"We are all in this together":

Coping with Stress During Uncertain Times through Somatic Experiencing

Abstract

The COVID-19 pandemic has had an impact on all countries and induced excessive stress and anxiety among many who are dealing with this invisible danger. Stress and anxiety originate from a threat, and chronic exposure to stressors results in feeling overwhelmed. When the coping strategies are not effective in a certain situation, the person might demonstrate conditioned reactions like the fight, flight, or freeze. Somatic Experiencing (SE) is a resiliency-based approach that focuses on these conditioned responses of the nervous system to support the innate regulatory capacity of the body through interoceptive awareness and bodily sensations. This study aims to increase the resiliency factors through a SE-based group counseling process. Two groups consisting of 9 individuals each - an intervention and control group - attended a group process for 8 weeks. In addition to these groups, a waitlist control group was formed consisting of 31 people. In addition to pre-and-post individual interviews, The COPE Revised: Proposing a 5-Factor Model of Coping Strategies and the Kessler Psychological Distress Scale were administered to both groups. An ANCOVA analysis found that the group process was statistically significant for both reducing stress and developing coping strategies. Furthermore, as a result of the qualitative content analysis of the interviews, five themes emerged: hope, universality, cohesiveness, insight, and interpersonal output (new behavior).

Keywords: coping mechanisms; Somatic Experiencing; experimental design

"We are all in this together":

Coping with Stress During Uncertain Times through Somatic Experiencing

Somatic Experiencing (SE) is a resiliency- and body-based approach aimed at developing resources for clients rather than focusing on pathology (Levine, 1977, 1997, 2010; Payne et al., 2015). SE uses interoceptive awareness which is the skill to access and define the sensations inside the body (ie. heartbeat, respiration), bodily sensations, and affective states to increase resiliency (Cameron, 2001; Craig, 2002). From the perspective of SE, resilience is defined as the capacity of the nervous system to hold strong sensations or emotions without activating fight, flight, or freeze responses. Also, resiliency is a dynamic process that can be improved through the experience of body sensations and provide protective resources towards adverse life situations (Levine & Phillips, 2012; Levine & Kline,2014). This approach is different from cognitive therapies since it focuses on the affective states and interoceptive awareness to change cognition (Winblad et al., 2018). Farb et al. (2007) indicated that interoceptive awareness, which gives information about the environment and helps make judgments according to the message of safety or threat, is associated with reduced activation in the nervous system linked to increasing regulation and reducing stress and anxiety. SE concentrates on regulating and overcoming stress by working on the nervous system and supports the innate regulatory capacity via interoceptive awareness, bodily sensations, self-awareness, and emotion regulation (Payne et al., 2015).

The autonomic nervous system (ANS) has two branches: sympathetic and parasympathetic. The sympathetic nervous system (SNS) evaluates the environment for

danger and prepares the physical situations for fight or flight (Porges, 2017). If there is a threat or stressful situation, SNS begins to activate and heart rate increases, breaths become short and muscles get tightened to run away. If these high energy and activation levels are overwhelmed for the person, it turns into a parasympathetic nervous system (PNS) which is responsible for settling down and resting. While PNS shifts rapidly in control, the system shuts down itself and people may collapse, dissociate or get into depression. However, these two branches can work in a balanced way and people can regulate themselves via pendulation which is a natural response of the nervous system by moving back and forth from alertness to calm the situation. Thus, they can develop resiliency toward stressful life events (Dana, 2018; Porges, 2011, 2017).

SE uses a variety of skills and strategies to help clients process extreme stress or traumatic experiences and reduce symptoms. The core of SE work is based on slowing down the nervous system and working with a small part of the event which is called titration (Levine & Phillips, 2012; Levine & Kline,2014; Payne et al., 2015). Therefore, overwhelmed emotions can be contained while embodying feelings of safety in the here and now. Creating resources for clients at present time or finding a missing resource in the traumatic and stressful event for the completion of trauma is another skill of SE work.

As people encounter traumatic situations, physical changes occur to run for a safe place (flight) or react toward the threat (figh). If the threat is excessive for them, they are paralyzied and go into a freeze response. With physical changes, dense and extreme emotions such as fear, anxiety, shame or guilt also emerges. Since the energy of the body for fight and flight could not be discharged and the threat-response cycle is not completed, reactions turn into patterns called coupling dynamics. Their reactions might be conditioned and they may react to similar events in the same way since the body's awareness responds to the "actual

event" without considering the difference. In other words, any signals or stimuli reminded of an event come together with similar symptoms occurring in the first experience. SE aims to complete this threat-response and help people not get stuck on these experiences and also separate uncouple dynamics between triggers of the experiences and symptoms of it without retraumatizing people. For example, if the person shows a freeze response when they are attacked by a dog and just stand where they are, they might freeze and be unable to respond to the event when they hear just the dog's sound. Their body might give the same response as it did in the actual event. SE aims to gain access to this involuntary paralysis (freeze) or running from the situation (flight) while raising awareness of these reactions called *adaptive resolutions*. These reactions are vital to keeping us safe. However, when these stressors are left untreated, they may have long-term adverse mental and physical health effects. Rather than other approaches where therapists aim to change the body while focusing on cognition, emotions, and behaviors, SE focuses on changing cognition, emotions, and behaviors while raising awareness of the body (Levine & Frederick, 1997).

Stress arises from the interaction between the environment and the person who starts to identify a threat in the environment. Chronic exposure to stress may lead to overwhelming feelings such as feeling out of control (Scaer, 2005). Coping strategies are the ways people handle stressful events (Welbourne et al., 2007) and effective coping strategies play a vital role in reducing stress (Wallace et al., 2010). It is essential to acknowledge a stressor, evaluate the stress level, and develop effective coping strategies to handle stressors (Lazarus & Folkman, 1984; Kang et al., 2009), though such strategies may vary from person to person (Armstrong-Strassen, 2004; Carver et al., 1989; McCormick et al., 1998).

Individuals have been at greater risk of physical and psychological health problems with the outbreak of the COVID-19 pandemic. All around the world, people face an invisible

SOMATIC EXPERIENCING GROUP

danger that threatens their lives every day, and many experience extreme stress and worry.

Due to the experience of the excessive and long-term threats posed by the disease, the

number of individuals who experience psychological distress, depression, and post-traumatic

stress disorder has significantly increased during the pandemic (Xiong et al., 2020).

Group psychotherapy is widely used and considered effective for various problems

associated with stress (Burlingame et al., 2003; Burlingame et al., 2005; McRoberts et al.,

1998). The most accepted therapeutic group factors by Yalom and Leszcz (2020) are the

instillation of hope, altruism, cohesiveness, guidance, identification, interpersonal learning

(input), interpersonal learning (output), self-understanding, universality, catharsis, collective

recapitalization of the primary family, and existential factors. Most of these therapeutic

factors represent the interpersonal feature of the group process (Hill, 1990). Cohesiveness is

considered as the "bedrock" of the group counseling process (Butler & Fuhriman, 1983, p.

