (Cook et al., 2005; Rhodes, 2015), and souls of unfathomable numbers. Many of these souls are confused and lost on sacred ways to cope and promote restoration from within.

Those that have experienced complex trauma have an enormous aptitude for spirituality. CPTSD victims and/or survivors are forced into a constant state of survival, an overactive sympathetic nervous system, as a result of their experience/s (Emerson, 2015). When a person's brain is in survival mode (fight, flight, freeze or fawn), as many victims and/or survivors of CPTSD are, it often leads to the development of maladaptive behaviors and coping mechanisms (Herman, 1992; Karatzias et al., 2016; Van der Kolk, 2014). These include self-medication, negative self-concept, distrust, self-sabotage, and the inability to have successful relationships or to feel safe.

Those living with CPTSD also suffer from anxiety, depression, shame, dissociation, and depersonalization (Herman 1992; Van der Kolk, 2014). These flashbacks and trauma responses bring forth the remanence of excruciating states of fear, humiliation, abandonment, helplessness, and hopelessness (Schoulte et al., 2012). While viewed through a deficit lens in Western culture, these manifestations serve a very specific service of self-protection to someone living with unhealed trauma.

Furthermore, a humanistic perspective presents adverse coping mechanisms, cognitive processes, and maladaptive behaviors as a sign of profound adaptability, sacred perseverance,

and resiliency (Williams et al., 2021). Challenges and milestones reflecting the once experienced trauma are placed purposefully along the path for the hero through the stages of departure and initiation (Williams, 2019). Carl Jung refers to these concepts as aspects to the *shadow self* (Stein, 1998), subpersonalities, that have something to tell and teach the victim and/or survivor (Anderson, 2021). These personality aspects play a role as the commanders during a hero's journey, the gateways to introspection (Gendlin, 1999) and the portals to neuroplasticity (Williams et al., 2021). When the shadow aspects to an individual are met and rewired, they bring awareness, integration, and alignment. The hero's journey naturally distributes setbacks, trials, tribulations, and/or relapses in behaviors and harmful coping mechanisms (Williams, 2019). There is something to be learned in each of these hindrances along the way to access renewal, rebirth, wholeness, and healing.

This section will present spiritual approaches to the mind-body-spirit connection through a biopsychosocial-spiritual framework to promote restoration and relief. These approaches are not professionally advised, nor are they first line recommended by science, technology, pharmaceuticals, MSM, or the government, but by the light of God. The following spiritual practices and concepts will provide those living with CPTSD a supply of natural, organic, and sacred coping mechanisms. These are God given tools for connecting the mind-body-spirit, regulating the bodily systems, and promoting post-traumatic growth. They act as avenues for self-soothing, introspection, and interpersonal effectiveness. All of which cultivate healing, integration, and transcendence. There are countless numbers of wonderful cultural, spiritual, and healing practices that guide the restoration of the spirit-to-Spirit connection. All are honored, cherished, and adorned in a vast landscape of spiritual traditions and beliefs.

Biological

For this section the body and mind will be presented through the lens of energy. The physical body is an electromagnetic field that can emit energy, frequencies, and vibrations from up to eight to ten feet away (D'Eramo, 2020). The electromagnetic field is a state of the body that resides and reflects the frequency of one's truth. The mind and body act in compatibility of each other to receive, transmit, and transmute energy. Therefore, the mind and body receive messages through frequencies and vibrations that can result in the manifestation of dis-ease or healing (D'Eramo, 2020). The energy can be detected through a human's sensory receptors by picking up on all that surrounds them. This is transmitted through emotional transactions, communication, interaction, and down to a biological cellular level. The technology of your body is accustomed to tuning into frequencies that detect harm or safety and fear or love. The reception and transmission through the bodies electromagnetic field transmutes and facilitates communication and connection on all levels of consciousness (D'Eramo, 2020).

Everything is made up of energy, including nature, experiences, food, emotions, interactions, and human beings. Although energy is prominently found in the unconscious, its vibration plays a major role in one's genetics, health, emotions, experiences, illnesses, and healing. Shame is considered the lowest emotional frequency, and many CPTSD victims and/or survivors are stuck in this vibration as a result of unhealed trauma. When a person becomes aware of the power within their electromagnetic field, they can address and adjust the energy accordingly to tap into the highest frequency of love, which is a requirement for healing. The heart is the most powerful source of the body's electromagnet field, and love is the highest frequency. In addition, love is also the highest state of consciousness. Found within the pure

frequency of love is gratitude, creation, happiness, and oneness; all transactional elements to self-actualization and transcendence.

The Charka System

A system of energy that centers within the human body is recognized by many traditions, cultures, and beliefs. Hinduism, Traditional Chinese Medicine, Tibetan, Buddhism, the Jewish Kabbalah, and Islamic Sufism collectively recognize a bodily energetic system made up of center points (V, 2019). Although each belief has a varied version, they similarly express that when the energy centers are aligned and balanced; the organic energy of life force flows fluidly and freely. The flawless flow through attained equilibrium of these energy centers will provide one with full physical, creative, and spiritual functioning. However, reaching alignment is a never-ending process, yet once achieved, one is said to become in full unity with the divine (Beshara. 2013; V, 2019).

Ancient India has one of the oldest mentions of this energetic bodily system, known as The Chakra System. There are seven chakras, each represents an energy center within the body. Some reference this system as the *psychological system to the soul* (Kay, 2016). The Sanskrit word *chakra* has many variations of meaning, ‘wheel’, ‘disc’, ‘shape of the moon and sun,’ and ‘realm of an emperor’ (V, 2019). Therefore, each person has the intrinsic power to turn the wheel of their own empire. The chakra system advances the path of energy through the entire body and beyond. When at its peak of functionality and fluidity, the alignment of the chakras has the power to transform and transcend one’s soul (Kay, 2016). The seven chakras ascend from the base of the spine, along the central nervous system, to the top of the head (Kay, 2016).

Each chakra has multiple physiological functions, levels of consciousness, classical elements, and additional unique characteristics; all of which are related to a part of the endocrine system and the release of specific hormones (Beshara. 2013; Kay, 2016; V, 2019). The life-force energy, also known as prana, *shakti* or *chi, qi*, is gravitated and localized in each center when it is directed to flow through a crisscrossed complex network through the entire chakra system. Nadis channels prana and serves as a direct path for travel to each center. Nadis are referred to as, *the little river*. The prana travels the nadis and is directed to spin at the axel of each chakra for the activation of energy (V, 2019). The efficiency of the flow and futility of prana is used to vitalize one mentally, emotionally, physically, and spiritually (V, 2019).

The *Muladhara*, is the base or the root chakra, it is the first of the seven chakras. The root chakra is responsible for the activation of fight and flight within the CNS when survival is perceived to be in threat. This chakra is located in the area between the genitals and the anus. The *Muladhara* relates to one's sense of security, survival, and basic human potential (V, 2019). Many CPTSD victims and/or survivors were in an environment where they could not access safety or security and therefore have a blocked root charka. It is suggested for those who have experienced trauma to nurture this chakra so they may awaken their truth and unique creativity from the bottom to the top of the system.

This is where the Kundalini energy is said to be positioned, within the *Muladhara*, right at the base of the spine, similar to a coiled snake waiting to be awakened. Just as the hero is to be awakened to their truths, creativity, meaning, and purpose. Kundalini energy is the ultimate life-force energy, the same energy that was unleashed for creation, it is of divine feminine nature and

is ones 'inner fire'. When aroused it travels up through the other six chakras until in union with God (V, 2019).

The second chakra is *Swadhisthana*, also known as the sacral chakra. *Swadhisthana* is located in the groin, it corresponds to the reproductive organs and cycles that are responsible for various sex hormones. The sacral chakra is related to one's emotions, sexuality, and creativity (V, 2019). When a PTSD and CPTSD victim and/or survivor has been sexually abused, it is the sacral chakra that needs nurturing. Sexual assault and exploitation can hinder one with negative emotions that blocks their creative ability to express themselves. The solar plexus, the third chakra, is named *Manipura*. It is the center to one's metabolism, energy, assimilation, and digestion. The *Manipura* creates space to convert food into fuel for the body and acts as the seat to influence courage, confidence, and control (V, 2019).

