

### Abstract

#### Somatic Reclamation: Exploring the Lived Experience of Word Woundings

Hate speech, verbal abuse, and verbal microaggressions have wide reaching and long-lasting traumatic biopsychosocial impact. This research examined a facilitated embodied artistic exploration of *word woundings*, the negative felt sense of a word. It drew primarily on the fields of somatic studies, depth psychology, and expressive arts therapy to explore how the words of others—from verbal abuse to careless verbal slights—can impact an individual physically, psychologically, interpersonally, and spiritually.

**Background:** Concepts from embodied social justice and critical theory are used to examine the possibility of how identifying with and internalizing a wounding word can internalize the oppression that the word represents. **Methods:** The study utilized a body-centered, art-informed research methodology to explore *word woundings*. Six volunteers located in the continental United States participated. In one-on-one sessions the participant and researcher worked together in a *somatic reclamation* process to cocreate a visual representation of the participant's *word wounding* and apply the image to their body as part of coming into relationship with it. **Results:** The process facilitated a new and deeper understanding of the origin and experience of the wound. The participants reported a transformative experience as a result of the process. **Discussion:** The study suggests that the *somatic reclamation* process can be utilized to heal personal and collective *word woundings*.

*Keywords:* somatic depth psychology, critical theory, trauma, social linguistics, art informed research

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## Chapter 1

### Introduction

The wound is the place where the Light enters you.

— Jalal al-Din Rumi

Art is a wound turned into light.

— Georges Braque

And your very flesh shall be a great poem.

— Walt Whitman

Many in Western culture grew up with the old nursery adage “sticks and stones may break my bones but words will never hurt me.” Recent research into the harmful effects of bullying, microaggressions, hate speech, and verbal abuse have been challenging this playground incantation by highlighting the damaging biopsychosocial impact of language (Berk, 2017; Conoley, 2008; Garbarino & deLara, 2013; Gelber & McNamara, 2016; Huebner et al., 2021). Psychosocial literature is beginning to recognize what poets have long known—that words are affect-laden and visceral catalysts that hold the power to impact our understanding of self, Other, and the world around us. Buss (1971) attested, “Aggression need not be [merely] physical, and the ‘bite’ of verbal aggression may be as sharp (psychologically) as the serpent’s sting” (pp. 7–8). The literature is beginning to reflect our long-known personal truths that words can indeed hurt.

Embracing the poets’ wisdom, in this project I worked with participants to explore their lived experience of *word woundings*, the painful effects of language, through a potentially transformative experience termed *somatic reclamation*. The effects of word woundings ripple across the biopsychosocialspiritual continuum—touch all aspects of lived experience. Somatics

can be understood as the fulcrum of the biopsychosocialspiritual continuum for the full spectrum is grounded in the lived experience of the embodied beings (Hanna, 1970; Johnson, 2009, 2017b; Menake, 2017; Rothschild, 2000; Smith, 2017). Somatic Reclamation is the conscious process of exploring the biopsychosocialspiritual continuum with the intention of cultivating an empowered, evolving relationship with self, identity, and community. The somatic reclamation of word woundings outlined here involves embodying the cocreated visual metaphor of the wound. In a series of three one-on-one sessions, the participants and I worked collaboratively to identify an affect-laden word or phrase that they wanted to explore, where it was located in their body, and the layers of narrative associated with it. Utilizing an arts-informed research method (Cole & Knowles, 2007) and somatic experiencing techniques (Levine, 2010, 2015), the participant and I created an artistic visual representation of their felt experience using acrylic paint on clear, nonstick vinyl. The image was created to the participant's exact specifications and was deemed complete when the participant was satisfied that the image accurately reflected their internal wound wounding experience. Participants were invited to explore embodying the image on the area of where they felt the word wounding while companioned and supported through the inquiry. The participant's experience was further contextualized through a follow-up reflexive, embodied interview. The participants unanimously reported a transformative experience, though in highly diverse ways. The process, supporting literature, and findings are explored in the following chapters.

### **Introduction to the Research Problem**

Words are cultural constructions that can affect individuals somatically, psychologically, and culturally (Abram, 1996; Bakhtin, 1981; Hillman, 1972; Levine, 2010, 2015; Rogers, 2006; Volosinov, 1973; Zittel et al., 2002). While sociolinguistic research addresses the capacity of

words to provide contextual information about time and place, this study explored how words may shape identity—how we come to understand ourselves through the language we use to describe ourselves and the language others use to describe us. Words have lasting, often invisible, effects. For example, the painful effect of words can be experienced as a form of wounding, a word wounding. To this end, the study focused on the processes by which words wound people. More specifically, this project captured the process by which identifying with and internalizing a wounding word can internalize the oppression that could come with the word (Foucault, 1969/1972; Johnson, 2017b). The participants engaged in a process of somatic reclamation of their word wounding where they externalized the wound and came into relationship with it in a new and empowered way.

Metaphors are the symbolic language of the unconscious that foreground the intertwined nature of emotional and physical reality, including pain (Abram, 1996; Mercury, 2000; Rogers, 2006; Romanyshyn, 2001; Slattery, 2000; Woodman, 1993). Often expressions like, “It felt like a slap in the face,” “I am heartbroken,” or “It knocked the wind out of me,” are used to describe the physical impact of the word and personal narratives associated with it. We often take for granted this intuitive unveiling in our speech. As Johnson (2017b) stated, “Language, often considered a function of our cognitive capacity for abstraction, is laden with meaningful references to the body that hint at its sensorial roots” (p. 1). This research study explored wounding language from an aesthetic, experiential perspective. The aim was to query how the implementation of interoceptive and intercorporeal awareness might facilitate and thus empower individuals to develop renewed contextual understanding of and relationship with wounding words. Interoceptive awareness is the intentional witnessing of inner bodily sensation (Johnson, 2017a); this can include physical response and recalled bodily experience from embodied

memory. Intercorporeal awareness is intersubjective social cognition grounded in one's embodied experience and perception (Johnson, 2017a; Merleau-Ponty, 1945/2013). The *somatic reclamation of word wounding* process encourages interoceptive and intercorporeal awareness through an embodied, artistic expression.

Perhaps if the experience of our emotional pain were visually represented, it might illuminate a new perspective for the pain to be seen and acknowledged by ourselves and others (Baring, 2011; Crawford, 2010; Gastaldo, et al., 2010; Mercury, 2000; Rappaport, 1998 & 2010; Rogers, 1993). This shift in perspective invites shifts in attitudes and interactions within the self, community, and society. That which is seen is more difficult to ignore.

The subjective experience of an individual's pain can be experienced as a formidable reality that another's pain cannot parallel (Farmer, 2009; Kristeva, 2002; Orange, 2011; Roger, 2006; Slattery, 2000), and yet, simultaneously our pain has the potential to serve as a bridge to empathy (Brown, 2007; Colombetti & Thompson, 2008; Fogel, 2009; Franklin, 2010; Gastaldo, et al., 2010; Slattery, 2000; Woodman, 1984, 1985, 1990, 1993). I believe that coming into conscious relationship with wounds can act as a bridge to an experience of connection and meaningful life. Woodman (1993) proposed, "It is at the place of wounding that we find ourselves connected to each other in love, and it is here that I open to loving other people, loving the planet, loving the cosmos," (p. 109). The great suffering of being human is what connects us all and creates the opportunity to initiate us into a full and loving life.

While the experience of suffering is a shared human experience, the personal nature of individual suffering can be challenging to communicate. The felt sense of the impact of certain words may be highly palpable, yet difficult to fully convey to another person. *Felt sense* is a term

credited to Gendlin (1981, 1996, 2015), referring to a subtle and complex experience that is tangibly different and less overt than emotion. Gendlin (1981) explained:

A felt sense is not a mental experience but a physical one. *Physical*. A bodily awareness of a situation or person or event. An internal aura that encompasses everything you feel and know about a given subject at a given time—encompasses it and communicates it to you all at once, rather than detail by detail. (p. 37)

This felt sense emerges out of embodiment. One could imagine a felt snapshot of an experience that includes more information than the five senses for which it can account (Gendlin, 1981, 1996, 2015). Awareness of embodied internal experience can include interoception as well as emotion, intuition and other intangible qualities. Consciously tuning into the felt sense is a practice of attuning to a not-yet-articulate knowing, an epistemology of the lived body that may be beyond words and is just starting to burgeon into consciousness. It is a sense of “nonverbal inner knowing” (Johnson, 2017a) that is deeply experienced.

According to linguists, anthropologists, and social psychologists (Abram, 1996; Bakhtin, 1981; Buss, 1971; Hillman, 1964, 1972, 1975, 1989, 1992, 1999; Pellegrini, 1997; Roger, 2006; Slattery, 2000; Teicher, 2000; Volosinov, 1973; Waldron, 2012), the invisible yet highly sensorial experiences of words are pervasive in language. Language is generated and experienced through our somatic being. The power and felt experience of words may be taken for granted because the implicit matrix or all-encompassing complexity of language is unavoidable. From a Lacanian perspective, we are all born into language (Rogers, 2006)—with all the potentially empowering and disempowering consequences embedded in that. When our felt experience of language or a specific word is painful, that pain can be experienced physically and psychologically. This is real pain and can manifest through highly visceral somatic

symptoms (Hillman, 1964, 1972, 1975, 1989, 1992, 1999; Rogers, 2006, 2005; Woodman, 1984, 1985, 1990, 1993).

Jung said, “We grow around our woundings” (as cited in Nelson, 2017, lecture). The wound we grow around could be understood as an internal abjection. Creed (1986) argued that the abject is “the place where meaning collapses,” the place where “‘I’ am not” (p. 461). The abject is excruciatingly painful to acknowledge. The abject is the ever shapeshifting “Other” that one resists and rejects as revolting and “radically separate” (Kristeva, 2002, p. 230) because acknowledging this aspect as part of oneself would annihilate one’s acceptable understanding of self. Psychoanalyst and feminist Julia Kristeva (2002) explained that the felt physical sense of abjection cannot be assimilated. Word wounding may be an experience of internal abjection. If so, word wounding could be a wound we grow around and therefore has the power to shape identity and life path.

Due to the confines of human language and our limited understandings of others' lived experiences, it can seem impossible to convey one’s pain in its entirety (Orange, 2011). The invisibility of word woundings could be experienced as a form of gaslighting, a systematic form of abuse and manipulation that makes someone question their sanity and perception of reality (Porzucki, 2016). Gaslighting can leave one feeling isolated, alone, and disempowered in their experience. Gaslighting may or may not be perpetuated intentionally by an individual, group, or system in an attempt to maintain the status quo and power inequity. Language itself can be weaponized and hold oppressive potential. Language functions as an extension and tool of systemic oppression. Therefore, it does not require an intentional perpetrator to be experienced as gaslighting. It can be very painful, difficult work to reclaim one’s subjectivity from the conditioning of gaslighting. In my experience, an overwhelming desire to have a tangible

representation of the invisible wound can arise from experiencing such abjection. Maybe if someone could just see what we are feeling, then they would understand.

Psychosomatic trauma is often experienced and described as an invisible wound. Reflecting on her research into verbal and emotional abuse, author Peg Streep (2009, 2013) recalled that “women who were victims of ‘just’ verbal abuse often commented that they wished they’d been hit so that ‘their wounds and scars would show’” (2013, para. 14). There is a shared understanding and empathy that is elicited in seeing someone with a broken arm, for example. We recognize that experience of another’s physical pain cognitively and within our own bodies (Berrol, 2006; Colombetti & Thompson, 2008; Cozolino, 2014; Fogel, 2009; Franklin, 2010; Homann, 2010; Rothschild, 2000; Siegel, 2007). Even though language causes psychosomatic pain, that pain lies removed from the sympathy of others because of its invisibility.

Psychoanalyst and queer theorist Anne Pellegrini (1997) suggested language is constructed in a way that gives power to words, identifiers, and categorizations over individuals and lived experience. The constructs of language can help create identity and understanding, while at the same time creating separation and othering that can bias one’s ability to clearly see themselves and others (Bakhtin, 1981; Volosinov, 1973). The categorical nature of language can shape our understanding of self in terms of who and what I am in sharp contrast to who and what I am not. The defining of self and other can become rigid and fixed, restricting growth and the fluid evolution of self. When the language used to define someone causes harm it can be understood as a word wounding. Word woundings may arise from an external source (e.g., persons or society) or an internal source (e.g., self-shaming or inner critic). External causes of word woundings may result from interpersonal dynamics or cultural classifications that cause an individual to feel limited and disempowered.

Recognizing the wound is of critical importance to understanding the invisible pain of the phenomenon. Archetypal psychology professor Dennis Slattery (2000) emphasized the unique intersection that lives at the place of wounding:

The wound may be the violent presence of the numinous, or the sacred that enters us through the actions of others. Body woundedness forces us to imagine it in relation to violence, to the sacred, to language, and to the city, for the body as a rich metaphor encompasses all of these areas and gives them all incarnational meaning. (p. 7)

In its felt sense, the wound is a tangible symbol pointing to the relationality of being and putting the experience of word wounding into great personal and collective context. This research study explored the externalization of the tangible symbol of word wounding through an embodied artistic inquiry termed *somatic reclamation*. The somatic reclamation process of creating a visual representation of the felt experience of word woundings gives space for intentional embodiment of words and narratives. The artistic representation creates psychic space for conscious transformation that the confinement of language and unconscious internalization does not allow. Facilitating a titrated access between the conscious and unconscious supports healing. In contrast to Freud's talking cure, Jung did not present his approach to psychotherapy as a cure but instead as adaptive flexibility resulting from a dynamic relationship between the conscious and unconscious (Stein, 1998).

This research project aimed to facilitate healing through the critical exploration of what occurs when we name and identify internal experiences and come into relationship with them through somatic reclamation. Somatically-oriented psychological literatures attest to the centrality of inner awareness or self-reflexivity to sustainable and successful healing processes (Abram, 1996; Fogel, 2009; Gendlin, 1981, 1996, 2015; Hannah, 1986; Levine, 2010 & 2015;



Mercury, 2000; Rogers, 2006; Rothschild, 2000; Slattery, 2000; Woodman, 1984, 1985, 1990, 1993). Here, attention is placed on cultivating sensory or interoceptive awareness as a means of staying present to immediate experience. Noticing the ebb and flow of sensory intensities can be a resource that builds emotional resiliency. This project was thus concerned with how words are experienced as meeting and reflecting one's experience. Paying acute attention to the tangible metaphors that participants use in describing their lived experience may surface that which is unseen but felt deeply within. This includes feelings that participants have carried inside for a long time, all the while dismissing and denying them as not being real.

Findings on verbal woundings in the biopsychosocial domain are also reflected in the medical realm. The power of words and beliefs to influence lived experience is demonstrated in the nocebo and placebo effect (Cyna & Lang, 2010; Stromberg, 2012). Known as the nocebo effect, it is well documented that medical professionals' use of negative language is shown to increase patients' stress and negative expectations, often resulting in heightened physical distress and painful symptoms (Cyna & Lang, 2010; Stromberg, 2012). Imagining associations to a word can trigger a pain response in the brain according to fMRI studies conducted by neurologist and anesthesiologist Maria Richter and colleagues (2009). The medical field's concrete exploration of how words shaped a patient's experience of pain is helpful in understanding the phenomenological experience of word woundings. The nocebo effect also directly speaks to the biological component of the biopsychosocial impact of words.

Pivoting from the medical to the legal realm, the harmful effect of words is recognized in the legal term *hate speech*. Hate speech is defined as bias-motivated speech that threatens or negatively targets a person or persons identified as a part of a historically oppressed group (Jay, 2009). The damaging effects of hate speech is hotly debated. Civil libertarians argue that

language is an abstraction that does not cause harm (Heins, 2007; Strossen, 1995; Wolfson, 1997). In contrast, many legal scholars champion the harm thesis, recognizing that hate speech can cause measurable harm similarly to that of physical injury (Matsuda et al., 1993). These disparate perspectives seem to agree that the context of language must be taken into account when determining offensiveness. Hate speech can result in psychological and physiological harm similar to posttraumatic stress disorder symptoms (Matsuda et al., 1993), as well as inhibit social agency (Waldron, 2012). Research on the damaging effects of hate speech directly speaks to the sociological and psychological components of the biopsychosocial impact of words.

Hate speech shares similar painful effects to that of verbal abuse. *Verbal abuse* is a psychological term and can be defined as destructive communication with the intent to harm self-concept and produce negative emotions (Evans, 2010; Office on Women's Health, 2019). Verbal abuse can result in long-term negative health consequences, such as chronic pain, depression, anxiety, and social isolation (Office on Women's Health, 2019). Professor of psychiatry Martin Teicher has published a series of studies documenting negative psychological and physical effects of verbal abuse that indicate broad and extensive physical and psychological harms (Teicher, 2000; Teicher et al., 2006; Teicher et al., 2010). Verbal abuse is especially damaging to vulnerable populations including children, adolescents, and marginalized groups (Matsuda et al., 1993; Teicher, 2000; Teicher et al., 2006; Teicher et al., 2010). The research into the harmful effect of verbal abuse lends itself to a foundational understanding of how words can wound physically, psychologically, and sociologically.

Ney (1987), child psychiatrist and researcher, famously concluded that parental verbal abuse against a child is more likely to negatively affect a child's worldview and self-perception than physical abuse. Ney's conclusion is difficult to study as verbal abuse research is highly

dependent on self-reporting and may not fully take into consideration the frequent concurrent experiences of physical and verbal abuse (Jay, 2009). This issue is further complicated as offensive language is not universally experienced as harmful. Critics point to phenomenological evidence from sociolinguistics (Jay & Janschewitz, 2008; Locher & Watts, 2005) supporting the harm thesis as lacking in empirical objectivity:

What speech is considered harmful depends critically on situational variables such as bystanders' reactions or the perceived intent of the message. With the wide individual and situational differences, it may be impossible to determine what messages are harmful on a universal basis. (Jay, 2009, p. 89)

Linguistics research suggests that words cannot be universally defined as offensive or harmful (Jay & Janschewitz, 2008; Locher & Watts, 2005). However, the fact that individuals experience words differently does not negate that words can cause harm. John Bowlby, British psychiatrist and attachment theorist concluded, "When children feel pervasively angry or guilty or are chronically frightened about being abandoned, they have come by such feelings honestly; that is because of experience" (Sroufe et al., 2005, p. 266). Even though Bowlby was talking about children, the message could be appropriately expanded to apply to anyone experiencing alienation and gaslighting that results from the matrix of language. Instead of trying to identify universally harmful words, this researcher focused on the unique experience of an individual's relationship to a word they identify as painful. What this research identified is that there is little to no research exploring the biopsychosocial personal injury of specific words.

### **Statement of the Research Question**

In this study, I explored the experience of word wounding through the cocreation of a tangible image of the experience on the body as part of the somatic reclamation

process. Therefore, the following question grounded this study: What is the embodied experience of someone creating a word wounding image? This research began to glean understanding of the phenomenological experience of the somatic reclamation of word woundings process through careful documentation of the potentially transformative intervention process. The researcher and each participant met one-on-one. The process took place over two separate hour-long sessions of art-based embodiment practice and a follow-up, hour-long embodied interview.

### **Researcher's Relationship to the Topic**

For much of my life, I have been deeply drawn to the intersection of language and body because of my personal experiences with word woundings. I have experienced how language has the power to compound suffering and limit agency. My curiosity about language, pain, suffering, and agency traces back to growing up witnessing my father's unrecognized and untreated complex posttraumatic stress disorder and severe physical pain. His psychosomatic pain largely originated from his being hit by a car in two separate freak accidents, once at age 18 and again at age 32. My father had deeply internalized stigma and shame around asking for help that was compounded by being a cis, white man working in professional sports. Until very recently, mental health was not discussed in professional sports; it was seen as a weakness and unmanly. To cope and survive, my father self-medicated with alcohol. I witnessed the double life my father lived—thriving on the field during the day and crumbling and self-isolating at home every night. As his physical pain and health challenges continued to compound over the years, he and his doctors rarely if ever discussed his mental health or how he was coping with the suffering he was experiencing. He did his best to “just grin and bear it” and suffered in silence for over three decades before seeking help and participating in more holistic treatment for the trauma he has endured.

In my teenage years, I had my own experiences of educators and allopathic doctors dismissing my experiences of psychosomatic suffering as made up for attention or entirely in my head. The allopathic or conventionally-oriented Western biomedical healthcare workers I encountered dismissed my symptoms outright, seemingly unwilling to lean into the nuance of the body–mind interconnection that was screaming for compassionate care. Being repeatedly told by authority figures—folks who positioned themselves as experts on my body—that my health challenges were made up for attention echoed through my psyche causing me to question the truth of my experience. This gaslighting led to me to distrust my body for betraying me in this way—deepening a rift between body and mind. As the wedge between psyche and soma deepened so did my experiences of physical and psychological pain.

It is of note that very few medical professionals queried about how my father’s health challenges affected our family dynamics and my own seemingly mysterious health challenges. The silo nature of the medical model failed to adequately consider the biopsychosocial influences in my and my father’s cases and instead solely focused on returning us to a former state of health that was not available in these situations. Through these decades of experience, I lived the intertwined nature of language and suffering across the biopsychosocial continuum. I cannot undo the past, however these lived experiences greatly shape the vacillating micro to macro perspective that I implore in research, teaching, and private practice.

After years of various allopathic medical interventions with varying degrees of results, I found traditional Chinese medicine, reiki, and biofeedback. I began a self-directed expressive arts healing practice, along with other complementary healing modalities. These modalities truly saved my life and opened the door for a long and ongoing journey of somatic reclamation, slowly tending embers of safety, trust, and pleasure in my body, psyche, and soul and supporting

a homecoming to my body. My early experiences of complementary medicine, psychology, and the arts inspired me to want to study art therapy and holistic psychology to deepen my understanding and be able to guide others through their own healing journeys.

My intentional exploration of language and body can be clearly traced back to my freshman year of undergraduate education at Lesley University. In an art therapy course, I chose to explore my relationship with labels, stereotypes, and biases. This powerful project instilled in me the desire to continue exploring how negative words affect us on a bodily level. I began my art therapy midterm project by writing all of the labels that I could remember being called by society, other people, and myself on “Hello My Name Is” nametags. The labels ranged from positive to negative to neutral. I wrote about five hundred different labels. Doing this felt therapeutic, but I still wanted to take it to the next level. During a visit to New York City, I decided what better place to explore my relationships with labels than in the label factory of the world, Time Square. To do this, I recruited my mother, aunt, and sister for help, and we covered my body from my nose to my toes in “Hello My Name Is” nametags. Decked out in this wardrobe of words, I stood in Time Square to see how people would react to me interacting with my labels. The medium turned out to be metaphoric as wearing the labels highly restricted my ability to move without causing the labels to rip, thus mirroring the psychosocial limitations that can come with the overidentification with labels.<sup>1</sup>

It was empowering to wear all these labels as tangible badges of honor across my body and take back the perceived power the words had over me and my identity. I had diverse responses, from some people coming up and discussing how labels have impacted their lives, to

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<sup>1</sup> I later discovered that I am allergic to the glue on the name tags. This increased my curiosity about the somatic component of the exploration. I now recognize the allergic reaction to the name tags—which contained many word wounding—may have been a demonstration that I was allergic to the words themselves and my body was rejecting their application to my being.

others crossing the street to be as far away from me as possible. A number of people wanted to pose with me and take pictures. The longer I stood in the labels, the more confident I felt standing in my vulnerability. The experience left me feeling empowered and fully present in my body—there was a cathartic liberation in taking ownership of all of the labels I was wearing.

The reaction I received after presenting the work in class took on a life of its own, even grabbing the attention of renowned art therapist, Shaun McNiff, who was a Dean at Lesley University at the time. I have done over 16 performances around the world, including in New York City; Boston and Provincetown, Massachusetts; the Ohio State Fair; the International Expressive Art Therapy Conference, Massachusetts; San Diego, California; Hanoi, Vietnam; Paris, France; London, England; Brisbane, Australia; and high school settings around the United States. While performing, I discovered a desire to develop a way for people to engage with the power of words directly for themselves, outside of the public platform.

Jung presented that the synchronistic force of Psyche in shaping our life paths can only be seen in retrospect (Furlotti, 2010). He referred to this as tracing the red thread. Tracing the red thread through my experience (Furlotti, 2010), I now better understand part of why for much of my life I have been deeply drawn to the intersection of language and body: my personal experiences with word woundings. My lifetime of experiences in this body has shaped what Brauer (2015) referred to as “motoric convictions” (p. 381), or my embodied ethics as a feminist in which I am acutely aware of power dynamics and the necessity of safety and autonomy. Over my undergraduate years, my fascination with language and art went through many iterations of projects. The evolution of the projects eventually led me to develop an artistic transformative intervention that I named *Impact: An Exploration of the Physical Impact of Words* (Mellor, 2014). Conceived in a dream, the project was born to meet my own need, but I quickly found

that this need is much larger than myself. In late summer of 2011, I had a vivid somatic dream in which I was punching myself with brass knuckles. The knuckles had type-writer-like letters in mirror image on them spelling out words that were acutely painful for me. The letters changed in and out to spell different words. The punches from the brass knuckles left bruises on my skin stamped in the shape of the word. I awoke enthralled with the embodiment of these images and compelled to explore it in waking life. Stopping short of brass knuckles, I was haunted trying to find creative ways to recreate the dream images of the word-shaped bruising in a way that satisfied Psyche's call. From my lived experience, I am acutely aware of how often folks use metaphors of violence to describe their felt experience of specific language and narrative, such as "punch in the gut," "slap in the face," or "shot through the heart." These phrases are the bodying-forth (Abram, 1996) of real experiences that have been long denied or repressed because they have been invisible and/or too painful to engage directly.

After the dream, I began to explore the physicality of words with face paint on my own body as part of my personal process. After developing the process through the art therapy course, I began working with other people as part of the project. After completing my undergraduate education, I continued to develop the work as part of a creative master's thesis. Though the project was born from personal need to come into relationship with my painful experience of words, it became clear that others shared this need as well. My work eventually led me to Pacifica Graduate Institute's depth psychology with an emphasis in somatic studies program in search of better understanding psyche-soma, embodiment, and the power of image and symbol.



## Chapter 2

### Literature Review

The power of words to shape experience and perception has been recognized since ancient times (Abram, 1996; Eckhart, 2010; Frawley, 2010; Swami, 2017). For example, many religious beliefs and spiritual practices utilize mantras and affirmations to deepen spiritual connection and shift consciousness (Eckhart, 2010; Frawley, 2010; Swami, 2017). This dissertation explored the biopsychosocial capacity of words to oppress and liberate. We are embodied creatures birthed into language (Abram, 1996, Foucault, 1969/1972; Rogers, 2006; Zittel et al., 2002). Words are a product of culture that shapes the self on the biopsychosocial continuum, affecting an individual somatically, psychologically, and culturally (Hillman, 1972, Levine, 2010, 2015; Rogers, 2006; Zittel et al., 2002). There is power in words and the personal and collective narratives we associate with them (Abram, 1996; Hillman, 1972; Rogers, 2006). However, the powerful experience of words can be elusive and difficult to fully convey, causing barriers to addressing words' effects. How can we make what is intangible tangible so we can come into relationship with it? To do this, I drew from the fields of critical theory, trauma, depth psychology, and ritual to uniquely explore this question. This research intended to explore not only what is felt, but the potency of specific words to name and identify such feeling(s).

There is transformative potential in exploring the symbolic value of a word. Without awareness, words have the potential to possess a person, and unconsciously limit an individual's defined identity and social agency. This project was thus concerned with deconstructing the implicit matrix of words and making explicit a study participant's relationship to the word wounding; making conscious their experience of the word and how it shapes self-perception,

identity, and world view—somatically reclaiming the participants’ power over the word. Study participants were asked to select a word or label that has negatively impacted their personal narrative to explore its physical impact on their own body. This research study, representing somatic reclamation as a form of embodied artistic intervention, aimed to facilitate interoceptive and intercorporeal awareness and empower individuals through critical exploration of language.

The potentially transformative intervention at the heart of this dissertation was a creative modality, “using established words in ways they have never quite been used before, and thus altering, ever so slightly, the whole webwork of the language” (Abram, 1996, p. 84). This “wild, living speech” (p. 84) works to deconstruct the calcified complex network of language and gestures. Abram explained that calling forth the lived experience of the present moment, “rejuvenat[es] our sense of wonder at the fathomless things, events and powers that surround us on every hand” (p. 47). Foregrounding the lived experience means foregrounding the body.

It is necessary to address the fundamental importance of an embodied approach to this work. However, in order to understand that importance, it is also necessary to examine the historic and cultural views of embodiment that inform my inquiry into the phenomenon of word woundings. Western academic thinking seems to be highly polarized around the concept of embodiment. The pendulum swings between the highly Cartesian mind–body split and what could be seen by the predominant mainstream psychological community as an overemphasis on somatics. Borrowing from Björk’s (2011) definition of mainstream psychology, I am referring to the following theoretical assumptions:

- (1) Mental phenomena can and must be measured in order to be scientifically meaningful (the *quantitative imperative*), (2) all mental phenomena can be reduced to the laws of

neural function (*reductive materialism*), and (3) in order to conduct scientific research proper, the psychologist must subscribe to the *'empirical' method*. (para. 5)

Psychological theory that foregrounds somatics and the arts, like this project, deviates from a quantitative imperative, reductive materialism, and empirical method (Hervey, 2000; Leavy, 2009). Deviating from this conception of mainstream psychology is also an effort to disrupt systemic oppressions perpetuated by the status quo, such as white supremacy, colonialism, patriarchy, neoliberal capitalism, ableism, false dualisms, and the traditional male gaze. I appreciated the “Middle Kingdom” position as presented by Overton (2008, p. 3) in their article, “Embodiment from a Relational Perspective.” This article companions Colombetti and Thompson’s (2008) article, “The Feeling Body: Toward an Enactive Approach to Emotion,” as both articles argue for a contiguous reality that co-arises from mind and body forming “indissociable complements, and not competing alternatives forever segregated into pure forms” (Overton, 2008, p. 3). One’s embodied existence is not about competing alternatives, pitting mind against body, in a struggle for dominance in the origin story of lived experience. The contiguous reality of embodied existence presents a spectrum that breaks down false dualism. Manning (2007) stated, “There need not be a dichotomy between making sense and sensing, for both engage in similar dynamics, expressing the event in a manner that is lived through and in the body” (p. 127). The co-emergence of the lived experience of body and mind calls forth a co-arising answer to the infamous chicken and egg riddle—they arrive together. I hypothesized that word woundings also bridge the false dualism of body and mind.

Colombetti and Thompson (2008) extensively discussed the growing attempt in academia to transcend the mind–body split, showcasing the challenge to the long-held belief “that cognition is the manipulation of abstract representations according to syntactic rules, and . . .

propos[ing] instead that cognition emerges from the coupled interactions of the brain, body, and environment” (p. 46). The authors went on to make the distinction between the body as object and the experience of “a subjectively lived body” (p. 57), which necessitates the marriage of body and mind. There can be no mind without body, no life without embodiment. To put it simply, “the mind and the world jointly make up the mind and the world” (Putnam, 1981, p. xi). Even dissociation, the psychological detachment from body and emotion, is a bodily experience that requires a carnal existence. “Life is a sensory experience” (Porges, 1993, p. 17) that calls equally on mind and body to take part—to speak of one is to speak of the other.

Although both Overton (2008) and Colombetti and Thompson (2008) make similar efforts to argue integration of body and mind, they take different entry points into the conversation. Overton (2008) utilized an emphasis on a person-centered standpoint to unify the split, saying, “if embodiment entails, in part, the *body as lived experience actively engaged*, then a phenomenological and person-centered standpoint of relational synthesis becomes a necessary vantage point for understanding embodiment as a whole” (p. 6). In other words, if you are a person, you must have a body and interact with the world through that body. Embodiment bridges mind, body, and sociocultural experiences. Therefore, embodiment highlights a critical interpersonal quality and intercorporeality (Overton, 2008) that is central to the exploration of word woundings.

In contrast to Overton’s person-centered approach, Colombetti & Thompson (2008) utilized the psychosomatic nature of emotion to contest the “disembodied conception of cognition” (p. 45) in many prominent theories of emotion. Emotion is a tangible example of the intrinsic link between mind and body (Colombetti & Thompson, 2008). Bodily sensation can help one understand emotions, and it can be very difficult to determine if the origin of the

emotion was in the mind or the body. The distinction may be futile and unnecessary. I suspected word woundings are in part the bodily experience of emotion and affect.

Fogel (2009) defined embodied self-awareness as “the ability to pay attention to ourselves, to feel our sensations, emotions, and movements online, in the present moment, without the mediating influence of judgmental thoughts” (p. 1). The sensorimotor network of the nervous system acts autonomously to bridge feelings—both emotional and physiological—and demonstrate the contiguous nature of body and mind (Colombetti & Thompson, 2008). The sensorimotor network emphasizes the intrapersonal dimension of embodiment and interoceptive awareness. Overton (2008) explained that

human beings are creatures of the flesh. What we can experience and how we make sense of what we experience depend on the kinds of bodies we have and on the ways we interact with the various environments we inhabit. (p. 1)

Our cultural predisposition toward a Cartesian understanding of the world biases our ability to explore these concepts as we take for granted our embodiment, privileging the myth of the disembodied mind (Colombetti & Thompson, 2008; Overton, 2008).

Jill Green (2015) offered a way to consciously navigate the false Cartesian dualism. She explored how she came to use somatics to negotiate the tensions that often arise when trying to bring together multiple perspectives:

I had to tread carefully because I did not want to simply romanticize the harmony between different philosophical arenas, without also being aware of the tensions between them. Yet, these situations put me in a position where I had to move through the binaries to come up with an inclusive framework that recognizes differences and the importance

of a clear positionality, while transversing elements of diverse theoretical structures.