500), and it is a focal curative factor (Yalom & Leszcz, 2020). Identification is another vital

factor that defines the group member's subjective self in the group process (Hornsey et al.,

2007). Other curative factors, namely universality, self-understanding (insight), interpersonal

output (new behavior), and hope pave the way for the change and support the group members

need after the group process.

Over the past two decades, online counseling has been recognized and conducted

many studies on this subject (Cohen & Kerr, 1998). Counselors and psychologists started to

use online counseling services via such methods as video-conferencing, synchronous chat,

and asynchronous emails or messaging to communicate with their clients regularly (Barak et

al., 2009; Barnett, 2005; Dowling & Rickwood, 2013; Mallen & Vogel, 2005). There were

many questions about anonymity, failure to intercede an emergency, and moral issues

regarding cyber counseling (Barnett, 2005; Leibert et al., 2006; McAdams & Wyatt, 2010;

National Board for Certified Counselors, 2012; Richards, 2009; Rochlen et al., 2004).

However, it was found that clients experiencing social separation can build more effective and deep connections during online counseling (McKenna & Bargh, 2000; Reynolds et al., 2006).

Basic needs, such as education started to be met online to a great extent during the COVID-19 outbreak. Working and studying from home and thus physical distancing became an unavoidable part of our lives. Furthermore, many countries imposed physical distancing as regulations (Hui et al., 2020; Yang et al., 2020), which triggered many psychological problems, such as anxiety, stress, and depression (Arnout et al., 2020; Liebrenz et al., 2020). Since mental health services often could not be provided face-to-face with clients, counselors and psychologists started to use online counseling all over the world.

The COVID-19 pandemic has affected millions of lives worldwide who may have been confined to their own homes and deprived of close physical relationships with their loved ones. Strong negative emotions, such as depression, fear, and anxiety, started to arise due to the lockdowns and the uncertainty of the COVID-19 pandemic (Center Control Disease Control and Prevention, 2020; Greenberg et al., 2020; Rajkumar, 2020). Adjusting to the new situation and understanding the necessity of online psychotherapy services are now very important (Weinberg, 2020). The American Psychological Association (2020) reported in June 2020 that three-quarters of the clinicians registered were providing remote psychological services to their clients in the context of the pandemic.

Clients who attended the online support group felt more empowered (Barak et al., 2008; van Uden-Kraan et al., 2009). Research unveiled that online group therapy processes can be effective to improve coping strategies (Mariano et al., 2019). On the other hand, SE is a resiliency-based approach that can give short-term results while regulating the nervous

system (Payne et al., 2015; Winblad et al., 2018). There are studies showing the effectiveness of SE in a limited time for traumatized people (Andersen et al., 2017; Briggs et al., 2018; Heller & Heller, 2004; Leitch, 2007; Leitch et al., 2009). Since the SE approach is a newly emerging approach, there are limited empirical or descriptive studies of the effectiveness of a SE-based approach to group psychotherapy on reducing stress levels (Briggs, 2018; Taylor ve Saint Laurent, 2017). This study aims to improve the coping mechanisms and reduce the stress level of group members while using SE-based exercises and activities in an eight-week group. The main hypothesis of this study is as follows: Results of the scales on COPE Revised and K10 would show a statistically significant difference in pretest and posttest compared to the control group. Furthermore, qualitative data would be expected to support the difference in quantitative data.

Methods

Participants

Groups

Fifty-five people were contacted for the group and 45 people attended the semi-structured interviews conducted by researchers at the beginning of the research. Eighteen people were selected for the group therapy process according to their stress level. Since 20 people (18 participants and two group leaders) would be too crowded for the online group counseling, the researchers divided them into two groups based on their demographic information and stress level.

Group Members

The first group consisted of eight female and one male group members between the ages of 22 and 26 ($M = 23$, $SD = 2.4$). All group members identified as Turkish. One was married, two had partners, and six had never married. Three graduated from the guidance and

psychological counseling departments of different universities, and six were students of the guidance and psychological counseling departments of different universities in Turkey. Three were working full-time as school counselors, and six were students. Two members were currently getting therapy from a practitioner. One of them continued to get medical help from a psychiatrist as well. Two group members received therapy from a practitioner and ended this process before starting the group process. Five group members did not get any therapy prior to participating in this study. Group members were asked about their stress levels on a scale from 1 to 10 during the individual interviews before starting the group. Responses ranged from 7 to 8 with a mean of 7.4 and a median of 7.

The second group consisted of nine female group members between the ages of 22 and 32 ($M = 26$, $SD = 4$). All group members identified as Turkish. Two were students in different departments from different universities, six group members had bachelor's degrees, and one group member held a Ph.D. Three group members were married, one had a partner, and five had never married or been in a relationship during the group. Four were working full-time, and one was working part-time, three of them were students, and one was not employed. One group member was getting therapy from a psychiatrist during the group. Seven group members got therapy before the group started, but they left it unfinished. One group member never sought therapy from a practitioner. Group members' stress levels ranged from 8 to 10, with a mean of 8.5 and a median of 9 on a scale from 1 to 10.

The waitlist consisted of 31 potential group members, including 26 women and five men. The ages of the waitlist members ranged between 19 and 35 ($M = 28$, $SD = 3$). All potential group members identified as Turkish. Nine were students at guidance and psychological counseling departments from different universities, and 22 were currently working full-time. Only two potential group members received psychological help and ended

it before their application to the group process. Potential group members' stress levels were stated between 7 to 9, with a mean of 8.6 and a median of 8 on a scale from 1 to 10.

Inclusion criteria included the following: (1) agreeing to adhere to group rules; (2) a willingness to focus on the body; (3) an ability to indicate specific, realistic, and concrete group process goals; (4) a desire to build new somatic resources and also (5) their stress score. It was vital for the group members to have a willingness to focus on their bodies, as this was the predominant approach through which group members were invited to explore their experiences in the group. Their interpersonal skills, their goals for the group, and their agreement to adhere to the group rules were assessed in the face-to-face interviews before starting the group. Furthermore, their resources to use while dealing with stress were investigated during these interviews. All participants who were interviewed met the inclusion criteria. Twenty participants were selected by using simple random sampling from the predefined pool of potential participants. Since the group was online, 20 participants were divided into two groups considering their ages and stress level to keep the number of group members at a minimum. Another 25 people could not join the group because the intention was to create a cohesive environment for the online groups' process and with additional 20 people, groups would be crowded. Furthermore, the additional groups cannot be opened because of the time constraints of the researchers. Thus, these people formed a waitlist-control group for the study. Another short-term group was planned for the potential members on the waitlist.