Anahata is the fourth chakra, also referred to as the heart chakra. *Anahata* is located in the chest and is related to the thymus. It is the energy center for love, equilibrium, and well-being. The heart chakra is source of emotional intelligence (V, 2019). *Vishuddha*, the throat chakra, is the fifth chakra and is parallel to the thyroid. It is the source of one's sacred speech. *Vishuddha* is related one's personal growth from pure internal expression which reflects one's capability to communicate (V, 2019). Experienced trauma/s can lead to a blocked solar, heart and/or throat chakra. When these energy centers are lacking in functionality, the victim and/or survivor will struggle to access their energy to process their traumas, the ability to give and receive in relationships, and the ability to express their truths.

If any of the chakras are blocked, one will feel a range of emotional turmoil and have adverse physical manifestations. Each charka has a role in wellness, quality of life, and full

functionality mentally, physically, and spiritually. The sixth chakra *Ajna*, the third eye chakra, is the primary source of intuitive, spiritual, and psychic knowledge and wisdom. This chakra is linked to the pineal gland, which is a light sensitive gland, that produces trace amounts of the natural psychedelic chemical dimethyltryptamine (DMT) (V, 2019). Christians refer to the third eye as the ‘lamp of the body’ and is utilized for spiritual discernment. The third eye senses through the physical aspect to the spiritual realms, it can read energetic fields and human emitted energy, *auras* (Kay, 2016).

If the pineal gland is dormant and calcified, spiritual discernment is lost and the natural and creative human force is at its lowest capacity (Kay, 2016). A malfunctioning pineal gland is also associated with a number of mental health challenges and symptoms, from melancholy to psychosis (López-Muñoz et al., 2011). Although four out of five dentists recommend fluoride toothpaste, fluoride is a major contributor to the calcification of the pineal gland (Sahai & Sahai, 2013; Valdez-Jiménez et al, 2011). At the top of the head is the seventh chakra, *Sahasrara*, the crown chakra, and it is the source of the highest form of intelligence, the Godhead (V, 2019). The seven chakras reflect the collective consciousness and levels of enlightenment of humanity. If CPTSD victims and/or survivors are attuned to each of these chakra centers and understand how they present in a physical manner, they can pinpoint what needs attention from their traumatic experience to heal.

Chinese Traditional Medicine

Eastern philosophies of Buddhism, Taoism, and Traditional Chinese Medicine (TCM) embraces a holistic intervention as a healing treatment by applying a whole body-mind-spirit approach. The body-mind-spirit model is an all-encompassing framework used to maintain and

achieve a harmonious equilibrium “between the internal integrated whole of the person and the external environment, the nature, and the universe” (Chan et al., 2002, pg. 262). During this process, the mental, physical, and spiritual health, including the overall well-being, of an individual is nurtured by creating harmonious state of Life Energy, *Qi or Chi*. The *qi* is the vital life of energy needed to function and is interdependent of the yin and yang force.

According to Chan and colleagues (2002), the focus of *qi* is to strengthen the individual’s entire bodily system by addressing one’s inner balance of “the *Yin*, the passive or feminine force and the *Yang*, the active or male force” (p. 262-265). The individual’s uniqueness and relating environments are integral parts to creating harmony and equilibrium between the ‘yin’ and ‘yang’ energy that all people possess within.

TCM aims to strengthen and restore the balance of *yin*, *yang*, and *qi*. This is done by utilizing elements of nature and natural environmental conditions when treating external sources of harm and negative emotions or manifestations (Chan et al., 2002). The framework conceptualizes an individual’s organs, environment, emotions, and spirit, which are all intertwined and connected to one another (Chan et al., 2002). The application of TCM utilizes the following perspectives into systematic allocations: the five internal elements which are metal, wood, water, fire, and earth. The six environmental conditions which are dry, wet, hot, cold, wind, and flame. Other external sources of harm including the experiences of physical injury, insect bites, poison, overeating, and being overworked. The seven emotions described as joy, sorrow, anger, worry, panic, anxiety, and fear (Chan et al., 2002). The environment of the individual pertains to their diet, weather, color, taste, and sound. In addition, the components to one’s spirit is significant as it makes up one’s values, life philosophy, and beliefs (Chan et al.,

2002). All of which promotes and controls each other. The belief is that the key to one's health, well-being, and healing is a developed and maintained balance with harmony between these specific elements. TCM and The Chakra System share a similar philosophy to the New German Medicine model, concluding that the whole body, mind, and spirit are all connected and are a reflection of each other. These whole person biological frameworks provide insight into accessing a person's full functionality, wellness, health, quality of life and accessibility to heal.

Interconnectedness

The connection to oneself, nature, community, and Spirit is a shared and sacred phenomenon in the process of healing. The idea of interconnectedness stretches to the end of the earth, and beyond the waters and the sky. Transpersonal psychology, quantum physics, and quantum entanglement provides clinical and scientific comprehension to this element of harmony through humanity (CIIS SF, 2022; Taylor, 2015). The Native American culture embodies the sacred belief of *interconnectedness*, meaning that all things live in relationship to another.

Positive psychology and Mindfulness-to-Meaning-Theory offers the perspective to the quality and experienced wellness when individuals live in complete harmony within themselves and their surrounding elements. By synchronizing themselves with others, the earth, and Spirit, these individuals are able to find profound meaning in experiences and overall life's purpose (Koithan & Farrell, 2010; Williams et al., 2021). Humans can engage in the promotion of their health and wellness by "walking in beauty" (Koithan & Farrell, 2010). *We are nature, we are the land, we are connected to all living things; when we reconnect to the natural world, we are filled*

with a sense of belonging and align with the capacity to *remember our humanity* (Redvers, 2020).

Another example of interconnectedness is the human-nature connection. Indigenous Canadian Native's utilizes this method with a traditional, critical, and culturally appropriate approach, to aid in healing interventions of their people. This is obtainable by incorporating culture ideology, holistic approaches, clinical therapy, and the guidance from skilled resourced individuals and their Elders (Redvers, 2020). According to Walsh and colleagues (2018), the promotion and application of wellness, treatment, and prevention is "rooted in the land, traditional knowledge, spiritual values, and ceremonial practice" (p. 209). With the support of Earth Mother and the Great Spirit, the people of the land will heal.

Nature & Nurture

The Nature vs. Nurture debate has historically placed individualistic characteristics in either genetics or experiences. However, nature *and* nurture are consistently working together to produce an individual's health, habits, and personality traits. Although the theory identifies nature as being biologic factors, this thesis presents natures elements also having influence. Nature comprises of elements that are valued by different cultures, practices, and traditions from all over the world. Connecting the use of these natural elements provides the body, mind, and soul healing by empowering one's spiritual connection. Simply put, humans are nature that need to be nurtured, they are not opposing thoughts but act in congruent of each other. Food is our medicine. Our breath controls us, and we control it. Sun and water prevail the body's system regulators that are necessary components for vital energy, self-soothing, and self-regulation.

Lastly, the earth is a mighty grounding platform with antioxidant powers. Each of these elements serve a purpose in post-traumatic healing and growth.

Our hair and our skin, the largest organ on our body, absorbs everything we apply to it. There are dangerous and life-threatening toxins in our air, food, water, products, and pharmaceuticals. Pharmaceutical industries have been putting toxins in their medications as a result of fraud and coercion masked with safety and popular culture since their fruition. A majority of pharmaceutical companies started out as chemical businesses (Physicians for Informed Consent, 2022; Tapper, 2022). Investors and institutions lace these products and medications with chemicals that contaminant the body, mind, and spirit, disrupting the natural human healing process. This is done for the benefit of profit, even with the awareness and full knowledge of the harmful effects.

Awareness to how we connect with our body, what we put in our body, and on our body is of the utmost importance when seeking healing. Those living with CPTSD need to deeply nurture and detoxify their temples (body) and souls from the trauma and toxins (Gratrix, 2021; Tapper, 2022). If a person is full of parasites, processed foods, pesticides, pharmaceuticals, and poisons, it becomes that much more difficult to address trauma responses and the nurturing needs within (Gratrix, 2021; Tapper, 2022). When one seeks alignment with the divine, by connecting elements of nature, they provide themselves with the nurture they need to regulate, cleanse, and reclaim their bodies and the trajectory of their future and healing.