(p. 8)

Green continued, suggesting that acknowledging the tensions of disparate epistemologies when they arise is foundational to negotiating them (p. 11). This can be an uncomfortable tension to explore on a body level. Inspired by Green's work, I became curious about exploring tension from a somatic perspective, as that felt critical to bringing the body into the research and writing of the lived experience of word wounding and the somatic reclamation process. Johnson (2014) spoke to this curiosity: "We can learn from the strategic curiosity that researchers intentionally cultivate to help us uncover new knowledge about the lived experience of the body" (p. 9). The body serves as the compass in the process of uncovering. I see room for applying Green's (2015) social somatic theory as a way of embracing these tensions and gaining a deeper understanding. As she said, "Without questioning our motives through a self-reflexive process, we may be repeating the grand narratives and partial truth we attempt to challenge" (p. 12). Critical self-reflexivity is a tool for counteracting one-sidedness and putting these literature domains into meaningful dialogue with each other.

## **Trauma**

### ***Overview and Definition***

As established previously in this dissertation, verbal abuse and hate speech can cause a variety of harms and may be experienced as traumatic (Berk, 2017; Conoley, 2008; Garbarino & deLara, 2013; Gelber & McNamara, 2016). Word wounding may be a result of microaggressions (Johnson, 2017b; Sue, 2010a, 2010b), continuous traumatic stress (Stevens et al., 2013), or acute traumatic experiences (American Psychiatric Association [APA], 2013). Therefore, I argue that word woundings are traumatic. Trauma has filled art and literature throughout human history,

feeding a fascination with the suffering of the human condition as we attempt to understand it (e.g., Dickinson, 1960; Euripides, 431 B.C.E./1985; Frankl, 1959; Homer, ca 700 B.C.E./1990; Shakespeare, 1992, 2005; Shelley, 2012; Thoreau, 1908; Tolstoy, 1886/2006). Scholars' definition of trauma continues to evolve and is fiercely debated in the psychological community (APA, 2013; Farmer, 2009; Fassin & Rechtman, 2007; Herman, 1997; Johnson, 2017b; Levine, 2010, 2015; Ogden et al., 2006; Orange, 2011; Rothschild, 2000; Stevens, et al., 2013; van der Kolk, 2015). In pursuit of the evolving understanding of trauma, it is helpful to trace the etymology of the word. The word *trauma* is derived from the Greek word for “wound” (Merriam-Webster Dictionary, 2021, Did you know?, para. 1). This project returned to the embodiment of the ancient metaphorical link between trauma and wounding. Although trauma originally referred to physical wounds, it has come to encompass psychological and emotional injury.

**Diagnostic Criteria and Lived Experience.** The American Psychiatric Association's 3rd edition of the *Diagnostic and Statistical Manual of Mental Disorder (DSM-III)* classified trauma as the result of an event existing “outside the range of usual human experience” (APA, 1980, p. 236). The *DSM-IV* expanded the definition of trauma—and the catalytic events that could be considered traumatic—beyond war and sexual assault to include such things as; car accidents, natural disasters, and experiencing the loss of a loved one (APA, 1994, 2000). To meet the definition of a traumatic event according to the APA in 2000, one must personally experience or witness an event that involves threatened or direct death or serious injury that resulted in the survivor experiencing “intense fear, helplessness, or horror” (APA, 2000, p. 467). Trauma was so under-considered that until the *DSM-V* in 2013, posttraumatic stress disorder (PTSD) had been classified as an anxiety disorder due to the fear-based responses traditionally defined at the

core of PTSD (Zoellner et al., 2011). Trauma-related disorders are now a distinct diagnostic category in the *DSM-V* (APA, 2013), titled “Trauma and Stressor-Related and Dissociative Disorders” (TSRDD), with the understanding that a traumatic event is the distinguishing factor before any resulting symptoms (Nemeroff et al., 2013). It is important to note that current diagnostic criteria for PTSD do not take into account historical or intergenerational trauma because the acute traumatic event occurred outside of the lifetime of the person being served or seeking treatment.

Developmental trauma can also be a contributing factor in PTSD. Pediatrician Nadine Burke Harris (2014) led a groundbreaking study on adverse childhood experiences (ACEs), studying how potentially traumatic events occurring between the ages of 0-17 can have long-term negative effects on physical and mental health as well as economic repercussions throughout the lifetime (Centers for Disease Control and Prevention [CDC], 2021a). Examples of adverse childhood experiences include experiencing violence, abuse (including verbal abuse), or neglect; witnessing violence; the death of a family member; and growing up in a household where substance abuse and/or mental health challenges are present (CDC, 2021b). The ACEs research concluded that exposure to toxic stress (prolonged stress) and potentially traumatic experiences early in life dramatically increase the risk of chronic mental health challenges and diseases such as addiction, cancer, diabetes, heart disease, and suicide. The ACEs research provides strong evidence of long-lasting biopsychosocial repercussions of traumatic experiences. Within the context of this project, the ACEs research elicits questions about word wounding rooted in early developmental stages compared to adulthood. According to the Center for Disease Control and Prevention (2021b, How big is the problem?, para. 1), an estimated 61% of adults report experiencing at least one type of adverse childhood experience. “Up to 1.9 million



cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs” (para. 2). From this statement, it is clear that ACEs are a serious public health issue. Going beyond the ACEs study, there is growing neuroscience evidence that the stress experienced by a pregnant person directly shapes the tone of the fetus’s nervous system and their perception of the safety of the world later in life (Menakem, 2017). Early childhood trauma, going back to in utero, contributes to the complexity of trauma and predisposition for the development of PTSD throughout the lifetime and to the biopsychosocial effect of word woundings, especially those that associate to one’s history of trauma.

The criteria of PTSD continue to be highly debated (Breslau & Kessler, 2001; Brewin et al., 2009; Friedman et al., 2011; van der Kolk, 2015). Scholars contest the genesis and symptoms of PTSD. The understanding of a traumatic event is complicated further as what is experienced as traumatic for one person may not be for another. A truly inclusive understanding of potentially traumatic events for diagnostic and research purposes is difficult to come by (Brewin et al., 2009). Trauma and traumatic responses are now conceptualized as occurring along a continuum, with a range of potential traumatic responses across physiological, psychological, and social symptoms (Breslau & Kessler, 2001; van der Kolk, 2015). Trauma has far-reaching social ramifications and must be understood in greater social context (Fassin & Rechtman, 2009; Herman, 1997).

From a somatic depth psychological perspective, we now understand trauma as a natural part of human experience that can be a catalyst for transformational personal growth (Kalsched, 2013; Kalsched & Sieff, 2008; Somatic Experiencing Trauma Institute, 2018; van der Kolk, 2015). Staci Haines (2019), somatic practitioner and activist, defined trauma as “an experience, series of experiences, and/or impacts from social conditions, that break or betray our inherent need for safety, belonging, and dignity” (p. 84). Haines took great care to outline the individual

and collective influences and experiences of trauma without pathologizing individual or community adaptation and survival strategies. When trauma creates stagnation and suffering, it is problematic. Peter Levine, the founder of Somatic Experiencing®, explained, “Trauma is an internal straitjacket created when a devastating moment is frozen in time. It stifles the unfolding of being, and strangles our attempts to move forward with our lives . . . [disconnecting] us from ourselves, others, nature and spirit” (Somatic Experiencing Trauma Institute, 2018, p. 3). It can be helpful to approach trauma from a somatic understanding that recognizes the body’s role in holding and processing trauma (Burstow, 2003; Haines, 2019; Johnson, 2017b; Levine, 2010, 2015; Menakem, 2017; Ogden, 2006; Rogers, 2006; Rothschild, 2000; van der Kolk, 2015). It is necessary to acknowledge the physical experience of trauma regardless of literal carnal wounding.

**Healing and Treatment.** The human nervous system is capable of coming back to homeostasis after times of stress, similarly to animals in the wild. However, these biological systems can be eclipsed by neo-cortical inhibition and cultural conditioning (Haines, 2019; Levine, 2010, 2015). This can cause the “formation of a constellation of symptoms, including pain, patterns of bracing and collapse, cognitive dysfunction, anxiety, and a sense of intrusion” (Somatic Experiencing Trauma Institute, 2018, p. 3)—symptoms that present psychologically, somatically, and socially. Haines (2019) extrapolated that traumatic symptoms can also include: depression, lack of self-trust, distrust of others, shame, and numbing. Levine also classified “the corrosive stressors of ongoing fear, conflict, and chronic shaming” as a source of trauma (2021, *The Science*, para. 1). Deviating from the conventional APA understanding of trauma, Levine (2010, 2015) proposed that traumatic symptoms are not caused by an event, but result from excess activation held in the body: “This energy remains trapped in the nervous system where it

can wreak havoc on our bodies and minds” (Somatic Experiencing Trauma Institute, 2018, p. 4). Haines (2019) advocated “embodied healing means we can make choices based on what we care about, rather than react from survival strategies” (p. 11). In other words, the biopsychosocial effect of healing trauma expands embodied capacity and agency.

Despite all of this growing new research, much of trauma theorization is still dominated by the Western medical model of PTSD proliferated by the APA. The literature is biased by the narrow sociocultural context in which a majority of it has been produced (e.g. white, middle-to-upper class socioeconomic status, cis-male centric, and American). Morrill (2017) summarized that the vast majority of psychological literature and research has been drawn from “WEIRD” samples—people from Western, educated, industrialized, rich, and democratic background. The frame of reference used to construct PTSD limits the appropriateness and relevance of much of the literature to the broad spectrum of trauma experienced throughout the world (Breslau, 2004; Haines, 2019; Menakem, 2017; Stevens et al., 2013). The frame of reference used to construct PTSD limits the appropriateness and relevance of much of the literature in relationship to the broad spectrum of trauma experienced throughout the world (Breslau, 2004; Haines, 2019; Menakem, 2017; Stevens et al., 2013).

#### **Alternative Framework: Continuous Traumatic Stress and Contributing Factors.**

Trauma does not happen in a vacuum. Haines (2019) explained, “Trauma is an individual and social experience. Healing requires an individual and social response. Engaging this interdependence is vital to the clear understanding of trauma, as well as how we heal and transform its impacts” (p. 87). It is necessary to contextualize trauma within the individual, family, community, culture, and history. The term *continuous traumatic stress* is an overarching concept developed to try to begin to address the limitation of PTSD for communities

experiencing protracted violence and complex traumas that may be present. Continuous traumatic stress was conceptualized by clinical psychologist Garth Stevens and colleagues (2013) as a result of feeling

almost impotent to intervene in the face of the inevitable future traumatization of those they were attempting to support and “treat.” Although well aware that the remedy for what they encountered in counseling sessions lay at the level of political change and redress, they nevertheless felt ethically and morally obligated to engage with the evident psychological damage and distress they encountered. (p. 79)

Stevens et al.’s approach advocated for activist engagement through community psychology and psychoeducation, while also practicing microinterventions with individuals to build resilience when the creation of sustained safety is constrained. Ongoing environmental distress and safety concerns make it critical to “identify and cultivate even limited safe spaces” (p. 80). These spaces may need to be symbolic or imaginal. The external environmental cause of distress calls for a nonpathologizing approach as “responses to situations of ongoing traumatic stress may in fact be normative and adaptive, as opposed to pathological, but nevertheless may warrant psychological support to optimize coping under such conditions” (p. 81). I believe that the ongoing experience of living in a culture where one is the target of pervasive microaggressions, hate speech, and verbal abuse could be considered on the spectrum of continuous traumatic stress. The traumatic nature is continuous as it is not likely that these harmful experiences will be eliminated from our culture as the world seems to be becoming ever more divisive. The continuous traumatic stress experienced by marginalized people as a result of microaggressions has been found to lead to increased symptoms of PTSD compared to folks who experienced a single traumatic event (Mol et al., 2005).

Microaggression and discrimination have documented physiological ramifications as well. Huebner et al. (2021) found that anticipated and perceived LGBTQIA+ discrimination—be it micro or macroaggression—caused significant increase in heart rate, blood pressure, and cortisol levels. They referred to the exposure to discrimination as “minority stress.” While a correlation has long been seen between discrimination and LGBT folks’ health, it has been hard to establish causation. In discussing the study, Huebner explained, “By exposing study participants to minority stress and then observing objective physiological changes in real time, our study draws a direct line connecting homophobia with physiological stress among sexual minorities” (as cited in Goodman, 2021, para. 7). Huebner et al.’s (2021) study has begun to provide evidence of the causation between discrimination and physical health. Long-term exposure to discrimination and the resulting chronic physiological stress responses found in this study can lead to increased risk for cardiovascular disease, infectious disease, and death. Huebner explained, “The old adage that words can never hurt you is simply not true. The fact is that experiencing discrimination, or even the threat of discrimination, is harmful for people’s health” (as cited in Goodman, 2021, para. 9). Huebner advocated for macro level policies and laws to protect people from discrimination and related social determinants of health. With the understanding that being a part of an oppressed group can cause posttraumatic stress and physiological health challenges, the somatic reclamation process of exploring word wounding may be beneficial for working with oppressed people who have experienced microaggressions yet may be unable to point to a specific traumatizing incident (Johnson, 2009).

Verbal abuse could be understood as another contributing factor to continuous traumatic stress. Teicher has conducted several studies to explore the long-term physical and psychological damage of verbal abuse (Teicher, 2000; Teicher et al., 2006; Teicher et al., 2010). Teicher (2000)

summarized that “the victim’s anger, shame, and despair can be directed inward to spawn symptoms such as depression, anxiety, suicidal ideation, and post-traumatic stress, or directed outward as aggression, impulsiveness, delinquency, hyperactivity, and substance abuse,” (para. 7) and can also lead to psychosomatic disorders and chronic pain. Teicher (2000) and Teicher et al. (2006, 2010) found that exposure to verbal abuse during adolescence can cause developmental changes to white matter in the brain and possibly minor neurological disturbances. Verbal abuse has tangible physical ramifications. Acknowledging this reality is necessary in beginning to work with the trauma of verbal abuse.

The oppressive power of words can be traumatic. Oppression is a form of trauma affecting an individual across the biopsychosocial continuum (Johnson, 2017b; Zittel et al., 2002). Psyche and soma are intertwined. Therefore, psychological trauma has very tangible physical effects requiring an integrative, holistic approach to healing. The soul takes refuge in the body and fights to be acknowledged through symptoms (Coppin & Nelson, 2005; Woodman, 1985, 1990, 1993). Malidome Some (1993) stated that pain is a device of communication: “Body complaint is understood as the soul’s language relayed to us” (p. 21). Bessel van der Kolk (2006) advocated that trauma work needs to help individuals “develop a curiosity about their internal experience. This curiosity is essential to learning to identify their physical sensations and to translate their emotions and sensations into communicable language—communicable mostly to themselves” (pp. xxv–xxvi). We must go into the body to adequately address the symptomatic manifestations of psyche to bring healing (Fogel, 2009; Hanna, 1970; Johnson, 2009; Levine, 2010, 2015; Rogers, 2006; Rothschild, 2000; van der Kolk, 2015; Woodman, 1985, 1990, 1993).

The unconscious speaks through the body. Rogers (2006) explained that she “gradually learned that trauma follows a different logic, a condensed psychological logic that is associative,

layered, nonlinear, and highly metaphoric” (p. 54). Rogers extrapolated that mainstream trauma theories are not sufficient to truly respond to and comprehend the unsayable. One may begin with a theory, but must also consider language, dreams, manifestations in the body, repetitions, and actions and inactions for a full understanding of the unsayable. The somatic reclamation of word woundings process engages multilayered metaphoric elements for an indirect way in which the unsayable is allowed to surface and may be accessed more easily for the participant.

Stromsted (2014) spoke to the need for “compassionate support for the feelings and images that arise, the seeds of new life can begin to grow in the darkness” (p. 48). The use of symbolic, embodied art combined with a participant's narrative welcomes these usually unconscious facets to the forefront and allows the participant to consciously engage with and reflect on them as part of their somatic reclamation.

Writing from a scholarly rather than clinical perspective, I am not attempting to pathologize or therapeutically treat participants or their experience, especially as I agree that response to threatening and/or traumatic experiences may be adaptive and self-preservational in nature (Haines, 2019; Johnson, 2017b; Stevens et al., 2013). Instead, I intended to utilize what Stolorow and Atwood (2017) referred to as emotional dwelling, and what Mary Watkins (2019) presented as companioning. Emotional dwelling is an approach to emotional trauma where one leans into another's emotional pain and meets them where they are without trying to change or intervene in their experience of trauma (Stolorow & Atwood, 2017). Similarly, Watkins (2019) outlined a process of companioning a trauma survivor, serving as a compassionate witness to companion the other person and join them on their journey in experiencing the trauma.

***Intergenerational Trauma.*** Trauma is rarely an isolated experience. As Menakem (2017) potently stated, “Trauma routinely spreads between bodies, like a contagious disease” (p. 37).

With this awareness, it is also important to recognize that trauma can be transmitted intergenerationally, referred to as intergenerational trauma or ancestral trauma. Intergenerational trauma refers to the phenomenon of inherited trauma across generations with or without conscious knowledge of the traumatic event that occurred (Dias, 2013; Easter, 2016; Menakem, 2017; Grand, 2014; Gump, 2016; Maté, 2010; Richo, 2008; Wolynn, 2016). Intergenerational trauma can present through a variety of psychosomatic symptomologies and can be difficult to identify particularly if the original trauma is not consciously known. Often the original trauma has become a lost family secret because of the stigma and shame assigned to the event by the family (Wolynn, 2016). Grand (2014) noted the complexity of intergenerational trauma, specifically looking at the impact of minority identities. In applying Grand's (2014) understanding on transgenerational trauma to this project, it becomes clear that this lens is critical context for tracing the origins of the word wounding. Transgenerational trauma can be a potential cause for unsayable traumas that individuals may not be able to consciously pinpoint, and could serve as an initial cause for the word or phrase a participant chose to work with.

To better understand the elements of intergenerational trauma that may be present for participants, it is important to unpack this phenomenon a little more. Wolynn (2016) advocated that individual trauma does not happen in a vacuum and that at least three generations of family history need to be thoroughly explored and investigated to begin to understand the repetitive patterns of trauma; “tragedies varying in type and intensity—such as abandonment, suicide, and war, or the early death of a child, parent, or sibling—can send shock waves of distress cascading from one generation to the next” (Wolynn, 2016, pp. 16-17). Wolynn noted that traumatic experiences may be unconsciously repeated in an attempt to heal or resolve the original cause of the suffering, a phenomenon Freud termed traumatic reenactment, and that this can occur within



the individual's lifetime as well as later generations. Epigenetics and developmental psychology help to shed light on the multifaceted mechanisms at play in the transmission of trauma to descending generations.

Epigenetics is a growing body of research exploring how trauma can alter genes and be transmitted to offspring (Dias, 2013; Haines 2019; Menakem, 2017; Wolynn, 2016). The varied expression of our DNA on a cellular level can be changed by trauma and that altered expression of DNA can be passed down from parent to child (Haines, 2019; Menakem, 2017). In 2013, Dias published a study documenting the inheritance of parental traumatic exposure through several generations of mice. Specifically, the study looked at inherited smell aversion. Experiences, even before conception, noticeably influence structure and function of the nervous system in following generations of offspring. Dias's (2013) findings provide evidence of intergenerational epigenetic inheritance that show that the environment and exposure to traumatic events can affect an individual's genetics, which can in turn be passed on. Dias's stated intergenerational effects are inherited via parental gametes. This study provided evidence for how environmental information and traumas may be inherited intergenerationally on multiple levels. The ramifications of Dias's research can inform one's understanding of intergenerational trauma and the conscious and unconscious ways that it may manifest for individuals. For ethical reasons, a study of this kind has not been done with human subjects, however the documented epigenetic transmission of trauma in Dias's study has been extrapolated to support the theoretical understanding of similar phenomenon in human experience (Menakem, 2017; Wolynn, 2016).

Menakem (2017) applied Dias's work to explain how traumatic memories are passed down through at least three generations and that these memories seem to be stored in the body and not the conscious mind: "Genetic changes train our descendant's bodies through heredity

rather than behavior” (p. 41). The lived experience of previous generations has direct impact on our lives, biologically, psychological, interpersonally, and collectively, whether we are willing to acknowledge their presence or not.

***Ancestral Trauma.*** When discussing ancestral trauma, it is foundational to name that in coming from a depth psychological perspective, I define ancestors as including biological ancestors, cultural ancestors, animals, nature, and the Land. According to Jung, our lives and that of our ancestors are intertwined (Easter, 2016). Jung proselytized, “I feel very strongly that I am under the influence of things or questions which were left incomplete and unanswered by my parents and grandparents and more distant ancestors” (as cited in Easter, 2016, p. 65). Jung expanded on this integral connection: “Ancestors are at a disadvantage because they know how to improve things and yet they do not have the body required to act on what they know” (as cited in Easter, 2016, p. 220). The living and the ancestors both need each other to effect change and healing; “Jung believes the ancestors are dependent on the living for the answers to their questions, for learning and evolving” (Easter, 2016, p. 220). Ancestral trauma demands to be fully witnessed and experienced. Awareness also opens the opportunity to be liberated from these patterns

The ancestors have direct impact on our lives and often make themselves known through speech patterns, behaviors, dreams, and other synchronicities: “We are continuously living the ancestral life, reaching back for centuries, we are satisfying the appetites of unknown ancestors” (Jung, as cited in Easter, 2016, pp. 63-64). Engaging deeply with Jung’s words here evoked an image of life force continuously being diverted to previous generation and the living not being able to fully live—almost as a way of unconsciously paying tribute to the ancestors. I am curious

if or how this may shift if one was making a conscious decision to honor the ancestors in some way.

Easter (2016) spoke to this connection: “Jung’s psychology opens the possibility that they (the ancestors) are speaking to us through synchronicities, physical and emotional symptoms, and in our dreams” (p. 101). This is similar to Hillman’s (1972) and Abrams’s (1996) understanding of the ancient power of words and their ability to shape our physical bodies and experiences. The ancestors are real as is their ability to speak to us. Easter explained, “We see and hear what we are open to noticing. The ancestors speak whether or not we are conscious of the reality, psychic or otherwise, of their presence” (2016, p. 201). There is not a point in asking if these ghosts are real. They are already in the room. Questioning the reality of the ancestors and their ability to speak is buying into the false dualism that runs rampant in our culture today that attempts to separate spirit from matter (Easter, 2016). Trying to make this distinction is trying to separate matter from the numinous, which is not something that I am willing to do, nor do I believe it is possible. To evoke the ancestors and engage in repairing ancestral trauma is inherently spiritual in essence. The question is not if one believes in the afterlife; the suffering and actions of our ancestors impact us regardless of one’s beliefs in the afterlife. In the lineage of depth psychology, I am offering that ancestral wounds need to be intentionally tended to for these patterns to be allowed to emerge and related with if there is to be any hopes of healing.

Over time, unaddressed intergenerational trauma becomes historical trauma and even culture (Menakem, 2017). Ancestral trauma is often interwoven with historical trauma and can include elements of social injustice and systemic oppression. Gustafson discussed the “force of grief” behind the shared history of slavery and historical oppression in America:

It is a hidden and silent grief barely visible, pushed aside and buried layer upon layer by the cultural and personal justifications for survival. It is a grief that binds victim and perpetrator in an unconscious alliance. Beyond the blame, beyond the guilt is a sense of mutual sharing—namely that both are victims of a common grief that can only be healed when acknowledged. (as cited in Easter, 2016, p. 140)

The complexity of ancestral trauma that includes systemic oppression and inequity has complicated effects. These effects surge across and inform our internal and cultural constellations of intersectional identities, reiteratively upholding both internalized oppression and interpersonal oppression. The layer upon layer of shame that has built up over this grief can be difficult to penetrate. Following in the vein of Gump (2016) and Menakem (2017), I believe there is potential for great benefit in exploring the opportunity for personal trauma to act as a portal to ancestral and collective trauma; opening a portal bridging the personal, familial, historical, cultural, and archetypal. That bridging can be used to heal across time and space—touching past, present, and future generations. Just as personal, intergenerational, and historical trauma interact and compound each other, intentional healing ripples out to impact all of these layers.

### ***Approaches to Transforming Trauma***

The breadth and diversity of trauma and how these experiences are conceptualized in the field can be overwhelming and heartbreaking. Just as there are many types of trauma and frameworks for understanding it, there are a plethora of approaches to transforming trauma that offer a buoy of hope. Approaches to transforming trauma are too numerous to attempt to name in full, with new modalities being created all the time. For the purposes of this project, I will focus on expressive arts therapy (Land, 2015; McNiff, 1992, 2013; Rappaport, 1998, 2010), somatic

experiencing (Levine, 2010, 2015), embodied social justice (Haines, 2019; Johnson, 2017b; Manning, 2007; Menakem, 2017), and Brown's (2007) and Morrison's (1997) work with healing shame.

**Expressive Arts Therapy.** Expressive arts therapy can be highly effective in healing and integrating traumatic material (Land, 2015; McNiff, 1992, 2013; Rappaport, 1998, 2010). Arts-based researcher Patricia Leavy (2009) explained:

visual images are unique and can evoke particular kinds of emotional and visceral responses from their perceivers; they are typically filed in the subconscious without the same conscious interpretive process people engage in when confronted with a written text. (pp. 215-216)

The use of symbolic, embodied art and narrative brings many unconscious facets to the forefront and allows the participant to reflect (Hillman, 1975; Johnson, 2017b; Land, 2015; McNiff, 1992, 2013; Nelson, 2015; Woodman, 1993). Kossak (2015) explained, "The arts in their very nature are an embodied process that potentially can attune an individual to the moment" (p. 10). Art breathes soul back into experience (Hillman, 1975; Land, 2015; McNiff, 2013; Woodman, 1985). Art can be a tool in facilitating understanding and integration of what Jung termed the shadow. Stein (1998) explained that the concept of shadow is used to "denote a psychological reality that is relatively easy to grasp on an imagistic level but more difficult to grapple with on the practical and theoretical levels" (p. 106). Shadow from a Jungian perspective consists of parts of the self that are rejected by the consciously accepted self and cannot be assimilated (Conger, 1988; Stein, 1998)—a concept similar to abjection (Kristeva, 2002). The layering of metaphors in the somatic reclamation process outlined in this project encourages complexity and even

contradiction in self and experience to arise (Hillman, 1975; Romanyszyn, 2001; Woodman, 1985, 1990, 1993).

Art therapy's gentler reflection of layered metaphors, as opposed to some forms of more direct talk therapy, creates psychic space and allows for possible shifts and healing to take place. Rogers (1993) proposed that "when we allow ourselves to experience fully the most feared aspect of the self, that aspect takes on a new face and can even become a friend or a positive energy source" (p. 63). Rogers (1993) went on to say, "When we can experience and accept all aspects of ourselves, we discover a great impulse to become our fullest selves" (p. 64). The visual word wound, usually taking the form of a bruise created with acrylic paint, is not a two-dimensional picture, but an externalized visual representation of the multisensory experience that hopefully enables the participant to come into relationship with the word, and our Self, in a new way (Johnson, 2017b; Nelson, 2015; Rogers, 1993).

Land (2015) explained that art therapy has the capacity to be a visual representation of the dynamics between people and their environment. Similarly, Leavy (2009) emphasized the sociopolitical positioning of art: "All art regardless of medium is a product of the time and place in which it is created, as well as the individual artist who is an embodied actor situated within social order" (p. 216). bell hooks (1995), intersectional philosopher and scholar, outlined the power of visual art to uphold and reiterate politics and culture, including prevailing views of gender, sexuality, race, and class. hooks also leaned into the subversive power of visual art as it "carries a transformative power that can resist and dislodge stereotypical ways of thinking" (Leavy, 2009, p. 219). Leavy (2009) elaborated, "Visual art can propel people to look at something in a new way, which is critical to social change . . . [it] can transgress racist and sexist ideologies and has a resistive and transformational capability" (p. 220). Therefore, expressive

arts, and more specifically visual arts, are an ideal way to explore the biopsychosocialspiritual effect of word woundings as they offer integrative processes that engages mind, body, soul, and culture within the sociopolitical context in which the art is generated (Crawford, 2010; hooks, 1995; Land, 2015; Leavy, 2009; Zittel et al., 2002).

Art therapy is a highly collaborative process between client and therapist. The somatic reclamation process of cocreating the image of the word wounding becomes its own form of communication—dancing between witnessing and tangible creative expression as needed—with the capacity to bypass the need for linear logical explanations for trauma and trauma narratives (Land, 2015; Rogers, 1993). Foregrounding image and creative expression opens up an avenue of communication from the unconscious that bypasses logic and many defense mechanisms. The artistic expression burgeons forth pregnant with emotion. As Warja (1999) succinctly explained, “Images always carry affect” (p. 175). The affect-laden image is central to the embodied artistic exploration and somatic reclamation of word woundings outlined in this project. The somatic reclamation of word woundings process is most comparable to taking the concept of body mapping onto the body.

**Body Mapping.** Body mapping is a process developed by artist Jane Solomon and psychologist Jonathan Morgan in 2002 for working with women with HIV in sub-Saharan Africa (Crawford, 2010; Gastaldo et al., 2010). A body map is a tool of expressive arts therapy that “uses various arts—movement, drawing, painting, sculpting, music, writing, sound, and improvisation—in a supportive setting to facilitate growth and healing. It is a process of discovering ourselves through any art form that comes from an emotional depth,” (Rogers, 1993, p. 2). A body map is a life-size tracing of an individual’s body that acts as the container for the body mapping process. Body mapping is a creative therapeutic process utilizing art-based

techniques to tell the story of the individual's life, body, and worldview. Traditionally, body mapping is primarily visual arts based.

Body maps facilitate an individual's connection to their emotions and body by tapping into both top-down and bottom-up processing (Crawford, 2010). Top-down processing is the process of engaging the conscious mind that may or may not have bodily effects (e.g. cognitive psychology), whereas bottom-up processing engages with the body directly to support conscious and unconscious psychosomatic processing (e.g. Somatic Experiencing®). Simultaneously facilitating top-down and bottom-up processing in body mapping assists the individual in accessing the resources of somatic wisdom and supports the bridging of biology, the unconscious, and the conscious mind. Chodorow (1997) emphasized the power of somatic wisdom tracing it through the work of von Franz and Jung: "Maria-Louise von Franz reports that Jung once told her symbolic enactment with the body is more efficient than 'ordinary active imagination' but he could not say why" (p. 8). Active imagination was Jung's introspective method of witnessing psychic images where one focuses on a charged image and observes changes that may take place (Jung, 1951/1968, p. 190; Stein, 1998). Active imagination could be conceptualized as dreaming while awake during which one cultivates a relationship with the dream-like image, and experiences the energy it holds. This creates an opportunity for emergent unconscious material to integrate consciously without judgment. Including the body in active imagination, Nelson (2016) explained, "somatic imagination upends the traditional psychotherapeutic stance which has focused on cognition, language, and meaning, asserting that one can, and must, work with the body to heal the psyche" (p. 4). This stands out to me as a beautiful marriage between somatic depth psychology and the arts, building "a rainbow bridge between the visible and invisible dimensions of life - between matter and spirit" (Baring, 2011,



p. 4). Embodied active imagination bridges the two worlds and creates a third: the transcendent function in action. It represents the interwoven reality of the emerging field.

The process of body mapping could be understood as a ritual act. Some (1993) explained, “The modern seeker of ritual primarily acknowledges that [they are] wounded. . . . These wounds are evidence of the need to enter into a special creative process. They are the language with which entry into the realm of ritual is possible” (p. 21). Some went on to explain the vital role of the body in such creative processes:

The hurt that a person feels in the midst of this modern culture should be taken as a language spoken to [themselves] by the body. And the meaning of such a language is found in doing something about the part of oneself that is not acknowledged. (p. 21)

The artistic ritual of a body mapping process could be a tool for translating the language of our wounds to ourselves and others.

The body map results in a tangible snapshot of the individual’s *BodySoul*, a term to describe the fluid embodiment of soul, that can be shared and witnessed by others. Crawford (2010) explained that narrating a body map to a safe witness “made previously incommunicable experiences ‘speaking;’ in the process, such communication helped to defeat stigma and its attendant secrecy, shame, and isolation” (p. 716). Shame interrupts authenticity, connection, emotional range, and a fully lived life (Brown, 2007; Morrison, 1997). Brené Brown (2007) explained the painful challenges of unaddressed shame and the courage that is necessary to break the insatiable shame cycle. This work utilized art to access the nuances of these layered and multifaceted relationships.

***Embodying the Artistic Process.*** While the original idea for this work was conceived in an art therapy class context, the work moves into and on to the body in a way that is radical to

traditional art therapy. Traditionally, the field of art therapy has not specifically addressed embodiment, focusing on the process of visual art creation and distinguishing the realm of the body to that of dance therapy or expressive arts more generally. This work placed the process of visual art creation on to the body as a way of representing and potentially transforming the felt sense of the participant, and reconfiguring their sense of self.

This transformative intervention is also highly collaborative and called for a creative meeting between participant and researcher. Nachmanovitch (1990) described how the spontaneous creative act arises from

our deepest being and is immaculately and originally ourselves. What we have to express is already with us, *is us*, so the work of creativity is not a matter of making the material come, but of unblocking the obstacles to its natural flow. (p. 10)

The collaborative creative process assists in bringing these invisible wounds to the surface in hopes of supporting the participant in coming into relationship with their *word wounding*.

There is deep somatic intelligence and wisdom that can be accessed from the body when it is allowed to speak: “Embodied intelligence is important in revealing what is buried in the unconscious” (Kossak, 2015, p. 39). Allowing the unconscious to emerge is a highly improvised process. I am aware of the “reciprocal relationship [that] exists between movement and emotions” (Rogers, 1993, p. 51). Expanding on the quality evoked in improvisation, Kossak (2015) described improvisation as embracing uncertainty and having the courage to follow impulses as they arise in the moment.

Halprin (2003) explained that “our bodies contain our life stories just as they contain bones, muscle, organs, nerves, and blood” (p. 17). The full sensory experience of the word wound portrait is a form of non-verbal storytelling (Crawford, 2010; Leavy, 2009). The

opportunity to narrate one's word wounding to a safe and supportive witness is a critical component of the body mapping process. This experience engages the social nervous system and interpersonal communication. As previously mentioned, Crawford (2010) explained that narrating to a safe witness "made previously incommunicable experiences 'speakable'" (p. 716). Through the healing ritual of the somatic reclamation of word wounding process, the participant is invited to be witnessed in an experience in a way beyond words. The artistic process provided a container for the alchemical process of transformation.