Recruitment and Assessment

In January 2021, group counseling for stress management was announced through social media on the personal accounts of the researchers. After sharing the post, volunteer colleagues wanted to help and they shared the post on their social media accounts as well.

They were all psychological counselors and academicians at different universities. At the announcement, the name was described as "Group Counseling for Stress Management". People who were interested in the group sent emails to the researchers. Each potential group member was interviewed by two group leaders and also researchers of this study for an initial assessment. During these interviews, the participants were asked about their demographic information (age, education level, job, etc.), situations about getting psychological help from a professional, their resources while coping with stress, and scaling questions about their stress level. Participants were asked to express their stress level on a scale of one to ten where one means "no stress" and ten refers to "a great deal of stress". The same question was asked during the individual semi-structured interviews at the end of the group sessions. Interviews took place during February 2021 and lasted 25 minutes to 40 minutes, with a mean of 35 minutes and a median of 32 minutes.

Fifty-five people were contacted for the interviews and semi-structured interviews were conducted with 45 people. Eighteen people were selected for the group therapy process according to their stress level and the researchers divided them into two groups based on their demographic information and stress level. After the groups were formed, Zoom instructions that included information about how to connect Zoom, use headphones for confidentiality issues, and turn on the cameras during group sessions for the group's stability were sent to all the participants via email. Before starting the group, the participants who completed the interviews were invited to meet with all the group members to check the internet connection and their digital technology tools.

Instruments including COPE-R and K10 were sent to both the group members and the waitlist before the group sessions started. After 8 weeks, the same instruments were sent to both the waitlist and the group members, as well, to see and compare the effectiveness of the

group process. Furthermore, individual interviews with each group member and people in the waitlist control group were held during April 2021 and lasted 30 minutes to 45 minutes, with a mean of 42 minutes and a median of 38 minutes.

Instruments

Demographic Questionnaire

Questions regarding the participants' age, education, employment status, and income level were asked during the initial interviews by the researchers.

COPE Revised

The COPE Revised (COPE- R; Zuckerman & Gagne, 2003) is a 32-item questionnaire used to screen for coping mechanisms. It contains five scales: self-help, approach, accommodation, avoidance, and self-punishment. Individuals rate each question on a 4-point Likert scale ranging from 1 (*never do this*) to 4 (*always do it*). Internal consistency of the Turkish adaptation of the scales ranges from .92 to .93 (Dicle & Ersanlı, 2015). For the current study internal consistency for the self-help approach, accommodation, avoidance, and self-punishment are found as .88, .85, .77, .65, and .89 respectively and for total items of COPE Revised Cronbach alpha is obtained as .78.

Kessler Psychological Distress Scale

The Kessler Psychological Distress Scale (K10; Kessler et al, 2003) is a 10-item self-report questionnaire designed to screen for emotional damage characterized by symptoms of depression and anxiety. Cronbach's Alpha of the Turkish adaptation of the scale was .95 and .88 for the current study. Thus, it is a valid and reliable scale in Turkish to screen psychological distress (Altun et al., 2019). In addition to adaptation research, in the current study, Cronbach's Alpha was found as .88.

Semi-structured Interview Protocol

The semi-structured interview protocol was developed to understand the participants' current stress levels, resources (family, friends, etc.), and health/demographic information (getting psychological help, age, employment status, education level) before the group began. Two separate interview protocols were developed by the researchers because the first protocol included questions more about the demographic data and the resources of the individual, where the second semi-structured interview protocol included questions about the group process and the interventions (i.e. Which part(s) of the group process was more helpful for you? Which techniques you are using or planning to use in your daily life? Are there any suggestions for future group work?). These interview protocols were revised by an academic from Marmara University who holds a Ph.D. in the Guidance and Psychological Counseling Department and is an expert on qualitative studies. In addition, a SE practitioner revised the interview protocols.

Procedure

The short-term effects of the group counseling process were evaluated in a quasi-experimental design over a period of three months. The control group consisted of the waitlist, and these potential group members planned a short intervention process after the quasi-experimental study ended. The waitlist control group consisted of 31 people, where only 25 people wanted to join the planned meeting. Two groups were formed, consisting of 10 people each group. Three meetings were conducted for each group and included grounding skills, focusing on sensations, and finding inner and outer resources. Therefore, three meetings were done for the waitlist control group after the intervention ended with the experimental group.

Table 1

Study design

Weeks	0	8

Intervention Group	Pre-test	X1*	Post-test
Control Group	Pre-test		Post-test

X1= 8 sessions provided for the intervention group during the 8 weeks.

For the experiment group, two closed groups were formed with no new members admitted once the groups had started. There were no dropouts during the process. Sessions lasted from one hour and 30 minutes to two hours, with a mean of 100 minutes and a median of 95 minutes. Some sessions lasted for two hours because of the internet connection issues of the participants. There were two female group leaders who were also the researchers of this study, both Ph.D. candidates in the guidance and psychological counseling Department of different universities in Turkey. Each session started with group members sharing their experiences during the week and grounding exercises. Details of the sessions' structures are given below. The structure for each session was the same for each group.

Table 2

The structure of the sessions

Session Number	Content	Activities	Homework
1	● Meeting with the group members ● Setting the group rules together	● Grounding ● Breathing exercise	● Keeping a diary during the whole group process
2	● Explanation about giving feedback ● Explanation of stress and nervous system from the SE perspective	● Psychoeducation ● Grounding ● Boundary setting	● Review of the emotion chart sent before the session
3	● Naming emotions that they had throughout the week ● Preparing an emotion tree and sharing	● Grounding ● Tracking emotions	● Checking the "emotion wheel" and finding the emotions they felt during the week ● Preparing an "emotion tree" in their diaries and adding emotions to it every day
4	● Feeling body sensations using breathing exercises ● Drawing these sensations and	● Grounding ● Tracking Sensations	● Preparing a "sensation tree" in their diaries and adding emotions to it

	● giving them a color, sharing with the group	● Breathing exercise	every day
5	● Talking about the safe-place	● Grounding ● Push the button	
6	● Writing down internal and external resources	● Grounding ● Resourcing ● Embodiment	
7	● Thinking about their goals while starting the group process and reflecting upon them	● Acting "as if"	
8	● Self- assessment ● Giving and receiving feedback ● Reviewing self-care skills	● Resource box	● Reading their journals they kept for the group process and reflecting on them

Group rules were defined during the first session and the grounding exercise was explained and guided. Members were invited to share and name the sensations in their bodies. All the group members agreed to write a diary about the group process and kept a diary for the whole group counseling process. The second session focused more on psychoeducation. The meaning of "coping mechanisms" and "nervous systems" was explained to the members from the SE perspective, and they were invited to reflect on their coping mechanisms before the grounding exercise. The importance of naming the emotions was explained, and an emotion chart was sent to the members to look over before the third group session. Group members drew an emotion tree, and they named their emotions during the third session. Group members are asked to focus on their emotions during the week and to utilize an emotion chart. While they are focusing on these emotions, they are asked to write down these emotions and if they discover primary emotions (i.e. feeling sadness instead of disappointment), they were asked to write those emotions on the roots of the tree. Maggie Kline (2020)'s 'Gingerbread Man' exercise was used during the 4th session. The group

members were asked to draw a gingerbread man in which they could reflect their bodily

sensations after the grounding exercise. Adlerian 'push the button' exercise (Oberst &

Stewart, 2003) was used during the 5th session as a preparation for the resource embodiment.