Elements

The following natural elements of air, earth, wood, fire, water, and metal will be presented in the context of tools for healthy coping mechanisms. These natural elements help to

organically address trauma responses, emotional regulation, and distress tolerance, all of which are necessary for those living with PTSD and CPTSD. These natural elements help provide trauma victims and/or survivors avenues for grounding and connecting to the present moment. Nature also provides a safe space for one to find their inner power, strength, and truth. Nature is the world's greatest teacher and represents the flow of alchemy, transcendence, and resiliency.

Air

Air is abstract, social, intellectual, thoughtful, and independent. Air is carefree, curious, and out for the justice of the people it serves. It is the element of air that sweeps the sky, the heavens, and winds (Dean, 2015; MacNeice, 1964; Pagan, 1969). Air touches all that illuminates, it is the mediator between the dark and the light.

In ancient India the Sanskrit term *Prana vayu* is one of The Five Vayus in traditional yogic teachings. It is used for the concept of 'forward moving air', the wind of life. *Vayus*, meaning 'wind' contains the root *va* meaning 'that which flows', is the fundamental energy that governs the circulation on all levels of the human body (Anderson, 2013). The concept of *Prana* is the vital life force and energetic principality to the melody of life. It is the unprecedented creative and inspiring power that is at constant flow in and around us. Swami Rama (Swamiji) explained this concept of prana as the "energy combined with consciousness" (Tigunait, 2020). Prana can also be translated to *the breath of life* or *spirit-energy*, it connects the mind, body, collective, and spirit. It universally aids as a healing foundation and has relativity to 'Qi' in Chinese Traditional Medicine, 'ruh' in Islam, 'ruah' in Hebrew and the 'Holy Spirit' in Christianity (Tigunait, 2020).

Pranayama is the practice of regulating the breath. The word ‘pranayama’ can be interpreted in two ways: (1) *prana*, life force, and *yama* meaning control; (2) *prana*, life force, and *ayama* meaning expansion (Anderson, 2013; Tigunait, 2020). Thus, concluding that air with intention promotes the forward movement of our breath and that collaboration of effort is the life source of vital energy. *Pranic force* is your unique energy to claim, it is self-regulated, self-guided, and self-illuminated (Tigunait, 2020). *Our breath controls us, and we control it.*

Breathwork, the intentional and self-regulated control of the breath, connecting the conscious and unconscious states of the mind, body, and spirit. Breathwork is precedent in body circulation and boosting the body’s natural immune system (Aideyan et al., 2020). Sacred breathwork can be found in many Eastern and Indigenous cultures as a key component to altered states of consciousness. Sacred breathwork is utilized to maintain an individual’s health and wellbeing, as well as to process suffering and pain. Intentional and regulated breathwork can aid in an over activated CNS, as a result of the traumatic event/s and the trauma responses that follows (Aideyan et al., 2020).

Breathwork techniques stimulate psychological mechanisms that provide a relaxed state of being, which in turn regulates the central nervous system. Breathwork is clinically proven to treat depression, anxiety, addiction, and PTSD. It can provide emotional regulation and distress tolerance in any place and any time. This accessibility is so important for CPTSD victims and/or survivors and their invasive and involuntary trauma responses (Aideyan et al., 2020). When one intentionally connects to their breath, they engage in the process of integration on psychological and neurological levels, further strengthening the mind-body-spirit connection.

Breathwork creates space for processing trauma by working with and redirecting trauma responses that are displayed in maladaptive behaviors and cognitive processes. DBT therapy practices regulating breathing techniques that then promote an avenue for neuroplasticity (De Oliveira, 2020; Linehan, 2022) Deep breathing, mindful breathing, box breathing, holotropic breathwork, and yogic breathing are just a few regulated breathing techniques that promotes mindfulness and self-soothing (Aideyan et al., 2020; Loizzo, 2021).

Mindfulness, meditation, vocal, and tonal alignment combined with breathwork realigns flow to the limbic structure and stimulates the vagus nerve which increases the function of the parasympathetic nervous system. The Polyvagal Theory presents that an increased flow to the parasympathetic system, activates the vagus nerve, stimulates digestion, activates metabolism, and helps the mind and body to relax, providing relief, healing, and wellbeing (Loizzo, 2016; Porges, 2022).

Earth

Earth is stable, consistent, loyal, and patient. Earth is concrete, reliable, hard-working, and nurturing. She is mother, our beloved Earth Mother. (Dean, 2015; MacNeice, 1964; Pagan, 1969). In Chinese Traditional Medicine the earth element is one's reason, ideas, and politeness (Chan et al., 2002). Using the earth for grounding techniques for a client with PTSD and CPTSD symptoms has proven most effective for distress tolerance and emotional regulation. Earth Mother is a profound tool in relief and recovery.

Earthing, also known as 'biological grounding', refers to the direct benefits of skin contact with the surface of the earth (Oschman et al., 2015). For example, ancient traditions present the act of walking barefoot or directly contacting bare hands or other various grounding

systems of one's body to the earth's surface. This action is known to enrich one's health, spiritual connection, and the sentiment of well-being (Oschman et al., 2015). The earth possesses a slightly negative electric charge, and that same electric charge provides electric nutrition to plants, animals, and humans. Biological grounding transfers the abundance of the earth's free electrons from the ground's surface to the human body (Sinatra et al., 2017). These free electrons have the capability to spread all over and into the body, where they have acute and chronic antioxidant and anti-inflammatory effects. The transfer of the earth's healing electrons is instantly significant to one's body by altering the inflammatory, oxidized stress, and pain responses to an injury or wound from trauma (Oschman et al., 2015; Sinatra et al., 2017).

In addition, earthing possesses the ability to "restore, normalize, and stabilize the internal environment of the human body's countless bioelectrical systems that govern the functions of organs, tissues, cells, and biological rhythms" (Sinatra et al., 2017). Along with reduced inflammation, the earth's electrons improve blood circulation and promote beneficial sleep hygiene. These benefits are imperative for CPTSD victims and/or survivors to access wholeness and healing. Electrons from the earth have no negative secondary or adverse effects to our bodies like pharmaceuticals. Furthermore, gardening is another form of grounding. Gardening allows one to embrace the earth's nutrients through direct contact, which then enriches the nurturing of the mind-body-spirit connection. Earthing is a grounding technique that provides distress tolerance and promotes sentiments of peace, connection, and fulfillment. Humans have evolved and depended on the earth's nutrient-rich electrons and their healing powers since the first human took their very first step.

Wood

Wood is wise, adventurous, expansive, and motivated. Wood presents sturdy, virtuous, comprehensive, and compassionate. Wood heralds the beginning of life, sincere and heartfelt with its generosity. In Jewish mythology, the tree of life is the *treasure of souls*, each soul unique in its growth process. The tree of life is responsible for the blossoming and producing of new souls and souls are the cherished fruit of the Spirit (Miller, 2022). In Chinese Traditional Medicine the element of wood is one's benevolence, soul, and humanity (Chan et al., 2002 pg.266).

Forest bathing, shinrin-yoku, is the Japanese sacred practice of connection to the forest, trees, and nature. (Li, 2018; Miyazaki, 2018; Tsunetsugu et al., 2010) Forest bathing involves mindfully connecting to the atmosphere of the trees with all of one's senses (Li, 2018). As one slowly wanders, they engage in 'forest therapy' and receive healing benefits gifted from the trees (Miyazaki, 2018; Tsunetsugu et al., 2010). The therapeutic effects and properties of healing and wellbeing are activated as one walks through the woods. Trees possess the presence of plant chemicals called 'phytoncides' which is found in plants and trees, cedar, spruce, and conifers (the largest producers of phytoncides) (Li, 2018). Phytoncides have antibacterial, antifungal, and antiviral components that help plants fight harmful environmental diseases. When these essential plant oils are breathed in by humans, they increase the body's natural killer (NK), a type of white blood cell interactivity. The intake of phytoncides enhances the activity of certain cancer-fighting cells and increases anti-cancer proteins in the body (Li, 2018; Miyazaki, 2018).