The work also benefits from components of Focusing-Oriented Expressive Arts developed by Laury Rappaport (1998, 2010). This therapeutic, person-centered approach was developed over 30 years as an application of Gendlin's (2015) focusing work. Rappaport (1998) explained that combining focusing and art therapy helps create a safe container to facilitate healing and integration when working with trauma response. Focusing supports the client in tuning into the felt sense of their experience and art therapy provides an opportunity for tangible, external mapping of the process. Rappaport (1998) explained, "The art making provides a safe container to hold the felt experience; the art image serves to document the felt sense" (p. 1). The priority throughout the Focusing-Oriented Expressive Arts process is always the client's safety (Rappaport, 2010).

The first step in the Focusing-Oriented Expressive Arts process, after establishing presence and safety, is clearing a space (Rappaport, 1998 & 2010). Clearing a space is a process of creating distance between the self and a painful issue so that an individual can begin to cultivate a sense of safety internally as a supportive and resourcing step to coming into relationship with a trauma. Next the client is encouraged to tune into their body and identify an image that will serve as a handle or symbol. The handle could be a word, phrase, gesture, or

visual image. They are then “encouraged to express it in visual art in terms of size, color, shape, etc.” (Rappaport, 2010, p. 130). The handle provides a tangible way to come into relationship with the symbol representing what could begin as an amorphous felt sense, a process that is paralleled by the somatic reclamation of word wounding process. Rappaport (2010) explained that the blending of art therapy and focusing

enables the expression of preverbal, nonverbal, and implicit memory that can be experienced on a sensory level and expressed in visual art. Sharing about the art and the focusing experience integrates the verbal left hemisphere of the brain with the right hemisphere where imagery and art are processed. (p. 132)

This type of transformative intervention works on a deep level in the psyche, both consciously and unconsciously, to support integration and possibly a felt shift in one’s experience of trauma (Rappaport, 1998).

**Somatic Experiencing.** Levine’s (2010, 2015) body-oriented trauma intervention, Somatic Experiencing, fosters interoceptive and intercorporeal awareness to work with and release trauma physically and emotionally. Somatic Experiencing focuses on slowing down—creating space and time to stretch out overwhelming experiences so that the nervous system can catch up and complete stagnated biological stress responses. Levine (2010, 2015) created Somatic Experiencing based on his belief that trauma is inherently physiological as much as it is psychological. He noticed that traditional talk therapy trauma approaches can trigger resistance, be painful, and retraumatizing. Excess activated energy that is not discharged, stagnates in the body as trauma and can have physical and/or psychological influences. Unresolved stress can have extreme painful and debilitating psychosomatic consequences (Sapolsky, 1998).

In *Discovering the Body's Wisdom*, Knaster (1996) summarized Somatic Experiencing in saying,

Levine explains that at the level of physiology, we remain animals—we still have primitive, nonconscious structures within our nervous system, bodies, and psyches that perceive certain events as potentially damaging or dangerous to survival. Our ability to react effectively to danger—to flee or fight—and then to discharge the energy our body and mind have mobilized is crucial to avoiding traumatization. (p. 368)

Somatic Experiencing works to discharge the trauma through the body to restore natural balance without retraumatizing the individual emotionally or cognitively. Somatic Experiencing primarily engages the felt sense meaning of physical sensations, imagery, and motor patterns (Somatic Experiencing Trauma Institute, 2018). It is important to note that neuroscientists and animal behaviorists criticized Levine's work saying that it oversimplifies the literature and is not supported by independent, unbiased research (Caldwell, 2018). There is however a growing body of research that supports Somatic Experiencing as an emerging evidence-based approach (Somatic Experiencing International, 2021).

Somatic Experiencing appears to expand on Sapolsky's (1998) *Why Zebras Don't Get Ulcers*, which also draws parallels in the impact of stress on animal bodies and how humans in industrialized culture have created unhealthy, unnatural habits and cultural norms that maintain stress patterns in the body. The Somatic Experiencing International website stated that the organization is “dedicated to resolving trauma worldwide” (Foundation for Human Enrichment, 2015, para. 1). With this philosophy, the modality could be specially equipped for working with marginalized and oppressed groups.

Somatic Experiencing can work to integrate and resolve trauma that becomes unconsciously trapped in the body. As experiencing oppression can result in continuous traumatic stress (Stevens et al., 2013), Somatic Experiencing has the potential to be invaluable for working with systematically oppressed people who may be unable to point to a specific, acute, traumatizing incident. Bodies hold this trauma and Somatic Experiencing can work directly with the body (Levine, 2010, 2015). Bottom-up processing approaches, such as Somatic Experiencing, are especially important for traumatized populations as it avoids psychologically triggering individuals.

Somatic Experiencing begins by cultivating a sense of safety through grounding and resourcing before engaging traumatic materials. Grounding and resourcing utilizes internal and external anchors to deepen an individual's sense of calm and capacity to experience activation without becoming overwhelmed. Somatic Experiencing focuses on the sensations that arise in the present moment to support expansion of one's tolerance of bodily sensations (Somatic Experiencing International, 2021). Focusing on present moment sensations bolsters trust in the wisdom of the body while releasing the hold of fear experienced during a traumatic event. Several techniques are utilized to support this process including titration and pendulation. Titration involves dividing up charged stimulus into smaller manageable components that can successfully be discharged—allowing for a release of heightened arousal and a return to a resting state. Pendulation is a rhythmic expansion and contraction in the nervous system.

The elements of experience that are utilized in Somatic Experiencing are sensation, image, behavior, affect, and meaning (SIBAM) (Levine, 2010). Sensation focuses on bodily feeling. Image could be a metaphoric image, active imagination, or even a memory. Behavior refers to observable behaviors that could be conscious or unconscious in nature. Affect works

with feelings and emotions. Meaning is the reported significance and integration of the experience by the client. The necessity of meaning in surviving and recovering from trauma was also identified by humanistic psychologist, Victor Frankl (1959) in his book *Man's Search for Meaning*. Levine's SIBAM is similar to Hillman's (1975) psychological move of personifying—working to draw out from within the participant the feeling, shape, and even color of the experience. I utilized all of the SIBAM (Levine, 2010) qualities when working with a participant to cocreate the image of their word wounding. The artistic process of creating the bruise draws out the feeling quality, shape, and color of the participant's experience. This dissertation expanded the application of Somatic Experiencing as Levine does not work with embodied artistic representations in this way.

From the Somatic Experiencing literature, it is uncertain the population with which the approach was developed. By default, it appears that the approach was developed on white, middle class Americans—a limited and privileged segment of the population. However, it appears that Levine (2010) was trying to more intentionally include diverse populations in his more recent evidence-based research. There are ethical concerns in generalizing modalities that are developed working with one privileged segment of the population without consciously considering intersectionality. Levine (2021) has only recently begun to acknowledge the influences of indigenous and shamanic healing traditions on the development of Somatic Experiencing, explaining that he chose to wait until the modularity had started to garner scientific recognition. This raises concerns about ethics and appropriation. I am concerned that the foundational theory of the modality could be experienced as a microaggression. Somatic Experiencing is built on the thesis that humans are animals, needing to discharge adrenaline and stress similarly to other mammals. This could be alienating to those experiencing oppression and

actively trying to address the corresponding trauma, often implicitly and explicitly portrayed by society as subhuman and animalistic. I have not found this systemic power imbalance concern addressed in the Somatic Experiencing literature. Similarly, Haines (2019) highlighted that many somatic trauma theorists and practitioners, like Levine, do not integrate social analysis and social justice into the work, thus failing to adequately address the macro level impact and influences of the individual's trauma.

I completed the first two and a half years of Somatic Experiencing training in preparation for this research. I completed the third year of training during data collection.

**Embodied Social Justice.** Our bodies are one of the few constants in life. While they are constantly changing, we are always embodied. It is through flesh that we experience the world. Haines (2019) explained, “Somatics understands both the individual and collective as a combination of biological, evolutionary, emotional, and psychological aspects, shaped by social and historical norms, and adaptive to a wide array of both resilient and oppressive forces” (p. 19). One's body simultaneously shapes their experiences and is shaped by their experiences (Haines, 2019; Johnson, 2017b; Manning, 2007; Menakem, 2017). Johnson (2018) explained that “as we navigate interpersonal relationships and learn about the characteristics associated with different groups of people, our bodies help to create and maintain the power dynamics that can arise between us” (p. 1). We are a product of our culture and we have the power to change that very culture (Coppin, 2015). The body holds our experiences of oppression and is a source of resilience and wisdom in navigating the unfolding personal and collective journey of healing and social justice. A fluid both/and is evident in the body stories represented in Rae Johnson's (2017b) book, *Embodied Social Justice*. Johnson (2017b) stated, “Repeated experiences of oppression have left an imprint on the felt experience of her body that could be understood as a



form of damage” (p. 62). They went on to say, “The participants’ descriptions of their embodied experience of oppression provides important insights into how oppression as a form of trauma may be held and remembered in the body” (p. 62). I believe word woundings, microaggressions, hate speech, discrimination, and macroaggressions reiterate the trauma of inequitable power structures of oppression and social injustice.

The oppressive power of words can be traumatic and limit one’s social agency. This project is an act of activism drawing from the work of Johnson (2017b), Grills (2015), Haines, (2019), and Menakem (2017). It is fundamental to social justice that we work to decolonize the body and move toward emotional emancipation on an individual level so that we can better contribute to the healing of the collective (Grills, 2015; Haines, 2019; Johnson, 2017b; Menakem, 2017). The body politic and personal psychesoma are reflective of one another. Haines (2019) elucidated the intertwined nature of personal and systemic or collective trauma: “Like individual trauma, systemic trauma overwhelms and breaks down safety, connection, and dignity in the minds, bodies, and spirits of individuals and communities” (p. 80). In order to fully address the injustice and dysfunction in the body politic, we have to address how those issues are manifesting in our own being, physically and psychologically. We must decolonize our own psyche and soma in order to best be able to engage in real social change (Haines, 2019; Johnson, 2017b; Menakem, 2017).

Many implicit cultural biases and hierarchies are internalized. Internalized oppression is the often unconscious assimilation of systematically limiting and abusive beliefs and actions (Johnson, 2017b). Oppression works to maintain the hierarchical status quo and limit the agency of folks that do not “fit” the privileged identities of the culture. Johnson (2017b) explicated,

This is not to suggest that, on a body level, all of our experiences of oppression are somehow the same. Our wounds, like our identities, are unique. What we share in common is that the damage has usually been inflicted by a similar set of weapons—for example, those of marginalization, discrimination, blaming, shaming, denial, and the implicit or explicit threat of violence. (p. 54)

The process somatic reclamation of word woundings worked to make tangible and externalize such felt woundings. Internalized oppression takes up residency in the body and body politic—colonizing Psyche, Soma, and culture alike. Menakem (2017) stated that decontextualized and unresolved trauma can over time look like personality, family traits, and culture. One can never be truly objective because of the unconscious cultural biases that we are born into, but one can work to become more aware of them (Cushman, 1995). Awareness allows for agency and an opportunity to engage in deliberate culture-shifting actions. This project works to decolonize the body by helping participants externalize word woundings. By externalizing the word wounding the individual can release identification with the word and come into conscious relationship with it as part of a somatic reclamation. This allows the individual to reclaim their body, voice, and social agency.

Intersectional oppression converges at the point of the body. Slattery (2000) extrapolated: “The body today is a deeply complex cultural image that carries within it our history and our meanings” (p. 8). He further explained that “the wounded body certainly reflects the wounded culture that gives it life and a place . . . the body as metaphor, as political emblem, as social construction, as symbol, and as symptom” (Slattery, 2000, pp. 7-8). Consciously unpacking the conflux of body in culture is necessary in working towards liberation. As Pellegrini (1997) suggested, it is futile to deny the labels we use to categorize identity, but there is potential to

loosen the power the labels have over the individual so that we can begin to more clearly come into relationship with the effects that they have:

To argue, as I do, that gender, race, and sexuality are cultural, historical, and psychical ‘productions,’ and not natural givens, is in no way to deny their bodily or socio-psychical force. The point, my point, is not to establish the truth or falsity of these terms, but to point their reality effects—which are at least conceptually separable from the facticity of their reference. (p. 6)

By dropping into the body, we can feel into the power dynamics involved here in a new way. We have greater access and capacity to become aware of subtle shifts within the field.

***Microaggressions.*** Systemic oppression is reinforced by microaggressions, subtle and often unintentional incidents of discrimination against members of a marginalized group (Johnson, 2017b; Sue, 2010a & 2010b). The term *microaggression* is originally attributed to Chester Pierce in the 1970s (Sue, 2010a). Derald Wing Sue (2010a, 2010b) has extensively researched microaggressions for over 20 years. Microaggressions can be understood as a covert form of prejudice. Repetitive microaggressions can be experienced as death by a thousand paper cuts (Johnson, 2017b). An isolated incident may appear innocuous to a bystander, but the reoccurring string of negative slights can be deeply wounding and limiting to one’s social agency.

Microaggressions can also hold symbolism of past historic injustices committed against marginalized groups (Sue, 2010a, 2010b). This could be understood on the spectrum of continuous traumatic stress as members of marginalized groups are likely to experience near constant microaggressions that are not likely to end over the course of their life (Stevens et al., 2013; Sue, 2010a, 2010b). Sue et al. (2021) presented a collection of microintervention strategies

in a book by the same name. Recognizing a microaggression can help liberate one from the gaslighting and dismissal of legitimate suffering that often occurs when someone tries to call the attention of members of a privileged group to their experience (Sue, 2010a, 2010b; Sue et al., 2021). It is an effort to make visible the invisible. While society as a whole has moved toward a conscious pursuit of equality, decreasing explicit and overt forms of discrimination, implicit bias has remained at a consistent level (Sue, 2010a, 2010b). Word wounding can be a result of verbal microaggressions. The somatic reclamation process of creating an embodied image of the word wounding was a unique way to explore verbal microaggressions and internalized oppression can be explored through a somatic and metaphoric process.

***Hate Speech.*** Word woundings could also be the result of hate speech. Waldron (2012) argued that hate speech is particularly damaging to an individual's dignity and effectively works to maintain identity-prejudicial social hierarchies. He presented a case that generalized racist material is a harmful infringement on dignity and social agency. Waldron argued for legally limiting hate speech in an effort to secure a dignitarian social order, stating that everyone in a society should have the right to "be able to go about his or her business, with the assurance that there will be no need to face hostility, violence, discrimination or exclusion by others" (p. 4). Hate speech inflicts real harm on vulnerable minorities by reaffirming social inequity and reiterating a social order that privileges members of certain groups over others.

Gelber and McNamara (2016) documented the harmful consequences of hate speech as reported by Indigenous community members and other minority groups in Australia in their study "Evidencing the Harms of Hate Speech." They found that "hate speech can be experienced as an existential attack on one's dignity, [with] negative effects [that] are enduring" (p. 1). Violence or "fighting words" do not need to be present for hate speech to be harmful. The study

reported that hate speech resulted in emotional distress, fear, exclusion, disempowerment, feelings of dehumanization, and anger. Some interviewees reported intentional silence and withdrawal tactics as a way to retreat from being a target of hate speech when possible. These experiences resulting from hate speech directly and indirectly impede individuals' ability to fully participate in society. While not all experiences of hate speech were reported as harmful, there is ample evidence of the potential harm that can occur. Words have serious consequences. Derald Wing Sue's (2010a, 2010b) research demonstrated a significant connection between microaggressions and macroaggressions. One need look no further than our recent dramatic increase in political vitriol to observe that hate speech is increasingly spurring physical violence and vicious attacks against vulnerable members of society.

*Social Connection versus Social Rejection.* There is further research to suggest that social rejection and exclusion can cause physical pain (Eisenberger, 2012a, 2012b; Fassin & Rechtman, 2009; Fogel, 2009; Herman, 1997; Kross, et al., 2011; Menakem, 2017; Porges, 2009; Porges & Furman, 2011; Siegel, 2007). Porges (2009) brilliantly outlined the importance of the social nervous system (SNS) (also known as the Social Engagement System, and the Ventral Vagal Complex). The SNS is a part of the Autonomic Nervous System and is attributed with responding to the perceived safety of the environment. The SNS is pointed to as fundamental to experiencing connection, belonging, and empathy (Badenoch, 2008; Fogel, 2009; Porges, 2009; Porges & Furman, 2011; Siegel, 2007). The SNS is constantly working to balance the implicit motivations of connection and self-protection. The embodied empathy resulting from the SNS is supported by neuroscience research into mirror neurons (Colombetti & Thompson, 2008; Cozolino, 2014; Fogel, 2009; Siegel, 2007).

Social connection is a necessary part of being human and loss of social connection (fear of loneliness, abandonment, and rejection) stimulates the desire to establish and maintain social connections—turning us back towards each other and into relationship. There is research that suggests that social pain and physical pain exacerbate each other. There is a correlation between higher levels of reported daily pain and greater social rejection anxiety (Eisenberger, 2012a, 2012b; Kross, et al., 2011). There is evidence of the reverse as well, individuals who demonstrated higher rejection sensitivity and social pain report higher pain and additional physical symptoms. This begins to demonstrate the potential physicality and embodied trauma response that can result from the breakdown of social connections.

*Oppression is Learned.* Johnson (2017b) asserted that oppression is learned and can be unlearned. Engaging in this type of unlearning requires developing conscious awareness and engaging somatic wisdom and resilience. The appearance of the body and bodily adornment holds the starting point of many forms of social oppression and simultaneously offers potential for resistance (Johnson, 2017b). Johnson articulated this potential clearly:

Like the body itself, the objects that adorn the body communicate powerful nonverbal messages that add significantly to the lexicon of body language... the relationship between body symbols, power, and social identity can be profound and our body adornments serve as compelling markers of who we are. (p. 69)

By making one's felt sense of word wounding visible on the surface of the skin, it could be possible to engage in a deliberate somatic reclamation of body and identity. This can be considered an act of resistance from the perspective of embodied social justice (Haines, 2019; Johnson, 2017b; Menakem, 2017). It is my hope that the somatic reclamation of word wounding process can support building body-based resilience.

**Shame.** Verbal abuse and hate speech are often reported in connection with feelings of shame and societal alienation (Berk, 2017; Garbarino & deLara, 2013; Gelber & McNamara, 2016; Johnson, 2017b; Menakem, 2017; Wolynn, 2016). Shame is a tool of oppression. Brown (2007) and Morrison (1997) explained that shame is a universal emotion that produces tangible visceral reactions that is next to impossible to put into words, but I believe the experience of shame is intrinsically linked to language. Shame is the acutely painful experience that arises from the belief that one is “flawed and therefore unworthy of acceptance and belonging” (Brown, 2007, p. 30). Morrison (1997) drew the connection between shame and attachment trauma, resulting in feelings of rejection or abandonment. Kalsched spoke to this phenomenon: “shame seems to be the affect we experience when our very life-energy meets with no response or a negative response from others upon who we depend” (Kalsched & Sieff, 2008, p. 5). Norman O. Brown (1959) said, “The aim of psychoanalysis is to return our souls to our bodies, to return ourselves to ourselves, and thus to overcome the human state of self-alienation” (p. 158). Shame can act as a defense against the, at times, overwhelming full spectrum of emotions (Morrison, 1997). The pain of shame may become more acceptable than intense emotions such as anger, grief, or love.

Shame is often produced by what Brené Brown (2007) called “unwanted identities” (p. 73). These are ways that one is perceived by oneself or others that are counter to one’s ideal self. Word wounding may represent a psychic fracturing resulting from shame—an attempt to other (partition off) that within ourselves that we find intolerable (Brown, 2007; Morrison, 1997; Nelson, 2009). The word represents a very negative, rejected, and disowned aspect of our identity—that which we have been convinced is unlovable. These labels, stereotypes, and prescribed identities have been socialized in us and are a product of both personal experiences

and larger social systems. Shame could be understood as a tool of oppression, effectively working to maintain current social hierarchies. Johnson (2017b) suggested that “somatic dissociation and body shame could result from any (or many) of these forms of oppression” (p. 54).

As humans we are born with the innate desire for connection and belonging, which can only be achieved through being one’s authentic self. Yet, to be one’s authentic self is to risk rejection, which is to say to risk one’s own survival and safety. Brown (2007) further illuminated the difficulty of rejection versus acceptance, suggesting that to reduce the multitude of human existence to singular mistakes causes survival to be agonizing for the individual. To apologize not just for our actions, but for ourselves is a difficult task indeed. In order to understand an individual holistically, one has to pendulate between the parts and whole, micro and macro perspectives of the individual (Orange, 2011).

Everyone has an insatiable desire to feel accepted and worthy, which drives us to continuously strive to meet others’ expectations (Brown, 2007). The internalized pressure and concern for what other people and society think can cause an individual to lose their unique identity. This struggle for authenticity and acceptance can activate feelings of anger, resentment, and fear and lead individuals to convince themselves that they are unworthy of connection and deserve rejection—creating a self-fulfilling prophecy. This vicious cycle is overwhelming, exhausting, and leaves the individual feeling isolated (Brown, 2007).

Until recently, shame was largely dismissed and overlooked by social scientists; however, research is now drawing connections between shame and various mental health issues such as bullying, body image disorders, anxiety disorders, addiction, suicide, and all forms of



violence (Brown, 2007). A correlation is starting to emerge in the research between building what Brown called “shame resilience” and mental health (p. 80).

Brown’s (2007) work helps to explain shame as a potential root cause for many *word woundings*. Further, Brown’s work explained the necessity in addressing and overcoming these issues. If one does not address and work through shame, one can never build and experience connection and belonging. To Brown (2007) and Rogers (2006), a way to overcome the visceral and cognitive limitations of language is to build authentic connection through sharing one’s vulnerabilities and personal narrative with another. Brown (2007) even went as far as to say, “We are wired for connection, and this makes us wired for story” (p. 156). The necessity of connection results in a power unique to storytelling and narrative where people communicate, share, and analyze values and experiences (Brown, 2007). This study of word woundings explored how the embodiment of language and experience can help participants to reflect and potentially release the perceived power words have over them through the somatic reclamation process.

### **Critical Theory: Power and Language**

Language reiterates the hierarchical status quo (Bahktin, 1981; Carroll et al., 1997; Foucault, 1961/1965, 1969/1972; Rogers, 2006; Volosinov, 1973). Heidegger (1951/2001) maintained that we falsely believe that we are the shaper and master of language, “while in fact language remains the master of man” (p. 141). Western societies have a long tradition of institutionalizing those whom they deem a threat or burden to society (i.e. those experiencing mental illness, homelessness, individuals convicted of criminal activity, etc.) (Cushman, 1995; Foucault, 1961/1965). Although ostracizing those who deviate from societal norms is still prevalent today, the method of controlling the masses has also crept insidiously into psyche and

language. I believe that language has become an internalized psychic cage, working to maintain the status quo and limit the power of those who could create change.

Words have been unconsciously weaponized by society. Jung (1964/1976) spoke to the quality of emotional charge held by certain words:

When there is only an image, it is merely a word-picture, like a corpuscle with no electric charge. It is then of little consequence, just a word and nothing more. But if the image is charged with numinosity, that is, with psychic energy, then it becomes dynamic and will produce consequences. (p. 257)

When weaponized words hit our bodies, they cause word woundings. This dissertation work utilized a poststructuralist intersectional feminist lens to deconstruct the oppressive power of language and liberate the individual from embodying cultural inequity and engage in somatic reclamation (Abram, 1996; Butler, 2006; Crenshaw, 1989; Foucault, 1961/1965, 1969/1972; Johnson, 2017b; Lakoff & Johnson, 1980, 1999; Rogers, 2006; Volosinov, 1973). Rogers (2006) asked, “When all traces of history have been erased and the body itself is inscribed with unknown language, how does [an individual] begin to speak?” (p. xiv). Lakoff and Johnson (1980, 1999) argued that it is our embodied experience that gives rise to thought and language. We do not just speak language, and we do not just write it—we embody it—figuratively and literally. Language is embodied. To understand the role of the body more deeply in this interplay we can turn to Merleau-Ponty (1945/2013) who held that all speech is embodied expression of our being-in-the-world.

### ***Phenomenology: Maurice Merleau-Ponty***

In *Phenomenology of Perception*, Merleau-Ponty (1945/2013) used the example of language to articulate our embodied being-in-the-world. To speak is not simply to organize the

world of sensory data into language, it is to express oneself as an embodied being-in-the-world. A reductionist understanding might put forth that speaking is a result of a series of synaptic connections in the brain (McDonald, 2016). Brain synapses do play an essential role in language and communication as the growing field of neuroscience clearly presents. However, the assumption that acts of speech are purely a result of these brain-based neurochemical connections is a belied representation of the phenomena that leaves out fundamental components of the process. McDonald (2016) explains: “Speech is undeniably partially a biological process involving synapses in the brain. However, it is also an act whereby a subject expresses [themselves]” (p. 113).

Merleau-Ponty argued that to reduce speech to a sheer brain function “in which subjects learn to attach words to mental images is to strip speech of its power to express meaning” (McDonald, 2016, p. 113). Merleau-Ponty (1945/2013) further explained, language is not just of the brain, it is *bodied*. Speech is “a contraction of the throat, a sibilant emission of air between the tongue and teeth, a certain way of bringing the body into play [which] suddenly allows itself to be invested with figurative significance which is conveyed outside of us” (p. 225). Of all of our potential modes for expression, speech “is able to settle into a sediment and constitute an acquisition for use in human relationships” (p. 190). This settling into sediment is what one is doing through the somatic reclamation of word wounding process—one is sedimenting meaning within the body.

The embodied subject exists in and communicates with the world through language. As Merleau-Ponty (1945/2013) explained, “the word, far from being the mere sign of objects and meanings, *inhabits things* and is the vehicle of meanings. Thus speech, in the speaker, does not translate ready-made thought, but accomplishes it” (p. 207). Words inhabit things through the

lived experience of the speaker; “for the speaker, the word is not separate from the perception of the object” (McDonald, 2016, p. 113). That is to say, thinking and speaking coexist. McDonald (2016) summarized, “thought and speech exist in a kind of dialectic, they aid each other in their completion) Words inhabit things through the lived experience of the speaker; “for the speaker, the word is not separate from the perception of the object” (McDonald, 2016, p. 114). Merleau-Ponty (1945/2013) explained, words are “behind me, like things behind my back, or like the city’s horizon around my house, I reckon with them or rely on them, but without having any ‘verbal image’” (p. 209). Language is not merely an abstraction waiting to be attached to concepts. We exist within horizons, our contextual and situational embeddedness, and language is a process through which we articulate, communicate, and signify meaning.

### ***Language Shapes Perception***

Linguist Benjamin Whorf’s theory explained that the words we use to describe what we see actually determines what we see and perceive (Carroll et al., 1997). Expounding on this phenomenon, in *Crumpled Paper Boats*, Pandian and McLean (2017) argued:

Language is more than an empty vehicle to carry over information, for the medium has an ineradicable presence in the act of saying something: the density of certain words that cannot be substituted by other words, turns of phrase that cannot be altered or expressed otherwise. Such elements work to produce worlds of life, worlds of thought, through a convergence of the literary and the lived, the philosophical, and the aesthetic. (p. 13)

In this line of thought it is the descriptions and language surrounding an object or experience, and not the reality, that most shape an individual’s thought and experiences towards it. Whorf “grasped the relationship between human language and human thinking, how language indeed can shape our innermost thoughts” (Carroll, 1997, p. v). Words we identify with can evolve into

a self-fulfilling prophecy pregnant with potential to be detrimental or empowering (Carroll et al., 1997; Hillman, 1972, 1975, 1989, 1999). I believe that the limiting effect of words has the power to shape individual identity and social agency. As a way of understanding and hopefully reclaiming the power a word holds, individuals can begin to trace the originating event or series of events that gave the word or characteristic power. Making one's relationship to a word wounding explicit empowers the individual through somatic reclamation and allows them to make informed choices about how they move through the world.

### *Cultural Embeddedness*

An individual is shaped by the culture they were born into and can never be completely removed from that cultural embeddedness (Cushman, 1995; Foucault, 1961/1965, 1969/1972; Johnson, 2017b; Menakem, 2017). Cushman (1995) called for a hermeneutic phenomenological approach to the world—a way of understanding one's self contextualized in cultural history. According to Cushman (1995), our way of defining the self is created by culture and that definition is, in turn, transforming the culture. Cushman does not specifically address the effect of language in shaping the body; however, his work is useful in unpacking the dynamics between self and culture in shaping an individual's identity and sense of self.

Additionally, Cushman (1995) is himself a construct of the society from which he emerged and his perspective is shaped by his privilege as a cis, white, male, tenured professor, which is a bias through which his work is filtered. It is important to be aware of this limitation when utilizing his work so as not to perpetuate his bias in my own work. I have consciously worked to be aware of how my own privilege and oppression shape this dissertation work.

### *The Unsayable in Lacanian Theory*

In continuing my studies of the phenomenon of word woundings, I was compelled to study the body's role in psychological trauma by exploring the work of Annie Rogers (2006) and her understanding of Jacques Lacan in her book *The Unsayable*. In conversation with Lacanian scholar, Sheldon George, I was surprised to discover that he, like many in the Lacanian community, did not recognize the body in Lacan's work. I utilize Rogers's body-centered, and I argue, feminist, understanding and application of Lacanian theory in support of my work. Rogers (2006) employed her understanding of Lacan to present what she identified as "the unsayable" (p. 47). The unsayable refers to trauma that is difficult or beyond words and manifests itself in one's choice of words, actions, and bodily symptoms:

Trauma enters our speech as if by stealth, through the back door, in the night. Then it sounds as though we are speaking in code to one another and to ourselves, and that code is both the mark of trauma and is, itself, traumatizing. (Rogers, 2006, p. xiv).

The unsayable lives in the unconscious, in the body, and the unconscious has a language all its own. George (2019) went as far as to say that from a Lacanian perspective, "we are all signifiers, given meaning only through language" (lecture). Language makes meaning of being.

Lacan developed his own set of terms as part of his theoretical meaning making. In Lacanian theory the Real is being, all that escapes language is doomed to fall into the Real (George, 2019). The Imaginary is the fantasy reaching towards that which cannot be fulfilled. Lacan defines the Symbolic as meaning making, the world of language or the communicable. A signifier is a break from the Real (unconscious) into the Symbolic (Rogers, 2006). Signifiers and symptoms point to an unresolved trauma that is being reenacted unconsciously.

Soma, the body, remembers trauma that the conscious mind is not prepared to (Levine, 2010, 2015; Menakem, 2017; Rogers, 2006; Rothschild, 2000; Van der Kolk, 2015; Wolynn,

2016; Woodman, 1993,1985). A signifier surfaces in recognizable, observable ways through an individual's language, physical symptoms, and repeated behavior: "Each symptom is the body's attempt to speak what can't be known or said. The body is versatile in terms of creating symptoms because the unconscious will insist on being heard" (Rogers, 2006, p. 201). Rogers (2006) explained that "repressed signifiers return through the unconscious, and all speech carries the effect of unconscious signifiers" (pp. 201-202). The physical sensation and metaphorical expression (punch in the gut, slap in the face, shot through the heart) of the *word wounding* could be understood as unconscious signifiers acting as an attempt to resolve the traumatic experience.

Rogers (2006) wrote, "In Lacanian theory the specific way a child encounters and uses language provides a map of earliest conscious and unconscious experience" (p. 198). Brown (2007) presented that sources of shame are a societal creation learned from a young age and shaped through inadequate vocabulary existing in familial and community structures. We are born with an innate need for connection, love, and belonging and not innate insecurity or fear. However, it is precisely the inadequacy within our collective vocabulary that make overcoming shame and finding connection so difficult. Rejection or feared risk of rejection causes us to turn to surrogates and into relation with the Other. However, "unlike an instinct, a desire is not satisfied by the immediate correction of a lack" (Downing, 2006, p. 229). Like the Lacanian "Object A," it is the ultimate desire that is always evading our grasp, "our desire is not just for milk, but for a mother's love—and thus [is] inherently insatiable" (Downing, 2017, lecture).

Language is further complicated as seen in Rogers' (2006) perspective that one's own language can continuously retraumatize them. According to Rogers (2006) the impediments of language itself can enter individuals into a cycle of retraumatization. The only exit from the cyclical nature of trauma is for the unconscious signifiers, and then the trauma, to be

acknowledged and consciously integrated. The cyclical repetition can be attributed to the theory that anticipation presupposes memory, meaning that individuals unconsciously recreate old traumas by unintentionally recreating situations and events that surround those traumas. This activates an original core wounding in an attempt to gain mastery of the wounding, create an alternate outcome, and bring healing.

## **Depth Psychology**

### ***Language***

The exploration of *word wounding* in this dissertation pivots on the depth psychological philosophical commitment that psyche is real and symptomatic; “to be true to psyche, one is obligated to be true to the symptom,” (Coppin & Nelson, 2005, p. 61). Coppin and Nelson (2005) explained the power of “the individual and unique manifestations of the psyche, the symptoms that ask for your attention and shape one’s life in the subtle and dramatic ways,” (p. 60). Depth psychological inquiry foregrounds the use of metaphor when examining these symptoms to allow images to remain dynamic (Coppin & Nelson, 2015; Mercury, 2000; Stromsted, 2005; Woodman, 1985, 1990, 1993). Jung seemed to propose “image as both prior to and greater than the sum of its symbolic components” (Samuels et al., 1986, p. 72). Jung believed that images express a momentary constellation of unconscious content (Samuels et al., 1986). Coming into relationship with the image requires a burgeoning reciprocal relationship between conscious and unconscious. Therefore, an image is not a flat object, but a subjective animation of the relationship between conscious and unconscious. Understanding this allows for unification of disparate components of psyche. Image can serve as a portal between consciousness and the unconscious. Metaphor is the poetic exploration of that which is difficult



to convey in literal words (Hillman, 1972). Trauma often cannot be accessed directly—it requires the engagement of image and metaphor (Fogel, 2009; Hillman, 1972; Kalsched, 2013; Kalsched & Sieff, 2008; Levine, 2010 & 2015; Lakoff & Johnson, 1980 & 1999; Rogers, 2006; Rothschild, 2000; Samuels et al., 1986; Woodman, 1995, 1993). Metaphor allows life and movement into the discussion; image gives form to the formless. The images can breathe and evolve without being nailed down and killed with analysis (Coppin, 2015). Psyche and image are alive and, as stated previously, must be experienced in a multisensory way (Hillman, 1972; Mercury, 2000). Therefore, our language must reflect this lived experience (Hillman, 1972).