The group members could find their 'safe' or 'happy' places where they felt secure, relaxed,

and contained. During the 6th session, the members experienced guided resource embodiment.

After writing down their internal and external resources, they were invited to share the

resources and their experiences as a part of the resource embodiment. As preparation for

termination, Adlerian 'acting as if' technique (Oberst & Stewart, 2003) was used during the

7th session, in which members reflected on their goals when they decided to join the group

counseling process. Before the last session, the members were asked to read the diaries and

reflect on the process during the last session. In the last session, they were asked to write

down all the exercises they had completed during the group counseling process on separate

pieces of paper. They put those pieces of paper in a box, and thus a 'resource box' was

created for the members. Furthermore, all the members were invited to write sentences for

every group member in a drive document as a termination letter.

After the groups, all group members were interviewed individually about their own

experiences. This process was explained to the whole group, and the time and date for the

interviews were set via email. The researchers used a semi-structured interview protocol

developed with the help of an academic from the Guidance and Psychological Counseling

Department at Marmara University. These interviews were held during April 2021 and lasted

30 to 45 minutes, with a mean of 42 minutes and a median of 38 minutes.

Data Analysis

Analyses were conducted using the SPSS program (IBM Corp., 2019). The

verification of homogeneity for general characteristics, stress, anxiety, and depression of the

subjects were analyzed, and normal distribution was confirmed through Kolmogorov-Smirnov and Shapiro-Wilk tests. Statistical analyses included descriptive analyses, ANCOVA, and a mixed-design ANOVA (repeated measures analysis). Analysis of covariance (ANCOVA) was performed to compare the changes of dependent variables between the group members, and the waitlist for the quantitative data. Instruments sent before starting the groups were used as control variables. Furthermore, a repeated-measures ANOVA was performed to evaluate the changes before and after the group process for both the group members and the waitlist control groups (Tabachnick & Fidell, 2013).

Qualitative data were also gathered from the group members at the end of the group process during individual interviews. The group members were asked about the benefits of the group process, limitations, aspects that can be developed for future work, and their stress level and coping strategies compared to earlier group processes. These interviews were recorded with the informed consent of the group members. After the data was transcribed, a deductive coding procedure was used for the qualitative data analysis since the themes of the qualitative analysis were determined based on the existing literature before the analysis (Strauss & Corbin, 1990). The analyst triangulation method was used with an academic from the Guidance and Psychological Counseling Department in Marmara University and another academic from the Guidance and Psychological Counseling Department in Middle East Technical University (METU) to ensure the validity of the results. The intercoder reliability was calculated high (Kappa value .978, with a SE: .007 and $p < .001$). The whole procedure went in accordance with the ethical codes and after having received ethical permission from METU Applied Ethics Research Centre (Ethics Committee).

Results

Results from the Quantitative Data Analysis

Analysis steps were conducted for Kessler Psychological Distress Scale while the pre-test of the questionnaire was taken as covariant, group process as the independent variable, and post-tests as the dependent variable. Prior to the analysis, assumptions were checked, and normality was analyzed through Skewness- Kurtosis, Kolmogorov- Smirnov, and Shapiro-Wilk tests, which indicated a normal distribution. Homogeneity of variance assumption through Levene's test was satisfied (.48, *n.s.*). Scatterplots and homogeneity of regression coefficient were checked to specify a possible interaction between independent and the covariate. While the scatterplot indicated a linear relationship, analysis of homogeneity of regression coefficient assumption showed that the differences on the dependent variable among groups did not vary as a function of the independent variable, $F(1, 37) = .02$, $p > .005$). Since the assumptions were significant for the control group, the analysis was conducted, and the results displayed that participating in the group decreased the anxiety and depression level which was assessed through Kessler Psychological Distress Scale, $F(1, 39) = 8.58$, $p < .05$, $\eta_p^2 = .18$, which indicates a large effect size (Cohen, 1988).

Table 3

Means, standard deviations and std. error mean of the experimental and control groups for pre-test and post-test scores

	group	N	M	Sd	SE
K-10					
Pre-test	experimental	18	32.11	7.31	1.72
	control	23	29.65	9.04	1.88
Post-test	experimental	18	22.88	7.89	1.86
	control	23	29.39	7.97	1.66
COPE					
Pre-test	experimental	18	91.22	7.00	1.65
	control	23	96.96	11.37	2.37

SOMATIC EXPERIENCING GROUP

| Post-test | experimental | 18 | 90.78 | 7.93 | 1.86 |
| | control | 23 | 84.17 | 8.06 | 1.68 |

Table 4

ANCOVA analysis for the differences in post-test mean scores between experimental and control groups

	SS	df	MS	F	$\eta2$
K-10					
Pre-test	203.57	1	203.57	3.43*	.08
Between	508.61	1	13.25	8.58*	.18
Within (Error)	2253.67	38	1.71		
Total	31756.00	41			
COPE					
Pre-test	157.81	1	157.81	2.56*	.06
Between	562.24	1	562.24	9.13*	.19
Within (Error)	2340.61	38	61.60		
Total	313790.00	41			

*P<.05

The subsequent analysis steps were conducted for The COPE Revised: Proposing a 5-Factor Model of Coping Strategies while the pre-test of the questionnaire was taken as covariant, group process as the independent variable, and post-tests as the dependent variable. Prior to the analysis, assumptions were checked, and normality was analyzed through the same tests which indicated a normal distribution. Homogeneity of variance assumption through Levene's test was satisfied (.72, *n.s.*). Scatterplots and homogeneity of regression coefficient were checked to specify a possible interaction between independent and the covariate. While the scatterplot indicated a linear relationship, analysis of homogeneity of regression coefficient assumption is satisfied, $F(1, 37) = .22$, $p > .005$. Since the assumptions

were significant for the control group, the analysis was conducted, and the results displayed

that participating in the group process decreased the anxiety and depression level which was

assessed through The COPE Revised: Proposing a 5-Factor Model of Coping Strategies, $F(1,$

$38) = 9.13,$ $p < .05,$ $\eta_p^2 = .19,$ which indicates a large effect size (Cohen, 1988).