The forest produces negatively ionized air, when absorbed into the bloodstream through the inhalation of the breath, it produces a biochemical reaction that increases the production of

the ‘happiness chemical’, also known as serotonin (Dfarhud et al., 2014; Malmir et al., 2014). The negative ions create a clear and calming effect to the mind-body-spirit by increasing brain wave amplitude (Li, 2018; Miyazaki, 2018). This forest to human interaction is scientifically proven to strengthen the natural immune system and improve cardiovascular health by regulating the heart rate and blood pressure. Forest bathing also improves concentration, memory, and metabolic health. Clinical studies and scientific research show that ‘forest therapy’ also reduces stress hormones, anxiety, fatigue, confusion, depression, and the feeling of anger (Li, 2018; Miyazaki, 2018). The forest is a landscape that provides a nurturing space for healing the mind, body, and spirit.

It is encouraged take your time, embrace the silence, and let your body lead you. Li (2018) encourages humans to notice the light of the sky, peek through the canopy of the trees, and take in the way the sun dances on the leaves. Hear the rustling of the breeze from branch to branch and the trickle of the water from the streams. Hear the sweetness in the song of the birds and listen to where the forest wants to take you. Follow the whispers of the trees and heal your whole being (Li, 2018). Forest bathing is an effective tool for victims and/or survivors to practice mindfulness and self-regulation. The forest provides a space to feel connected and empowered by nature.

Fire

Fire is energetic, brave, ambitious, strong, and impulsive. Fire is instinctual, enthusiastic, and courageous. Fire is one’s passion and creative nature. (Dean, 2015; MacNeice, 1964; Pagan, 1969). In Chinese Traditional Medicine the element of fire one’s faith, mind, and authenticity (Chan et al., 2002, pg. 266).

Sungazing is a process when observing the solar rays during the rise and setting of the sun. The purpose is to absorb its essential and healing benefits by opening and closing one's eyes with a set soft gaze. It is best practiced and cautioned for the first 30 to 60 minutes of the sunrise and the last 30 to 60 minutes of the sunset (Manek, 2003). Sungazing is an ancient ancestral healing practice that has been found to be used by Egyptians, Tibetans, Greeks, Mayans, Aztecs, the people of Thailand and is a well-established in Ayurvedic principles in India's traditional beliefs. In Vedic Astrology, the sun symbolizes *the human soul*. Eastern cultures believe the eyes to be the window to the soul and the sun is the vital force of life (Kratovac, 2022; Manek, 2003). The sun has natural and powerful healing properties that are effective for addressing PTSD and CPTSD symptoms. The sun awakens the mind and body and provides nurturing and natural energy to carry one along the hero's journey.

Indian guru and self-healer Hira Ratan Manek is the founder of The Solar Healing Center. Through his practice, experience, research, and teachings, he introduces the concept that most humans only use 5% of brain cells and the other 95% can be activated through solar energy (Kratovac, 2022; Manek, 2003). Sun gazing realigns our human circadian rhythm with the Earth's natural rhythms. As a result, sun gazing soothes and calms the central nervous system which alleviates stress and promotes sentiments of peace and happiness. Light during sunrise and sunset is high in the healing infrared spectrum and lower in the harsh ultraviolet. The infrared spectrum balances the harmful artificial blue spectrum found in our everyday use of technology, which interrupts the natural biological and healing process (Urban, 2021).

Serotonin from the morning light increases melatonin, a powerful antioxidant. Melatonin converts to dimethyltryptamine (DMT) which is responsible for dreams, this in turn, creates a

deeper and better sleep, promoting healthy sleep hygiene (Manek, 2003; Stokes & Clark, 2022; Urban, 2021). Through the practice of sun gazing, the pineal gland is stimulated which promotes its growth and influences its decalcification process. In addition, the morning light stimulates the hypothalamus and strengthens the hypothalamus tract, this improves brain function by increasing alertness and cognition (Manek, 2003; Stokes & Clark, 2022; Urban, 2021). The sun provides many healing and energetic benefits to combat the aftermath of experienced trauma/s.

Sun gazing regulates the appetite and heals and preserves the skin. Sun gazing stabilizes light balance hormones and the Melanocyte-Stimulating hormone (MSH) which is produced by the pituitary gland and skin cells. Sun gazing reduces inflammation, enhances blood flow, and increases vitamin D, all of which promotes the functioning of the natural immune system and lessens the possibility of developing a chronic illness. Sun gazing deepens the connection to the mind, body, and spirit, and infuses essential vitality into the body to aid in self-soothing, self-regulating, and self-healing (Manek, 2003; Stokes & Clark, 2022; Urban, 2021).

Water

Water is fluid, intuitive, relational, and adaptive. Water is seen as insightful, sensitive, artistic, and forgiving. Water is devotion, depth, and one's emotions. (Dean, 2015; MacNeice, 1964; Pagan, 1969). In Chinese Traditional Medicine the element of water is one's intelligence, will, and faith (Chan et al., 2002, pg. 266).

Water is an abundant element that covers 70% of the earth's planet. This powerful compound has the capability and power of constant adaptivity and change. When cold, water freezes and crystalizes; when hot it steams, boils, and evaporates; when touched it ripples, flushes and flows. And when in intensified motion, water waves and rages (Koller, 2019).

Depending on age, water makes up of 65% to 78% of the body. In addition, water makes up 31% of our bones and 70% of our brain, skin, muscles, liver, kidneys, lung, and heart (Koller, 2019).

Water has been used as a powerful healing, purifying, and cleansing agent by many including the ancient Greeks, Native Americans, traditions of African cultures, Christianity, Hinduism, and Buddhism, just to mention a few (Koller, 2019). God's people have used water for eons to enhance faith, spiritual sentiment, and align with the flow of the divine.

Water is a catalyst for change in the mind, body, and spirit. This notion is presented through the studies of Rustom Roy. Roy was renowned scientist and the founding director of the Mineral Research Laboratory (MRL) at Penn State University. He presented the idea that within the structure of water, there are organized clusters of molecules. These clusters of molecules work as memory cells and each molecule contains 440,000 information panels that inhabits intractability with its environment (Dwarka, 2010; Koller, 2019). Water has powerful compounds and components that mirrors, replicates, memorizes, and transports information from what it hears, sees, and feels (Koller, 2019).

This theory was demonstrated by a Japanese researcher by the name of Masaru Emoto in his study and research through his water crystal project. Emoto displayed words, presented photos, played music, and prayed to water while it was freezing and crystalizing. He found that the crystalized shapes each had a distinct stimulus to the positive or negative interaction of the words, photos, sounds, and prayers. When the words, photos, sounds, and prayers were loving, compassionate, and positive the crystals were intricately shaped. When the words, sounds and curses were unkind, chaotic, and negative the crystals were incoherently shaped (Emoto, 2004; Koller, 2019). Emoto stated that water was a blueprint for our reality, and responsible for

transporting the flow of emotional energy and its produced vibrations through our bodies that could change its physical, mental, and spiritual structure (Emoto, 2004).

Mineral baths, cold showers, bathtub meditations, and swimming in natural water boosts magnesium levels in the body and releases stress hormones and anxiety while promoting calming and peaceful sentiments (Hedegaard, 2017; Hof, 2022; Koller, 2019). Wim Hof, also known as The Iceman, is a Dutch extreme athlete and creator of the Wim Hof Method. He utilizes breathwork, extreme temperatures, and meditation to combat a number life struggles and to connect the mind, body, and spirit. Cold water therapy has the natural capability to regulate attention, alertness, and focus, while contracting the vessels in the lymphatic system, which flushes toxic waste from the body. Cold water activates the cardiovascular system which improves functioning and increases energy and circulation.

Cold and hot therapy relieves soreness, pain and serves as an anti-inflammatory agent. His clients have healed various adverse feelings, behaviors, trauma, and several autoimmune diseases and types of cancer. This natural therapeutic model is known to regulate emotions, lower distress tolerance, and bring forth a cleanse and balance to the body. All of which is regulated by the temperature of water, natural environments, and Hof's example of connection between breathing and mindsets (Hedegaard, 2017; Hof, 2022). Hof reiterates in his teachings and model that, "a cold shower a day keeps the doctor away" (Hof, 2022).

Metal

Metal is meticulous, responsible, reliant, and robust. Metal is seen as forceful, organized, methodical, and precise. Metal can provide solitude, serenity, and devotion. In Chinese

Traditional Medicine the element of mental is one's justice, spiritedness, and wisdom (Chan et al., 2002, pg. 266).