In *The Myth of Analysis*, James Hillman (1972) explained that our society has stripped soul out of language, tossing around dead words that echo with long forgotten mythos and archetypes. The history and mythic component of the language is forgotten, but still affects us. In Woodman's (1982) glossary of Jungian terms, she defined archetypes as "irrepresentable in themselves, but their effects appear in consciousness as the archetypal images and ideas. These are universal patterns or motifs which come from the collective unconscious and are the basic content of religions, mythologies, legends, and fairytales" (p. 195). Words are archetypal images—accessible references to the archetypes that live in perfect abstraction, too deeply rooted in soul for our mortal senses to comprehend (Coppin, 2015). The archetypal images of words have been bastardized and their true power forgotten.

Hillman (1992) advocated for an aesthetic psychology calling for a return to beauty as aethesis, an embodied response to the world. Hillman understood the basis of mind as a poetic response to anima mundi, the ensouled world. From this perspective, feeling and felt sense are underscored in relationship with self, others, and the world. Symptoms can be understood as an opening to psyche. Hillman challenged us with the sacred task of tending to language, logos, in a

way to give voice to soul, psyche. Such an approach to therapeutics may ask practitioners to tend to soul as lovers of image and symbol (Hillman, 1975), an embodied relationship with soul.

In David Abram's (1996) *Spell of the Sensuous*, he traced the anthropological evolution of language from an intimate embodied encounter with a stimulus to the externalized written word. For example, water was "wa-wa," a sound that echoes that of moving water. We see something similar with infants learning to speak. The evolution of language resulted in the written word, concretizing the archetypal quality of the word to a flattened image that fits within the margins of a page. The flattened image is deadened, stripped of soul and body. The echoes of these archetypal images bounce around our bodies searching for resurrection. Bumping up against an archetype can leave a bruise. There is a fluidity between psyche and soma that can be difficult to comprehend in our highly medicalized Western world. Abram (1996) explained:

The gestural genesis of language, the way that communicative meaning is first incarnate in the gestures by which the body spontaneously expresses feelings and responds to changes in its affective environment: the gesture *is* the bodying-forth of that emotion into the world, it *is* that feeling of delight or of anguish in its tangible, visible aspect. (p. 74)

The body cannot lie (Hillman, 1972), and the bodying-forth of the archetypal image/word can be liberating. The deeply somatic and archetypal quality of language is still experienced in the body and unconscious symptoms of this show up on every level of the biopsychosocial continuum.

Hillman (1999) discussed the connection between psychic suffering and bodily ailments in a passage in *The Force of Character*:

Contribution: the condition of being distressed in mind for some fault or injury done, says the Oxford English Dictionary. The old verb "contribute" means "bruise, crush, abrade."

The heart crushed by its own faults is suffering another kind of massive coronary event that brings deep pain. (p. 123)

Hillman made explicit how our language blurs the lines of physical and psychological pain, specifically pointing to bruises caused by internalized shame. This dissertation puts Hillman's direct connection between psychic pain and physical bruising into action, providing an opportunity to engage in seeing through the word and experience to something beyond. Hillman (1975) outlined a process for "seeing through" (p. 140) that can be applied to word wounding as part of the somatic reclamation process. By focusing on the symptom, the fuller meaning can emerge. Hillman (1975) described seeing through as a process of bringing to consciousness the sensations, feelings, and thoughts rooted within an archetypal image, moving from the literal exterior inward.

The process of seeing through begins with a "psychological moment" (Hillman, 1999, p. 140), the moment of psychic entrapment when one becomes enraptured and all other thoughts and actions fall away. I was curious what in the word wounding originally possessed the participant. What narrative or series of narratives gave this word power? This is the psychological moment. The embodiment of this narrative must be recognized and brought into conversation. The narratives live in our flesh (Fogel, 2009; Halprin, 2003; Lakoff & Johnson, 1980 & 1999; Levine, 2010 & 2015; Rogers, 2006; Rothschild, 2000; van der Kolk, 2015; Volosinov, 1973; Woodman, 1985, 1990, 1993). Flesh is our connective tissue to the world (Abram, 1996; Coppin, 2015; Merleau-Ponty, 1945/2013). Foregrounding the relationality of the flesh breaks down the subject-object way of seeing the world and forces us into a relational and numinous existence (Abram, 1996).

Depth psychology invites us to utilize a Hillmanian (1975) lens to approach cultural critique in “seeing-through” (p. 140) current paradigms, including: institutions, philosophical and cultural biases, individual and group actions, and belief systems. This includes how we imagine the world and how we implement our language. Words have the power to oppress or liberate across the biopsychosocial continuum. We must maintain vigilant awareness of our relationship with words and their subsequent effect on our lives and culture.

Sometimes identifying a word wounding can be difficult. Our psyches do a brilliant job of protecting us from material that we are not prepared to consciously metabolize. When an emotional response cannot be tolerated a complex can develop around the emotion and related experiences (Chodorow, 1997; Hillman, 1964, 1972, 1975, 1989, 1992, 1999; Jung, 1948/1969; Mercury, 2000; Slattery, 2000; Stein, 1998; Woodman, 1985, 1990, 1993). The unbearable emotion can be unconsciously partitioned off, pointing to something incompatible and unassimilated in the psyche. Pushed out of consciousness, the complex begins to form autonomously. The complex snowballs, magnetizing related affect, sensation, behavior patterns, trace memories, and ideas knotting into each other and amplifying itself. The interwoven affect comingles with personal, familial, cultural, and archetypal experiences.

Once a complex begins to form it can take on a life of its own and is not easily addressed (Jung, 1948/1969). Rooted in the unconscious, complexes express themselves through unconscious symptoms that can have a compulsive or possessive quality. When enraptured by a complex, the core affect consumes a person mentally, emotionally, and somatically. A person in a complex may behave or act in ways out of alignment to how they would normally; they may experience intrusive thoughts or moods. Complexes can also present through physical symptoms. The material entangled in a complex simultaneously compels and repels the individual,

overpoweringly seductive, and often becoming repetitious in nature. Complexes can signal that the involved material is important and requires more careful attention. A word wounding could be understood as a complex. The lived theoretical concept of complexes can be helpful in understanding the nature and power of word wounding as well as the difficulties in addressing them.

The entirety of any human being cannot be reduced to their most painful experience or any singular aspect of who they are. Any attempt to do so is an act of violence that can only lead to suffering (Orange, 2011). As Hillman (1972) said, “Naming changes the thing named. (When Adam names the animals, they are doomed to perform in accordance with their names; they take the quality inherent in the name.)” (p. 142). The powerful label flattens a complex, multifaceted living identity into a one-dimensional performance of that which is named. By bringing conscious and embodied awareness to words, we can loosen our identification to specific words and come into relationship with them. This is doing a type of “word therapy,” as Joe Coppin (2015, lecture) said, and taking back the power we have attributed to the word and as a result healing ourselves and the word itself. This ripples out to affect the world around us as well—because words effect more than just people (Hillman, 1972).

### ***Metaphor***

This dissertation work utilizes layers of metaphor in an archetypal investigation of word wounding. As Woodman suggested, “It is the archetypal energy that heal[s]” (Stromsted, 2005, p. 16). Woodman (1993, 1984) also urged that healing has to come through the wound and that bodywork accelerates healing integration. The embodied wound serves as *prima materia* for alchemical transformation (Mercury, 2000). Alchemy is an ancient map for transformational processes, both physical and psychological. While the alchemical process does not guarantee a

transformative outcome, the wound serves as a potential portal for transformation (Mercury, 2000). The embodied metaphor of word wounding acts as a transitional holding space, allowing unconscious and conscious integration. If one is paying attention and listening with the whole body, the tangible metaphors pour out of conversations—surfacing that which is unseen but felt so deeply within—revealing feelings that participants have carried inside for so long, dismissing and denying as not being real. The process of the somatic reclamation of word woundings encourages participants to embody the metaphor of their symptoms and recognize that their experience is very real.

Hillman's (1972) understanding of how words interfere with the psyche-soma connection is fundamental to understanding the phenomenon of word wounding. When language loses metaphor, the metaphor manifests somatically. The fluidity between psyche and soma can be very confusing in our Western culture: "Since words have their way with us, these meanings tend to fuse in our minds, violating the mental Puritanism that strives to keep terms separated by clean definitions, uncontaminated with suggestive implications" (Hillman, 1999, p. 69). The embodied experience of language must be felt if one is to adequately understand the power of words. Within the context of this project, it is important to understand that the metaphor is real, but it is not concretely literal. As Hillman (1999) said:

I am not suggesting simplistic conversions of body into mind, such as "Clogged arteries are really blocked passions," or "Panicky arrhythmias are cowardly avoidances," as if expressive psychotherapy could prevent a myocardial infarction. I do mean, however, that character demands attention to core essentials. (p. 122)

If there is confusion between metaphorical and literal, the archetypal image and the psychic space created in this transitional space slips away and collapses. Holding on too tightly to a sense

of knowing brings us to a place of one-sidedness that no longer holds space for the movement of psyche (Coppin & Nelson, 2005).

Through a Hillmanian lens, the power of the intentional embodiment of the metaphorical experience can be more accurately understood. This is part of why myth, poetry, and art are infused into depth psychology as they are carried by metaphor. Hillman (1972) explained,

A language that no longer carries metaphor displaces the metaphorical drive from its appropriate display in poetry and rhetoric, or any symbolic form, into direct action. The body becomes the place for the soul's metaphors, and everyone who turns toward body for salvation is driven at once into the immediate action- stands, positions, gestures, styles- of psychopathic behavior. (pp. 112-113)

We live in a culture of literalism that has unknowingly stripped away the metaphor of Psyche, forcing it into the body (Hillman, 1972; Rogers, 2006; Woodman, 1985, 1990, 1993). Woodman (1993) believed that the language of the unconscious reveals itself through bodily gestures. Reembodying the metaphor brings this full circle, reanimating the word so that we can come into relationship with it. This exploration of the phenomenon of word wounding draws from trauma-informed practices to encourage participants to embody the metaphor of their symptoms and recognize that their long-denied experience is very real. Only a symbol (the wound image created through the somatic reclamation process) can overcome a symptom (the psychic word wounding) (Coppin, 2017; Hillman, 1972; Woodman, 1985, 1993). The use of embodied image creation to explore symptoms that communicate metaphor is an exciting new application of Hillmanian and depth psychological theory.

Hillman (1972) intentionally contradicted himself as a way of creating psychic space and avoiding rigidity in his theories. His theoretical discrepancies make it difficult to utilize his work

as foundational to my own. However, because of this plasticity, I feel I have the liberty to explore a more intentional embodied application of Hillman's understanding of language, metaphor, and archetypal phenomenon. It is obvious that the phenomenon of word wounding is dependent on the affect-laden quality of these archetypal experiences (Coppin, 2017). The work is tapping into the punch of the archetypal experience of language. This sensory experience comes with a very specific image (Coppin, 2017), the bruise/wound and word, that evokes Eros and draws one in. Impact has a quality of being ineffable—there is an essence that compels one to respond (Coppin, 2017). I know that I cannot quite reach the full experience, but I must show up and at least try. Through a Hillmanian lens, the power of the intentional embodiment of the metaphorical experience can be more accurately understood.

***Manifestation: Lived Experience***

To more fully understand the phenomenon of word wounding, it is important to put Hillman's archetypal perspective (1972) into conversation with Rogers' (2006) interpretation that the unsayable manifests somatically:

Her body was responding to something unbearable, which Lacan calls “the Real.” For Lacan, the Real isn't reality or actuality, but something that can't be said or represented in any way. Where does the Real go? Into the body, into a symptom, an expression of what cannot be said. (Rogers, 2006, p. 107)

The somatic congruence between the Lacanian concept of the Real (Rogers, 2006) and the Jungian shadow (Conger, 1988; Stein, 1998) calls for further exploration. The body holds trauma that can be overwhelming for the conscious mind (Fogel, 2009; Rogers, 2006; Rothschild, 2000; van der Kolk, 2015; Woodman, 1985, 1990, 1993). The sensations and experiences that point to such trauma are called signifiers in the Lacanian tradition. Rogers (2006) asserted that “in the



logic of the unconscious, words are not isomorphic with memory (or its inverse, false memory), but are placeholders for the unsayable. And the unsayable repeats in its own terms, in its own form of truth” (p. 92). Through the concept of the unsayable, word woundings could be understood as the marking of the unsayable—the physical symptom as a substitute for remembering the unsayable. Rogers posited that when working within her approach, one must hear the repetition of words as physical and psychological signifiers. Often word woundings have been experienced as a series of smaller woundings that have caused deeper suffering with each repetition.

Brown (2007) presented shame as possessing a similar ineffable quality to the unsayable— even though shame is a feeling known by all of us, it is still almost impossible to fully describe. This alludes to philosopher Hans-Georg Gadamer’s theory of the *verbum interius*, highlighting what “is never spoken but nevertheless resounds in everything that is said” (Orange, 2011, p. 35). Rogers (2006) traced the theoretical framework of the ever-present unsayable from Freud’s concept of the logic of the unconscious—which utilizes bodily symptoms, word choice, and actions to be expressed—to Lacan’s evolution of Freud’s theory to encompass how language shapes both the conscious and unconscious.

From a post-Jungian perspective, Marion Woodman (1990, 1993, 1985, 1984) similarly drew on the bodily manifestation of language and metaphor. Woodman is often credited with bringing the body and feminine into the center of depth psychology (Reid, 2010; Stromsted, 2005). Woodman advocated that medicine for psychosomatic pain can be found in the metaphor (Reid, 2010). Woodman (1993) often utilized symbolism and embodied metaphor to create the container for psychic transformation. She explained that “transformation moves energy from the unconscious to consciousness” (Woodman, 1990, p. 18). The shift into consciousness allows one

to come into relationship with what emerges. Woodman also emphasized the great importance of congruence of soma-soul-psyche: “as within, so without. Nothing can be achieved without, if the foundations are not firmly established within” (p. 13). Change on an individual level ripples out to effect greater societal change.

Johnson drew attention to the impact of oppression on body and soul stating: “recognizing the embodied dimensions of oppression is key to transforming the soul damage it inflicts on all members of society” (2019, p. 1). I understand this quote as Johnson pointing to the connection between embodied social justice, somatic depth psychology, and spirituality. I fundamentally agree that seemingly disparate bodies of knowledge are intertwined.

### *Spirituality and the Body*

Kalsched (2013), Kalsched and Sieff (2008), and Woodman (1984, 1985, 1990, 1993) strongly argued the important connection between trauma and spirituality<sup>2</sup>. They assert that trauma affects an individual on a soul level and that deepening one’s relationship to spirituality can be a resource for making meaning out of traumatic experience. Frankl (1959) demonstrated there can be meaning in suffering, and the self-determining nature of meaning making is deeper than logic. Slattery (2000) presented a mythopoetic interpretation of bodily wounding in literature. Slattery proposed:

The wound is a special place, a magical place, even a numinous site, an opening where the self and the world meet on new terms, perhaps violently, so that we are marked out and off, a territory assigned to us that is new, and which forever shifts our tracing in the world. (p. 7)

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<sup>2</sup> It is of note that the spiritual traditions explored in this section are primarily Western in origin or are filtered through a Western lens by the referenced scholar and again by myself.

Word woundings may be such a numinous site of opening. As such, working with them would require an awareness for the potential of a spiritual dimension to emerge as part of the process.

To find the Divine, we must look within and traverse our own anatomy. To maintain the life force and psychic energy of the Divine, we must utilize metaphor and hold it gently.

Feuerstein (1989) proposed:

The key to mystical language and religious metaphor is not theology or cosmology but anatomy. All the religious and cosmological language of mysticism is metaphorical. The metaphors are symbols for anatomical features of the higher functional structures of the human individual. Those who enter deeply into the mystical dimension of experience soon discover that the cosmic design they expected to find in their inwards path of ascent to God is, in fact, simply the design of their own anatomical or psycho-physical structures. Indeed, this is the secret divulged to initiates of mystical schools. (p. 7)

The type of embodied metaphor Feuerstein expressed is foundational to my understanding of the potential medicinal quality of the somatic reclamation of word woundings. Harris (2001) beautifully offered that “the skin is the mirror of the soul” (p. 32). Word woundings may be symbols that bridge the anatomical and psycho-physical structures, a cosmological language of mysticism that simultaneously draws one further into their body and closer to the Divine. Marion Woodman (1984, 1985, 1990, 1993) championed embracing this seemingly paradoxical tension of the opposites. The word wounding could potentially be an initiation and “paradoxical doorway into transcendence” (Stein, 2014, p. 39) as it is providing a portal to intentionally engage with embodied spirituality.

Tapping into embodied spirituality requires that we curiously explore the *word wounding* image with as many senses as possible to pump life back into the deadened word and painful

experience. Abram (1996) said, “only if words are felt, bodily presences, like echoes or waterfalls, can we understand the power of spoken language to influence, alter, and transform the perceptual world” (p. 89). Approaching the felt-sense of the *word wounding* with a child-like sense of wonder and curiosity may bring one closer to the sacred.

The belief that the soul manifests in the body traces back to Ancient Egypt (Mercury, 2000). Mercury (2000) suggested that depth psychological active imagination can be a tool in helping the bodysoul speak. Mercury (2000) explored the healing potential of the ritual embodiment of image. Mercury spoke specifically to tattoos and body modification, but their work applies to the *somatic reclamation* of *word wounding* process as well. The co-created *word wounding* image is not a permanent form of body modification; however, the *somatic reclamation* ritual could still have the potential to be transformative. The unconscious speaks through the image asking to be embodied and the body part calling for the image (Mercury, 2000). Mercury emphasized the importance of using active imagination to consciously engage with the area of the body and image one is working with;

the dialogue is critical because there is a direct connection between the capacity for a fleshwork to heal psychic wounds and the consciousness one brings to the modification process . . . there may be energetic forces at work in the anatomy that the ego cannot understand. (pp. 58-58)

The ritual of placing images on the body can be a form of alchemical transformation—intentionally reinhabiting narrative and bringing elements of the unconscious to the surface. Mercury (2000) stated that the ritual embodiment of wounding through tattoo or bodily modification, “is not a wounding or mutilation of the flesh, it is a homeopathic attempt to heal

oneself” (p. 54). Engaging wounds through ritual embodiment, creates an opportunity to witness psyche and facilitate healing.

Jung (1954/1969) stated that it is “fairly probable . . . that psyche and matter are two different aspects of one and the same thing,” (p. 215). The creation of a tangible sacred image on the skin may be a bridge into participation mystique<sup>3</sup> that illuminates the point of connection between Psyche & Matter and transforms both. It is important to note that *word woundings* surface on the skin. The skin is one of the first organs to develop in utero, a central organ of the body, and is one of the most sensitive organs of the body (Manning, 2007). Harris (2001) pointed out that “the skin is the largest organ in the body and not only surrounds the entire body but also serves as a protection from the outside world,” (p. 30). The skin is our permeable boundary between Self and Other.

Harris explained that “in ancient times, the skin was equated with the soul,” (p. 27). The skin is the organ of touch, of visceral connection, which draws attention to the potential importance of touch in the *somatic reclamation* of *word wounding* image creation process. Through touch a connection is being made. Franklin (1996) stated, “touch is a powerful way to influence body image because it is one of the first ways we experience the boundary of the body,” (p. 48). The skin is our opportunity to connect with the Divine that surrounds us in every moment. As Abram (1996) said, “We might as well say that we are organs of this world, flesh of its flesh, and that the world is perceiving itself *through* us” (p. 68). Flesh is our connective tissue to the world (Abram, 1996; Coppin, 2015; Merleau-Ponty, 1945/2013) and in turn, to the Divine. Recognizing our carnal connectivity breaks down the subject-object way of seeing the world,

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<sup>3</sup> Participation mystique refers to the transcendent numinous quality of relationship between subject and object or symbol coming into conscious awareness and creating a liminal space that yokes subject and symbol together. The term is originally attributed to Lévy-Bruhl and heavily influenced the life and work of Jung (Ellenberger, 1981).

forces us into a relational and numinous existence and has the possibility of better allowing us to explore our relationship with the essence of the word-wound image. From my understanding of spirituality and the body, word woundings may act as an embodied bridge to the Psyche and an attempt to explicitly communicate internal states to oneself and Others.

### **Ritual and Relational Embodiment**

The *somatic reclamation* process of creating the word wounding is making visible that which cannot be seen and externalizing the experience. The work drew from shamanic and alchemical understanding of ritual to emphasize the importance of ritual as a *temenos*, container, for transformative experiences (Baring, 2011; Chodorow, 1997; Cowan, 1996; Easter, 2016; Edinger, 1985; Gustafson & Gustafson, 1997; Harner, 1990 & 2013; Krippner, 1990; Some, 1993; Stromsted, 2014; Turner, 1969; von Franz, 1979). *Temenos* refers to the container that is created in therapeutic relationship holding a safe-enough space for metabolizing psychosomatic material and opening the possibility of transformation. Ritual requires an intentional slowing down. Some (1993) explained the disruptive resistance of ritual acts in our modern world:

Ritual is not compatible with the rapid rhythm that industrialism has injected into life. So whenever ritual happens in a place commanded by or dominated by a machine, ritual becomes a statement against the very rhythm that feeds the needs of that machine . . . a political machine or otherwise. (p. 19)

Some explained that ritual is a sacred act of civil disobedience. Ritual is a radical reclamation of soul and reconnection with the ecology of the natural world—a somatic reclamation.

Ritual is an intentional opening of sacred space during that a symbolic or metaphorical threshold is crossed. Michael Meade (1994) proposed that “the wounds work as thresholds between inner and outer realities. Seeing into the wounds and scars reveals that everyone is

wounded and teaches one how to see the person coming out of the wound” (p. 12). In this vein, to evoke the word wounding is an effort to evoke the threshold into soul and sacred space and through that to come into deeper authentic relationship with the self and Other. The somatic reclamation process outlined in this study to explore word wounding intended to create a well-structured container for ritual and relational embodiment to occur.

Wound woundings occur in relationship—with self, other, language, society—and “and it is within relationships that healing most effectively takes place” (Stromsted, 2007, p. 207). Essential to somatic modalities is the act of yoking current relationship patterns and experiences to those corrugated early in life. Stromsted (2007) explained, “These early interactional patterns have a powerful impact on the individual’s embodied experience, sense of self, and ability to relate to others” (p. 207). Relational embodiment and compassionate companionship can support awareness and shifts in long-standing relational and attachment patterns.

As Cornell (2015) explained, when we are speaking of the body, we are speaking of our relationship with the Other; “the body is misleading because it leads one into relationship, and so towards the perils and ecstasies of dependence and surrender; it reminds us, that is to say, of the existence of other people” (p. 461). Levinas (1961/1969, 1974/1997) professed that our a priori responsibility as human beings is to attend the suffering of the Other. Only by entering into the field of relational embodiment can connection ripple through “space including the ‘space’ of one another ‘as if’ they actually could feel the changes taking place within the other person’s bodymind” (Little, 2014, p. 255). The encounter that takes place in the dyadic ritual touches both parties. Manning (2007) explained, “Touch involves a return, a return not to the self-same but to the body as it has shifted through the process of making time and space with an other” (p. 24).

Adler (1999) said that a fundamental need of individuals “in the cultures of the West is the longing for a witness. We want, deeply want, to be seen as we are by another. We want to be witnessed. Ultimately, we want to witness, to love, another” (p. 158). Through this gentle holding process “inchoate, or unnamable or unbearable sensations in the body can then become transformed into imagery or verbalization, and genuine mourning and healing can occur” (Stromsted, 2014, p. 48). Through social somatics there is an opportunity to explore the intercorporeal formation of self in relation to a group that is not one’s family system. While the container and structure of the ritual stays consistent, each somatic reclamation process and participant’s experience within the ritual is different.

Due to the vulnerable nature of the somatic reclamation of word wounding process, it is critical to establish guidelines for ethically traversing liminal space that arises as part of the relational field. Aluwihare-Samaranayake (2012) offered guidelines for how the participant and researcher can ethically collaborate in the research process:

The modes may include dialogue in the spoken and written and visual to affect their aims to adhere to the principles of respect, beneficence, nonmaleficence, and justice in a way that is mutually beneficial to the participant and the researcher . . . [both the participant and] researcher add equal weight to the transparency of their ethical process and add value to building methodological and ethical rigor to the research. (p. 64)

Whereas Aluwihare-Samaranayake (2012) offered a beneficial foundation, I believe that it is necessary to further unpack the inter-relational dynamics in order to more consciously engage in the field. I propose that intentionally leaning into one’s felt sense and aesthetic presence in the research (instead of trying to compartmentalize it as subjective human error) can assist in ethically navigating this process. Foregrounding aesthetics—both art and body—in the research



process is also foregrounding awareness of power dynamics and bringing this component of research out of the shadows. By naming the body, and the power structures that be, the researcher acts to subvert the structural inequities and simultaneously empower the participant's lived experience and voice in the research.

There are numerous philosophical approaches to ritual and witnessing. It is important to begin by acknowledging the wisdom of indigenous people in our current understanding of ritual and relational embodiment. Shamanism is a tradition of making visible that which cannot be seen with the untrained eye, often through the use of ritual (Cowan, 1996; Easter, 2016; Gustafson & Gustafson, 1997; Harner, 1990, 2013; Krippner, 1990). *Shamanism* is a vague term covering thousands of different indigenous healing traditions (Harner, 1990). A form of shamanism has been found in every indigenous culture in the world at some point in their history. One must be very careful not to generalize when speaking about specific types of shamanic practices. Harner (1990) made extensive efforts to find commonalities that are true for most or all different shamanic traditions. Harner did not, however, adequately explore the dangers and oppressive act of cultural appropriation.

Levinas (1961/1969) believed that one can only understand the self through the knowing eye of the Other. Levine and Levine (2017) articulated the fundamental necessity of being gently held and supported by a witness in the healing process, stating that “holding is essential in any helping relationship . . . participant[s] must feel safe or no act of *poiesis* will be possible” (p. 14). The container of ritual creates safety and the opportunity for healing experience to take place.

With a Levinasian framework in mind, we must acknowledge the mutual reciprocity of seeing and being seen that occurs in research—our humanity as researcher is bumping up against the humanity of our research participants and vice versa. This is an opportunity to deepen our

ethical inquiry in exploring whose voice is being privileged. As Fosha (2001) succinctly stated, “Though not symmetrical, the process of dyadic regulation is bi-directional and mutual” (p. 5). If we think of the researcher’s body as a “sounding board” (Hillman, 1964, p. 146) the tune could be pulled out of key if it is not properly attended to. As Gendlin and Hendricks-Gendlin (2015) pointed out, by staying attuned to this mutual exchange, one can develop, “what was carried in the body implicitly (the so-called ‘unconscious’) . . . [to] become explicit, and thereby carry life forward” (p. 254). Fosha (2001) focused on the affect that arises through the experience. Fosha (2001) summarized their work by saying,

Core affective experiences include the primary emotions (anger, joy, fear, etc.), self experiences and self states (feeling vulnerable, lonely, powerful, etc.) and relational experiences (feeling close, distant, alienated, intimate, etc.). The visceral experiencing of core affect, in concert with an accepting other, produces a transformation in the patient’s emotional state, in which adaptive resources accessed and released. (p. 2)

In working with core affect, Fosha (2001) would “aim to (1) minimize the impact of anxiety and shame, (2) make the avoidance of feeling unnecessary, and (3) facilitate the experience of core affect” (p. 3). This approach would serve to support the visceral embodiment of the word wounding that could feel overwhelming if not resourced properly.

Applying La Barre’s (2005) article, the focus on the kinetic exchange that occurs in transference and countertransference becomes the most prominent therapeutic tool. La Barre (2005) presented that “movement happens all the time, creating . . . a kinetic text. Reading the kinetic text is intrinsic to all interpersonal perception and communication, including listening and speaking” (p. 249). The learned actions of the body can provide information about developmental markers. La Barre (2005) said, “At all times, each of us operates with a particular

action repertoire that is derived from innate tendencies in movement as well as from adaptations developed with experience” (p. 252). La Barre (2005) pointed out an interesting concept that “one's movements are always to some degree modified by and modifying another's movements” (p. 251). The most powerful medicine comes “when [participants] go further and recognize that the change within their partner changes them and their potentials moment to moment, this is their action of actualizing” (Little, 2014, p. 255). These embodied relational experiences “point[s] away from absolutes and fixed identities and towards the vulnerability of experience where actions, even attentional ones like a felt-thought, can be world-changing on a material level” (Little, 2014, p. 253). Entering into the embodied relational field with conscious awareness demonstrates the profound potential of witnessing. Witnessing has the capacity to support the reorganization of an expanded sense of self. Woundings surface in a unique way through the embodiment of self in relation to an empathic Other.

In a similar vein, Pallaro (2007) shone a light on the critical importance of somatic transference and countertransference. Pallaro's approach is almost a combination of Fosha's (2001) emphasis on emotion and La Barre's (2005) focus on kinetic transference and countertransference. Heimann (1950) explained:

The analyst's emotional response to his patient within the analytic situation is one of the most important tools for his work. The analyst's countertransference is an instrument of research into the patient's unconscious. . . . Our basic assumption is that the analyst's unconscious understands that of his patient. (p. 81)

Pallaro (2007) went as far as to say that the therapist must be able to fully experience the countertransference in order to consciously navigate those roles. Ehrenreich (1995) drew the metaphor of the witness's necessity to “provide a clear mirror in which the mover [or participant]

can learn to see themselves” (p. 10). The therapist “may perceive emotional behavior in others and immediately experience it within our own bodies through kinesthetic empathy” (Berger, 1989, p. 170). These implicit and explicit understandings help us feel understood. While the transformative intervention of the somatic reclamation of word wounding process is not therapeutic or analytic, these concepts are nonetheless helpful in ethically navigating the role of facilitating the process.

Each session engages what Merleau-Ponty (1945/2013) termed *intercorporeality*—the foundation of empathy that theorizes that individuals are shaped by somatic social interactions. Tanaka (2015) highlighted bodily resonance as a quality of intersubjectively meaningful human interaction and Merleau-Ponty’s theory of “carnal intersubjectivity:”

The self can understand the other without running theories or simulations, as far as this intersubjective meaning is shared through bodies. . . . The self and the other can directly share what is being created between two bodies, without being mediated by mental representations. (p. 468)

Perception of carnal intersubjectivity carries an embodied, practical knowledge that arises from a shared empathy (Tanaka, 2015). Shared empathy produces a type of resonance also known as right brain to right brain connection—the implicit field and embodied connection that develops between two people in a healing setting (Badenoch, 2008; Fogel, 2009; Porges, 2009; Porges & Furman, 2011; Siegel, 2007).

Whichever framework one chooses to use, we are entering into an intersubjectively meaningful exchange that will affect both bodies—the individual with the *word wounding* and the witness. We are ethically beholden to each other (Levinas, 1961/1969, 1974/1997). It is a vulnerable and courageous act to wear your soul on your sleeve, on your very skin, with the

word wound. These implicit and explicit understandings help us feel seen and understood. As Gendlin (2015) pointed out, by staying attuned to this mutual exchange, one can develop, “implicitly (the so-called ‘unconscious’) . . . [to] become explicit, and thereby carry life forward” (p. 254). Tanaka (2015) quoted Merleau-Ponty as saying, “He and I are like organs of one single intercorporeality” (p. 465). We are connected through the experience of being embodied beings, “through which we have the sense of mutual understanding” (Tanaka, 2015, p. 468).

Structuring the word wounding image as a somatic reclamation co-creation process deepens somatic resonance and empathic witnessing as it brings the researcher alongside the participant in bringing forth what will be the participant’s vision. The somatic reclamation cocreation process encourages the participant to find language to articulate their experience and describe it in a way that it can be visually reflected to them through the image creation process. The process allows space for the participant to make adjustments and negotiate how they will express their internal experience. This works to deepen the experience of being seen and witnessed and empowers the participant to strengthen alignment between felt sense, articulating experience, and seeing it mirrored back to them. Through this somatic reclamation cocreative process, the participant can see in real time the researcher's understanding of the participant’s description and immediately clarify. It is affirming for the participant to be understood correctly and able to negotiate their felt sense and how they share that evolving sense with an other.

The relational embodiment also has the possibility of extending beyond the dyadic container to the reader of this dissertation. Witnessing the images and narratives can evoke deep empathy from the reader and transports them to the place of their own pain. Abram (1996) explained:

Husserl discerned that there was an inescapable affinity, or affiliation, between these other bodies and one's own. The gestures and expressions of these other bodies, viewed from without, echo and resonate one's own bodily movements and gestures, experienced from within. By an associative "empathy," the embodied subject comes to recognize these other bodies as other centers of experience, other subjects. (p. 37)

The body is resonant, and the word woundings are so personal that they can be transcendent; inviting empathic connection through compassionate witnessing. They evoke the deep wounding that we all carry as a result of the loss of soul in language.

### **Summary Statement**

By putting critical theory, trauma, depth psychology, and ritual into conversation we can illuminate different aspects of the question, "how do we make the intangible experience of word wounding tangible so that we can come into relation with the experience?" Ritual and conscious engagement with relational embodiment help to create the container and catalyst for transformation and somatic reclamation. Critical theory helps us to deconstruct the implicit power of the words and the impact that ripples across the biopsychosocial continuum. Trauma literature—specifically expressive arts therapy, Somatic Experiencing, and embodied social justice—establishes the far reaching and traumatic effects of oppression, affecting individuals psychically, psychologically, interpersonally, and societally. This literature also offers tools for supporting healing integration of traumatic experiences. Depth psychology further supports the connection between psyche and soma and foregrounds the importance of metaphor in exploring archetypal phenomenon (Romanyshyn, 2001). Allowing for critical elements of time and space is crucial to safely engage with psychesoma for a somatic depth psychological perspective (Fogel, 2009; Hillman, 1972 & 1975; Levine, 2010 & 2015; Romanyshyn, 2001; Rothschild, 2000).

Although all of these areas of literature lend themselves to the work, none have been applied together in this way before. This study offers a point of intersection in these fields in order to explore the phenomenon of word wounding and their somatic reclamation, with the potential to push the boundaries of how each field has traditionally addressed questions of verbal abuse.