Findings from the Qualitative Data Analysis

The main title codes of hope, universality, insight (self-understanding), and

interpersonal output (new behavior) were selected by the researchers based on Yalom's

curative factors (Yalom & Leszcz, 2020). Each curative factor will be discussed with the

group members' quotations to ensure transferability. Furthermore, a frequency table is

provided to demonstrate the exercises that were done during the group process and that was

still used by the group members (see Table 5). As it is indicated in Table 5, grounding

exercises, resources, and embodiment were mostly used by group members in their daily

lives.

Table 5

Activities participants used in their daily lives

Activity Name	Number of participants
Breathing Exercises	8
Grounding	14
Emotion Tree (Naming Emotions)	6
Sensation Tree (Feeling Sensations)	7
Self-Compassion Touch	5
Finding a Safe Place	5
Boundary Setting	11
Resources and Embodiment	8
Push the Button	9
Acting as if	2

SOMATIC EXPERIENCING GROUP

Hope

Hope, which entails the belief that one is making progress and has positive feelings about the future, is the first theme mentioned by all the group members. Prior to the group, group members indicated that they were hopeless and desperate because of the lockdowns and the uncertainties in their lives. However, the group process showed them a way to open a different door in their lives under lockdowns, as illustrated by Participant 4, who stated:

> I was with very few people or alone in a dark room. I am not sure about how I felt then. At least that room is getting light right now. When I think about those skills and friendships that I gained during the group process, I feel very good. I can visualize all of them, one by one, right now, in those boxes [on Zoom]. I guess I am getting the support I needed… I have found a way to get out of those dark clouds.

The participants reported feeling hopeful about their lives just happened involuntarily within the group process, as Participants 2 and 7 stated below:

> …things in my life started to get in order as I started to think more positively about things. I did not take a conscious step for this to happen, I did not do anything specific, but then things started to settle on their own. With you, my life has started to improve. (P2)

> Previously I thought, 'Yes, that's the case, and this situation will not change.' I was more desperate. I had extremely pessimistic thoughts about the future. But my mood improved after the meetings. I am hopeful now. (P7)

Universality

Universality refers to the importance of recognizing others; and in this experiment, participants started to feel that they were not alone and isolated with their problems. Most of the group members (55.56%) stated that previously they were feeling alone stressed out, and

anxious. However, the group process helped them to be with others who had similar or the same problems and try different coping strategies. Besides the exercises they did during the group, they experienced using the coping strategies they learned from other group members. As Participant 2 specified, all the group members found common issues within the group which made them feel safe and trust the group members. Specifically, they said:

> As we have said recently, we are not alone in the group process. Knowing that everybody is going through bad times, hearing that everybody is experiencing these same little things, and when we tell our friends about how we feel, their saying 'We hear you,' it is very relieving, indeed. It is better to hear all this from those people you do not know very well and to see the progression in us all. All this opens your eyes. You think you are normal too, and your experiences are part of who you are. I think looking from this perspective calms me down.

Similarly, a comment by Participant 1 illustrated the impact of universality:

> When I met with the friends in the group, I realized that they are also experiencing similar things. Yes, other people are also experiencing similar things, they are in the same situation! I gained insight into this…The slogan 'you're not alone,' in particular… really impressed me. I still smile each time it comes to my mind. I think it was a wonderful move to give people the feeling that they are all alone in a crowd with this message: you are not alone at all.

> As Participants 1 and 2 indicated, they started to feel they were not alone in this

process. There were others who experienced the same issues and maybe tried to use the same coping mechanisms. In the 6th session, after the group sharing, one participant told the whole group: "You are not alone, we are all here with you." After this session, "you are not alone"

became the group slogan. Participants who mentioned the universality curative factor during the interviews affirmed this slogan more than once.

Cohesiveness

Cohesiveness means belonging, attachment, and trust among all group members were mentioned by all group members. When the group members were asked to identify themselves with other group members, all group members stated that they did not feel closer to anyone but felt close to the whole group. Thus, a strong sense of attachment and a constructive-supportive group environment was established. This was illustrated by Participant 8, who said:

> In fact, I can say that I was able to see small pieces about myself in all the participants. It seemed to me that the group consisted of tense and stressful people who somehow, were still trying to survive. That's why I can say that I felt close to everyone, rather than one specific person.

They were able to create bonds within the group that helped them to overcome the difficulties and develop new pathways for their problems. They accepted feedback from the group members positively and used this feedback on their road of change. This situation demonstrated the trust inside the group. Furthermore, as Participant 1 stated, they felt that others in the group valued one another, as well as the group process, which is evidence of the harmony within the group, as referenced by Participants 1 and 18. Participant 1 said:

> Being recognized, feeling valuable, and being appreciated by someone else...The message "We are here. We are here for one another. I see you, and you see me too. I know you, and you know me too. These were all very relieving.

Similarly, Participant 18 said:

I have found that people may get to like me the way I am. I can say I noticed this, which is very helpful for my social life.

Insight (Self-Understanding)

Insight (self-understanding) refers to discovering and accepting unknown parts of oneself and was noted by all participants. They started to feel more motivated when they realized that the mirroring, exercises, and feedback were effective in their lives. They became aware of their "window of resilience." Thus, they started to use coping strategies when they were out of their window of resilience and hyper-aroused. They were not aware that they were judging themselves harshly before the group process. However, they accepted the fact that they had been hard on themselves, and they started to make changes by using the strategies, as illustrated by Participant 18, who said:

> If you were to ask me what has worked for me the most, I would say I have gained awareness. Especially the things that I had to do all the time, all those responsibilities to fulfill used to stress me out. You know, I always found a way to get around them by making excuses: saying things like "I'm sick," or something ... If I rolled up my sleeves and started doing it, I would definitely finish it in time, but I could not do it because I was overwhelmed by stress, and I always chose to escape. I noticed that.

Interpersonal Output (New Behavior)

Interpersonal output (new behavior) means developing new ways to relate to others and changing ineffective behavior patterns. This curative factor was mentioned by all the participants once again. They looked through their group process journals and realized the change in themselves and how they developed new ways of coping with stressful events. They started to realize their resources and be more hopeful about their behavioral change.

Furthermore, Participant 7 stated that the group helped her to change her perspective. She said even the little things that she could not control had stressed her out previously. However, she reminded herself that she could not control everything and she could change her focus. In addition, all the participants specified that they were now using the exercises and coping strategies they had learned during the group process in their daily lives. Thus, they expanded their awareness of stressful events and coping mechanisms as illustrated by Participant 8 who said:

> During the Zoom meetings, there were times when I wanted to run away. I always had backaches at those times for some reason. It is good for me to turn off my camera for a little while or do some breathing exercises before the meeting. Sometimes I still feel like I am still in the group. When I am lonely, I think about how we dealt with things in the group process. I think I am still under the influence of the group.