Ancient cultures from all over the world have known of balancing properties found in metals which promotes healing. Metals such as gold silver, copper, iron, and many others, have enormous healing energies that contribute to the mind, body, spirit connection, and healing on psychological, physical, and spiritual levels (Filip, 2021). Pure metals can provide a shield from the negative impact from the natural planet, the human carbon creations, and the realm of evils we experience everyday (Filip, 2021; Galib et al., 2011). Metals are known to have an electromagnetic influence that acts on bodily systems, cells, organs, and deeper tissues. Gold is known to help in epilepsy and strengthens the heart muscles, memory, and intelligence. In ancient India gold was used for itchy palms and deliberating chronic diseases.

Silver is known to aid in the CNS for its calming and soothing properties, in addition, colloidal silver is an effective and natural remedy to fight bacteria, viruses, and diseases. Furthermore, copper supports the skin, liver, spleen, and lymphatic system. Copper is also known to be a vital conductor of energy and enhances alternes and intuition. Lastly, iron is known to have rejuvenating properties, treats anemia, and supports red blood cells, bone marrow, bone tissue, the liver and spleen (Filip, 2021; Galib et al., 2011). When correctly applied to presenting issues, each metal has distinct and unique properties that aid in healing of the whole self (Galib et al., 2011).

Niki Gratrix is a functional health and bioenergetic practitioner that helps her patients with emotional, physical health and wellness. Gratrix (2022) utilizes a comprehensive psycho-emotional, energetic, and physical approach when treating her patients. Gratrix emphasized how

trauma leads to physical, emotional, and spiritual concerns that blocks the body from detoxing and healing. Those that have experienced trauma have an epigenetic expression of *pyroluria*, a condition where zinc, B6, and manganese are not metabolized properly, which prevents bodily detox from heavy metals. Gratrix suggests strengthening and improving the vagus nerve, as presented in the Polyvagal Theory, as it is necessary to detox and further release emotional, physical, and spiritual trauma (Gratrix, 2021; Porges, 2022). This is an effective whole healing mind, body, and spirit approach for trauma victims and/or survivors.

Psychological

The psychological sphere to an individual includes their cognition, perception, attitude, personality, and behaviors. This domain accounts for ones thinking patterns and how they process emotions, followed by their external behaviors. Awareness to how and why a trauma victim and/or survivor thinks and acts can help provide insight on how to rewire destructive cognitive patterns and maladaptive behaviors.

Intent

As Abraham Maslow's presented in the Hierarchy of Needs, motivation is necessary to reach self-actualization and self-transcendence (Neuropsych, 2022). The intent to motivate also leads to the completion of a task and achieving a goal, which naturally produces the 'happiness chemical' dopamine (Dfarhud et al., 2014; Malmir et al., 2014). Growth and healing, with the use of spiritual practices, from complex trauma requires *intention*. Intention is the precursor to motivation and discipline, which are both required for healing.

Intention derives from the word *intent*. Pertaining to Latin origins from the 14th century, intent was used for *mindful*, *attentive*, *exertion* and *effort*; to "stretch out" and to "lean toward"

(Etymology.com, 2022). Oxford dictionary defines intent as “the purpose/aim/intention/**idea of doing something**. Somebody's intention/plan to do something. To have a(n) purpose/aim/intention/plan/point. to achieve/fulfil a(n) purpose/aim” (Oxford Dictionary, 2022). When used in medical discussion *intention* is “the process by which or the manner in which a wound heals” (Medical Dictionary, 2022). Growth and healing with intention starts with four miraculous foundations: (1) the intention to shift the mindset and perspective from suffering to healing, (2) the intention to do the best you can day by day, as your best will be different every day, and (3) the intention for connection.

The fourth and most important intention for a CPTSD victim and/or survivor is, *the intention to be gentle with themselves*. With the intention for relief, restoration, and rebirth, one can find the sustaining healing gifts that spiritual practices have to offer by providing an enhanced and accelerated experience. Intention guides an individual to practice awareness and mindfulness by placing attention and direction on making lasting change to the mind, body, and spirit.

Mindfulness

Mindfulness is the foundation in healing. It's a skill to be developed through practice and is proved most effective for those in a constant state of survival, pain, and suffering. Mindfulness is the act of being present in certain situations and in the moments to follow. In addition, mindfulness should be addressed through a nurturing and gentle approach. The first response to applying mindfulness to the mind and body can be overwhelming, uncomfortable, and even promote sentiments of panic or fear. This is largely due to the dissociation and disconnect from the mind and body that victim and/or survivor are accustomed to, just to get by in their daily

routines. Awareness initiates lessons to be found within the trauma responses and discover what is hiding in the unconscious and subconscious. This awareness to the body, heart, and mind is practiced in somatic experiencing and focusing (Gendlin, 1999; Levine et al., 2018). Awareness and mindfulness are the initial steps to the path of integration and neuroplasticity (De Oliveira, 2020; Ellenbogen et al., 2019).

Mindfulness activates the natural ‘happiness chemical’ serotonin and provides sentiments of relief and peace when routinely practiced (Dfarhud et al., 2014; Malmir et al., 2014).

Mindfulness and awareness set the tone for nurturing the body-mind and spirit by reframing past experiences and learning to live in a non-judgmental present. Trauma-focused therapeutic modalities and humanistic psychological perspectives all unitize mindfulness to help a victim and/or survivor of complex trauma to bring attention to their trauma responses and past experiences. Mindfulness is needed for distress tolerance and emotional regulation tools and skills to be applied and put into action. When this is accomplished the victim and/or survivor changes their brain activity by laying new pathways with healthy and adaptive coping mechanisms.

Star & Psyche Philosophy

Star and psyche philosophy can act as roadmaps by identifying, categorizing, and bringing awareness to an individual’s character and personality traits and the path of their soul journey. Carl Jung dove deep into the depths of the hidden and unknown to find understanding and collective connection (Stein, 1998). It was in the depths of the psyche, the soul, and the occult where he found a chance at ultimate alchemy, converting one’s darkness into light. Jung’s practice incorporated universal principality, archetypes, and astrology to compute understandings

of the human condition with universal personified psychological traits and characteristics (Stein, 1998). It was through the stars and the constellations that he explored the mysteries of the psyche and energetic human experience. Jung's work sought to harmonize the greater forces of life with human nature (Stein, 1998). However, Jung was not the originator of this hidden knowledge of the psyche, its connection to the solar system, and roadmap to understanding of the collective consciousness.

Ancient Greeks discovered the constellations from the Romans and the Babylonians. In addition, the Chinese, Egyptians, Hindus, and people of Mesopotamia, Maya, Inca, Natives Americans, and Celts, and many others have required an understanding of the stars and constellations to understand the human condition. These cultures use their connection to the solar system, animals, nature, and dreams to interpret their understanding in the lived human experience. The interpretations are insight to the past, current, and future events; the ever flowing and changing collective energy; characteristics of human nature; and the connection to the supernatural.

The twelve zodiac signs in Chinese astrology are represented by a rotation of twelve animals. Each animal represents a symbol signifying various essential human characteristics and the energetic influence the coming year (MacNeice, 1964). The zodiac of the ancient Greeks makes up of twelve signs. Each sign is represented by one of the four natural elements water, earth, fire, and air. Each sign is connected to a particular planet and numerological meaning that translates to universal human characteristics, thought processes, and behaviors (MacNeice, 1964; Pagan, 1969). Astrology is the understanding of people through the correlating twelve zodiac

signs, the placement of planets, and their constellations from the location, date, and time of birth of an individual. Astrology is used in tarot as a deeper journey into human symbolism.

Tarot and card interpretations have provided many cultures, beliefs, and traditions an additional way to connect to the supernatural relating to a unique individual. The earliest tarot decks are believed to originate in Germany and Northern Italy during the 15th century and were used initially as playing cards (Dean, 2015; Husband, 2016). The decks originally started out with illustrated cards called 'trumps' also known as the major arcana. The trumps were symbolic of the stages of life and the connection to the universal human experience.

In 1909 spiritual seeker and mystic A. E. Waite collaborated with the British artist Pamela Colman Smith to make the most influential tarot card deck to this date, the Rider-Waite deck (Smith, 2011). This deck was influenced by A. E. Waite's position in leading the light of the Hermetic Order of the Golden Dawn which was founded by four freemasons in 1888. The order integrated ancient wisdom from Kabbalistic, astrological, and Egyptian knowledge and their understanding of the way of life.