To put this all together, if we think about word wounding as a kind of embodied speaking, we can imagine this as a circle: There is a fundamental impulse to communicate, to represent experience in language. This impulse projects us out into the world in the form of gesture, writing, and speech. Although we talk about writing and speech as cleanly intellectual and rational activities, we cannot divorce them from the body—language carries with it the meaning of the body. In this way, creating word-wounding images on the body is a way of completing the circle by returning the meaning to the source of meaning (the embodied being-in-the-world). Words embody their archetypal meaning before being spoken, so placing the words on the body is a way of re-embodiment of the source of meaning. The somatic reclamation of word wounding acts as an embodied integration through shaping the words, and the world, as they are laid down on the body. It does so in a wonderfully multidirectional way because it is a speaking to the self, a reflection back to the self, and a reflection that can be seen and interpreted by the Other.

The bruise is not a two-dimensional picture, but an externalized visual representation of the multisensory experience (Johnson, 2017a; Nelson, 2015). The work is a stripped down, raw, visceral, and vulnerable experience that touches wounds within the viewer. There is a tormented Other within us that is often too excruciatingly painful to acknowledge (Nelson, 2009). We would rather recoil in denial from this suffering. However, through ritual art, there is a brief caress of the Other in this moment of shared knowing. The abjection temporarily lifts during this

mutual recognition and we come to know ourselves through recognizing our reflection in the eye of the Other (Fanon, 1952). In exploring art that depicts the monstrous and tormented Other, Nelson (2009) summarized that these works of art

show how we compose our monsters from the rejected parts of ourselves so that a deeper, more comprehensive view of our monsters is, in fact, self-examination. They are the mirror in which we can see ourselves, if we have the courage to look. (p. 2)

For a moment, we may even unwittingly accept this Shadow within by empathizing with the wound of Other (Stein, 1998). Shadow work is an act of love and retrieval (Stein, 1998). In this way, the vulnerability of exposing our wounds can be the bridge to connection with ourselves and Others. Through embracing one's own encounters with word woundings, we can become more empathetic and able to connect with those who are suffering. As Marion Woodman said, "because of the anguish in my own soul I have been totally in communication with the anguish of others. Until your heart breaks open, you don't know what love is about, (personal communication, February, 1998.)" (as cited in Stromsted, 2014, p. 48). Consciously embracing our wounds through somatic reclamation can open a portal to expanded capacity for love of self, other, and the world.



## Chapter 3

### Method

#### Research Approach

The somatic reclamation of word woundings is an aesthetic, artistic transformative intervention process of bringing awareness to the felt sense of a word and its personal and societal associations. This work utilized a poststructuralist, intersectional feminist lens to deconstruct the oppressive power of words (Abram, 1996; Butler, 2006; Crenshaw, 1989; Foucault, 1961/1965, 1969/1972; Johnson, 2009, 2017b). The poststructuralist aspect of this approach was utilized to draw out individuals' experience of word wounding on a somatic, psychological, and cultural level and to deconstruct the power that the words hold. The intersectional feminist lens also serves in subverting the flat and limiting identity of a single word. In turn, the lens foregrounding the complexity of what it is to be human in the effort to liberate the individual from embodying cultural inequity and foster somatic reclamation.

This work is dependent on the somatic depth psychological philosophical commitments that psyche is real and symptomatic (Coppin & Nelson, 2005) and that words can impact individuals on all levels of the biopsychosocial continuum (Hillman, 1972, 1975, 1989, 1992; Johnson, 2017b; Rogers, 2006; Zittel et al., 2002). Drawing heavily from a phenomenological approach, the work intended "to investigate the quality of another person's embodied subjective experience in the moment" (Johnson, 2014, p. 3).

I utilized embodied inquiry, an approach to research that prioritizes the necessity of including somatic data throughout the research process by vacillating between my interoceptive response and that of the participant. Bresler and Latta (2008) proposed that one of the benefits of this kind of aesthetic-based research is to "challenge traditional disciplinary and institutional

structures that compartmentalize knowledge, separating content into distinct pieces, knowledge from interests, and theory from practice” (p. 12). They went on to say, “aesthetic-based research, grounded in perceptual awareness, turns to the significant role of the body as a reciprocal medium for negotiating understandings” (p. 13). As both researcher and participant are deeply somatic beings, I believe it would be negligent to conduct research without incorporating the body. The data collected was heavily influenced by my embodiment as the researcher in relationship to my embodied participants (Johnson, 2014). For example, transcribing an interview without including tone, gesture, and interoceptive resonance provides a limited scope of the data and may cause findings incongruent with the interviewee’s experience. Johnson (2017b) explained, “An embodied approach to data analysis also recognizes that listening to the data with a poet’s ear may better illuminate and distill subjective nonverbal material than more literal, mathematical, and/or structured approaches to qualitative data analysis” (pp. 12-13).

Johnson’s (2014) article, “Somatic psychotherapy and research: Walking the common ground,” described utilizing their bodily response to hearing client’s stories of oppression as being an entry point into their research. Johnson (2014) described the process saying, “The research should be conducted in full awareness that the ‘body of the researcher’ in relation to the ‘body of the participant’ shapes the data being collected, with the body as both transmitter and receiver of such data” (p. 6). This is a rich aspect that invites the reader into the written dissertation in a much more sensory way. I followed Finlay’s (2012) example of “restor[ing] a poetic heart to academic writing” (p. 2) as well as Beale’s (2012) somatic writing. Somatic writing entails presenting the material in a way that engages a somatic response in the reader. Similar to Johnson’s (2017b) poetic ear in data analysis, Beale’s (2012) somatic writing in presenting the study “*consciously* works with the unconscious metaphor and is designed to

develop and integrate it. . . . Its purpose is the subjective development of unconscious material and healing rather than objective interpretation” (p. 3). I paid close attention to my interoceptive response and that of the participant and continued to vacillate between the two through all stages of the research to gather data and monitor activation (Appel-Opper, 2010; Brooks, 2010; Finlay, 2005). My body was one of my instruments used to collect and analyze the data. Exploring the phenomenon of word woundings necessitated the foregrounding of somatic data.

A poststructural approach was necessary to examine the multilayered effect of word woundings across the biopsychosocial continuum (Watkins & Shulman, 2008; Zittel et al., 2002). A poststructural approach provided focus to how word woundings impact individuals’ power, cultural capital, and social agency.

An arts informed research approach was utilized in an attempt to circumvent participant’s habitual resistances by facilitating interoceptive awareness to empower individuals through embodied artistic expression. Cole and Knowles (2007) defined arts-informed research as a mode and form of qualitative research in the social sciences that is influenced by, but not based in, the arts broadly conceived. The central purposes of arts-informed research are to enhance understanding of the human condition through alternative (to conventional) processes and representational forms of inquiry. (p. 59)

Similarly, Leavy (2009) advocated the benefit of “having research participants create art in order to express or get at some aspect of their lives that would otherwise remain untapped” (p. 218).

The artistic catalyst for the qualitative approach encouraged the participant to be the analyst of their word wounding. Utilizing layered metaphors and narratives by combining the embodied inquiry and arts informed research as I have described, was an attempt to bring crystallization to the research (Ellingson, 2008). Each approach offered a unique perspective and information that

the others cannot, helping to create a more informed understanding of the lived phenomenon of word woundings. This framework also addressed the depth psychology philosophical commitment that psyche is multiple and relational, as well as, complex and contradictory (Coppin, 2005).

### **Research Method**

The study utilized a traditional somatic focused qualitative interview process, while incorporating the word wounding image creation process as a catalyst for generating data. With that understanding, the research method employed was art informed research (Cole & Knowles, 2007). A sample size of six volunteer participants participated in two 60-minute sessions remotely over video conference and one 60-minute follow up interview. The sessions took place one-on-one over Zoom. In each session, the participant selected a single word or short phrase that had negatively impacted their personal narrative in order to explore its psychesoma effect. Due to the COVID-19 pandemic, this research pivoted from in person to remote for the somatic reclamation of word wounding image creation process to limit risk of exposure and ensure the safety of all involved.

### **Participants**

The research required the recruitment of six volunteer participants from the continental United States. Participants had to be a minimum of 18 years of age. Participants could be of any gender, sexual orientation, religion, race, and ethnicity. Participants were located across the continental United States. The participants ranged in age from 28 to 62 years of age. Of the six participants, 4 participants identified as female, one participant identified as non-binary/female, and one participant identified as agender. Four of the participants self-identified as white. Two of the participants self-identified as Caucasian/Hispanic or White Latinx. They had to be able to

commit to one 2-hour session remotely over zoom and a follow up 1-hour interview 1-2 weeks post session over video conference. Participants were recruited through social media platforms including Facebook, Instagram, and LinkedIn.

All interested parties were asked to complete an online intake form to gather demographic information and initial assessment of somatic literacy. Eligibility was dependent on the demonstrated ability to communicate lived experience on an embodied and emotional level. To assess somatic literacy in the screening process, participants were asked to describe a benign somatic experience. I assessed if they were able to be adequately descriptive. Participants' inclusion was assessed by me and, when needed, in consultation with my committee members. When a candidate was determined to be meet all eligibility criteria, I contacted the candidate via email to set up a phone call to discuss further. If it was found that the candidate for participation did not meet eligibility criteria, I contacted the candidate via email to explain that I have decided not to pursue their application.

During the phone call with a potential participant, we discussed on-going informed consent—going through the details and scope of the research procedure and encouraging them to ask any questions that they had. After their questions were discussed to their satisfaction, the participant was asked based on the on-going informed consent description and their knowledge of their personal history and current available resources, did the project feel like something they desired and were prepared to engage in fully. This participatory consent empowered the participant to make an informed decision about participation. After the phone call, I determined whether the candidate was a good fit for participation, taking into consideration eligibility criteria, somatic literacy, participant interest and self-determined preparedness. Committee consults were utilized when necessary to determine appropriateness of eligibility.

The candidates were notified via email whether they were invited to participate in the research or not. If the participant was determined to be a good fit, I officially invited them to be part of the research by sending an invitation via email with guidance on the next steps. After the participant accepted the invitation to participate, the participant was asked to sign the informed consent form and given the opportunity to ask any additional questions. The two 60-minute sessions and single 60-minute follow-up interview was then scheduled. The participant was invited to journal and begin creating foundational thoughts around the word wounding they will choose to discuss during the first session.

For confidentiality and anonymity, participants' names and identifying information have been changed. Participants were coded under the word or phrase they chose to work with during our process and will be referred to as such throughout the paper. The pseudonyms of participants are *Lack of Self Acceptance*; *HIDDEN*; *shame is the source of my pain, as much as it is my power*; *ALONE*; *Too Much*; and *sensitive*. Please note: punctuation, style, and grammar of pseudonyms is in keeping with participant preferences.

### **Safeguards for Protecting Participants**

Due to the vulnerable nature of the research process, it was critical to establish guidelines for ethically traversing liminal space that arose as part of the relational field. I believe intentionally leaning into one's felt sense and aesthetic presence in the research (instead of trying to compartmentalize it as subjective human error) can assist in ethically navigating the process. By naming the body, and the power structures that be, we act to subvert them and simultaneously empower the participant's lived experience and voice in the research.

As somatic, embodied beings, I believe it would be negligent to conduct research without incorporating the body. We are ethically beholden to each other (Levinas, 1961/1967,

1974/1997). In Levinasian terms, every breath I take is indebted to the Other. My embodied beingness necessitates a humble reverence to the Other and the intertwined nature of our lived experience demands to be acknowledged and prioritized in the research. The body connects.

This research explored the phenomenon of word wounding offering new insights benefiting the participants and the fields of somatic studies, depth psychology and expressive arts therapy. By participating in this research, participants had the opportunity to engage in a reflexive therapeutic process, somatic reclamation, that aimed to result in a cathartic release of embodied trauma and reclamation of personal voice and social agency. I hypothesized that the participants could have the potential benefit of increased self-awareness and self-knowledge.

To be eligible for the study, participants had to be 18 years or older and verify that they know of no reason why participation in the study would be unduly distressing for them—for example, they were not currently in crisis—and that they had access to identified supportive resources through the process (e.g. a friend, family member, therapist, etc.). This was in place to ensure that the participant had additional support to process the psychoactive material that could arise during the study. Additionally, the participant and researcher could not have any dual relationships. Before beginning the research, in-depth conversations were had with each participant to review the informed consent release, making sure that they have time to ask and reflect upon questions addressing each parameter of this study.

Engagement in potentially transformative practices can bring new awareness and knowledge that could disturb a participant's sense of self. This may provoke a sense of activation and discomfort. Avoiding harm is primary to qualitative research. Due to the primary focus of this research being word woundings that participants may encounter regularly, the potential magnitude of harm may not be greater than what they may experience in daily life; however, the

intentional depth engagement with word woundings may be psychoactive in nature. Every effort was taken to ensure participant safety and avoid retraumatizing the individual. Before joining the study, the participants had to verify that they have a resource of support (e.g., a friend, family member, therapist). Additionally, the participants were provided with a list of low-cost therapeutic services in the continental United States if they needed additional support in processing the somatic reclamation of word wounding experience.

Interviews could call forth difficult past experiences. I did my best to create a safe container for the participant's self-reflection. In the event that a participant came activated, I paused the session and made every effort to provide support utilizing my Somatic Experiencing training and somatic grounding techniques. If the participant were to become intolerably activated, the session would have been terminated and I would have assessed if it was appropriate for me to assist in providing containment or if additional support needed to be contacted (e.g., the participant's emergency contact or professional mental health services). The participant could also terminate the session at any time for any reason.

It was a fundamental pillar of the project that the participant is the expert in their own experience. Special attention was paid to how participant-researcher power dynamics may reiterate societal power structures. I intentionally created and maintained a safe container for the process. I continually centered the process on the participant's experience and gently subverted attempts to be deferential to me as an authority figure or to privilege my process. The process was participant-centered and, therefore, the participant heavily directed the aesthetics, pace, and application of the session. In moments where a participant became activated by the experience and unable to self-regulate their pacing, my Somatic Experiencing background was drawn upon to determine if a session needed to be paused or continued with the resources that support safe



containment and thus the participant's capacity to return to a state that is self-regulative. For example, during the creation of the word-wounding image, the participant had multiple choice points to empower their agency throughout the process. I utilized embodied inquiry, paying close attention to my interoceptive response and that of the participant, and continued to vacillate between the two through all stages of the research. Throughout the process, I used my interoceptive participation as a tool for embodied empathy and embodied ethical decision making (Finlay, 2005; Hervey, 2007). It was necessary to pay close attention to the participant's body in tandem to what they said to best assess the efficacy and intensity of the session and to determine the pace or even termination of the work.

The data collected, such as transcriptions of embodied interviews, journal excerpts, and photographs, were de-identified to protect the identity of the participants. Participants and dissertation committee members were consulted as needed when de-identifying the photographs. To protect the participant's identity all data were coded by the word they choose to work with and not their name. All data collected were stored securely and coded under the word the participant chose to work with to ensure confidentiality and privacy. Before the start of the research, I engaged each participant in a conversation about how long I would store the raw data. Participants had the choice of having the raw data destroyed upon completion of the dissertation. They could also request that the data be destroyed prior to the defense of the dissertation if they decide to withdraw from the project, for any reason. Participants were also included in the data analysis stage of research through member checking to ensure that their experience was accurately and authentically represented.

## Data Collection

Instead of applying face paint directly on the participant's body, the word-wounding image was created using acrylic paint on thin, clear, non-adhesive static cling vinyl sheets. As a result, each participant was given the choice as to how they would like to create the word-wounding image:

- The participant could describe their felt sense to me and I created the image to their specifications and mailed it to them.
- I could mail them the supplies and they could create the image while on video with me.
- The participant could describe their felt sense to me and I created the image to their specifications and mailed it to them with the supplies at which point they could continue to adjust the image to their specifications.

The options were discussed during the screening call and the participant's choice was confirmed after they signed the informed consent before scheduling the sessions. The procedures of the study varied slightly depending on the participant's choice. The option of choice also further encouraged agency and empowered the participant to take ownership of the image creation process.

### ***Image Creation Option 1: The Participant could Describe Their Felt Sense to Me and I Created the Image to Their Specifications on the Clear Vinyl and Mailed it to Them.***

In the first session, the participant selected a single word or phrase that had negatively impacted their personal narrative to explore its psychesoma effect. Utilizing an arts informed research method (Cole & Knowles, 2007) and Somatic Experiencing techniques (Levine, 2010, 2015), I created a visual representation of the participant's word wounding on thin, clear, non-

adhesive static cling vinyl sheets using acrylic paint. Once this was accomplished to the participant's satisfaction, the session was closed and the image mailed to the participant for the second session.

***Image Creation Option 2: I could Mail Them the Supplies and They could Create the Image while on Video with Me.***

In the first session, the participant selected a single word or phrase that had negatively impacted their personal narrative to explore its psychesoma effect. Utilizing an arts informed research method (Cole & Knowles, 2007) and somatic experiencing techniques (Levine, 2010, 2015), I facilitated and held space as the participant created a visual representation of their word wounding on thin, clear, non-adhesive static cling vinyl sheets using acrylic paint. Once this was accomplished to the participant's satisfaction, the session was closed.

***Image Creation Option 3: The Participant could Describe Their Felt Sense to Me and I created the Image on Clear Vinyl to Their Specifications and Mailed it to Them with the Supplies at which Point They could Continue to Adjust the Image to Their Specifications.***

In the first session, the participant selected a single word or phrase that had impacted their personal narrative to explore its psychesoma effect. Utilizing an arts informed research method (Cole & Knowles, 2007) and somatic experiencing techniques (Levine, 2010, 2015), I created a visual representation of the participant's word wounding on thin, clear, non-adhesive static cling vinyl sheets using acrylic paint. Once this was accomplished to the participant's satisfaction, the session was closed and the image mailed to the participant for the second session. Upon receiving the image and accompanying supplies, I made myself available to facilitate and hold space as the participant adjusted the image to their satisfaction.

*First Session*

Participants came to the first somatic reclamation of word wounding session with a general idea of their word wound and its location. However, they were asked to hold their idea gently and allow for shifts during the session. I welcomed the participant and oriented them to the Zoom space. We discussed informed consent again, emphasizing the participant's ability to stop/pause sessions or the research at any time. I was highly conscious of intersectional power dynamics at play and actively worked to remain humble and curious as a way of navigating potentially appropriative material. As part of this, I discussed the data being collected and the deletion date the participant would like me to use, making note of their wishes. I then oriented the participant to the recording component of Zoom, face paint, make-up sponges, and other resources that will be used during the process. The Zoom recording was begun with the participant's consent.

Participants were asked to bring their journal with them and invited to share excerpts of any written work they have done prior to the session. I prepared the participant for the word-wounding painting by holding space for the participant to share thoughts about the word and location they would like to engage during the session. Throughout this process, I attuned to the participant's wellbeing, taking pauses and softer time and space when needed. In moments when a participant might be activated by the experience and unable to self-regulate their pacing, my somatic experiencing background was drawn upon to determine if a session should be paused, or continued with the resources that support safe containment and thus the participant's capacity to return to a state that is self-regulative. The participant and I collaboratively finalized the word or phrase and/or its location and agreed when to move into the image creation process. Word woundings were not located on private areas of the body.

Next, I asked a series of questions aimed to gather the information necessary to most accurately understand and create the word-wounding image that was as close as possible to the participant's felt experience. Examples of questions included: How does the wound feel? What sensations are present? What is the shape of the wound? What is the felt stage of the wound (healing, new, repetitive)? What colors are in it? I intentionally solicited at least three somatic experiencing SIBAM channels (Levine, 2010). Using the information gathered from discussion and ongoing dialogue, I started creating the image on the participant's clear vinyl or guided the participant in doing so.

During the painting process, I checked in with the participant about the painting and how/if it was reflecting their internal felt sense of the wound. I was also constantly maintaining awareness of the participant's wellbeing and emotional state through verbal communication and somatic resonance—pausing when needed. I held up the in-progress image so the participant could see the image throughout the process or asked them to pause and show the image to me so we could more effectively collaborate and corroborate mirroring and mutual understanding throughout the process. Based on the participant's feedback, I worked with the participant to refine the wound image until it fully reflected their internal felt sense of the wound to their satisfaction. The image was complete when the participant felt that the image accurately reflected their internal felt sense.

Once the wound image was complete, we discussed the orientation of the word inside of the wound. I asked numerous questions to help design the word to reflect the participant's felt experience of the word. Questions included such things as: Is the word in all caps, all lowercase, or a mix of both? Does the word include punctuation (e.g., exclamation point, quotation marks)? Is the word written straight across, zigzagged, curved? Is the word written in cursive or print?

Once I had a sufficient understanding of the participant's vision, I used a sharpie to write the word inside the wound image to the participant's specifications. During this process, I continued to check in with the participant and referred to their expertise in their own experience of the felt sense of the word while also vacillating between their experience and my own through somatic resonance to monitor their level of activation. I paused the process when needed to maintain the safety of the participant. I continued to refine the image to the participant specifications until they were satisfied that the word reflected their internal experience. The participant told me when the image was complete.

### ***Second Session***

The second session took place after the participant received their word-wounding image and the image was complete to their satisfaction. The session began with a review of informed consent and a grounding exercise as we prepared for embodying the word-wounding image. Somatic experiencing techniques (Levine, 2010, 2015) were utilized to prepare the participant to apply the image and throughout the experience of embodying the image. The participant was invited to remove the white protective paper from the vinyl. Participants chose if they wanted to apply the vinyl to dry skin, dampen the skin of the identified area of the body where they felt the word wounding before applying the vinyl to that area, or use body tape to apply the image. Next, they were invited to remove the protective backing from the vinyl word-wounding image and place it on the chosen area of the body. Time and space were given to allow the participant to explore their felt sense of wearing the image, making any adjustment to the image that they felt were necessary.

When they were ready, the participant was invited to pose in a way to further express their experience of the wound (i.e., How do you want to pose to demonstrate your embodiment

of this wound?). The participants were also given the option of photographing the word wounding off the body if that was more comfortable for them. Special attention was paid to discussing the importance of de-identifying the photos when necessary. Once the participant was prepared, numerous photographs were taken of the participant with their wound, periodically stopping to show the digital images to the participant for their feedback. The participant selected the photo they felt best represented and embodied their word wounding. A portrait of the participant wearing their word wounding was taken virtually. The participant was also invited to record a brief one to three sentence poetic statement to accompany the image. The participant was asked to end the statement by saying their selected word as a signature. All the participants' data was coded by the word they chose to engage with during the process. The participant was then provided with options for removing the image and integrating that experience before completing the artistic process.

After the somatic reclamation process was complete, I guided the participant through a grounding exercise to close the session, and closed the container. There was a brief discussion of the session and the participant was encouraged to journal and utilize established resources to process and integrate the experience between the session and the follow up interview. The recording ended when the participant left the zoom room. I maintained fieldwork notes throughout the sessions and interviews.

### ***Follow-Up Interviews***

Embodied interviews were conducted over video conference within two weeks after the second session to further document the participant's experience (Tantia, 2013). The process was modeled after Johnson's (2017b) research into embodied social justice in that the process was,

designed to help elicit certain dimensions of somatic experience that might not be immediately accessible to the participants through verbal questioning alone. . . . By incorporating interoceptively focused exercises into the interview process, participants were able to access present-moment embodied experience. (p. 12)

Before beginning the interview, informed consent was again discussed. The interview began with a grounding exercise before moving into interview questions. Participants were invited to keep a journal of their experience pre and post process. Participants were invited to share self-selected excerpts with the researcher. After the questions were complete, we once again did a grounding exercise to transition out of the interview.

### *Participant Choice Points During Data Collection*

The choice points were a deliberate intervention to center the participant's experience and empower their sense of agency in the process. This was essential for the safety of the container. One of the choice points affected the methodological steps. In creating the image, participants had three choices. Two participants elected to be mailed the supplies, and they created the image while on video with me. Four participants elected to describe their felt sense to me as I created the image on clear vinyl to their specifications and mailed it to them with the supplies at which point they could continue to adjust the image to their specifications. Although only two of them chose to make adjustments to the image after receiving it.

In addition to the intentionally designed choice points, there were some unexpected deviations from methodology at times in order to prioritize a person-centered approach. One participant elected to keep the video off during sessions. This was a very important need for the participant's sense of safety and ability to be as present in the process as possible. It was an easy choice to prioritize the participant's needs. I worked with the participant to deepen verbalizing



what they were tracking in their body, and we were able to successfully navigate the process while supporting their safety and privacy needs. Because I could not see them, but they could see me on video call, I paid special attention to using my body to mirror what they were describing as they narrated the evolving felt sense they were tracking. Another participant elected to do a phone call for the final interview, again with no video, and I made a similar invitation. My training in facilitating Somatic Experiencing remotely and over Zoom helped to provide me with necessary skills to attune and deepen the resonance even without being able to see their body. Having the skills to meet the individual's needs in this way was essential to following a participant-centered process, supporting their needs over the research agenda. Another participant made the decision that they did not want to place the completed image on their body yet (evidence of needing more time and space for the process). Such decisions were honored and supported to meet participants' needs, and the method was adapted appropriately. This could be seen as a weakness of the study due to methodology not being uniformly applied, however I fundamentally believe that prioritizing the participant's needs comes above all else.

### **Data Analysis**

Recordings were transcribed utilizing an embodied transcription process (Finlay, 2005). Post data collection, I met saturation with the data through engaging with recordings of each session multiple times over the course of several months while implementing embodied transcription. The transcribed recordings, poetic statements, journal excerpts, fieldnotes, and participant selected portraits were coded for major themes collectively across the participants and for each individual participant. Once the data was processed into a digestible form, the primary themes were shared with the participants for member checking, inviting their feedback and perspective. A video call was offered to discuss findings if needed. The participants feedback

was incorporated into the analysis to ensure that the findings are as true and respectful of their experience as possible.

## Chapter 4

### Findings

This study was designed to explore the question, “what was the lived experience of participating in the potential transformative intervention, somatic reclamation of word wounding?” The data gathered during the process speaks to many facets of this question. Six participants from across the continental United States voluntarily participated in the study. Participants spanned the gender continuum and were of a variety of sexual and ethnoracial identities. To explore the research question, a qualitative phenomenological methodology was implemented in conjunction with arts-informed research and embodied inquiry. Participants and I met one-on-one for three recorded Zoom sessions.

I want to take the opportunity to briefly introduce the participants before presenting the findings. Only identifying characteristics germane to the findings will be included to provide maximum anonymity to participants. *Lack of Self Acceptance* is a female identifying person of German descent, born in Germany and living in the United States. *Lack of Self Acceptance*'s word wounding was on the front of the neck and the upper left-hand side of the chest, in the direction of the heart. *HIDDEN* is a female identifying person. *HIDDEN*'s word wounding was located on the abdomen. *shame is the source of my pain, as much as it is my power* is also a female identifying person. *shame is the source of my pain, as much as it is my power*'s word wounding was located on the front of the neck and the upper level hand side of the chest, reaching toward the heart. *ALONE* is a self-identified third culture kid and nonbinary person; born in the United States, they spent part of their childhood growing up in the Middle East and currently live in United States. *ALONE*'s word wounding was located on the abdomen. *Too Much* is a female identifying person. *Too Much* elected not to apply the word wounding image to

the body. *sensitive* is an agender identifying person. *sensitive*'s word wounding was located on the abdomen. In the following findings and discussion, we will get to know these participants more intimately through their reflections on participating in the somatic reclamation of word wounding process. Photographs of the word woundings that were able to be deidentified are included throughout the findings section. While engaging with the participants' words and images, I invite you to track your own somatic experience as witness.

### **Emerging Themes**

Findings have been organized into three categories: themes related to origin of the word wounding, themes emerging from the somatic reclamation of word wounding process, and themes related to the impact of the somatic reclamation of word wounding process. Overarching themes are presented with subthemes nested underneath to allow for exploration of the variety amongst participant experience. The themes and subthemes do not always cleanly fall into distinct categories, there are overlaps and contradictions between them. The complexity of the themes reflect the complex nature of the lived experiences as the participants shared them with me and were confirmed through member checking. In this section, I have intentionally included notes from my own fieldnotes and reflections as part of researcher reflexivity and to echo the interactive nature of the methodological process. I am naming this as an intentional move to increase transparency and trustworthiness in the reader's evaluation of the findings.

#### ***Themes Related to the Origin of the Word Wounding***

When first expressing interest in the study, participants had varying levels of awareness of the source of the word wounding, most expressed a vague sense of curiosity. The body remembers what the mind may not be prepared to consciously engage (Fogel, 2009; Johnson, 2017b; Menakem, 2017; Levine, 2010, 2015; Rogers, 2006; Rothschild, 2000; Van der Kolk,

2015; Wolynn, 2016; Woodman, 1993, 1990, 1984, 1985). Through this study, participants came to identify the origin of the word wounding that they choose to explore. Although each participant's experience is unique, they all agreed that the nature or origin of the word wounding is not a singular traumatic event, rather it is layered, sourced from repeated traumatic experiences in childhood into adulthood—intergenerational, cultural, social injustice, oppression, and more. The repetition snowballed in the participant's psyche compounding in the lived experience of the word wounding. Upon member checking, the majority of the participants resonated with the snowball metaphor, however *shame is the source of my pain, as much as it is my power* nuanced this metaphor, saying:

Snowballed as image or movement is not capturing the feeling of my *word wounding*. It's a fine point but an important one. To me, snowballing implies an energy that is specific and concentrated. While the energy behind the downhill, accumulation of mass and energy resonates in certain aspects—the momentum and enlarging mass—the images that feel more aligned with the accumulation of multiple forms of trauma are tsunamis (which have come up in my dreams my whole life) and avalanches because the energy of broad and of mass displacement. The truth of this statement lies in the fact that the trauma is non-specific to an event, but across so many sections of my lived experience. This imagery supports the accumulation of horizontal and vertical displacements of self.

From *shame is the source of my pain, as much as it is my power's* words it is clear that force and power of cumulative events is overwhelming in disrupting capacity for self-reflexivity and presence, severing links between the self-as-subject and self-as-object. The broad and overwhelming source of word woundings requires careful tending to if we are to understand how the wound came to exist in its current form and how to begin to adequately address it in moving

toward healing. Two overarching themes emerged illuminating the layered causes of word woundings: trauma and cultural influences. Spanning the micro to the macro, the emerging themes of trauma and cultural influences are not mutually exclusive and are in fact inextricably intertwined compounding the pervasive power of the word wounding.

**Trauma.** Participants pointed to different forms and experiences of trauma as contributing to the painful nature of the word wounding. The traumatic sources of word wounding identified by participants include but are not limited to: developmental trauma (CDC, 2021; Levine, 2010, 2015; van der Kolk, 2006), continuous traumatic stress (Stevens et al., 2013), intergenerational and ancestral trauma (Dias, 2013; Easter, 2016; Grand, 2014; Gump, 2016; Haines, 2019; Maté, 2010; Menakem, 2017; Richo, 2008; Wolynn, 2016), microaggressions (Berk, 2019; Haines, 2019; Huebner et al., 2021; Johnson, 2017b; Mol et al., 2005; Sue, 2010a, 2010b), and shame (Brown, 2007; Johnson, 2017b; Kalsched, 2013; Kalsched & Sieff, 2008; Morrison, 1997; Nelson, 2009). This theme focuses on the micro level of personal experiences of trauma. The micro level is critical to understanding the highly impactful and damaging nature of traumatic word wounding and how it intimately shapes the individual's psyche, soma, and worldview.

***Adverse Childhood Experiences.*** All participants were able to clearly articulate painful or traumatic early childhood experiences that they identified as contributing to the traumatic nature of the *word wounding*. Participants pointed to early childhood experiences. *Too Much* said that the word wounding was there “from the moment I was born” and even prenatal; “I feel like I have a lot of prenatal wounding . . . sometimes I remember feeling [my mother's] anxiety when I was in her womb.” *ALONE* noted, “I was about 3 or 4 when I moved to [the middle east] I was this outsider kid and I didn't belong and I felt very alone.” *shame is the source of my pain, as*

*much as it is my power* explained “I’ve always felt isolated in my family of origin” and described physical and verbal abuse that occurred in her childhood home.

The other participants highlighted experiences in elementary school as some of the earliest memories attached to the word wounding. *Lack of Self Acceptance* said, “I think this feeling [the word wounding] started with going into school,” noting that in fifth grade she remembers teachers comparing her to her older sister. “[I] felt like I was stupid, that’s when also headaches started.” *sensitive* spoke to early school experiences as well: “It really wasn’t one big thing. It was just like overall,” and “it was a self-fulfilling prophecy when I was a kid right? . . . you’re upset so you cry, so people make fun of you because you’re upset so you cry . . . it just kind of feeds into itself.” *HIDDEN* also traced the word wound to a long-standing pattern that emerged in childhood.

The ACEs research explained how deep and long lasting these adverse childhood experiences can be in shaping mental and physical health as well as social agency as noted in the section on trauma in Chapter 2 (CDC, 2021). Teicher (2000) and Teicher et al. (2006, 2010) also demonstrated the neuropsychological effect of developmental trauma. Van der Kolk (2006) and Menakem (2017) strongly advocated for higher prioritization of understanding the psychosomatic impact of adverse childhood experiences across the lifetime. The body remembers such painful experiences even if the conscious mind does not.

***Intergenerational and Ancestral Trauma.*** In addition to early childhood experiences, participants identified threads of the word wounding that reached back to previous generations. *Lack of Self Acceptance* reflected, “I don’t know where this is mine, and where it’s not.” The wounding is layered and intertwined. Participants brought careful attention and curiosity to exploring the intergenerational and ancestral threads of the word wounding.

*Lack of Self Acceptance* shared that the location of the word wounding on her neck was connected to her mother's sensitivity to "things that press onto your throat" and elaborated, "I think a lot of this connected to this area [gestures to throat] feels like there's a lot of connection in that way with like silence and voice." *Lack of Self Acceptance* connected this silence to familial sexual abuse in previous generations that had been kept secret from her until well into adulthood; "and then I think in our family . . . that only coming out now like so many years later and the silence may be around that and certain taboos . . . connected to it. We didn't know before but that still influenced us." Without knowing the family history, she recognized how it affected her in a myriad of ways. In speaking to how this wounding was transmitted across generations, *Lack of Self Acceptance* powerfully noted, "My mom said she . . . gave us insecurity through her mother's milk." An example of embodied metaphor, a mythopoetic moment pregnant with affect. This was a profound somatic reflection that opened an emotional release for the participant and myself as witness. These moments were shared experiences. The pendulation of activation and settling rippled through both of our nervous systems.