> Similarly, comments by Participant 1 illustrated the impact of interpersonal output (new

> behavior):

> The intensity of the anxiety and stress I previously felt has decreased a lot. It's incredible! For example, during the exam period, I was really overwhelmed by extreme anxiety and stress. But then the feelings began to subside. I don't know how to describe it. I felt so relieved and kind of grounded. I can take my exams more comfortably now because my anxiety and stress have decreased. As I mentioned, at first I personalized the pandemic and developed very negative feelings. But then the intensity of the uncertainty and anxiety has really decreased. A lot.

Similarly, Participant 10 said:

I could never get out, even out of my room, but now I can. You see, yesterday, I was

able to go out wearing a mask and some disinfectant, and I didn't think that I would

catch the virus and die, as much as I had before. I guess previously I was close to

having a panic attack, but now I do not feel that bad. This is a disease that might pose

a danger to anyone, actually the whole world. Thinking about this minimizes the

stress factor, thanks to the activities we learned here.

Discussion and Conclusion

This study investigated the effect of SE-based group counseling processes on coping

mechanisms and reducing stress and anxiety during the Covid-19 pandemic. The literature,

albeit ever-evolving, ascertains the effect of SE practices and regulation exercises on

reducing anxiety, stress, and depression (Brom et al, 2017; Changaris, 2010; Leitch, 2007). In

this study, eight weekly group sessions based on SE principles and techniques were

conducted for two groups (n=18), It was found that this group counseling program is an

effective intervention for both stress reduction and developing coping skills.

First, the results revealed that the group process has a statistically significant effect on

diminishing participants' stress levels as analyzed by the Kessler Psychological Distress

Scale. Furthermore, the participants stated in interviews that their stress and anxiety levels

had decreased and they felt more relieved, even if their stress factors remained the same.

With the help of SE-based exercises, people were able to work on their trauma without

getting traumatized. In addition, they were able to expand their tolerance window which

helps them cope with stressful events by using coping mechanisms (Levine, 2015). In this

regard, in the current study, it can be said that SE-based exercises supported participants to

regulate and handle intense body sensations and feelings without being overwhelmed and

also develop and increase their self-awareness. Winblad et al. (2018) conducted a

longitudinal study examining the effects of a 3-year SE practitioner training on the psychological health of professionals. This research revealed that stress and anxiety levels of SE trainees dramatically decreased over three years of training. Unlike Winblad et al. (2018)'s study, this study took these results one step further and demonstrated that even in a short time period, SE helps people to decrease their stress levels during an emergency.

In addition to these findings, the group has a statistically significant effect on the coping mechanisms of the participants which were analyzed by The COPE Revised: Proposing a 5-Factor Model of Coping Strategies. Through SE, people are able to track their bodily sensations and develop an awareness of the body; therefore, they can notice activation and also the regulation of this arousal without getting stuck (Levine, 2015). The participants of the current study stated that they were able to manage tense sensations and emotions via exercises of SE, such as grounding, boundary setting, resourcing, and so on. In this way, even though they encountered or experienced challenging situations, they were aware that they have their own functional skills or tools to cope with the impact of stressful situations on them. In parallel with this result, Briggs et al. (2018) carried out a study examining the effect of SE group therapy, which revealed that group therapy increases people's resilience level and they can manage stressful life circumstances thanks to this type of therapy. Unlike the previous studies, this study was conducted during a pandemic and it might be a difficult time to develop coping mechanisms since there are many external factors. Despite this issue, participants in this study were able to develop resources and cope with their anxiety.

In addition to the quantitative results of the study, qualitative results revealed the significance of this study. Group members indicated that they could start to go out again, join zoom meetings and exams without pain on their body and develop relationships with group members. Besides developing Yalom and Leszcz (2020)'s curative factors, group members

raised awareness on their internal and external resources. Furthermore, they started to use these resources during stressful events.

This study not only helped the participants to reduce their stress level and to raise new coping skills but also positively contributed to their lives by providing them hope, universality, and cohesiveness. Yalom and Leszcz (2020) indicate that besides its main goal, a group counseling process has an impact on various issues regarding these curative factors. In this study, the participants could find similar stress factors, had feelings of understanding, and learned new coping skills from one another. In the interviews, the participants stated that they started to believe in the possibility of change and that they felt connected with the other group members, which decreased their feelings of loneliness. Furthermore, during the group process, strict lockdown measures started to be implemented and there was a significant increase in Covid-19 cases in Turkey during March and April 2021. These measures and the instability affected the group members' stress and anxiety level during the group process. On the other hand, results showed that despite these stressful situations happening in Turkey, group members were able to develop coping mechanisms, reduce their anxiety and develop hope for the future.

Weinberg (2020) stated that evidence on online group psychotherapy is limited and there are many challenges to online groups. These challenges include the disembodied environment, the question of presence, and the transparent background. As it can be seen from those points, Weinberg (2020) is concerned more about the environment on online groups. This study showed that the participants and therapists can show their presence through digital tools as well. As it is stated in the quotations of participants, group members felt the warmth, genuineness, and presence of other participants on zoom. Even though they couldn't experience the neurobiological interaction as Weinberg (2020) stated as embodied

environment, group participants helped others to regulate and feel their warmth. Furthermore, Weinberg (2020) stated that it would be hard to build a therapeutic presence during the online groups. However, participants engaged in interpersonal interactions by using here and now, and using self-disclosure. They realized that they are not alone during the COVID-19 process and they utilized self-disclosure.

The third challenge mentioned by Weinberg (2020) is the transparent background which includes the interruption of sessions by someone entering the room. In this study, participants used headphones and this was never the case. On the contrary, in a few sessions, some participants stated that their headphones were broken and they asked other participants' permission not to use headphones for particular sessions. Participants gave permission for those participants and they continued to the sessions much the same. Since the therapeutic relationship and presence could be built between the participants, these technical issues never bothered anyone to attend the sessions actively. Thus, it can be said that online groups support people to handle challenging times.

The current study has several limitations. First, the number of male participants in this study was low. Furthermore, the group process could have been kept longer so as to develop the interaction between group members further. Also, there could have been more follow-up meetings with longer gaps. Finally, the fact that the study was conducted during the Covid-19 pandemic led to more restrictions and prevented people from joining the group sessions every week for longer periods of time. Despite these limitations, this study can be characterized as a frontier in SE research and there are very important implications of this study. The participant group consisted of university students or young teachers which exposed more uncertainty during the pandemic since the schools and the universities were closed at the beginning of the pandemic and the decisions were changed by the government every month in Turkey. This

study revealed that SE helped this high stressful group which was affected by the pandemic situation most. Therefore, SE-based practices should be developed for emergency situations to obtain results in a short time period. Establishing a more direct causal pathway to reduce stress and anxiety and develop coping mechanisms in emergency situations would be a useful contribution to this area of study.

Disclosure Statement

No potential conflict of interest was reported by the authors.