Symbolism, mysticism, and Christianity are heavily represented in the tarot card collection (Dean, 2015; Smith, 2011). Tarot decks consist of total of 78 cards, 22 trumps, and 56 cards called the minor arcana, which are broken into four groups of 14 cards. Each card corresponds to a different archetype, planet, sign, their correlating natural element and symbolic life identifiers. Tarot and astrology have provided many a level of understanding to their unique individuality and profound connection to the collective and humanity.

Jung presented twelve archetypes in relation to the different personas of the tarot that represent the human mental, emotional and spiritual process (Dean, 2015). The twelve

archetypes are: *The Innocent, Everyman, Hero, Outlaw, Explorer, Creator, Ruler, Magician, Lover, Caregiver, Jester, and Sage* (Zadro, 2021). The journey of the of these archetypes are found in the universal characteristics of the human experience of the: *Mother, Father, Lover, Hero, Magician, Fool, Devil, Savior, and Old Wise Man* (Nichols, 1988). Many of these human experiences find their place along the hero's journey and provide insight to the connection of collective human condition.

Jung assimilated the elements of nature: air, fire, earth, and water to the suits of the tarot deck: swords, wands, pentacles, and cups into the humankind mental processes. Each symbolic representation is an essential part to the spiritual makeup of an individual. The swords representing the element of air reflecting the mind and how one thinks, *I think*. The wands representing the element of fire reflecting the soul and what one desires, *I desire*. The pentacles representing the element of earth reflecting the body and what one possesses, *I possess*. And the cups representing the element of water reflecting the heart and how one feels, *I feel* (Dean, 2015, pg. 12). Through the history of humanity people have found healing in the understanding of thy self. They have found their innate and personal power and capability to become spiritually aligned, they have found the connection in everything they do.

When a person seeks to understand themselves through their psyche, *what they think, desire, possess and feel*, they can evoke awareness to their unconscious. Then a person begins to understand their tolerance of destruction and evil and what is uniquely needed to control the trauma responses associated to. However, it is not necessary to dive to the deepest parts of the psyche, which Jung referred to as the functional complex of the soul, to find healing, but to bring

awareness to what is needed to be nurtured. The unconscious is where hidden lessons and truths to one's experiences can be found, and it is in Spirit where the healing begins.

Social

Culture, environment, and human interactions are components to a human's social domain. Humans are social creatures by nature. Relationships and healthy environments are necessary for trauma victims and/or survivors to heal and grow. Building healthy and safe relationships and social environments helps victims and/or survivors of trauma to overcome and counteract their past experiences. Community is an avenue for laying new pathways in the brain to promote post-traumatic growth. Many individuals with PTSD and CPTSD carry intense and complex grief. Grief is best held by the support of another and in safe surroundings.

Community

Finding and building community is so important for a victim and/or survivor of CPTSD. Michael Unbroken is a coach that guides healing from generational curses, childhood abuse, and trauma. Unbroken states that the community and connection through commitment can provide a safe space for a victim and/or survivor to not feel alone or isolated with their experiences. Impact of change requires a village, especially for those suffering from pain and trauma. An interictal part of the healing journey is through shared experiences and stories of a person's reality (Unbroken, 2021). Surrounding yourself with people with a shared pain can provide a roadmap to purpose, conviction, and honesty. Having a community can provide space to have a voice without judgement and a place to process trauma (Unbroken, 2021). Often those that are suffering from trauma feel lost and isolated in their truths without a voice.

When a person finds connection through a community, they become deeply connected to their journey and others, this concept is presented through the many humanistic approaches. Community and connection also increase the production of the ‘happiness chemical’, oxytocin (Dfarhud et al., 2014; Malmir et al., 2014), providing sentiments of safety and coregulation, both which require consistency. Oxytocin, safety, coregulation, and consistency help develop new neuropathways that contradict the past trauma experiences and current trauma responses. Thus, laying new pathways in the brain to promote rewiring for healing.

Community is something so much bigger than a single person and their suffering, it’s a brotherhood and sisterhood that provides a profound part of the healing journey. Every individual on this planet needs support, this is a staple for those with psyche wounds. Accepting that we all need help, taking the action to seek and ask for support, takes huge amounts of courage. Taking the action to seek an alike community can assist in overcoming barriers that block self-change and self-actualization (Unbroken, 2021). Unbroken shares that community is everything, it puts the CPTSD victim and/or survivor in a position to create change and see it through. Winston Churchill once stated, *if you find yourself hell, keep going*, and Unbroken reiterates that you do not have to go or do it alone (Unbroken, 2021). Community and connection deliver an authentic space for honor-ship and validation for all shared experiences, and as a result, the healing of one and the collective are enriched and elevated.

Environment

Becoming aware of one’s surroundings brings attention to what may be negatively impacting a person and what patterns are presenting as challenges on a healing journey. It is imperative for victims and/or survivors to become mindful of the people they surround

themselves with and the features of input (frequencies and vibrations) they are receiving through their senses. If a person is constantly being negatively activated with trauma responses, they need to reevaluate their social environment. This includes the relationship with themselves pertaining to their surroundings, relationships with others, and the messages they are receiving from music, MSM, cinema, and culture.

United states patent 6506148 B2 confirms human nervous system can be manipulated through electromagnetic fields, this is done through monitors and trigger words used in the media, speeches from leaders and reporters, and the lyrics found in mainstream music (Muldoon et al., 2020; National Center for Biotechnology Information, 2022; Saskatoon Sexual Assault & Information Centre, 2022). When awareness is brought to the impact of one's social sphere, they can take the necessary action to clear space for safety and processing. This may present as a challenge, as much of the input is first received through the unconscious, undetectable to the conscious. And this is where mindfulness becomes a catalyst for change.

A person's mind and body living with unhealed trauma becomes accustomed to chaos, oppression, and abuse because that is what they have learned and all that they may know. This process is often a reenactment of their wounding and the chaotic patterns in the aftermath that have provided protection through the dissociation and disconnection. People, messages, words, and images profoundly affect one's perception of themselves and the world. Attention to negative input, relationships and energy creates an action for change. That change can result in regulation, distress tolerance, safety, and boundaries, all of which are required for healing.

Spiritual

God made humans *a living soul*. The spiritual aspect of a person relates to their faith, spiritual experiences, and higher levels of consciousness. These aspects can be enhanced and defined through spiritual concepts that highlight one's humanity, creativity, strength, and power.

The Golden Rule

Religions and traditional practices guide one's spirit to Spirit and can provide a gateway to spirituality and healing. While all religions have differences and variances from another, many contain The Golden Rule, '*Do unto others what you want others to do unto you, Mathew 7:12*'. Hinduism, Buddhism, Taoism, Confucianism, Judaism, Native Spirituality, Christianity, and Islam, to name a few, practice the notion of treating others how you want to be treated. This moral principality encompasses the essence of compassion, honesty, and empathy towards humanity. When trauma victims and/or survivors can apply this 'golden rule' towards themselves, they provide a safe space for introspection and recovery. The Golden Rule is reflective of the same elements applied to spirituality and to attain one's healing. All require discipline, mindfulness, connection, radical acceptance, and unconditional love.

Creativity

Creativity is our birthright. Creativity is the essence of our individualism, and individualism is the essence of the collective, therefore, the collective is the essence of humanity. As humanists Rogers and Maslow's described in the road to self-actualization, self-expression through creative and artistic outlets is one of the most effective and powerful methods to self-healing (Journal Psyche, 2018; Maslow, 1971; Neuropsych, 2022). Healing expressed through storytelling, music, writing, painting, poetry, or any form of an artistic medium has a marvel

effect that integrates one experience into a coherent and meaningful offering to the collective (Perryman et al., 2019; Richman, 2013). These avenues of creativity are vast and wide in guiding one's own heart and wisdom to healing.