*Too Much* also found profound insight in recognizing the intergenerational element of her word wounding. She shared:

There is a source of some of this [gestures over image] which is from my grandfather and so that was a big insight! That I was holding onto maybe some of his pain . . . or our relationship. . . . It brought some profound awareness! Of a subconscious memory pattern that I hadn't really recognized . . . and now I feel so connected to him in the strangest way. It's like I feel really connected but we did not have a good relationship . . . so just kind of mending that relationship, I didn't really recognize that I needed to mend before.



Through the somatic reclamation of word wounding process, *Too Much* not only recognized the intergenerational wounding that she traced back to her great-grandmother and grandfather, but she felt she was able to tend to and repair the relationship with her grandfather even though he was no longer living.

*shame is the source of my pain, as much as it is my power* also illuminated the intergenerational element of her word wounding. She described the personal and intergenerational elements of the word woundings as

almost like this mobius strip of folding back and intertwinedness—of what I believe is the shame that my mother carried, whether origin, originating with her or farther back and then there's my life and . . . the me in my body and my experiences and they're both distinct, but they're both related.

In a journal excerpt *shame is the source of my pain, as much as it is my power* expanded saying, “The images that came to mind were long ancestral chains on both sides of my family. I cannot say/know whether I directly received the trauma/wounding but my body owns it.” In alignment with the work of Johnson (2009, 2017b), Hanna (1970), van der Kolk (2006), Fogel (2009), Rothschild (2000), Levine (2010, 2015), and Woodman (1984, 1985, 1990, 1993), the body remembers regardless of conscious awareness of the origin of the wound. The intergenerational and ancestral layers of the word woundings that participants emphasized supported the intergenerational trauma scholarship of Menakem (2017), Wolynn (2016), Easter (2016), Grand (2014), Dias (2013), Gump (2016), Richo (2008), Maté (2010), and Haines (2019) as presented in the section on intergenerational trauma in Chapter 2.

***Continuous Traumatic Stress.*** Participants unanimously agreed that the reiterative experiences and ongoing nature deepened the word wound. The continuous traumatic stress

(Stevens et al., 2013) made it more difficult to address as the participants felt they were still in relative unsafety and anticipating re-wounding. When speaking to the origin of the word wounding, *Too Much* said,

I feel like it's still unfolding . . . there wasn't one pinpoint . . . It was really just like this has been my whole life this like blanket around everything that I do . . . really keeping me looped in fear of being too much.

*shame is the source of my pain, as much as it is my power* explained, "Most of my life is a scaffolding around [the word wounding] so that I can't feel it, can't see it, can't sense it."

*HIDDEN* shared "[the word wounding] is something that . . . has isolated me from having the most deep or intimate connection with other people. So, in some ways it's distanced me . . . brought me personal distress." The ongoing nature of the word wounding presents additional complexity and challenges in working with it as Stevens et al. (2013) outlined.

One factor of continuous traumatic stress participants named was the experience of microaggressions. *sensitive* spoke to the microaggression of gendered language to elicit conforming to gender norms and to equate femininity with weakness. In describing the gendered microaggressions and weaponization of gendered language *sensitive* said, "I have no idea countless times that was thrown at me." The biopsychosocial impact of these experienced microaggressions can be better understood through the scholarship of Johnson (2017b), Sue (2010a, 2010b), Berk (2019), Mol et al. (2005), and Huebner et al. (2021), presented in the embodied social justice and microaggression sections in Chapter 2. The participants' painful experience of microaggressions also supported this existing scholarship.

***Shame.*** Shame played a role in the painful charge of the word wounding as well as the delicacy in addressing it. The wounding was a part of the self that was rejected and

compartmentalized contributing to a sense of alienation and unworthiness (Brown, 2007; Morrison, 1997; Nelson, 2009). *shame is the source of my pain, as much as it is my power* described her *word wounding* as feeling like “a withholding. A lack of ownership. An undeservedness. Lack of recognition, of value.” Several participants drew a connection between shame and identity, describing shame as scaffolding that shapes the expression of the identity, suppressing life force energy. *shame is the source of my pain, as much as it is my power* articulated, “If I were to think about the flow of energy, I imagine that shame, as a means to limit the metabolizing of the trauma, makes the word wounding vague and existential.” She spoke to intergenerational layers of shame and gender-based violence as well, pondering:

Am I holding [my mother’s] pain? Her shame? Is it my own? I know my mother was a victim of sexual abuse. . . . That relationship between pain and shame, and my shame, my wounding is bound up in all of that.

Personal, familial, and cultural elements of shame are made apparent in the reflections shared by *shame is the source of my pain, as much as it is my power*. These elements are highly interwoven. The painful and powerful nature of shame is better understood within the context of literature by Brown (2007), Morrison (1997), Nelson (2009), Johnson (2017b), Kalsched (2013), and Kalsched and Sieff (2008).

There were a broad variety of experiences shared by participants illuminating the role shame played in their word wounding. Reflecting on how the word wounding has affected her life, *Too Much* shared:

I’ve had this distorted experience of like wanting to be out in the world and wanting to do more things, but being afraid of how I’m being perceived, because I don’t want to be

perceive as being too much! Right? Cause then I'll be judged! And that's painful! And it's not okay. It's shameful!

This participant explained how the power of shame connected to the word wounding had resulted in her limiting her behavior and actions to avoid the fear of painful shame and rejection. The findings suggest evidence of the theory that shame is a tool of trauma and oppression functioning to maintain the status quo. This is in alignment with the work of Brown (2007), Morrison (1997), Kalsched (2013), Kalsched and Sieff (2008), and Johnson (2017b) discussed in Chapter 2.

Word wounds festers in silence, often due in large part to shame. This unhealthy shame can cause great distress and suffering as demonstrated in previously cited participant quotes. Participants identified different ways of coping with and navigating the shame. Several participants, *ALONE*, *sensitive*, and *HIDDEN*, explained the necessity of compartmentalizing or isolating the word wound to be able to function in day-to-day life. *HIDDEN* described her word wounding as “scarred off”; *sensitive* recounted that their word wounding had a “protective rind”—like a watermelon. It was too painful without compartmentalization. This finding also emphasized the importance of choice and agency in engaging with wound. Upon reflecting on how she has related to the word wounding in the past, *HIDDEN* said:

There's an erotic element to it as well, that I think maybe has been me trying to overcome that in some way or minimize the negative parts . . . acknowledging that and seeing how when we eroticize things or sexualize things that can be an attempt to solve a problem related to shame or other things like that.

Eroticizing the wound to compensate for the shame was one coping strategy to survive and compensate for what Brené Brown (2007) called “unwanted identities” (p. 73). Eroticizing the wound may have offered a possibility to cultivate power or pleasure in a tender, painful

experience (Carrellas, 2007; Glik, 2020; Pietrusza, 2017). It is also of note that sexuality has the ability to engage all of the senses, deepen embodiment, and empowerment. It also had elements of societal gender expectations for how persons of specific genders are told to behave in present day culture, illustrating the cultural influences of the word wounding.

**Cultural Influences.** Individual experience does not happen in a vacuum: the individual is a product of culture and participants illuminated the cultural influences that contributed to their experience of word wounding. Depth psychology depends on context and cultural embeddedness (Cushman, 1995; Foucault, 1961/1965, 1969/1972; Johnson, 2017b; Menakem, 2017). Following the work of Johnson (2017), Haines (2019), and Menakem (2017), the personal is political so the attempt to distinguish the threads of personal trauma from external cultural influences is more of a theoretical attempt to organize findings for the ease of the reader. Menakem's (2017) words can be helpful in conceptualizing the interdependency of micro and macro trauma: "Trauma in a person decontextualized over time, can look like personality. Trauma in a family, decontextualized over time, can look like family traits. Trauma in a people, decontextualized over time, can look like culture" (p. 9).

Menakem (2017) illuminated the importance of context. It is of note that culture can refer to the meso level of familial and community culture as well as the macro sociopolitical level, further contributing to the multifarious nature of the cultural influences of word woundings. I hope to lean into the complexity and interwoven nature of the personal and sociopolitical influences of word woundings as the participants beautifully invited me to.

One aspect of embodied social justice explored by Johnson (2017b), Menakem (2017), and Haines (2019) is internalized oppression. There is some evidence of internalized oppression in what the participants shared. This can be seen in the microaggressions explored above.

Building on the previously presented participant quotes on the influence of gender on the lived experience of word wounding, *shame is the source of my pain, as much as it is my power* succinctly stated, “A shame definitely resides in the pain, definitely resided in my female bodied experience.” There was also a weaponization of gendered language. *sensitive* said:

The concept of sensitivity . . . feeds back into larger cultural issues as well. Like it’s bad to be seen as sensitive, you know even going so far as like toxic masculinity. Men can’t be sensitive. Only women can be sensitive and I’m agender so it’s like well, where am I? After participating in the somatic reclamation of word wounding process, *sensitive* proclaimed, “I can be whatever I want! . . . being able to step into [the cultural gendering of sensitive] and come to terms with that is important.” The cultural gender expectation compounded the insidious and all-pervasive nature of word woundings and can be understood as an element of continuous traumatic stress (Stevens et al., 2013) and microaggressions (Berk, 2019; Huebner et al., 2021; Johnson, 2017b; Mol et al., 2005; Sue, 2010a, 2010b). These findings support the work of Johnson (2017b) and Haines (2019) examining embodied social justice.

Haines (2019) clearly presented that safety, dignity, and belonging are fundamental human rights that are needed for individual and collective healing. The absence of any of these elements can cause great suffering. In that vein, participants expressed that the word wounding was connected to a sense of lack of belonging. For example, *ALONE* identified as a “third-culture kid.” They defined third-culture kid as

someone who has spent a significant amount of time outside their parents’ home culture.

Therefore in their own culture, not necessarily in terms of tertiary or number three so much as just of your own using the cultural building blocks around you with the multiple cultures that you’ve experienced.

In reflecting on moving to West Asia as a very young child, *ALONE* explained, “There really was this sense of I didn’t have a culture. I didn’t have a place. There was like no sense of belonging.” They continued, “The culture shock at that age I think is definitely related to the feeling and also the experience that comes up with the notion and sort of idea of not belonging.” The feeling of being alone and not belonging is one of the roots of their word wounding that has threads in the personal and cultural. *ALONE* went on to explain that they had always seen the sense of ownership over being comfortable being alone as a strength and that it fed their academic and career interests. There are many layers to the original wounding and how it continued to shape and influence their life and work.

Individuals are molded by the culture they are born into and embedded within (Cushman, 1995; Foucault, 1965 & 1972; Johnson, 2017b; Menakem, 2017). *Lack of Self Acceptance* observed a layered intergenerational connection both in her family and collectively in her culture and country of origin, Germany. *Lack of Self Acceptance* described the collective trauma and societal silence in Germany after World War II:

[We] really could not speak about the war after the war, and then in the 60s you started again, but still there were only certain stories that were shared and a lot of feeling of “you can’t actually deal with it . . .” Understanding that context, I think that is kind of collectively experienced too.

In reflecting on her personal word wounding, she said:

I feel actually feel [the cultural silencing is] actually very connected to the lack of self-acceptance, because it is like not trusting yourself . . . that [you’re] only accepted when . . . you follow the script . . . and then you know, you’re the right sort of person. . . . I need to follow what others think because that’s how I can fit into the world.

The prescriptive path of the life one needs to live to fit in can be understood as part of the shame welded by larger social systems that we are socialized into (Johnson, 2017b). The personal wounding was a portal to this cultural wounding and vice versa; they were deeply connected. This is a prime example of Menakem's (2017) understanding of the connection between personal, familial, and cultural trauma.

*HIDDEN* also spoke to the influence of societal expectations and pressures that she internalized at a young age. In speaking to the origins of her word wounding, *HIDDEN* said:

I think it's just a really long-standing pattern that maybe showed up as a response to hiding anything that might be disapproved of or that might not be socially desirable. . . . But overtime has morphed and shown up in different ways and across different settings that has kept me from being more authentic, more accepting of myself, and at times has propelled me to maintain very dysfunctional and self-sabotaging patterns, particularly in romantic relationships.

From a young age, *HIDDEN* had inhibited her authentic self to conform to societal standards in an attempt to protect herself from rejection. In turn, she rejected her authentic self. This caused significant distress personally and in her personal relationships. *HIDDEN* shed light on a connection between the personal and cultural sources of word wounding, what could be understood as internalized oppression learned at an early age. The participants' remarks speak to the traumatic, oppressive power of words and the resulting limitations of social agency (Johnson, 2017b). According to Johnson (2017b), oppression is learned and can be unlearned. The somatic reclamation of word wounding process supported such unlearning by fostering conscious awareness and connecting to somatic wisdom and resilience.



The roots and tendrils of the word woundings that participants illuminated are vast and diverse. Participants identified many layers of origin that were difficult to parse out because they were intertwined in nature: adverse childhood experiences, intergenerational and ancestral trauma, continuous traumatic stress, shame, internalized oppression, and cultural influences. Personal, familial, and cultural trauma emerged as participants explored the source of their word woundings. The participants illuminated that the multitude of experiences that contributed to the word wounding resulted in their experience changing over their lifetime. *HIDDEN* explained, “I think that there has been varying levels of acceptance on my part, or varying levels of commitment to overcome it. But it feels like a pattern that is a little bit relapse-y and not very linear.” The compounding and immersive nature of the lived experience of word woundings results in the participant’s experience evolving. The evolving nature of the word making it slippery and more difficult to recognize and address. This mirrors the concept of complexes presented in Chapter 2 (Chodorow, 1997; Hillman, 1964, 1972, 1975, 1989, 1992, 1999; Jung, 1948/1969; Mercury, 2000; Slattery, 2000; Stein, 1998; Woodman, 1985, 1990, 1993). It is necessary to understand the complex source of the wound to more appropriately support somatic reclamation, the potentially transformative process of creating and embodying the word wounding image.

### ***Themes Emerging From the Somatic Reclamation of Word Wounding Process***

The clarity of the layered and complex origins of the wound began to emerge during the somatic reclamation of word wounding process. This is important information to better understand the nature of the wound and how best to engage with it. Just as there were layers to the word wounding, there were layers to the transformative experiential that the participants pointed to as meaningful for deepening their somatic reclamation process. Process efficacy

supported emerging themes within the data collection process. Coming to the first session, some participants knew the word, some the bodily location, some a general concept of what they wanted to explore. Whichever entry point the participant came to the first session with, through the process we were able to support a cohesive emergence of the fuller word wounding image. Through the somatic reclamation of word wounding process, awareness is gradually expanded allowing for the unconscious to titrate into consciousness. The somatic reclamation process that the participants engaged in over our three sessions created a tangible representation of the word wounding by externalizing the wound, allowing for the participant to come into relationship with it in a new way and experience agency in how they chose to begin to reintegrate the experience. To better understand the elements that supported a transformative experience they have been organized into five categories: power of creative expression, impact of embodiment, embracing the intangible, tending ritual, and radical prioritization of agency. Aesthetics was an integral component of this process that is interwoven among the five categories. *shame is the source of my pain, as much as it is my power* shared, “For me this is especially true, because the aesthetics is a self-designed beauty as resource for processing the trauma.” Once again there was diversity in participant experience and there are overlaps between these elements. The diversity in the origin of the wound also called for a participant-led approach in adapting the process to meet the participants’ unique needs.

**Power of Creative Expression.** The use of the expressive arts in the image creation process was important for a multitude of reasons. Having the tangible image of the wounding can provide important feedback and self-reflection. Participants emphasized that it was very meaningful to be able to tangibly create and see a visual representation of their felt sense. That which is seen is more difficult to ignore. *Too Much* elected to create the word-wounding image

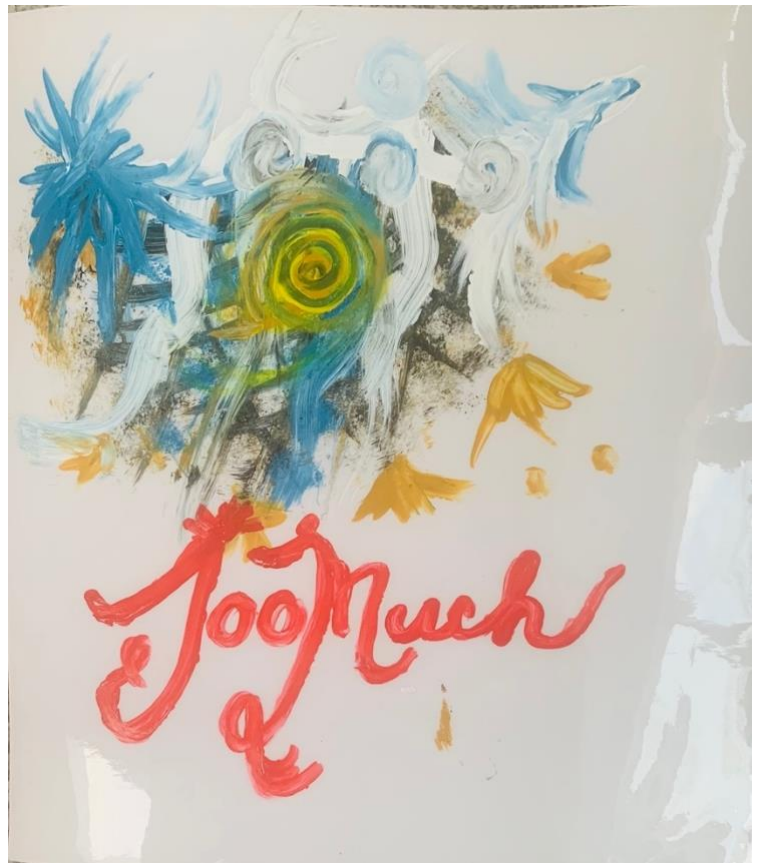
while I facilitated and held space (Figure 1). In reflecting on that experience, she enthusiastically shared:

I loved it! I love painting and drawing and they feel like I connect with that essence of myself that I don't usually do most of the day. So, doing this piece... helped me a lot in just connecting back to myself and connecting back to that wound and being able to really look at it. Rather than just doing like somatic experiences, which I do a lot of and feeling it, I could see it too! And there's something about that. It was really helpful at kind of unlocking some stored memories!

The playful invitation of art creation supported *Too Much* in feeling connected to her “essence,” which was something that she felt the word wounding interrupted previously. The modality itself became resourcing in helping her explore the wound while simultaneously tuning into her essence, which seemed to have a spiritual quality. The spiritual quality *Too Much* illuminated, mirrors the work of Kalsched (2013), Kalsched and Sieff (2008), Woodman (1985, 1990, 1993, 1995), Feuerstein (1998), Abram (1996), Mercury (2000), Jung (1954/1969), Harris (2001), Johnson (2019), and Rogers (2006) presented

**Figure 1**

*Too Much: Word Wounding Portrait*



in the spirituality section of Chapter 2. Seeing the image externalized was critical to *Too Much's* process.

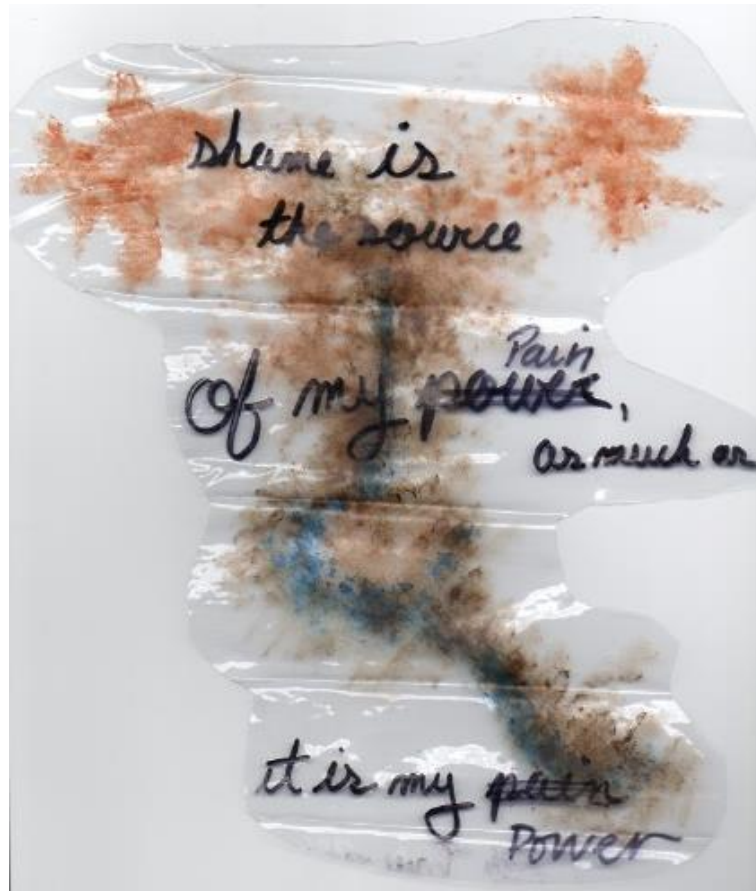
*shame is the source of my pain, as much as it is my power* illuminated the value of the co-creation process for the word wounding image. She described her felt sense to me, and I created the image to her description (Figure 2). *shame is the source of my pain, as much as it is my power* said:

[We were] cocreating [the image] . . . as if your fingers . . . [were] and giving voice . . . knitting together . . . creating a portal: a place where, I can find in a deep cellular way . . . contours of something I didn't have before . . . a shape of something unnamed.

Through the process, voice was given to this previously unvoiced experience and sensation making this amorphous quality more tangible. Once the experience has been made tangible, the participant can begin to come into relationship with it in a new way. This can be better understood through Leavy's (2009) explanation of the power of collaborative art-based research: "Arguably, the creative process and verbal follow-up could be an empowering experience for the

**Figure 2**

*shame is the source of my pain, as much as it is my power: Word Wounding Portrait*



participants as well, where they retain control, share their experiences, and have their feelings and perspective taken seriously (which is a form of validation)” (p. 229). The participant could see the researcher’s understanding of the felt sense in the image that was being cocreated and clarify to ensure that they are being accurately understood. Participants experienced an empowered sense of agency through the process. Additionally, the collaborative image creations process provides tangible reflexivity while being witnessed and emotionally companioned (Watkins, 2019).

The creation of the image also provided a snapshot of the internal word wounding experience. The image creation process involved continually checking and clarifying to ensure that I was understanding and presenting the word wounding correctly, in alignment with their felt sense. Working in this way supported participant discernment. I was intentional in redirecting back to the participant’s experience when they began to defer to me. Slowing down, clarifying with the participant, and giving space to their experience allowed affect to arise. During the first session, *HIDDEN* noted that when she did not resist the affect when it arose the wave of emotion passed, and she experienced relief.

The participants were able to use the external image to deepen their felt sense. *Lack of Self Acceptance* emphasized that the process of creating the image provided unexpected information: “The colors were interesting . . . to realize like where to point to it and where does it move.” She continued, “I didn’t think of it going this way but the drawing made it possible to like expand maybe or think about not just [the neck].” *Lack of Self Acceptance* initially described her word wounding to me, and I created the image to her specification. I mailed the image and painting supplies to her. In the second session she elected to add to the image. *Lack of Self Acceptance* reflected, “I’m making it mine again or something . . . like touching it, like putting

the color on it. Also, there was a week in between or something, like now this is another time to do it and maybe something feels different.” *Lack of Self Acceptance* took ownership of the image by making it her own. Because the image acts as a snapshot of the felt sense, it can change moment to moment, and *Lack of Self Acceptance* embraced the curiosity of it. Participants were also encouraged to use active imagination to make additional adjustments to the image as needed through the process.

*HIDDEN* found that the image creation process acted as a temperature check, explaining that the process was

a useful framework to monitor [the word wounding] . . . allow that to give me some feedback about that situation . . . knowing or reminding myself . . . of the fluidity of that from day-to-day and that it’s not just like one static thing.

Inquiring into what it might be like to see the word-wounding image day-to-day, changing to reflect their felt sense, *HIDDEN* said, “I think visibility would provide accountability. . . . It would maybe be more catalyzing to more actively tend to it.” Having the visible, tangible representation could support the accountability to the healing work; however, she was very clear that seeing the wound every day was not something she wanted.

Aesthetics played an important role in both the expressive arts influences and the somatics components of the somatic reclamation of word wounding process. Aesthetics refers to the quality of the visual image as well as the sensation and tactile feedback of the experience. It is the mythopoetic engagement with and embodied response to the world (Hillman, 1992). An aethesis response contextualizes the felt sense within relationship to self, others, culture, and the world. Part of this aesthetic is appreciating the numinousity and beauty of one’s own experience. *Too Much; HIDDEN; Lack of Self Acceptance; and shame is the source of my pain, as much as it*

*is my power* shared that they found their word wounding image to be beautiful. Reflecting on the image, *Too Much* remarked:

Oh, it's beautiful. Like there's this part of me . . . I was able to merge with the picture and merge with the word in a way where I could accept it, you know, not as good or bad [but] as a story that was told once. It doesn't resonate, doesn't work, doesn't function anymore in my life.

The artistic representation of the word-wounding image opens up psychic space (Hillman, 1972) that was difficult to access through other mediums (Hillman, 1975; Land, 2015; McNiff, 2013; Rappaport, 1998, 2010; Woodman, 1985). Art returns soul to experience and can aid in integration of painful psychic material. It helped make tangible something intangible, bring consciousness to unconsciousness, in a contained, titrated fashion. The embodied word wounding is an affect-laden image. Image is a manifestation of psyche; "always an expression of the totality perceived and perceivable apprehended and apprehensible, by the individual" (Samuels et al., 1986, p. 73). Rappaport's (1998, 2010) Focusing-Oriented Expressive Arts process and body mapping (Crawford, 2010) follows a similar process of building a safe container in which one can drop into the felt sense and externalize a tangible representation of the painful experience so that they can begin to come into relationship with it. A sense of empathy is called forth when seeing a physical injury; we can more deeply understand the pain (Berrol, 2006; Colombetti & Thompson, 2008; Cozolino, 2014; Fogel, 2009; Franklin, 2010; Homann, 2010; Siegel, 2007). Although this is traditionally conceptualized in regard to interpersonal empathy, I believe based on what participants shared, that seeing the aesthetic representation of their own word wounding elicited a greater sense of empathy for their own suffering.

**Impact of Embodiment.** There are numerous somatic components in the somatic reclamation of word wounding process. The somatic reclamation process was originally conceptualized with the intention of supporting interoceptive and intercorporeal awareness in relationship to painful words and language. This proved to be essential to the transformative potential of the somatic reclamation process. Encouraging the body to speak helped participants to tune into their somatic wisdom (Kossak, 2015). Participants demonstrated somatic literacy that supported a sophisticated engagement with the process. When asked to describe the sensation of “Too Much” in her body *Too Much* said, “The word *Too Much* feels restrictive . . . and hot.” *sensitive* described the bodily sensation of their word wounding sharing, “When we started . . . it was a very slight sour stomach feeling, like I had acidic coffee and sour candies and nothing else in my stomach.” *HIDDEN* reflected, “It feels like something that is hollow but spreading... It would have different temperatures at different time . . . feels like [*HIDDEN* is] something that would vary in terms of intensity.” When tuning into her word wounding, *shame is the source of my pain, as much as it is my power* shared, “I’m feeling a brokenness in my sternum—sadness—a long, long deep sorrow.” *Lack of Self Acceptance* noticed, “I think it feels somehow like . . . grieving for what would be, or what could have been perhaps maybe if there would be more acceptance.” *ALONE* noted, “Going back to that feeling as a child . . . kind of surprised me . . . [it] was a much more powerful and sharper feeling than I anticipated.” The participants’ skill in articulating their somatic experience supported their interoception, self-reflexivity, and took me with them on their internal process. They had beautiful awareness of their experience and were able to articulate it to me as a witness so there was a dual recognition—recognizing their own experience and having it recognized by a compassionate witness.



Somatic Experiencing and somatic resourcing skills were essential to supporting the participants' process and navigating its unfolding. Grounding and containment were also critical to the somatic reclamation process. Each session opened and closed with the same grounding exercise to drop into the present moment together and mark the threshold of entering an alchemical container. After the grounding exercise *Lack of Self Acceptance* observed, "Now I feel like I'm more awake. . . . I'm more present in some ways." The participants reflected that the grounding exercise helped them to feel more present in their bodies and tangibly connected to their support systems, especially their loved ones living and deceased. This helped the participants enter and exit the process from a more resourced place and attuned to their embodied experience. *HIDDEN* commented, "I feel grounded and that's kinda nice to associate with the wound." Each session intentionally engaged each SIBAM channel: sensation, image, behavior, affect, and memory (Levine, 2010). Encountering the word wounding image over Zoom, in person, and on the body surfaced affect, sensations, and memory. Titration and pendulation were utilized to gradually expand awareness and access and integrate unconscious material. While creating the image, *shame is the source of my pain, as much as it is my power* noted, "I try to look away. It's hard to look at." Pendulating awareness between the area of the body where the word wounding lived and other areas of the body that the wounding did not touch, brought support, resource, and expanded bodily coherence. This allowed for circumambulation of charged activation held in the word wounding, slowly exploring it without flooding or overwhelming the participant.

When adding paint to her word wounding image, *Lack of Self Acceptance* noticed that she was getting a mild headache that she felt may be related to the original wounding (recalling her early elementary school experiences). As she continued to adjust the image to get as close as

possible to her felt sense she commented that she felt a lot of power and expression in the image and her body. She remarked that the image was reminiscent of a uterus and ovaries; we discussed a curiosity about how this may be connected to the wounding in her motherline that she had identified earlier in the process. Holding the image in her hands, *Lack of Self Acceptance* stated, “There’s this observation that it is outside of me,” and it felt good to have that space.

*Lack of Self Acceptance* emphasized the importance of the titrated, graduated steps of the process; first creating the image on Zoom, to holding it in her hand, to placing the image on the back of hand, to placing it on her throat and chest. She experienced a visceral difference at each of these steps: “I think just seeing it [on the body], it hit. It just looked like “whoa!” Seeing it and touching it somehow felt different than just seeing it on Zoom. . . . It felt closer.” Even with the slow graduated process, she noted that there was still a shock or “rupture” that opened when first putting the word wounding on her neck and chest. *Lack of Self Acceptance* exclaimed, “It’s really violent! Like a horror movie!” She noted that she had not experienced physical violence in this way, however her mother had. After that peak in activation, *Lack of Self Acceptance* described a “smoother,” gradual integration. The titrated process was necessary to prevent flooding and overwhelm. After the initial externalizing of the word wounding and then slowly bringing the image closer, time and space was introduced to the painful experience and supported processing and integration while titrating activation levels. *HIDDEN* also commented on bringing the word wounding closer gradually: “That was kind of lovely, going from screen to in-person.” Holding the word wounding image in her hands, she tuned into her body and noticed, “It feels like integration with the body in a good way . . . maybe my body is not rejecting it?” This was a significant shift in her experience.

Bracketing supporting theory and literature, participants had their own understanding of how the *somatic reclamation of word wounding process* works to support a felt shift. *shame is the source of my pain, as much as it is my power* spoke to her experience of how the process worked:

The whole process of creating that image and applying it to the body, it felt like a poultice—which is really different than a dressing for a wound. . . . It like I was, we were, creating an image that the power of the words and the memories and the image would heal kind of more from within . . . the way a poultice [does], if you make a paste out of a plant or something like that.

*shame is the source of my pain, as much as it is my power* seems to be pointing to a way the process encouraged the innate somatic wisdom to heal from within. She continued in saying that the word wounding “actually has a relationship with the chemistry of, the physiology maybe, of the body.” The process, applying the word-wounding image on the identified area of the body, drew out the natural medicinal properties of the bodymind.

Self-touch and contact with the word-wounding image on the body helped to resource and support embodiment deepening the process. *sensitive* illuminated the impact of the contact of the vinyl on the skin:

There was a little bit of like light pressure and if I leaned away from it, it was kind of fun to play with but if I leaned into it and it got scrunchy and the vinyl crinkled, pulled away from the skin . . . the temperature change would make me more aware of it.

*sensitive* utilized their hand on the image to connect more deeply with their felt sense and the experience of word wounding. Somatic Experiencing (Levine, 2010, 2015) encourages the use of

self-touch in this way. Because the process was done completely remotely, encouraging the participants to bring in touch to resource helped to support containment and embodied resonance.

**Embracing the Intangible.** A depth psychological perspective is helpful in understanding what is happening in the somatic reclamation of word wounding process. Focusing on the symptom, the sensations, feelings, experiences connected to the word wounding, can allow a fuller meaning to come forth. From a depth psychological lens, the word wounding image functions as a tangible symbol and embodied metaphor of the wounding (Hillman, 1972, 1992, 1989, 1999, 1975; Mercury, 2000; Rogers, 2006; Slattery, 2000; Woodman, 1984, 1985, 1990, 1993). *sensitive* spoke to their experience of making the intangible tangible: “It’s taking something that’s conceptual that you [aren’t] even really aware that you are feeling and turning it into a tangible thing that you can see and touch and like stick on yourself, it’s really fascinating.” *sensitive* was excited about how the process functioned and unfolded resulting in a notable psychosomatic shift.