References

Altun, Y., Özen, M. & Kuloğlu, M.M. (2019). Psikolojik sıkıntı ölçeğinin Türkçe uyarlaması: Geçerlilik ve güvenilirlik çalışması (Turkish adaptation of Kessler Psychological Distress Scale: Validity and reliability study). *Anatolian Journal of Psychiatry,* doi: 10.5455/apd.12801

American Psychological Association. (2020, June 5). *Psychologists embrace telehealth to prevent the spread of COVID-19*. Retrieved from https://www.apaservices.org/practice/legal/technology/psychologists-embrace -telehealth

Armstrong-Strassen, M. (2004). The influence of prior commitment on the reactions of layoff survivors to organizational downsizing. *Journal of Occupational Health Psychology*, 9, 46–60.

Arnout, B. A., Al-Dabbagh, Z. S., Al Eid, N. A., Al Eid, M. A., Al-Musaibeh, S. S., Al-Miqtiq,   M. N., Alamri, A. S., & Al-Zeyad, G. M. (2020). The effects of coronavirus

(COVID   -19) outbreak on the individuals' mental health and the decision makers: A

comparative   epidemiological study. *Health Sciences,* 9(3), 26–47.

Barak, A., Boniel-Nissim, M., & Suler, J. (2008). Fostering empowerment in online support

groups. *Computers in Human Behavior*, 24, 1867–1883.

http://dx.doi.org/10.1016/j.chb.2008.02.004

Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2009). A comprehensive review and a

meta-analysis of the effectiveness of internet-based psychotherapeutic interventions.

Journal of Technology in Human Services, 26, 109–160.

Barnett, J. E. (2005). Online counseling: New entity new challenges. *Counseling

Psychologist,*   33, 872–880.

Briggs, P. C., Hayes, S., & Changaris, M. (2018). Somatic Experiencing® informed

therapeutic group for the care and treatment of biopsychosocial effects upon a gender diverse

Identity. *Frontiers in psychiatry,* 9, 53. https://doi.org/10.3389/fpsyt.2018.00053

Brom, D., Stokar, Y., Lawi, C., Nuriel-Porat, V., Ziv, Y., Lerner, K., & Ross, G. (2017).

Somatic Experiencing for Posttraumatic Stress Disorder: A Randomized Controlled Outcome

Study. *Journal of traumatic stress,* 30(3), 304–312. https://doi.org/10.1002/jts.22189

Burlingame, G. M., Fuhriman, A., & Mosier, J. (2003). The differential effectiveness of

group   psychotherapy: A meta-analytic perspective. *Group Dynamics*, 7, 3–12.

doi:10.1037/1089-2699.7.1.3

Burlingame, G. M., MacKenzie, K. R., & Strauss, B. (2005). Small-group treatment:

Evidence   for effectiveness and mechanisms of change. In M. J. Lambert (Ed.),

Handbook of   psychotherapy and behavior change (5th ed., pp. 647– 696). New York:

Wiley.

Butler, T., & Fuhriman, A. (1983). Level of functioning and length of time in treatment

    variables influencing patients' therapeutic experience in group psychotherapy.

    International Journal of Group Psychotherapy, 33(4), 489-505.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A

    theoretically based approach. *Journal of Personality and Social Psychology,* 56, 267

    –283.

Cameron, O. (2001). Interoception: the inside story - a model for psychosomatic processes.

Psychosomatic Medicine, 63 697–710.

Craig, A. D. (2002). How do you feel? Interoception: the sense of the physiological condition

of the body. *Nature Reviews Neuroscience*, 3 655–666.

Centers for Disease Control and Prevention. (2020, July). *Coronavirus Disease 2019.*

    Washington, D.C: U.S. Department of Health & Human Services. Retrieved from

    https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress

    -anxiety.html

Changaris, M. C. (2010). Assessing the Efficacy of Somatic Experiencing for Reducing

Symptoms of Anxiety and Depresssion, Doctoral dissertation, John F. Kennedy University.

Cohen, J. (1988). *Statistical Power Analysis for the Social Sciences* (2nd. Edition). Hillsdale,

New Jersey, Lawrence Erlbaum Associates.

Cohen, G. E., & Kerr, B. A. (1998). Computer-mediated counseling: An empirical study of a

    new mental health treatment. *Computers in Human Services*, 15, 13–26.

Dana, D. (2018). *The Polyvagal Theory in therapy: Engaging the rhythm of regulation.* W.W.

    Norton & Company.

Dicle, A.N. ve Ersanlı, K. (2015). Başa çıkma tutumlarını değerlendirme ölçeğinin Türkçeye

    uyarlama geçerlik ve güvenirlik çalışması (Turkish standardization and the validity

and	reliability studies of the COPE). *The Journal of Academic Social Science, 3*(16), 111

-126.

Dowling, M., & Rickwood, D. (2013). Online counseling and therapy for mental health

problems: A systematic review of individual synchronous interactions using chat.

Journal of Technology in Human Services, 31, 1– 21.

Farb, N. A., Segal, Z. V., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. K.

(2007). Attending to the present: Mindfulness meditation reveals distinct neural

modes of self-reference. *Social Cognitive & Affective Neuroscience*, 2, 313–322.

doi:10.1093/scan/nsm030

Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental

health challenges faced by healthcare workers during COVID-19 pandemic. *BMJ,*

368,	1211. https://doi.org/10.1136/bmj.m1211

Hill, C. E. (1990). Is individual therapy process really different from group therapy process?

Counseling Psychologist, 18(1), 126-130.

Hornsey, M. J., Dwyer, L., & Oei, T. P. S. (2007). Beyond cohesiveness: Reconceptualizing

the link between group processes and outcomes in group psychotherapy. *Small Group*

Research, 38(5), 567-592, 10.1177/1046496407304336

Hui, D. S., Azhar, E. I., Madani, T. A., Ntoumi, F., Kock, R., Dar, O., Ippolito, G., Mchugh,

T. D., Memish, Z. A., Drosten, C., Zumla, A., & Petersen, E. (2020). The continuing

2019-nCoV epidemic threat of novel coronaviruses to global health—The latest 2019

novel coronavirus outbreak in Wuhan, China. *International Journal of Infectious*

Diseases, 91, 264–266.

IBM Corp. (2019). IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp

Kang, Y. S., Cho, S. Y. & Ryu, E. (2009). The effectiveness of a stress coping program based

on mindfulness meditation on the stress, anxiety, and depression experienced by

nursing students in Korea. *Nurse Education Today,* 29, 538-543,

doi:10.1016/j.nedt.2008.12.003

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., et al. (2003).

Screening for serious mental illness in the general population. *Archives of General*

Psychiatry, 60(2), 184-189.

Kline, M. (2020). *Brain-chanhing strategies to trauma-proof our schools: A heart-centered*

movement for wiring well-being. Berkeley, North Atlantic Books.

Lazarus, R.S. & Folkman, S., 1984. *Stress, appraisal, and coping.* Springer Publishing

Company,   New York.