There are many creative outlets that can act as a crossroad for expressing one's inner wisdom, knowledge and experience through the lens of trauma. For example, painting, singing, drawing, acting, and writing through the pain and suffering has provided many individuals who have experienced trauma a space for self-reflection. In addition, creative outlets provide a platform for sharing one's intricate internal workings that elevates the compassionate consciousness of the collective (Perryman et al., 2019). Creativity is a renowned internal expression presented externally for processing traumatic injuries and the associated harmful or negative emotions (Richman, 2013). Self-discovery, self-healing, and the restoration of the spirit-to-Spirit connection through creative endeavors can be found in the book of Job of the Bible and the many writings of Ann Frank during the Jewish Holocaust. The writings of book of Job and Ann Frank provided an outlet for their understanding of the suffering and evil of the world. Through their creative expressions these historical accounts guided as an avenue for healing from the fragility of the human existence. They both provided a creative outlet to comprehend the reasons to trust God even when one's life is delivered with the most of unfair occurrences.

Movement, Frequency, Sound

Movement is essential to working with unhealed trauma. Unhealed trauma is stored as a somatic memory and the correlating emotions to the traumatic experience get stuck and stagnant in the body (Levine et al., 2018; Van der Kolk, 2014). As a result, post-traumatic stress from the

negative associated memories adversely affects the mind, body, and spirit and can make one emotionally, physically, and chronically ill. Many survivors of trauma feel unsafe in their own bodies and as a result, the mind, body, and spirit, are further separated and disconnected (Herman 1992; Van der Kolk, 2014). Exercise, dance, and yoga have been staples for eons in traditions and cultures across the world for integrating negative emotions and strengthening the body, mind, and spirit connection. The movement, conditioning, and strengthening of the body helps to move emotions connected to unhealed trauma through the body (Van der Kolk, 2014).

Mudras are one example of body movements that can provoke immediate healing, they can be done in any place at any time. Mudras do not require a lot of effort and can rebalance energy throughout the body. Mudras can be found in Hinduism, Buddhism, Christianity, Egyptian hieroglyphics, Tantric rituals, Roman art, Asian martial arts, Taoism, and Indian classical dance (Tomlinson, 2020). Mudras are hand, body, or eye positions that channels and facilitates the flow of energy in and through the body. The Sanskrit word “mudra” from the root *mud* plus *dhara*, “meaning that which dissolves duality and brings the deity and devotee together” (Kumar et al., 2018). Each finger represents a different natural element, and each mudra is specific to an energetic purpose for inner resolution and restoration. Mudras have the ability to induce various states of consciousness while promoting mind, body, spirit integration (Kumar et al., 2018; Tomlinson, 2020). Mudras provide trauma victims and/or survivors with an easy and effective tool and skill to rewire the brain by sending a positive signal that immediately activates healing to the mind and body.

Yoga therapy and therapeutic dance and movement are well practiced alternative bodily modalities for healing complex trauma. Both of which promote quality of life and reflect

strengthening and reconnection of the mind and body (Emmons et al., 2021; Lee et al., 2022). Exercise through weightlifting, mindfulness walks, Muay Thai, and running are also known wellness activities to cultivate clarity and enhance cognitive restoration. EMDR therapy encourages walking, running, drumming, and tactile tapping, exemplified in the Butterfly Hug Method, to promote bilateral stimulation (Dansiger et al., 2020). These activities are performed in rhythmic patterns that activate and sync the right and left hemisphere of the brain which empowers a sense of safety and provides a self-soothing component while processing and integrating traumatic memories, incidents, and emotions (Artigas & Jarero, 2014; Dansiger et al., 2020).

Rhythm is a foundational characteristic in music and its relation to sound, beat, and frequency. Music can regulate the cardiovascular, neurological, cellular, and immune functioning in the body, which in turn addresses pain, depression, anxiety, fatigue, and fear (Muehsam & Ventura, 2014). Singing and humming stimulates the vagus nerve and provides sentiments of relief, safety, relaxation, and peace (Porges, 2022). By either listening to and/or singing along, music has the sacred power to activate all of the 'happiness chemicals', serotonin, dopamine, oxytocin, and endorphins (Dfarhud et al., 2014; Malmir et al., 2014). Music and frequency can be felt, heard, and digested throughout all dimensions of the body, mind, and spirit, as reflected by the words of Sufi musician, healer and mystic, Hazrat Inayat Khan:

A person does not hear sound only through the ears; he hears sound through every pore of his body. It permeates the entire being, and according to its particular influence either slows or quickens the rhythm of the blood circulation; it either wakens or soothes the nervous system. It arouses a person to greater passions or it calms him by bringing him

peace. According to the sound and its influence a certain effect is produced. Sound becomes visible in the form of radiance. This shows that the same energy which goes into the form of sound before being visible is absorbed by the physical body. In that way the physical body recuperates and becomes charged with new magnetism (Muehsam & Ventura, 2014).

Sound healing is well practiced integrative healing tool in Eastern philosophy, cultures, and traditions (Goldsby & Goldsby, 2020). One form of sound healing is used through binaural beat therapy. Binaural beats are another form of bilateral stimulation that promotes healing and neuroplasticity to traumatic and psychological brain injuries (Dansiger et al., 2020).

Binaural beats are sound technology that stimulates the brainwaves by merging different sound and tonal frequencies within the brain which promotes better sleep hygiene, concentration, focus, motor skills, and aids in reaching calming and meditative states. Binaural beats have been scientifically proven to reduce pain, pressure, anxiety, depression, post-traumatic stress, and brings healing to a multitude of mental challenges, struggles, and injuries (Abadin et al., 2021; Goldsby & Goldsby, 2020). These presented tools for healing are non-invasive, do not synthetically change the DNA to a person, or leave negative side effects like psychotropic medications. These are holistic, natural, and sacred coping mechanisms for a CPTSD victim and/or survivor to regulate, intergrade their traumatic experiences, and heal all aspects of their mind, body, and spirit.

Our Word

Our word is our power, it is one's utterance, statement, and meaning conveyed into experience and existence. Words carrying the weight of meaning which translates to an energetic

influence that fosters either curiosity, suffering, or healing. Within the use of one's word growth, fear or love can be found, expressed, embodied, and translated to self and to others. Victims and/or survivors of trauma often have not been nurtured through the power of the word.

Unhealed trauma can become stagnate within the body through a compilation of downward spiraling, negative cognitive processing, and harmful self-dialog (Linehan, 2022). Heart centered therapy focuses on trusting the voice of one's own heart to guide them to wholeness (Hartman & Zimberoff, 2007). Developing a practice of positive self-dialog and trust in one's own guidance and wisdom is reflective of humanistic frameworks. Our thoughts become our words, our words become our actions and our actions become the change in our realities. We are the stories that we tell ourselves, that story will become your reality (Unbroken, 2021)

When trauma victims and survivors learn the power of their word, they are able to self-regulate, self sooth, and develop an everlasting threshold to daily stressors and their past traumatic truths (Linehan, 2022). DBT practices of the healing power though the word with uplifting and meaningful affirmations and mantras that provides victims and survivors of trauma a tool of self-administered validation that is necessary for radical acceptance and integration (Linehan, 2022). Accountability through validation rarely comes from an abuser or the oppressor, and at the same time validation to one's experiences is a catapult to healing. Being heard, seen, and understood through the power of one's word can provide an avenue to transcendence that can never be stolen or taken from ones being. Developing personal, uplifting and meaningful affirmations and positive self-dialogue sets the tone for self-expression. Positive self-talk also sets the example for boundaries and external treatment from others (Linehan, 2022). When one aligns with the gift of their sacred word they empower their self-concept,

combat negative core self-beliefs, and highlight their personal trajectory of resiliency. The word of a hero's truth will truly set them free.

Connection and control of one's word and thoughts can be practiced through writing, meditation, and prayer. Using one's stream of consciousness to grasp fleeting ideas through writing promotes bilateral stimulation (Dansiger et al., 2020). Writing helps one to organize and narrate an individual's sequence of events with meaning and understanding. Meditation is a state of receiving, self-control of the word and consciousness to reset the mind to a clear state to receive messages and insight from the divine. Prayer is an exchange of meaning with God, a giving and receiving relationship with the divine. All of which promote healing and have been utilized for the restoration of the spirit-to-Spirit connection.