Embodying the metaphor of the word wounding supports the participant in reclaiming their body, identity, and agency while recognizing their experience as wholly valid (Chodorow, 1997; Fogel, 2009; Halprin, 2003; Hillman, 1972, 1989, 1999, 1992; Lakoff & Johnson, 1980, 1999; Leavy, 2009; Levine, 2010, 2015; Mercury, 2000; Reid, 2010; Rogers, 2006; Rothschild, 2000; Stein, 1998; van der Kolk, 2015; Volosinov, 1973; Woodman, 1985, 1990, 1993). This provides important self-feedback and reflection. When wearing the word wounding image, *HIDDEN* narrated, “It feels very literal . . . like a wound I walk around with.” She went on to say, “The wound feels self-inflicted, and it is frustrating to recognize that.” These realizations were abetted through the process of embodying the metaphor. Hillman (1972) explained that “naming changes the thing named” (p. 142). *Too Much* spoke to this in saying “I really like

writing it down! It's changed a lot and I feel like writing it down is big!" After identifying with the word wounding, or in this case phrase, during the first session, I gently repeated the words back to *Lack of Self Acceptance*—tears and emotions surfaced. She shared that hearing me reflect her words back to her touched into the hurt around the word wounding more than her speaking them out loud. She later reflected that “naming it allows for an ‘ok, it’s there’,” which relieved the tension and anticipation of waiting for it to be spoken. Repetition of the phrase deepened experience. *Lack of Self Acceptance* further explained, “I need to name it or it gets stuck. . . . There’s something I can let go of when I name it.” Conscious awareness of word woundings creates space, loosening personal identification to the word and facilitating agency in coming into relationship with them.

From a Hillmanian (1999) perspective, the origins, in this case layered origins, is a recognition of the psychological moment when the participant was first enraptured by the archetypal power of the word wounding. These narratives inhabit our bodies begging for recognition (Fogel, 2009; Halprin, 2003; Lakoff & Johnson, 1980, 1999; Levine, 2010, 2015; Rogers, 2006; Rothschild, 2000; van der Kolk, 2015; Volosinov, 1973; Woodman, 1985, 1990, 1993). The nature of word wounding can be theoretically understood through the depth psychological framework of complexes (Chodorow, 1997; Hillman, 1964, 1972, 1975, 1989, 1992; Jung, 1948/1969; Mercury, 2000; Slattery, 2000; Stein, 1998; Woodman, 1985, 1990, 1993). *HIDDEN* illuminated the lived experience of complexes in connection with her word wounding, crafting a poetic statement to accompany her word-wounding image: “Self-fulfilling prophecy: a gift that keeps on taking, a hole to fill and be swallowed by.” Her words are analogous to the concept of complexes as presented by Jung (1948/1969, 1964/1976, 1921/1971), Woodman (1985, 1990, 1993), Hillman (1964, 1972, 1975, 1989, 1992, 1999),

Slattery (2000), Chodorow (1997), and Stein (1998). Incorporating the body in the work of engaging complexes can expedite integration (Woodman, 1985, 1990, 1993). The wound can be a portal for alchemical transformation.

**Tending Ritual.** Ritual was a significant component in fostering a cocreated container with each participant and cultivating relational embodiment even over distance. After the close of the first session, *Lack of Self Acceptance* opined, “I like [the] container. It’s nice to be reminded that there can be ritual to come in and out of this.” The importance of ritual was as true for me as researcher as it was for the participants. Due to the powerful psychosomatic material being engaged through this work, I established and practiced energetic hygiene rituals for myself as part of (a) maintaining as clear a resonance in the relational field as possible, and (b) my own containment—ensuring that I am not taking on psychic material that is not mine (Aluwihare-Samaranayake, 2012; Hillman, 1964; La Barre, 2005; Levine, 2010, 2015; Little, 2014; Manning, 2007; Pallaro, 2007). It was ethically imperative that I ground, center, and release before and after each session to best be of service to my participants and maintain my own wellbeing. The participants and I were pleasantly surprised at the depth of relational embodiment we were able to create together even over Zoom—carefully tending to somatic and emotional resonance to deepen the connection throughout our work together (Aluwihare-Samaranayake, 2012; Hillman, 1964; La Barre, 2005; Levine, 2010, 2015; Levine & Levine, 2017; Little, 2014; Manning, 2007; Pallaro, 2007; Tanaka, 2015). Participants reported feeling held and safe enough to explore the painful wounds. There were several key components to this process. *shame is the source of my pain, as much as it is my power* commented, “I felt heard and supported in an intrinsic way that I had never experienced before.” The participants’ ability to tune into their felt sense and articulate what they are tracking in their system was fundamental. I supported their

process by tracking their nervous system in my own body and utilizing Somatic Experiencing skills to support the unfolding process. Another important aspect was mirroring the participants' experience back to them through somatic resonance, the image, and verbally.

The cocreation of the word wounding image and somatic and verbal mirroring helped participants feel tangibly seen, witnessed, and companioned. *shame is the source of my pain, as much as it is my power* pointed to the importance of collaboration and companioning, what she referred to as “co-conspiring” in her healing process. Being witnessed and companioned through a challenging experience was different from her previous norm in how she approached self-work.

There was this piece in me . . . that's like “only I can do it” and this great relief [when] I understood that I needed somebody else to [create the image] for me, because I wouldn't ask for that. . . . Then realizing and knowing that I'm not alone and that I can have help having someone else help me is actually more powerful than trying to go it on my own. *shame is the source of my pain, as much as it is my power* gave herself the gift of being witnessed and companioned. It was a radical shift allowing herself to accept that support and realized she did not have to be alone in doing deep work. Being companioned and having her experience accurately reflected back to her was a relief and form of validation.

This supports Stolorow and Atwood's (2017) concept of emotional dwelling and Watkins's (2019) companioning. What is happening in this companioning and meaningful intersubjective exchange can be understood through the work of Tanaka's (2015) embodied resonance, La Barre's (2005) kinetic exchange, Pallaro's (2007) somatic transference and countertransference, and Fosha's (2001) emotional resonance. The empathy established through this process supports a right-brain-to-right-brain connection (Badenoch, 2008; Fogel, 2009; Porges, 2009; Porges & Furman, 2011; Siegel, 2007). Both the participant and I are intimately

affected by shared experience. Participating in this research was very moving. Companionship and bearing witness to participant experiences was profoundly impactful on me. Through emotional dwelling (Stolorow & Atwood, 2017; Watkins, 2019) and embodied resonance (Hillman, 1964; La Barre, 2005; Levine & Levine, 2017; Little, 2014; Manning, 2007; Pallaro, 2007), I not only witnessed the blossoming transformation, I experienced it psychosomatically alongside the participants, providing additional data and informing the unfolding process (Appel-Opper, 2010; Brooks, 2010; Finlay, 2005; Johnson, 2014, 2017b). The mutual experience allows us to recognize and know ourselves through our reflection in the eye of the Other (Fanon, 1952; Levinas, 1961/1969). This study benefited me, and I am grateful for the medicinal effect I have experienced. Through the layers of mirroring built into the process, the participants were able to come into a deeper relationship with their experience while feeling companioned throughout it. The importance of ritual to transformative experiences is supported by the work of Baring (2011), Chodorow (1997), Cowan (1996), Easter (2016), Edinger (1985), Gustafson and Gustafson (1997), Harner (1990, 2013), Krippner (1990), Some (1993), Stromsted (2014), Turner (1969), and von Franz (1979) summarized in the relational embodiment section of Chapter 2.

**Radical Prioritization of Agency.** The somatic reclamation of word wounding process was designed to be a co-creative and participant-centered experience in order to empower participant choice and agency. *Lack of Self Acceptance* illuminated how ongoing informed consent is fundamental to ethical research and fosters participant agency. Knowing that she could pause or end the session at any time, allowed *Lack of Self Acceptance* to choose to stay with the experience: “I know I have the possibility [of getting up to leave], so it feels good to breathe into it and start to feel that panic start to go away.” Empowered choice functions to create relative



safety when attending to challenging material. Beyond ongoing informed consent, participants highlighted that the choice point or the intentionality of engaging with wounding word made a significant difference in their experience of the wound. Without that intentionality, when the word wounding came up it could be overwhelming and too painful to engage. As *ALONE* articulated, “When it’s unintentional and it comes up, it’s a sadness or it’s a surprise. And then when it’s in an intentional ‘alone’, it’s empowering.” They added, “It was empowering because I was doing it.” It was their choice. The choice point was critical to the discomfort of the experience being tolerable for participants. Making an empowered choice to intentionally enter into working with the word wounding helped participants to feel in control of their experience, being able to monitor their own activation, and titrate and resource as needed. In reflecting on how the process had affected her, *HIDDEN* noted:

I felt like um it was a supportive way for me to explore something I tend to avoid pretty actively . . . though in some ways it was more uncomfortable or vulnerable to more directly look at it and explore, there was something healing and therapeutic about that experience. and there were fluctuations throughout that process as well in terms of feeling more integrated or feeling more negative emotions surfacing as well along with that.

It was a supported way of exploring an uncomfortable process that she had tried to actively avoid engaging with previously. *HIDDEN*’s word wounding can be seen in Figure 3. Through the process some discomfort and emotions surfaced, however *HIDDEN* attributed that to part of integrating and we worked together to titrate and resource as needed.

**Figure 3***HIDDEN: Word Wounding Portrait*

The participant-centered nature of the work created some deviation from protocol at times. The participant needs had to be prioritized at all times above any methodological protocol. *sensitive* explained the importance of choice and agency throughout the process: “I’m very open about certain problems in certain things, but I’m also private. Like I want to be able to opt in, not opt out.” Choice was built into the methodology, as discussed previously. One choice point was how the image was created, by me as the researcher, by the participant, or both. Participants were also given the choice of writing the wounding word on the image themselves in the second session or describing to me how they want to word written and me writing it. After receiving the image that I created under her direction, *Lack of Self Acceptance* felt that she

needed to add to the image in the second session: “I feel like it was a compromise. I really felt like it was so beautiful before and that I like somehow made it messier, but then I think . . . it is because it is messier than just like clear line.” She went on to say that the collaborative process “brought so much out. I don’t know if I could perfectly represent it in the painting.” The cocreated image helped her to feel “clear” and to “make it [her] own.” These choices supported her sense of empowerment and connection with her experience.

The process requires flexibility in its unfolding to best meet the participant’s need. *shame is the source of my pain, as much as it is my power* adjusted the language of her word wound from the first to second session. In the first session, the participant identified the word wounding as “shame is the source of my power, as much as it is my pain.” The language of the word wounding evolved between sessions. There was over two weeks between the first and second session due to the extreme delay in the postal service at the time this study was conducted. During that time, she had an experience with a person close to her that shifted her perspective on the word wounding. *shame is the source of my pain, as much as it is my power* explained,

It changed even the sentence that I built about shame and pain and power. . . . I think when I created that sentence, I was thinking how power is, like Wonder Woman; I’m gonna put my foot down and I have my power, and he can, you know, get me. . . . And it transformed from this experience [between sessions] into realizing and understanding that I wielded a very, very dangerous power.

Her understanding of the wound expanded and became more complex. She noted that she realized that the wound work both defensively and offensively in her interpersonal relationships. She reported that it was profound “to perceive [the wound] from a different angle.” After this realization, the original phrase was no longer appropriate or applicable, so while the participant

did not feel called to adjust the paint on the word wounding image, she did adjust the words. The evolution of the experience of the word wounding was reflected in the shift in the language. This was a unique adaptation of the process to meet *shame is the source of my pain, as much as it is my power's* needs.

During the second session, *Too Much* also had a pivotal choice point. After electing to make adjustments to the image, adding more paint to her satisfaction, I extended the invitation to prepare to embody the image. After tuning into her body, she said a firm no. Adapting to her choice, we continued to explore the word wounding and her somatic experience without her applying the image to the body, and she found significant shifts and information. During the interview I asked her to speak to that choice. *Too Much* said that part of the choice was that she did not want to “ruin” the picture by removing the protective paper backing. She liked the way the word-wounding image looked against the white paper. Continuing to reflect on the choice not to embody the image, *Too Much* shared:

There's probably still a part of me . . . that doesn't accept it. . . . I think initially last week it was that I didn't want to [place it up against my body]. . . . It's like I had almost removed it . . . and didn't want to put it back. . . . I've had this printed on me my whole life and I am now . . . relieving myself of this imprint. . . . I guess it felt counterintuitive to put it back after I had put it on a piece of paper.

Tuning into her body again, she added, “I don't think I'd have a problem putting [it] on my body now. I feel like I needed the integration time and the healing!” *Too Much* went on to explain that the word wounding was “a part of me, and I had removed it so there was like scabbing . . . so I needed to heal itself back. And now that it's healed . . . I can have a different relationship with it.” The participant's somatic wisdom guided the process and we trusted that over the

methodological protocol. The discernment *Too Much* demonstrated in needing more time also speaks to the need for flexibility in the protocol supporting a process tailored to the individual. Levine (2010, 2015) advocated that the person being served guide the process and introduction of the time and space needed.

Participants noted new experiences of hope resulting from the notable shift in their felt sense. *HIDDEN* illuminated their experience of hope sharing; “I think that in some ways . . . it makes room for hope like there’s not some finality to the wounding.” As *HIDDEN* highlighted that although the impact of word wounding in one’s life can be profound and long-lasting, it does not have to be permanent. Through intentionally engaging with the wound and coming into relationship with it, change can occur. There is hope with the possibility of change, growth, and healing.

The somatic reclamation of word wounding process can be very challenging at times. I was surprised how much participants had fun and enjoyed the process as it can be quite heavy psychosomatic work. *Too Much* closed the interview remarking that the somatic reclamation of word wounding process had been fun. *shame is the source of my pain, as much as it is my power* commented, “It’s been really a great adventure.” Humor and laughter were often used by participants as a resource and release during the intensity of the process. *sensitive* offered that the somatic reclamation process “was a very fun self-reflecting tool. . . . It was a lighthearted way of taking a serious concept and turning it into something tangible. . . . You can work with a lot of different concepts through playfulness.” Similarly, *ALONE* remarked:

I really enjoyed the process, like start to finish, I thought it was great! And I think that in sort of experiencing something and then externally being able to visualize it, either

through art or creation, I think kids specifically [would benefit] because that's kind of what I was working with was this inner child or child-like experience and wounding.

*ALONE*'s suggested application for using the somatic reclamation of word wounding process for inner child work or working with children is a valuable offering worthy of further exploration and research. These were not applications that I had considered before due to the intensity that can arise during the process of engaging with word wounding. Participants enjoyed working with the difficult word wounding material through what they deemed a fun and playful process. The playful quality was part of what made the process effective and allowed for the intensity of the psychosomatic inquiry to be tolerable over the duration of the work.

#### ***Themes Related to the Impact of the Somatic Reclamation of Word Wounding Process***

All participants reported gaining valuable insights from the somatic reclamation process and experienced differing degrees of biopsychosocial shifts in relationship with the word wounding. There is evidence that the somatic reclamation process was a transformative experience. Coming into relationship with the wound through this somatic reclamation process opened the opportunity for acceptance or self-acceptance lessening the charge around the wound. *shame is the source of my pain, as much as it is my power* summarized that through the somatic reclamation of word wounding process it was "as though the heat of the wound were turned down allowing me to have a relationship with it, to co-exist, in a tempered, approachable, knowable and intimate relationship with the generalized wounds." *HIDDEN* reflected that the somatic reclamation process allowed her "to get more in touch with my somatic experience and integrate the emotional and intellectual aspects of my experience more holistically. . . It's been valuable." In an email she later added, "I found [the process] to be necessary and healing." Although all participants reported transformative experience, they shared a wide range

of experiences in how they experienced shifts resulting from the somatic reclamation of word wounding process and the insights that they gathered from it.

Participants reported feelings of acceptance and belonging that they did not have previously. For example, *Lack of Self Acceptance* explained that the acceptance of the wounding, lack of self-acceptance, had brought acceptance. *HIDDEN* said, “I guess it’s made me feel more accepting of it. Maybe not in control in anyway, but more nonjudgmental about it.” Several participants reported a new sense of clarity and complexity in understanding themselves and their word wounding. *shame is the source of my pain, as much as it is my power* commented, “My engagement with the word wounding has moved from obscureness and lack of clarity . . . toward clarity. Clarity not necessarily in focus and definitive but . . . multifaceted.” It is interesting to note that the expanded awareness of the complexity of the word wounding brought greater clarity and not confusion.

Participants also reflected feeling empowered by the somatic reclamation of word wounding process. They found a stronger access to speaking their truth and speaking up for themselves, which in turn empowered behavioral choices. *Too Much* shared:

It’s almost like stepping into a piece of empowerment . . . stepping into it and recognizing it and embodying that. Like what does [Too Much] actually mean? Because it was a judgment placed, right? But then we don’t need to put judgment on it. It’s just like removing the judgment component of it and just allowing it to exist as a phrase or as a word . . . what it means can change.

The critical awareness allowed for a new depersonalized metaview of the painful word. *Too Much* emphasized the awareness she gained from the process as especially empowering:

Just the awareness that's what's changed a lot . . . allowing myself to go into that space of "what if I am seen as too much? What does that look like? And how can I be in that space and, and not be concerned about other people's perceptions?" I think [the word wounding] kind of suppressed a lot of my natural essence, the natural essence of who I am. . . . Now I'm really . . . more often connecting with like "what's my true essence?" What feels . . . like I'm doing it from a place of truth, a place of real authenticity . . . rather than to not offend somebody or to not please somebody.

She continued, "I am meeting and really committing to following through more and noticing that comes up and not letting that stop me like it would before." The awareness that came through the somatic reclamation process opened an opportunity for agency and choice in how to engage with the word wounding and the related behaviors. *Too Much* felt empowered to choose to break old habitual patterns and make different behaviors.

Participants reported that through the somatic reclamation of word wounding process, they had come to a place of neutral acceptance; it just is. In reflecting on how the word wounding felt after the somatic reclamation process *ALONE* said, "Right now it feels . . . like the word itself actually feels pretty empty . . . or the word has maybe lost its power or impact." They were surprised that the acutely painful word wounding was completely absent after the process and stayed that way. Similarly, *Too Much* shared:

It doesn't feel too much. It's just a presence now . . . recognizing, drawing, and connecting with feeling the experience to Source. . . . I'm just allowing the emotional waves to like move . . . in my relationship to it. I don't feel too much anymore . . . in this moment! You know there may be fragments, but right now it feels . . . like it's a healing journey and it's a new way.



*Too Much* does not feel too much anymore. There is space in the relationship with the word wounding. *sensitive* reflected that the somatic reclamation of word wounding process “definitely helped me come to terms with like, you know, sensitive isn’t inherently a bad thing. It just is.” They went on to say that the containment around the word had shifted: “[The word wounding *sensitive*] is home, this is where it lives and that’s okay. . . . [It feels] less like a prison cell more of a house.” With the activation of the word wounding discharged, reintegration had begun.

Participants highlighted the expanded awareness of their capacity to navigate difficult psychosomatic experiences. *Lack of Self Acceptance* said, “Just living through that, I think it was something like somehow special because I’d haven’t done that with like I know the therapist because I would like someone who knows how to hold it. . . . I think that was, um because there was so much presence given to it.” *sensitive* emphasized the importance of sitting with discomfort: “It was difficult to sit with it for that long, but I feel like it was important to kind of analyze where it came from and how it got there.” They went on to say, “because sometimes you do have to sit with uncomfy things. Like sometimes that’s what it takes.” The expanded capacity to sit with high activation and challenging psychosomatic experiences would not have been possible without continuous ongoing consent and empowered sense of choice.

Participants commented on how empowering it was to have the choice point of what to do with the word wounding image after the somatic reclamation process. Participants made different decisions. *sensitive* decided to keep the word wounding image on their spare computer screen for some time after the process concluded. They enjoyed keeping it close in their living environment and being able to engage with “Mr. Watermelon” (the name they gave to the word wounding) (Figure 4) when they felt inspired too.

**Figure 4**

*sensitive: Word Wounding Portrait*



*Too Much* shared that they might want to put the image on their office window above their desk because it was beautiful. *ALONE* shared that they felt some attachment to the image and had kept it on their desk after the second session. They commented “and then the peeling it off or the hesitation even I remember in peeling it off. I’m like ‘but this is still a part of me’ and now it’s still in my room.” They were also exploring the idea of creating a ritual to further alchemize and destroy the image. *Lack of Self Acceptance*; *shame is the source of my pain, as much as it is my power*; and *HIDDEN* noted the importance of being able to contain the image by putting it back into the envelope until they wanted to engage with it again. *Lack of Self Acceptance* explained, “It was not like an immediate . . . ‘now it’s over, like I’m back to just being here and present’ but it still felt . . . maybe open a little bit.” She said that closing the session by intentionally placing the image back in the envelope “reminded [me] like you can put

this away, put it somewhere close.” For her, the sense of containment that came with being able to put the word wounding image in an envelope and put it away was helpful, in supporting a slow come down from the big emotions and activation that surfaced during the process. The wound was repetitive so some participants felt the somatic reclamation healing process may require ongoing tending. The relationship with the image continues for each participant in their own unique ways.

Participants also had a wide range of experiences in their relationship with their word(s). One participant in particular noted a re-indexualized relationship with their word wounding. *sensitive* went from intentionally never using the word to having renewed appreciation of the word and what it means to them. In their own words, *sensitive* explained:

Before we started . . . I didn’t notice but . . . I would avoid the word *sensitive*, like even when it was the perfect word for what I was describing! It just was no longer in my vocabulary. It does not exist as a concept. Over the past couple weeks, I’ve noticed that it’s kind of found its way back into my vocabulary. . . . I have been using the word *sensitive* a little more liberally. . . . And even this weekend I was using it in positive ways again! It’s back. It’s a positive word again.

The expanded understanding and relationship with the word wounding provided greater agency in how the participant used the word and felt it applied to them. They described feeling more freedom and less negative judgment with the word. This was an important relational element of the process.

Several participants reported notable shifts in interpersonal relationships. The somatic reclamation of word wounding process prompted some participants to open conversations with family members of other generations, particularly mothers. *ALONE* shared that they had a

cathartic conversation with their mother about the word wounding. *Lack of Self Acceptance* talked with her sister about the somatic reclamation process. *Too Much* described a renewed relationship with her deceased grandfather. She also expressed desire to having a conversation with her mother about the prenatal origins she identified in connection to the word wounding. Through the somatic reclamation of word wounding process these participants were able to have conversations with family members that began to more directly address the interpersonal and intergenerational quality of the wound.

### ***Felt Sense of Psychosomatic Shifts***

Participants remarked on a notable shift in their felt sense during and after the somatic reclamation of word wounding process. After the process, *ALONE* said the word wounding “lost its magnitude, I would say . . . like the edges smoothed around it.” *sensitive* shared that the *word wounding* was “much more soft or gentle. If I think about it . . . I can still feel like a little bit like a light pressure but it’s nowhere near the same degree that it was before . . . it’s extremely mild.” Meditating on her experience of the process *HIDDEN* expressed, “I wouldn’t go as far as to say ‘heart-opening,’ but we can flirt with that.” In reflecting on the shift that she experienced when wearing the word-wounding image, *shame is the source of my pain, as much as it is my power* said, “It felt safe to hold the totality of my experience, that I could integrate . . . or reintegrate parts of me that have been taken away. . . . Like there was something restored.” She added, “It felt . . . pleasant in the sense of reacquainting of a disowned part of myself.” This integration of abjected aspects of one’s self can be better understood through the work of Kristeva (2002). In a variation on this experience, *shame is the source of my pain, as much as it is my power* shared:

I didn't feel like I removed it. I felt like . . . the physical thing I removed, but what it represented, what parts of me that created it were we're more integrated. Like there was a voice there that hadn't been acknowledged, that had been suppressed.

In this case, the physical, visible image had been removed from the skin, and yet the tangibility of the wound and its voice still felt present in a nonpainful way.

From a Somatic Experiencing perspective, some of the key elements to supporting healing and integration are the addition of time and space where needed (Levine, 2010, 2015). *shame is the source of my pain, as much as it is my power* noted that "this process has helped me to understand that the healing is itself a natural process, if it's allowed the spaciousness to do that." Time and space support innate somatic wisdom and healing. After the somatic reclamation process, *ALONE* described a unique felt sense shift that illustrated the time and space that they experienced while creating the word-wounding image (Figure 5):

It wasn't so much out-of-body, it was very much [embodied]. I felt it entirely and it also felt like I wasn't currently present, like I was transported. It felt like I was transported back in time and also back in and sort of geographic location . . . back to my first kindergarten. Because I vividly could see the walls and the playground and the stairs going up.

*ALONE*, resourced in a mature adult state of mind, was able to go back into their cellular, embodied memory to this early adverse childhood experience and support the healing they needed. This experience can be understood through the somatic trauma literature of Kalsched (2013), Kalsched and Sieff (2008), Levine (2010 & 2015), Fogel (2009), Rothschild (2000), Rogers (2006), Rappaport (1998 & 2010), and Kossak (2015) noted in Chapter 2. *ALONE*

experienced a significant transformation. Although the intellectual concept of *ALONE* remained the same for them, their lived experience of the *word wounding* changed greatly. They explained:

I think that memory and that sensation and feeling specifically around the word *ALONE* has changed. . . . That time and place transport of this experience, that definitely changed. . . . So, going from being like this small child in this one point in time and then sort of moving forward or moving sort of through that process maybe even forward in time, right? I would say that has changed.

**Figure 5**

*ALONE: Word Wounding Portrait*



*ALONE* described how going back to that early childhood memory created a shift not only in the original embodied memory, but also in how the multitudes of ways the *word wounding* shaped

their life since that time; almost as if they had lived forward the childhood healing into adulthood.

Participants shared a marked absence or dramatic decrease of physical discomfort or pain in that area of the body that they selected for the word wounding. *ALONE* described their experience of this phenomenon saying that the process “had a very extracty-type feeling.” After tuning into their body, they added, “It was a really interesting sensation because I can think about the first and the second session and I have no like [word wounding] sensation in my stomach anywhere . . . it’s just awesome!” The painful psychosomatic experience was completely absent. They went on to describe a sense of levity; “like an ‘ahhh! I’ve removed it’ similar to like popping a zit like it’s no longer there.” *ALONE* was surprised that the painful sensation was completely gone and had remained so since the completion of the second session.

Participants described a lightening sensation at the location of the wound and globally in their experience. *HIDDEN* highlighted the effervescent sensation that arose where the acutely painful wound had been located. Some participants attributed the sensation of lightening to connecting to the essence of self; some conceptualized this as spirituality. *shame is the source of my pain, as much as it is my power* described their experience of this: “Safety. Trust. Tapping into a more Universal love that would support . . . the creation of something. But also like the freedom to be able to move . . . in that interior space so less constriction” The deepened connection to a higher power or spirituality provided a sense of safety and containment that allowed more spaciousness around the word wounding (Abram, 1996; Feuerstein, 1998; Harris, 2001; Johnson, 2019; Jung, 1948/1969, 1921/1971; Kalsched, 2013; Kalsched & Sieff, 2008; Mercury, 2000; Rogers, 2006; Woodman, 1985, 1990, 1993, 1995). This can be seen as evidence

of space being added to traumatic experience, part of a Somatic Experiencing philosophy (Levine, 2010, 2015).

Some participants noted a release of obsessive and intrusive thoughts connected to word wounding. For example, *Lack of Self Acceptance* shared, “I don’t linger on it. I think I used to linger and that stopped a lot of things from happening and I wouldn’t try things because of that.” Participants reported a different perspective and understanding of the wound resulting in relationship with it. *HIDDEN* noted, “It seems funny that the antidotes [to *HIDDEN*] seems to be ‘well then don’t hide it!’” *shame is the source of my pain, as much as it is my power* explained, “I gained a more complicated understanding of . . . my sense of self and my voice related to that.” There was a recognizable psychosomatic shift in the participants’ relationship to Self and their word wounding.

A striking take away that participants shared was a new feeling of hope. Word woundings shape identity and life path, but they do not have to be fated. What is set in flesh is not set in stone. Our humanity provides intrinsic plasticity. Catharsis is available. In reflecting on the insights, they found through the process, *sensitive* explained:

It doesn’t feel permanently complete yet! If that makes sense, but it was definitely . . . like when you go to brush your hair because you have long hair to you know, how it is if you get a really big knot and there's still a bunch of little tiny knots but once you get that big one, you’re like, okay cool. Now I can worry about all the little tiny ones.

The somatic reclamation process did not completely resolve sensitive’s word wounding, however they found that it created significant shift that resulted in the remaining “little tiny knots” being much more manageable. In exploring the shift she experienced, *Lack of Self Acceptance* said:



The grief of maybe what could have been or what was not there but I think that also is the possibility of acknowledging that they can be letting go, like sitting with it, and then also understanding that doesn't have to be this way right now. I still feel like this “Lack of Self Acceptance” can also be self-acceptance on its own. I know there’s something helpful for me in that whole phrase because it also has the positive.

*Lack of Self Acceptance* found hope and self-acceptance through the wound. She was able to expand her awareness to hold both *Lack of Self Acceptance* and self-acceptance, an important both/and to her experience.

Speaking to her experience of hope *shame is the source of my pain, as much as it is my power* shared:

What struck me more than anything about the image that we created was that it . . . came from the wound, but it did not define the wound. It was more hopeful. It was more open, more spaciousness than I would have thought.

The gradual unfolding expanded awareness, allowing the unconscious to gently become conscious and support the emergence of the body’s innate healing wisdom that may otherwise be suppressed. Humans possess the innate capacity to prosper over trauma and adversity. The phenomenon of hope and healing can be understood by placing the participants’ experience in the context of the literature (Abram, 1996; Crawford, 2010; Coppin & Nelson, 2015; Fogel, 2009; Haines, 2019; Hillman, 1972; Johnson, 2017b; Kalsched, 2013; Kalsched & Sieff, 2008; Lakoff & Johnson, 1980, 1999; Levine, 2010, 2015; Mercury, 2000; Rogers, 2006; Slattery, 2000; Stromsted, 2005; Woodman, 1993, 1995).

## Chapter 5

### Discussion

#### Contributions to Theory and Practice

This work builds upon the extensive existing literature in trauma, critical theory, depth psychology, and ritual and relational embodiment, while living the work forward and tending to gaps in the literature. Many noteworthy findings were elucidated by the participants that could provide beneficial application beyond this study. This project has several significant contributions to literature and praxis in the fields of somatics, social justice, depth psychology, expressive arts, and research ethics.

The study contributes to the growing body of literature living at the intersection of somatics and social justice, a space termed *embodied social justice*. Building on the work of Johnson (2017b), Menakem (2017), Haines (2019), and other trailblazers living at the convergence of somatics and social justice, embodied social justice demands a biopsychosocial approach to personal and collective healing and liberation. Haines (2019) aptly stated, “I often see people now as an embodiment of their history and experiences, with a long trail of stories and adaptations behind them, and some longing drawing them forward” (p. 5). This emerged as true of my experience of my participants and what they shared with me.

The participants identified complex and layered experiences that have contributed to their biopsychosocial perception and navigation of life, including adaptation and survival strategies that may no longer be serving them in the way that they desire and require to create change and healing that they were seeking. Recognizing the body as the ground on which the reiterative power structures of internalized oppression and interpersonal oppression unfold, embodied social justice centers the body and lived experience in the pursuit of a more liberatory world

individually and collectively. What happens on the micro level effects the macro level and vice versa across the whole sociological continuum. In alliance with the work of Johnson (2017b), Menakem (2017), and Haines (2019), this study furthers the philosophy and praxis of tending to one's personal experience of injustice—privilege and oppression—as a foundational element of macro social justice practice.

The process of psychosomatic reclamation outlined in the word woundings exploration could be utilized by somatic practitioners, mental health practitioners, and those doing social justice work to support critical engagement of language and internalized power structures, conscious and unconscious. The somatic reclamation process of engaging with word woundings can empower individuals and groups to reindex their relationship with language and the sociopolitical conditioning that language holds. This can be a tool for deconstructing and healing internalized oppression and power-over dynamics. Empathic capacity was built together and this empathy can expand outward to others. It was thrilling to see the participants reclaim disowned parts of themselves. I applauded participants' somatic wisdom and self-advocacy in asking for what they needed. The self-advocacy in combination with the expanded capacity for empathic connection to self and other gives me hope that the participants' experience of psychosomatic reclamation will propel them to engage in ongoing social engagement and deliberate culture shifting action; participating in micro and macro social justice work. By addressing word wounding personally, it allows for more empowered agency individually, which in turn allows for greater capacity to engage in social justice work more broadly.

Pivoting to another contribution to the literature, this study's examination of the profound rippling impact of language lives forward the depth psychological commitment that symbols, in this case word woundings, are powerful psychosomatic actors. While furthering the theoretical

concept championed by Jung (1964/1976, 1970, 2009), Woodman (1993, 1984, 1985, 1990), Hillman (1999, 1972, 1975, 1964, 1989), and Stein (1998) the implications of this study for practice are equally important. Incorporating tangible symbols into therapeutic work can be utilized to support profound biopsychosocial shifts for those we serve, both individuals and groups. This work advocates for practitioners carefully tending to the symbols that come forward from the psyches of the person served and supporting them in creating a tangible representation of these emergent symbols through art making, embodiment practices, and more. The tangible symbol externalizes the individual's experience and helps the person served and the person being of service more accurately understand what is happening. This can also increase accuracy in communication and understanding. The understanding that can come from the tangible symbol allows for more conscious and intentional choice in how to work with what is arising. The move from theoretical to tangible can increase the impact of the therapeutic work and empower the person served as a form of validation by recognizing the reality of their experience.

In a similar vein, this study contributes to another interdisciplinary arena as well. The work supports deepening the burgeoning marriage between depth psychology and the arts. Depth psychology has long had a relationship with the arts, markedly beginning with Jung's Red Book (2009). This project lives that relationship forward and intentionally brings the intersection of depth psychology and the arts into, and on to, the body. Bringing somatics into the practical application of the arts in depth psychology can greatly benefit therapeutic work for the individuals, supporting more sustainable shifts.

This project also has implications for research methodology and ethics as the work strongly advocates for a participant-centered approach to research. I learned from the participants the profound value of following participant needs above methodological protocol. Aluwihare-

Samaranayake (2012) advocated for ethical collaboration in research that is mutually beneficial for participant and researcher. They emphasized awareness of power dynamics and transparency in the ethical process. Aluwihare-Samaranayake (2012) proposed that this approach adds to the ethical rigor of methodology. The prioritization of participant process over any and all researcher agenda is fundamental to ethical research. One of the fundamental tenants of research is to do no harm; to sideline unique experiences is to cause harm because it infringes on safe, belonging, and dignity of the subjects. If strict adherence to methodological protocol is not beneficial to the participant, it is not beneficial to me as a researcher or the research itself. Our mutuality demands that adaptations be made. This requires flexibility and capacity to be responsive to participant needs more so than researcher agenda. This is an ethical necessity. When done intentionally and transparently, adaptations to research protocol made to prioritize participant need increases ethical rigor without diminishing trustworthiness.