Leibert, T., Archer, J., Munson, J., & York, G. (2006). An exploratory study of client

perceptions of internet counseling and the therapeutic alliance. *Journal of Mental*

Health Counseling, 28, 69–83.

Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model.

Health Justice, 5(5),. https://doi.org/10.1186/s40352-017-0050-5

Levine, P. A. (1977). *Accumulated stress, reserve capacity and disease*. Ann Arborm, MI:

University of California, Berkeley.

Levine, P. A. (1997). *Waking the Tiger: Healing trauma: The innate capacity to transform*

overwhelming experiences. Berkeley, CA: North Atlantic Books.

Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores*

goodness. Berkeley, CA: North Atlantic Books.

Levine, P., & Frederick, A. (1997). *Waking the tiger: Healing trauma through the innate capacity to transform overwhelming experiences.* Berkeley, CA: North, Atlantic Books.

Liebrenz, M., Bhugra, D., Buadze, A., & Schleifer, R. (2020). Caring for persons in detention suffering with mental illness during the Covid-19 outbreak. *Forensic Science International: Mind and Law*, 1, 1–2.

Mallen, M. J., & Vogel, D. L. (2005). Introduction to the major contributions: Counseling psychology and online counseling. *Counseling Psychologist*, 33(6), 761–775.

Mariano, T. Y., Wan, L., Edwards, R. R., Lazaridou, A., Ross, E. L., & Jamison, R. N. (2019). Online group pain management for chronic pain: Preliminary results of a novel treatment approach to teletherapy. *Journal of Telemedicine and Telecare*. Advance online publication. http://dx.doi.org/10.1177/1357633X19870369

McAdams, C. R., & Wyatt, K. L. (2010). The regulation of technology-assisted distance counseling and supervision in the United States: An analysis of current extent, trends, and implications. *Counselor Education and Supervision,* 49, 179–192.

McCormick, R., Dowd, E., Quirk, S., & Zegarra, J. (1998). The relationship of NEO-PI performance to coping styles, patterns of use, and triggers for use among substance abusers. *Addictive Behaviors,* 23, 497–507.

McKenna, K. Y. A., & Bargh, J. A. (2000). Plan 9 from cyberspace: The implications of the internet for personality and social psychology. *Personality and Social Psychology Review,* 4, 57–75.

McRoberts, C., Burlingame, G. M., & Hoag, M. J. (1998). Comparative efficacy of individual and group psychotherapy: A meta-analytic perspective. *Group Dynamics*, 2, 101–117.   doi:10.1037/1089-2699.2.2.101

National Board for Certified Counselors. (2012). National Board for Certified Counselor

(NBCC) policy regarding the provision of distance professional services.

http://www.nbcc.org/Assets/Ethics/NBCCPolicyRegardingPracticeofDistanceCounse

lingBoard.pdf.

Oberst, U. E. & Stewart, A. E. (2003). Adlerian psychotherapy: An advanced approach to

individual psychology. Routledge.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: using

interoception and proprioception as core elements of trauma therapy. *Frontiers in

Psychology*, 6(93), doi: 10.3389/fpsyg.2015.00093

Porges, S. W. (2017). *The pocket guide to the Polyvagal Theory: The transformative power of

feeling safe*. W.W. Norton & Company.

Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature.

Asian Journal of Psychiatry, 52, 102066. http://dx.doi.org/10.1016/j.ajp.2020.102066

Reynolds, D. J., Stiles, W. B., & Grohol, J. M. (2006). An investigation of session impact and

alliance in internet based psychotherapy: Preliminary results. *Counselling and

Psychotherapy Research*, 6, 164–168.

Richards, D. (2009). Features and benefits of online counselling: Trinity College online

mental health community. *British Journal of Guidance and Counselling*, 37(3), 231–242.

Rochlen, A. B., Zack, J. S., & Speyer, C. (2004). Online counseling: Review of relevant

definitions, debates, and current empirical support. *Journal of Clinical Psychology*,

60,   269–283.

Scaer, R. (2005). *The trauma spectrum: Hidden wounds and human resiliency.* NewYork: W.

W. Norton.

Strauss, A, & Corbin, J. (1990). *Basics of qualitative research: grounded theory procedures*

    and techniques. Newbury Park, CA: Sage.

Tabachnick, B. G., & Fidell, L. S. (2013). Using multivariate statistics (6th ed.), Boston:

Allyn and Bacon.

Taylor, P. C. & Saint- Laurent R. (2017). Group Psychotherapy Informed by the Principles of

    Somatic Experiencing: Moving Beyond Trauma to Embodied Relationship.

International Journal of Group Psychotherapy 67(1), 171-181.

van Uden-Kraan, C. F., Drossaert, C. H. C., Taal, E., Seydel, E. R., & van de Laar, M. A. F. J.

    (2009). Participation in online patient support groups endorses patients'

empowerment. *Patient Education and Counseling*, 74, 61–69.

        http://dx.doi.org/10.1016/j.pec.2008.07.044

Wallace, S. L., Lee, J. & Lee, S. M. (2010). Job stress, coping strategies, and burnout among

    abuse-specific counselors. *Journal of Employment Counseling*, 47.

Welbourne, J. L., Eggerth, D., Hartley, T. A., Andrew, M. E., & Sanchez, F. (2007). Coping

    strategies in the workplace: Relationships with attributional style and job satisfaction.

    Journal of Vocational Behavior, 70, 312–325.

Weinberg, H. (2020). Online group psychotherapy: Challenges and possibilities during covid

    -19-A practice review. *American Psychological Association*, 24(3), 201-211,

    http://dx.doi.org/10.1037/gdn0000140

Winblad, N. E., Changaris, M. & Stein, P. K. (2018). Effect of somatic experiencing

resiliency-based trauma treatment training on quality of life and psychological health as

potential markers of resilience in treating professionals. *Frontiers in Neuroscience*, 12(70),

doi: 10.3389/fnins.2018.00070

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M.,

      Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on

      mental health in the general population: A systematic review. *Journal of Affective*

      Disorders, 277, 55-64. https://doi.org/10.1016/j.jad.2020.08.001

Yalom, I. D. & Leszcz, M. (2020). *The theory and practice of group psychotherapy.* New

      York, NY: Basic Books.

Yang, X., Yu, Y., Xu, J., Shu, H., Liu, H., Wu, Y., Zhang, L., Yu, Z., Fang, M., Yu, T., Wang,

      Y., Pan, S., Zou, X., Yuan, S., & Shang, Y. (2020). Clinical course and outcomes of

      critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: A single

      -centered, retrospective, observational study. *The Lancet Respiratory Medicine,* 1–7.

Zuckerman, M. & Gagne, M. (2003). The Cope Revised: Proposing a 5 Factor Model of

Coping Strategies. *Journal of Research in Personality,* 37.