These transcendental and spiritual concepts applied to the biopsychosocial-spiritual framework of an individual are mastered through the use of discipline, mindfulness, connection, radical acceptance, and unconditional love. As a hero finds balance in their own form of integration through spiritual practices, they are well on their way in the quest for healing, resulting in an endless attempt at mastery. The marvel of spiritual development can be witnessed through one's post-traumatic growth (Ellenbogen et al., 2019), just as the light glows greatest in the mounting dark. Represented through transpersonal and phenomenological psychology, being in a state of spiritual alignment with the divine, victims and/or survivors of complex trauma transcend into the role of spiritual warriors (CIIS SF, 2022; Taylor, 2015). Only warriors can face the deepest of their wounds and nurture themselves back to humanity. As spiritual warriors, the hero reflects a human emitting glow that sparkles ever so bright to the on-looker's eye. It

gleams brightest with those who have experienced the darkest of dark, a true representation of pure transcendence and the restoration of one's spirit-to-Spirit connection.

When you seek God in everything, you see God's work in everything

Chapter Six: Implications for Social Work

Closing

Apart from the *natural* disasters that are not derived from bio, chemical, and environmental weaponry; concepts of power, ill-willed dominance, control, and entitlement are well-defined formulations to external traumatic experiences. These harmful acts hinder many with a life of experiencing complex trauma symptomology. True malevolence led to the attempted genocide and the continued oppression of various groups of ethnicities, cultures, religions, and communities. Greed, lust, anger, and entitlement leads to the sexual, emotional, and physical abuse of any aged persons, emphasizing those that have endured childhood abuse in any of these horrific manners.

There is something so imperative and necessary to be ingrained in clinical discussion when discussing unhealed trauma regarding Indigenous Americans, the Black American experience, Holocaust survivors and those that are labeled as immigrants and/or marginalized and/or minority communities. Our U.S Veterans, human trafficking victims and survivors, and those that are exploited through the interplay of our current systems of care, culture, and governmental institutions are deeply imprinted with wounding. This includes their ancestral and generational lineage and bloodlines. Furthermore, to include those that identify in the LGBTQ community or differ from the Western social norms and expectations. The American way of life has made dismantling efforts on these populations of people. This is done by perpetrating, retraumatizing, isolating, dividing, and labeling them as the 'out group' in our societal structure.

This is a common reoccurrence from the beginning of our human history, through to the ill-workings of colonization to the rise of capitalism. Much of these historically dehumanizing experiences and events have led to genetic and social repercussions that we are experiencing and witness to this day.

Unhealed trauma has ripple effects of diseases and generational suffering that cannot even be fathomed in its entirety in the spoken language. In addition, those that have different abilities than the perceived American standard set by our controlling systems often leads to minimal access to support, quality of life, and emotional and physical well-being. Those that are deaf/Deaf, hard of hearing, blind, neurodivergent, and with different physical or mental functionality experience isolation, hopelessness, and under reported abuse, abandonment, and neglect at the highest of levels. Similarly, those who find themselves in the criminal justice system, dependent on social services, and involved with the child protective system (CPS) have also endured so much trauma through their human experience. Currently, in American there are a number of malevolent individuals, sectors, systems, and institutions covertly projecting repeated, prolonged and perpetrated forms of abuse onto another. It is not to say that those with experienced wounding to their psyche cannot or will not live a fulfilled prosperous life, but their experiences matter heavily in the world of understanding trauma wounding and healing.

Popular culture and indoctrinated systems of care present *pharmakeiā* as a possible answer to a cure. In America every individual has the right to their own bodily autonomy and to make informed decisions for their healing and treatment. However, relief is not found in the profit for the elites, but through the restoration one's spirit-to-Spirit connection. It is through natural and organic God gifted guidance where the process of healing initiates and provides

relief, recovery, and rebirth to the hero. Individuals living with CPTSD should be introduced to spiritual concepts and practices as the first line of treatment to cultivate healing to the whole self. The hero must be reminded often that spirituality is mastered through use of discipline, mindfulness, connection, radical acceptance, and unconditional love. Spirituality is a sacred and shared wonder by all who seek its divine miracles, and can provide integration, alignment, and healing and for those living with the aftereffects of trauma.

The social work profession is rooted in a set of core values that are foundational to an individual's well-being in a social context and the well-being of society (NASW, 2021). The Code of Ethics of the National Association of Social Workers (NASW) reflect the unique purpose, principality, and perspective that guide the everyday professional conduct of social workers (NASW, 2021). The code of ethics represents the mission and core values of social work practice. They act as a guide for dealing with ethical issues and/or dilemmas and provide a standard for ethical principles in social work practice (NASW, 2021).

These foundational and core values of social work practice are (1) service, (2) social justice, (3) dignity and worth of a person, (4) importance of human relationships, (5) integrity, and (6) competence (NASW, 2021). These core values and the principalities that follow are aimed to be balanced within the context and complexity of the human experience to provide each individual with effective attunement, treatment, and care (NASW, 2021). It is in these core values that victims and/or survivors of complex trauma ought to be fully understood to help guide the journey of healing. When applied appropriately these core values will highlight the victim and/or survivors self-determination, profound resiliency, and light the path for them to transform into the hero and healer of their own story.

Human service representatives, social workers, and mental health providers are filling in the role as professional lightworkers. Here to guide change, transcendence, alchemy, peace, and healing through the collective of humanity for generations to come. These professional positions must empower victims and/or survivors to find their innate inner wisdom, determination, and resiliency. In the wake of the hero's return, they will rise through the ashes of their traumas just as the phoenix. This process can be shared and seen through the phenomenon and power of spirituality and its given purpose, to *breathe life* back into a wounded spirit.

Final Thoughts & Gratitude

Final Thoughts

Christine Cain reminds me often, the pain inflicted on me was never about me, it was embodied and projected by those who perpetrated, abused, and oppressed. This suffering is no longer mine to carry or bare, nor is your pain and suffering. She affirms me with her wonderful, beautiful, and sacred words that: I am not alone, I am strong and powerful, and I am *always* supported by the Divine. *As are you.*

To the victims, survivors, and warriors of light and healing, please know you are not alone, it's a messy, painfilled, and simultaneously the most beautiful journey that a spiritual being can experience in human existence. I am deeply sorry for your pain.

You are a hero on a spiritual mission, but always remember to, *please try to be gentle with yourselves.* Healing takes an immense amount of deep, honest, and spiritual work. God blessed humans to be born with an innate capacity to heal. You can and you will heal. The most special and empowering affirmation anyone ever gave me I now give to you, *You are so strong.*

Keep growing, keep glowing; the world needs your light to shine, to understand, to know, and most importantly to heal and grow. *Gods got you, always.*

In Gratitude

To my family, thank you for the beautiful ancestral lineage and ethnic blend that I am. To my Syrian, Blackfoot, French, Mexican, Native, Spanish, Irish, Scottish, and German bloodlines, I am beyond honored to be here in this moment and time supported by you. *Thank you for the protection and wisdom, I feel you with me always.*

To my parents thank you for my life and for my name. Thank you for your patience, example, love, and support. To my siblings thank you for the memories, the shared experiences, the laughs, and the cries. A special thank you to my elf editor extraordinaire E, I am so grateful for you, what would I have done without you? To my sweet nephew, thank you for your innocence, wit, charm, and ability to turn my frown upside down.

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To the many martyrs, human sacrifices, human experiments, and victims of our past, present and future; *I hear you, I see you, I will never stop fighting for you.*

To the limitless, with nothing to lose; we are the defected patients turned double agents, the divergents, and the true commanders of the Rouges gone Rogue, thank you for your fight. To Zaphiera, Julia, Kevin Mosley, Ava Elohim, Sparrow, and Taylor Ann Craig, thank you from the bottom of my heart for sharing your experiences, resilience, strength, and connection. Thank you for constantly reminding me; we are not alone in this spiritual warfare. God will prevail. *And so it is.*

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Above all, all my gratitude, acknowledgment, service, and love to the God of my heart, my spiritual father our eternal Creator, thank you for the example in Christ my King. To the Great, Sacred, Holy Spirit that breathes life into my spirit, thank you for the divine connection, protection, security, and support. *I am eternally, only yours.*

Love God, Love yourself, & Love others.

I close this piece with peace, love, and praise to the Highest of High.
Amen, An Aramaic Afana Abracadabra, Asé, Asé, Asé !!!!

With all my Love,

B & all the parts of me.
a forever student & lifelong learner

Yee!

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