Traditional qualitative research systematically functions to uphold power dynamics (e.g., researcher and objectified subject, expert, and layperson). Objectification of participants in traditional qualitative research is violent and violates the core tenant to do no harm. Research inquiries that aim to dissect the subject of the study kill the very subject they are trying to understand (Coppin & Nelson, 2005). The turn to an ethical obligation to the Other in research is further supported by Thomas Teo's (2010) work on epistemological violence. Some qualitative research purports the importance of a neutral, objective observer—however, objective qualitative research is a fallacy. The researcher will always have varying subjective biases. The call for researcher transparency in subjective bias is established in the literature (Appel-Opper, 2010; Bresler et al., 2008; Brooks, 2010; Cole & Knowles, 2007; Coppin & Nelson, 2005; Finlay, 2005; Hervey, 2000; Johnson, 2014, 2017b; Leavy, 2009). Taking this further, I advocate that

researchers embrace the role of a compassionate witness/observer, companionship the participant through their process.

Trusting and celebrating the participants' somatic wisdom and natural propensity to find homeostasis and an expanded, reorganized sense of Self is necessary to embracing a participant-centered approach to research. While I, as researcher, am bringing my expertise to the work, I am also acutely humbled in the awareness that each participant is an expert in their lived experience and is choosing to share their experience with me for the limited scope of the practice—effectively subverting traditional power dynamics that may privilege the researcher as expert at the expense of participant dignity. Power dynamics, inherently a part of qualitative research, reiterate oppression. A participant-centered approach to research functions to break down the researcher/object binary, thus creating a third space of shared curiosity and exploration. Participants' experience of being seen and witnessed, while having an empowered agency over the unfolding research process, strengthened alignment between their felt sense, ability to articulate experience, and tangible representation of their experience. Participants could decide how they wanted to engage with the process and collaborate with the researcher to make adjustments to the research protocol to meet their needs. The cocreative component of the process facilitates a stronger somatic resonance and emotional companionship. It functions to bring the researcher along with the participant in their unfolding process, inviting the researcher into the participant's world for a more authentic understanding of their experience. Approaching the research process in this way supported the participant in articulating and choosing how they expressed their internal experience from an empowered position of agency. Research conducted in this way could be understood as a healing process promoting agency, taking a trauma-informed approach further to be restorative in nature. Embodied empathy and embodied ethical

decision making (Finlay, 2005; Hervey, 2007) can be tools to support engaging a participant-centered approach to qualitative research.

As the profound impact of language is the core of this project, the way findings are presented must be critically engaged and consciously navigated. Variation on experience and the need to deviate from methodological protocol should not be marginalized as deviant or other and should not diminish the trustworthiness, rigor, and value of a study. Demarcating participant experience as an outlier to major themes, as is common language used in qualitative and quantitative research, is reiterating oppression, marginalization, and trauma. By censoring variation on experience, the data is being manipulated to serve the purpose of the researcher at the risk of causing harm or reiterating trauma, silencing, and shaming the participant's lived experience. I am making the case that studies that manipulate the data to serve the researcher's agenda in this way are, in fact, less trustworthy than the participant-centered approach outlined here. Researchers have the ethical responsibility to use research to work toward an equitable and liberated world for all. Participants with varying experiences add to the richness of the findings and should not be marginalized for challenging cleanly organized findings that are convenient for the research agenda. Researchers should lean into the complexity and contradictions that arise in research as part of presenting a fuller, more accurate picture of phenomena. The more complex picture is more honest and holds greater truth. Including and honoring variation more truthfully throughout data collection, analysis, and presentation speaks to the trustworthiness of the research. Research should be of service to the participant and honor their experience, that is why a participant-centered approach to research is a valuable contribution to theory and praxis to come out of this study. This is critical to understanding how we apply and practice ethics in research.

### **Evaluation of the Study: Strengths and Limitations of the Research**

To critically assess the project, multiple criteria for essential features of qualitative research were implemented. Lincoln and Guba's (1985) criteria were applied to evaluate trustworthiness and rigor. Eisner's (1991) essential features of qualitative research were applied for an additional lens of qualitative assessment. Leavy's (2009) criteria for evaluating arts-based research were also applied. The study was reviewed in terms of each perspective's criteria, making note of the extent to which the principles have been achieved.

#### ***Evaluating Trustworthiness and Rigor***

Lincoln and Guba (1989) established the concept of trustworthiness as a way of assessing rigor in qualitative research. Their framework has become a standard evaluative tool in the field. There are four elements to trustworthiness as outlined by Lincoln and Guba (1989): credibility, transferability, dependability, and confirmability.

**Credibility.** Credibility is the first criterion of trustworthiness noted by Lincoln and Guba (1989). Credibility is established by the ability to prove confidence in the truth of the findings. The research findings are credible and in alignment with the beliefs of the research participants as well as are believable to the reader. The credibility of this study is supported by Lincoln and Guba's (1989) criteria description in that the research was evolved in prolonged engagement in the field (despite the time limited nature of the data collection). Additionally, triangulation of sources was established through the use of three sessions. Theory triangulation was represented by the application of multiple theoretical perspectives (e.g., poststructuralism, intersectional feminism, phenomenology, somatic depth psychology) to explore and make meaning of the data. I also engaged in multiple rounds of member checking with participants. Additionally, the combination of embodied inquiry and arts-informed research was utilized to



bring crystallization to the research (Ellingson, 2008). This approach yielded a multifaceted and layered understanding of the lived experience of word wounding that provides depth and nuance to the emerging findings.

**Transferability.** The second criterion of trustworthiness established by Lincoln and Guba (1989) is transferability. Transferability speaks to the degree of applicability of the findings to other contexts. A thorough description of field experience with attention paid to context in which the research took place can provide readers with information to evaluate the appropriate transferability of findings to other situations, groups, and persons. A thick description of methods, analysis, and participant experience was strived for in attempt to support external validity. In alignment with the research approach used in this study, the sample of participants were not understood to be or presented as representative of the general population. In some qualitative researchers' perspective this could be viewed as a limitation to the transferability of the findings; counter to that critique, the nature of this study was to represent in the findings rich and in-depth individual participant experience (Communication for Research, 2021; Coppin & Nelson, 2005; D'Onofrio, 2003; Leavy, 2009; McNiff, 2013).

**Dependability.** The next criterion of trustworthiness outlined by Lincoln and Guba (1989) is dependability. Coming from the realm of quantitative research, dependability is used to measure if a study can be replicated with reliable, consistent results. A quantitative account of dependability is not always easily transferable to qualitative research as the nature of study inevitably creates uniqueness with each iteration of the study. That withstanding, within qualitative research dependability can be achieved through detailed description of the context of the research to the extent that it supports readers in determining whether similar findings would be generated if the study were to have been conducted by another researcher. Dependability was

achieved in this study through a thick description of the research methods (including the interview questions in Appendix B) and triangulation of the data.

When required, modifications to the research process were made to meet participants' needs and prioritize their process over any research agenda. This was an intentional ethical decision to deviate from protocol as discussed in the section above, "Contributions to Theory and Practice." This could be seen as a limitation to the dependability of the study by traditional evaluative standards, however the intentionality of the choice to collaborate with participants as a way of supporting agency is fundamental to maintaining participant wellbeing and safety when working with human subjects. A dependability audit was not conducted as part of this study, which could also be seen as a limitation in meeting the dependability criterion.

**Confirmability.** The final criterion outlined by Lincoln and Guba (1989) is confirmability. Confirmability is the degree to which the findings are informed by the participants and not researcher bias or agenda. Mechanisms for establishing confirmability present in this study include triangulation of data, member checking, and reflexivity (both of participants and myself). A confirmability audit was not conducted as part of this study, which could be seen as a limitation in meeting the confirmability criterion.

### ***Essential Features of Qualitative Research***

Eisner (1991) presented an additional framework for assessing qualitative research. Eisner outlined six essential features of qualitative study: field focus, the self as instrument, interpretive character, expressive language, attention to particulars, and inherent credibility. These features complement and expand on the elements to trustworthiness outlined by Lincoln and Guba (1989) when evaluating this study.

**Field Focused.** Eisner (1991) defined field focused as research exploring phenomenon appropriately and relevantly contextualized within the field being investigated. In this study, focusing on the biopsychosocial impact of word wounding, the scope of the context was broad to allow for the illumination of the most salient impact for each participant. The interdisciplinary fields of somatics, depth psychology, and the expressive arts that the project is situated in was germane to the research question. As this is a pilot study, the wide context was also needed to gather preliminary information.

**Self as Instrument.** Rather than attempting to be objective, Eisner (1991) advocated researchers employ intuition to identify what is significant in the study. Using my body as an instrument of inquiry was central to the research method and exploration of the lived experience of word wounding. I drew on my extensive training in somatics, psychology, and the arts to discern what was significant as it was emerging in the research. I also drew upon my own lived experience of the somatic reclamation process and how word woundings have affected my own life to support this emergence. The skills and capacities cultivated by my training and practice in the somatic arts were also utilized to deepen embodied resonance, rapport, and facilitate the mutual creation of a safe container to explore the lived experience of word wounding with participants.

**Interpretative Character.** Eisner (1991) detailed interpretive character as the ability to elucidate observations and attribute meaning to that process. My nearly 15 years of experience studying the embodiment of language supported the understanding of participants' experience and resulting themes. Shared themes as well as variations from the themes were outlined in the findings section to support the reader's meaning making process.

**Expressive Language.** Eisner (1991) asserted expressive language is needed to support the reader in distinguishing voice in the text. In this study, mechanisms of expressive language were used including direct quotes from participants, researcher reflexivity, and embodied inquiry. The research was presented following Finlay's (2012) style of poetic academic writing and Beale's (2012) somatic writing. The combination of the aforementioned mechanism of expressive language contributed to an aesthetic and expressive quality to the project.

**Attention to Particulars.** The researcher must pay attention to particulars and provide a detailed account of variety in the participant's experience as related to the findings (Eisner, 1991). Special attention was paid to highlighting common threads and variations in experience between participants, illuminating subtle nuance and uniqueness, to deepen the richness of the findings. Participant experience was foregrounded throughout the research process and direct quotes were used in data representation to uphold the integrity of participants' individual voices.

**Inherent Credibility.** According to Eisner (1991), evidence of inherent credibility is composed of coherence, insight, and instrumental utility. Participant and researcher reflexivity were put into dialogue with the literature review to establish coherent themes while honoring and ensuring space for participants' varying experiences. This process, in conjunction with the practice of embodied inquiry, supported the emergence of insights and informed the meaning making process. Instrumental utility as defined by Eisner (1991) refers to in what way the knowledge produced by a particular perspective can be employed moving forward. Addressed primarily in the "Contributions to Theory and Practice" section, this study's instrumental utility centers on two primary implications for theory and practice: (a) how words may shape identity, embodiment, relationally, and social agency, and how somatic and expressive arts practitioners can support persons being served in coming into relationship with painful words in an

empowering way, and (b) the new understandings of ethical obligations to participant-centered qualitative research methodologies and practice.

### *Evaluating Arts-Based Research*

In addition to the application of Lincoln and Guba's (1989) and Eisner's (1991) criteria for assessing qualitative research, it is also necessary to evaluate the study from the lens of arts-based research. In "Method Meets Art: Arts-Based Research Practices," Leavy (2009) advocated "traditional conceptions of validity and reliability, which developed out of positivism, are inappropriate for evaluating artistic inquiry" (p. 15). Leavy (2009) continued that arts-based research projects "require a modification of traditional evaluation standards and a move away from 'rigor' and towards 'vigor'" (p. 16). But what does this entail? As the field of arts-based research is still burgeoning, at the time of the completion of this dissertation there is not a standard criterion for evaluating these studies.

The challenge of implementing a standard framework of assessment is due in part to the highly variable and unique forms that arts-based research may take. With the great variety of arts-based research, Leavy (2009) encouraged evaluation using the question, "How well does the research fulfill its purpose?" as a guiding compass; as well as "What do these methods help us to unearth, illuminate or present that would otherwise remain untapped or opaque?" (p. 4). As part of this assessment, how the arts-based methodology facilitated reaching research objectives and communicated findings should be considered. Leavy (2009) outlined five key components to evaluate for trustworthiness and vigor in arts-based research: resonance, understanding, multiple meanings, dimensionality, and collaboration. These components were applied to assess this study.

**Resonance.** Leavy (2009) asserted that arts-based research generates new knowledge based on resonance and understanding. The meaning of resonance is multifaceted. Leavy (2009) emphasized the resonance required between method and what is being studied: “The capacity of the arts to capture process mirrors the unfolding nature of social life, and thus is a congruence between subject matter and method” (p. 12). In this study, aesthetics and the image creation process supported the resonance during data collection and analysis. The study achieved resonance between subject matter and method with the embodied artistic catalyst. The cocreative process generated a tangible snapshot of the participant’s word wounding that opened exploration of the experience in a way that would not have been possible without the artistic component.

Resonance must also be present between participant experience and conclusions drawn. This study achieved resonance through prioritizing participant needs and voice throughout the process. This was done through deviating from procedure when that was required to support the participant’s process as well as through multiple rounds of member checking. Resonance was also achieved through careful attention to relational embodiment, vacillating between my interoceptive response and that of the participant as part of the method, generation of data, and analysis. I drew upon my extensive training in the somatic arts to support this process and attune to participants’ experience.

**Understanding.** Understanding is evaluated on the effectiveness of the study to deepen understanding of the subject for the participant, researcher, and audience. A function of understanding is the cultivation of empathy. There is an immediacy to art that can transcend language, being emotionally and politically evocative and subverting stereotypes and social power structures (Leavy, 2009). Incorporating the collaborative artistic catalyst opens potential

for compassion, empathy, understanding, and critical awareness for the participant, researcher, and the reader.

Leavy (2009) attested that with understanding “part of the goal is to communicate the data in such a way as to challenge stereotypes, build empathy, promote awareness, and stimulate dialogue” (p. 13). One mechanism for achieving understanding utilized in this study was giving voice to subjugated perspectives. Through the artistic catalyst, the participants were able to come into relationship with parts of themselves that had been subjugated or compartmentalized and give voice to those experiences. Additionally, findings were presented highlighting variation in participant experience. Another mechanism for achieving understanding utilized in this study was promoting dialogue. The image creation process was itself a catalyst for reflexivity and dialogue. Leavy (2009) proselytized that “by accessing subjugated voices and promoting dialogue, these methods are very useful for unsettling dominant stereotypes and providing people with the tools necessary (such as compassion) to continue problematizing dominant ideologies” (p. 14). The understanding cultivated in the study generated an opportunity for renewed engagement with social agency and culture-making shifts. In this way, the research is an act of activism.

Effectiveness of arts-based research can be evaluated by the degree to which the research has the intended effect on the participants and reader (Leavy, 2009). In this study the intended effect was a deepened understanding of the lived experience of word wounding for the participants. The participants experienced the images generated during the process as truthful and that deepened understanding was presented in the findings. The resonance of the participants’ truth contributes to the trustworthiness of the project.

**Multiple Meanings.** Arts-based methodologies are based on evoking meanings rather than denoting them (Leavy, 2009). Counter to positivism, arts-based research elucidates multiple meanings, encouraging multiplicity in the resulting knowledge production by incorporating multiple viewpoints that may be imperceptible in traditional research methods (Leavy, 2009). Leavy (2009) advocated, “Visual art produced by research participants can . . . be quite powerful with respect to conveying emotion and the multiple meanings articulated via the art” (p. 228). The artistic catalyst evoked layered experience and meaning for the participant which is reflected in the presentation of findings. Complexity, variation, and contradiction were highlighted in the study. The depth psychological and interdisciplinary lens applied in the study further strengthens the multiple meanings present in the research. All of these qualities enhance the trustworthiness and vigor of the study.

**Dimensionality.** Leavy (2009) upheld the importance of dimensionality in arts-based research. A layered phenomenon requires a layered methodological approach. In this study, dimensionality was achieved through the layering of metaphor, image, embodiment, and meaning making as well as a multifaceted theoretical perspective (e.g. poststructuralism, intersectional feminism, embodied inquiry, and arts-informed research). The prioritization of a somatic lens throughout the study also contributed to a more multidimensional experience. For example, the concept of Beale’s (2012) somatic writing is twofold in that the process explores the literal embodiment of the written word and the presentation of the project in the form of somatic writing. Additional mechanisms of dimensionality utilized include engaging in cycles of analysis, triangulation, and highlighting diversity of experience during representation to create space for differences and contradictions.



**Collaboration.** The final component to evaluate for trustworthiness and vigor in arts-based research Leavy (2009) outlined is collaboration. Qualitative researchers, Sava and Nuutinen (2003) explored the “third space”—what Jung (1958/1969) might call the transcendent function (Stein, 1998)—that is created when “art and inquiry, or image and word meet, which [Sava and Nuutinen] view as a merging of the subjective and objective” (Leavy, 2009, p. 232). This emergent third space is a generative opening for collaboration that belongs to participant, researcher, and the greater sociopolitical context. The data that come from this resonant third space illuminated findings that may not present themselves were it not for this collaboration. The third space opens in this study where image and word meet in the creation of the word wounding image. This artistic catalyst is a portal to resonance and collaboration. This study achieved collaboration in the creation of choice points in the method procedure to empower participants to adjust the process to their unique needs and desires. The intentional choice to deviate from protocol and adapt procedure to meet participant needs is a deliberate act of collaboration and opening of the third space. Collaboration is also present in the cocreative image creation process. Additionally, full disclosure of methodological choices and ongoing informed consent strengthens this study’s ethics and, in turn, the trustworthiness of the knowledge produced.

### *Additional Strengths and Weaknesses*

There are additional strengths and weaknesses of the project that reside outside the scope of criteria for rigor evaluated through the frameworks of Lincoln and Guba (1989), Eisner (1991), and Leavy (2009). Experiences of gender, ethnoracial identity, sexuality, early childhood and intergenerational trauma, shame, and culture were noted by participants during their interview, as well as the layered, interwoven, and compounded nature of these experiences. This was important new knowledge generated by the participants. It was very exciting to see the

participants identify intergenerational components of the word woundings without being prompted. At the same time, I am curious if the language used in the grounding exercise offered at the beginning and end of each session may have primed this inquiry. The grounding exercise used in the study (Appendix C) was adapted from Somatic Experiencing (Somatic Experiencing Trauma Institute, 2018). I chose to include intentional language evoking resources that was encompassing of many different forms of resources including those “human and non-human, living and non-living.” While participants identified the grounding exercise as meaningful and supportive to their process, it is important to name the potential influence this may have had on participants’ frame of mind throughout the process.

A limitation of this study was that it did not include the perspective of a male-identifying person. I would have been very curious to explore how they might have experienced the somatic reclamation of word wounding process. I hope to work with a variety of folks across the gender continuum in future research. Additionally, the participants were primarily white identifying. I would have been interested to work with more racialized persons to learn how they might have experienced the somatic reclamation of word wounding process. In the future, I would recommend adjustments to recruitment strategy to engage with more potential participants from racialized groups and male-identifying folks.

The embodied resonance cultivated over zoom was a strength of the research and greatly enriched the embodied inquiry process as well as deepened participant engagement. At the same time, due to the inability to see the totality of the participant’s body and in turn for them to see mine throughout the session, there is room for further improvement of this strength. There could have been more information off screen that I did not pick up on.

### **Areas of Future Research**

I plan to continue this research for the foreseeable future, continuing to work with more participants and gathering data about themes, experiences, root causes, and possible shifts in experience. There are inevitably limitations and newly provoked curiosities at the end of every dissertation. More questions than answers arose as this study concluded. There are implications for areas of future research in areas including but not limited to: scale, diversity, embodied resonance, touch, and intergenerational trauma.

This study could act as a pilot for larger scale research with a larger number of participants and greater diverse representation. The small sample size utilized in this study needs to be broadened in scale to further explore credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1989) of the findings and assess appropriate application of the transformative intervention. Greater diversity in future participant sampling is necessary as the current research draws primarily from white experience and cannot appropriately be generalized to more diverse populations without further more inclusive research. Additionally, if given the opportunity to further this research it would be important to include co-researchers and practitioners of color as part of striving towards equitable research, access, and collective community liberation.

Another cross-cultural question that arose is if and how different languages manifest in the body differently. Are there differences in how, for example, French speakers experience language, trauma, and the body as compared to English or Vietnamese, etc.? If there are differences, do they stem from language, culture, both? In the article, "How language seems to shape one's view of the world," Yu (2014) discussed how language influences the way individuals understand and interact with the world. Different languages have varying

difference in organizational categories. For example, the difference between cup and glass in English is distinguished by material whereas in Russian, cup and glass are distinguished by shape. Yu concluded that there is proof that different languages cause one to process lived experience differently. The different organization categories inherent to different languages and how this may contribute to the processing and meaning making of lived experience is important to understanding how languages, and particularly one's mother tongue, may impact individuals differently and warrants further investigation (Yu, 2014). On the other side, Nummenmaa et al. (2013) repeated their study of the bodily sensations connected with emotions in Western Europe and East Asia to try to account for language and cultural difference. Nummenmaa et al. found "culturally universal, topographically distinct bodily sensations that may support the categorical experience of different emotions" (p. 1). This may suggest there is evidence that the interplay between emotion and the body is not dramatically changed by different languages and/or cultures.

Somatic Experiencing is working to build a body of evidence-based research. Continuation of this research could support that work. If the study were repeated, I would incorporate a graded scale survey before and after the intervention to establish measurable quantitative data to assess the effectiveness of it. I am also curious about testing this intervention over longer periods of time (both longer session duration and extending the length of time working together), possibly repeating the intervention after six-twelve months if the participant feels it would be beneficial to engage with the process again. Somatic Experiencing is built on the necessity of slowing down and giving time and space for the nervous system to fully process and integrate unfolding experiences. I did wish that the participants and I had more time to deepen into certain moments that blossomed during the sessions. Perhaps 90-minute or 2-hour

sessions would allow for more space and integration time for the participants. Continued follow ups over an extended period of time will also be critical in better understanding the effects of this process.

The study was adapted to be conducted completely remotely due to the COVID-19 pandemic. Given the opportunity to continue this research, a comparative in-person study would be of interest. This would explore differences in embodied resonance in person versus remotely. I would also be interested in comparing the incorporation of supportive contact and touch in-person compared to self-touch or intentional touch (over distance). This would be of benefit to the growing body of literature on embodied resonance and supportive healing touch, as well as, the efficacy of psychosomatic work facilitated over distance that has become so vital during this time of physical distancing.

Another interesting area for future research would be to explore more explicitly the attachment component in the word wounding. The participants began to illuminate the role of attachment in their experience of the word wounding and there is much to explore in this arena that could not be adequately delved into within the scope of this project. Additionally, extrapolating on the role of attachment, incorporating internal family systems (IFS Institute, 2021) into the somatic reclamation process could be beneficial for deepening context for the participants and their experience. Taking this one step further, I am curious about future research to explore the recurring theme of intergenerational elements of word wounding arising in this study. There was a strong intergenerational component of the wounds identified by participants. It would be interesting to work with multiple generations in a lineage to see if there are threads between generational word wounding and explore any overlapping and diverging themes among family members.

## Conclusion

The painful effect of language and the weaponization of language (e.g. hate speech, verbal abuse, and verbal microaggressions) have traumatic biopsychosocialspiritual consequences. This dissertation examined word woundings—the negative felt sense of a word—utilizing a facilitated artistic somatic inquiry termed somatic reclamation. The project drew primarily from the fields of somatic studies, depth psychology, and expressive arts therapy to explore how the words can impact an individual physically, psychologically, interpersonally, and socially. Embodied social justice and critical theory were drawn upon to unpack how identifying with and internalizing a wounding word can also internalize the oppression that the word represents having effect on social agency and interpersonal oppression.

A body-centered, art-informed research methodology was utilized to explore the lived experience of word woundings and support somatic reclamation. Six volunteers of a varying age, ethnoracial, and gender identity participated. All participants were located in the continental United States. In one-on-one sessions the participant and researcher worked together to co-create a visual representation of the participant's word wounding and embody the image to begin to come into relationship with it. The participants, *ALONE*; *Lack of Self Acceptance*; *HIDDEN*; *sensitive*; *shame is the source of my pain, as much as it is my power*; and *Too Much* generously and courageously illuminated a rich and diverse set of experiences through engaging with this process. The participants identified complex and layered origins to their word woundings that included repeated traumatic experiences in childhood into adulthood, intergenerational, cultural, sociopolitical, and more. The somatic reclamation process of creating a tangible representation of the word wounding and embodying that image allowed the participant to externalize the wound and come into relationship with it in a new and empowered way.

A participant-centered approach involved an array of choice points which provided intentional flexibility in adapting to participant needs and facilitating an empowered sense of agency. Participants reported a transformative experience as a result of the somatic reclamation process providing evidence of the need for further research. The study concluded that language has profound effect across the biopsychosocialspiritual continuum and offers a potentially transformative intervention for practitioners to utilize to support the exploration and healing of highly layered word woundings. It is my hope that the somatic reclamation process of coming into relationship with word woundings, as outlined in this project, can serve to support empowered personal agency and healing while simultaneously working to midwife into existence a more liberated world individually and collectively.

Although this project focuses on the effect of harmful language, it is important to note the buoying effect of compassionate, affirming, empowering language. Such empowering language was central to the transformative experience of the somatic reclamation of word wounding process. Words have the power to build and destroy one's psyche. Conscious, thoughtful intention is called for in languaging and word choice in everyday conversation, internal dialogue, and especially therapeutic interactions. It is not required that we be perfect in the language we use with others or ourselves. Intention does not equate effect. Even with the best of intention, harm can be caused. Rupture in relationship is inevitable. Rupture also presents an opportunity for repair. Growth, healing, and the deepening of connection can blossom out of word wounding if the harmed person and the relationship are carefully tended with the embrace of humility and vulnerability. The somatic reclamation of word wounding process is one way that we can tend to such woundings that foregrounds embodiment and compassionate language.

Somatic reclamation offers a homecoming to an expanded sense of self in relationship to the world around us. Word woundings are traumatic with wide reaching biopsychosocialspiritual effects. Trauma can push us out of our bodies and inhibit our ability to live life fully alive. It is your birthright to full inhabit your body. The somatic reclamation of word woundings process central to this project traces one possible path home to fully inhabit the body with an empowered sense of agency within the context of our global community.

The experience of word woundings, painful language, is a universal experience that ripples through the biopsychosocialspiritual continuum. We cannot avoid language; however, we can consciously choose how to engage with it. The somatic reclamation of word wounding process is one tool to deepen felt sense and reflexivity while externalizing the painful language and related psychosomatic material. Intentionality supports coming into relationship with the word from an empowered sense of agency. Engaging with the power of creative expression, impact of embodiment, embracing the intangible, tending to ritual, and radically prioritizing agency are elements of the somatic reclamation of word wounding process that support the transformation of trauma. The word wounding can serve as a portal to expanded awareness and greater compassionate understanding for ourselves and each other. From this place, we can actively deconstruct the oppressive matrix of internalized and systemic oppression.



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## Appendix A

### Informed Consent

#### **Informed Consent for Participation in Qualitative Research Study Exploring the Somatic Impact of Words**

I understand that I am voluntarily participating in an art-based somatic depth psychological study conducted by (BLANK) in partial fulfillment of requirements for a doctoral degree at Pacifica Graduate Institute. This study is concerned with the somatic experience of hurtful words or *word wounding*s. I understand that my participation in this study will consist of three parts: a) 2 60-minutes virtual experiential, b) a follow-up recorded 60-minute interview, c) a review of preliminary findings.

#### **Participation**

I understand that in order to participate, I must (a) be at least 18 years of age, (b) be able to communicate lived experience on an embodied and emotional level, (c) have access to an identified supportive resource (e.g. a friend, family member, therapist, etc.), (d) verify that I know of no reason why participation in the study would be unduly distressing for me, (e) be willing to participate in the 2 60-minute experientials and the 1 hour follow-up interview, (f) verify that I have reliable WIFI and access to private space for the session. I agree to meet in person for 2 60-minute experientials and participate in a 1-hour follow-up session, in person or via video conference, and agree to an audio recording at both meetings. The experiential will be held virtually via video platform such as Zoom. I understand that in the follow up interview I will be asked to reflect upon and answer ten open-ended questions about my experience of the art-based somatic experiential.

The researcher will transcribe the sessions and provide me with a summary of their findings for my review. At that time, I will have the opportunity to further comment upon, correct, edit, or add any additional information to the findings. Further, if I so choose, I may share a poem, an image, or a dream that may have arisen during the experiential process or the recollection of my experience of AM. If my poem, image, or dream is included in the dissertation, I will have an opportunity to review it before publication.

I understand that the dissertation will be published by Pacifica Graduate Institute and will be publicly available.

### **Risks**

I understand that my participation in this study may be psychologically activating. As with any psychological study, or any exploration of psychological material, difficult or confusing feelings, thoughts, or somatic symptoms may arise, not only about *word wounding* but also about other life events. I understand that my participation in this study may produce a range of thoughts, feelings, and emotions of varying intensity or duration. I understand that I will be engaging in an art-based somatic experiential on a self-identified area of the body and that this cannot include private areas. I further understand that maintaining self-care is my responsibility.

### **Safeguards**

At any time before, during, or after the completion of this study, if I become uncomfortable, I can (a) decline to answer an interview question, (b) choose to opt out of the study, or (c) ask the researcher for referrals to therapy or counseling resources to process material arising from participation. I understand that my participation in this study precludes the researcher from acting as a therapist. This would create a dual relationship and is prohibited.

Thus, the researcher will provide at least three referrals in the event that I need therapeutic support, but I will be responsible for paying any counseling fees.

I understand that every effort will be made to ensure my anonymity, and that my confidentiality will be protected at all times. My name and any other information that could potentially be used to identify me will be changed or omitted. These same protections will be extended to my family, extended family, child(ren), and spouse(s) who may be mentioned during the interviews.

All recorded materials will be stored on password-protected devices, and/or devices that are stored in locked containers. At no time will any recorded material be made available on the Internet, or placed in a situation where confidentiality could be compromised in any way. All written records will be stored in a secure location. If analyzed on a computer, all data will remain password-protected on a local non-networked laptop. At the conclusion of the study, all recorded materials will be destroyed. All identifying data will be destroyed as per protocol at the appropriate time.

### **Benefits**

By participating in this study, I may find some benefit in an in-depth reflection and discussion of how I relate to my experience of hurtful words. Possible benefits may include the opportunity to engage in a reflexive therapeutic process that aims to result in a cathartic release of embodied trauma and reclamation of personal voice and social agency. Further, I may have the potential benefit of increased self-awareness and self-knowledge.

**I have read and understood this Informed Consent notice, and with my signature below, hereby give my informed consent to be a willing participant in this psychological study under the terms and conditions listed above. Further, if I share a poem, image, or**

**dream from this experience, I grant [researcher's name] permission to include a portion or all of that material in the final doctoral dissertation after my review. I understand my confidentiality will be protected in the use of any and all materials.**

The information about this study has been provided to me by the researcher, (BLANK)  
 If I have further questions, I may contact the researcher via email at  
 EMAIL HERE or by calling PHONE NUMBER (Identifiers deleted due to award review  
 proces). I may also contact the faculty member at Pacifica Graduate Institute who is supervising  
 this research study, )Chair and Email of Chair Here).

---

 Participant's Name

---

 Participant's Signature

Date

---

 Participant's Address

---

 Participant's Phone

Email

---

 Researcher's Name

---

 Researcher's Signature

Date

---

 Researcher's Phone

Email

---

 Supervisor's Name

---

 Supervisor Contact Information

**Appendix B****Instruments****Intake Form**

Name

Email

Phone Number

Mailing Address

Date of Birth

Gender

Ethnoracial Identity

Do you have a preexisting relationship with the researcher?

Do you have access to reliable WIFI and a private space for the experiential sessions?

Share a brief, neutral or mildly activating story about your lived experience of words.

Do you have access to a support system if the research process is activating for you? (Ask them to provide examples, such as therapist, friend, support group, etc.)

**Phone Screening**

Review intake form.

Can you say a little bit about why you're interested in the study, and your relationship to my research topic?

Can I answer any questions that you have about the study?

**Baseline Interview Questions**

- (1) What does the *word wounding* feel like? What are the qualities of that sensation? (visceral description of bodily reaction/experience of words)
- (2) When does this felt sensation arise for you?
- (3) How does this *word wounding* effect your life? Has this changed over time?
- (4) What was your experience during the image creation process?
- (5) How did it feel to wear the wound on the body?
- (6) What was it like to remove the *word wounding* after the session?
- (7) Is there an original cause of the wound that you can identify? Is it something you can put into words that you would like to share?
- (8) How would you describe your relationship to this *word wounding*? Has your relationship with it changed over the course of this process?
- (9) Did you gain any insights from this process? If so, what was your experience?
- (10) Can you imagine what it might be like for you if this *word wounding* were visible day to day (shifting to match your internal felt sense)? Would you act differently? Would you interact with others differently? Do you feel others might treat you differently?
- (11) Is there anything else you would like to share? (Invitation to share journal excerpts)

## Appendix C

### Grounding Exercise\*

We are going to do a brief grounding exercise, so please make yourselves comfortable. You might want to put your feet flat on the floor, uncross your arms. Turn your gaze inward, if it feels good you can shut your eyes or let them focus on a neutral place in the room.

Notice the sensations of settling and take time just to be present to “arrive”—one molecule at a time.

Then, slowly notice the group field, the support and containing quality of the resource that we are co-creating throughout our work together,

And expanding out to include all of your resources, support systems, and loved ones—living, non-living, human, and nonhuman.

And taking your time, and as you are ready, expanding the awareness to include all that is available to you in this present moment.

Building on the fact that there is an enormous amount of support and love as we continue this exploration together.



When you are ready, begin to reorient yourself to your surrounding, softly open your eyes, allow your eyes to slowly take in your environment with curiosity. Maybe noticing if you feel called to wiggle your fingers and toes or to take a stretch and giving that to yourself now. Welcome!

*\*This grounding exercise was adapted from Somatic Experiencing training.*