The Somatic Relationship Between Mind-Body Therapists and Their Parents: A Grounded Theory Study

Wade H. Cockburn

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy

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Abstract

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This study researched the subjective somatic experience of sensory awareness-trained therapists' interactions with their parents when encountering an issue that first arose during the therapist's childhood. It explored whether and how the therapists are aware of, sense, and identify their own body consciousness, and whether and how they utilize various somatic psychological practices to address present-day familial issues with their parent or parents. In addition to the usual verbal narrative, somatic psychology considers bodily states of consciousness, physical reactions, muscular patterning, chronic tension, speech patterns, breath, skin color and tone, and the use of bodily space in the therapy process. Thus, somatic psychology provides an integrated approach to exploring and healing the complex relationship between the mind and body. Such an approach is appropriate in adult child-parent relationship issues. Sensory awareness is a specific therapeutic technique used to identify feelings and sensations that occur in the present moment.

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Chapter 1: Nature of the Study

If you think you are so enlightened, go and spend a week with your parents.

—Ram Dass

Human beings are a relational species (Mitchell, 1998). As we age, we experience changes in cognitive, emotional, physical, and relational areas (Carter & McGoldrick, 1989; Erikson, 1959; Piaget, 1985; Siegel, 1996, 1999). Such changes arise from both external and internal factors, the actual events involved, and how such events are experienced (Gottman, 1994; Santrock, 2006). Of all the relationships we have in life, the one that is most long-lived and that involves a potentially fundamental shift is our relationship with our parents as we mature into adults (Birditt, Miller, Fingerman, & Lefkowitz, 2009). All relationships change over time, but relationships with siblings, friends, spouses, and others do not typically entail the role reversals that can be encountered as adult children deal with their aging parents (Putney & Bengstson, 2001; Shawler, 2004). If a child and parent live long enough, adult children often find that they must actively confront their parents on issues involving authority and boundaries (Leblow, 2005).

The original parent-child relationship generates issues that are present not only during the growing years of the child but also throughout the adult child's later years (Birditt et al., 2009; Cremeens, Usdan, Brock-Martin, Martin, & Watkins, 2008). For many, early family experiences create a foundation for misunderstandings and conflicts that is sustained across the lifetimes of a parent and child (McDaniel, Hepworth, & Doherty, 1992). This can be especially true of core issues, many of which are formulated from conflicts with parents during the infant's precognitive developmental stage, at about

18 months (Piaget, 1985), and are stored as implicit or bodily memories, as opposed to postcognition, explicit memories (Lewis, 2006).

Grounded Theory

To explore these relational issues, this qualitative research study used a grounded theory design, which brings to the research "a richness of concept development and relationships" (Denzin & Lincoln, 1998, p. 161). Grounded theory is a phenomenological method that was first applied to sociological research (Glaser & Strauss, 1967) and later was used by psychologists in qualitative research (Rennie, Phillips, & Quartaro, 1988; Tesch, 1990). Grounded theory is a discovery methodology (Bigus, Hadden, & Glaser, 1979) that offers "systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves" (Charmaz, 2006, p. 2). The collective responses from individuals generate themes that explain the phenomenon being studied (Giorgi, 1970) rather than attempt to prove a prior theoretical structure (Taylor & Bogdan, 1998). This allows for the discovery of new information, with the express purpose of building a midlevel theory from the analysis of the data collected.

The study explored and developed three areas of inquiry: (a) how somatic psychology informs the therapist as an adult child; (b) if and how somatic therapists apply their tools in their own personal relationship with their parents; and (c) useful information about the adult child-parent relationship, as expressed by somatic professionals. The research situation was the somatic psychotherapy techniques utilized in the therapists' adult child-parent relationships, and somatic therapists were the population that informed the grounded theory methodology (Creswell, 1998) of adult

child-parent interactions. I sought to explore (a) the rationale behind a therapist's choice of healing through the body; (b) if and how a therapist utilizes a particular modality in the relationship with his or her own parents; and (c) if and how somatic therapists are aware, informed, and seasoned in handling this issue.

Overview of the Study

As Kvale (1996) suggested for qualitative studies, this grounded theory study interviewed participants until data saturation was achieved (Creswell, 1998; Glaser & Strauss, 1967). Data was collected from each participant through a semi-structured interview of about an hour. Questions aimed to discover whether and how these therapists utilize their embodied feelings to inform their relational decisions when they are confronted with an issue involving their parents. It was my intention to discover whether these practitioners, through both their somatic and sensory awareness education and in practicing their discipline with their own clients, learned specific processes that they apply or have applied in their relationship with their parents, as well as how each subjectively assessed the status of this relationship. The questions focused on (a) the thoughts and feelings that define how these professionals measure their connection with their parents; (b) the defining issue that brought forth these thoughts and feelings; and (c) how actively present therapists are in their bodies when they are in relationship with their parents.

Recruitment for this grounded theory study was undertaken among somatic therapists with training in sensory awareness to ensure that the sample selected was informed and homogeneous. The experiential process that is now known as sensory awareness is the somatic practice of becoming grounded in the present moment by

becoming aware of the interplay of our physical, emotional, and mental bodies, and the corresponding sensations as we encounter various life events (Weaver, 2004). Laeng-Gilliatt (2006) described this as "learning to notice" ourselves (p. 1). Requiring a pool of somatic therapists who utilize sensory awareness in their practices allowed for a broad range of training in different body psychotherapies while still maintaining cohesion in the analysis of their experiences. This was achieved by the participants all having learned sensory awareness from a trained instructor.

A Personal Stake

The genesis for the study is rooted in my own past and my ongoing confrontations with developmental blocks. In late 1987, I experienced an awakening in my self-awareness and my somatic awareness when I began to meditate. Although it was nascent and undefined, this awareness deepened and took on even greater importance after a major family conflict.

A series of business lawsuits filed by my sister and mother against me brought to light judgments about me and caused various somatic symptoms. This awareness led me to earn a postgraduate degree in spiritual psychology to understand what had happened in my family of origin, and then to pursue a doctorate in somatic psychology. Initially, my trained engineer's mind envisioned a "fix" for psychological issues, such that they would no longer exist. I have come to realize that, by heightening my somatic and emotional awareness, I am now more conscious of my reactions, giving me the opportunity to no longer automatically and unconsciously utilize a defense mode created in a similar situation when I was younger. I now have the ability to disengage from the previously automatic object relations and thus have many potential choices available when dealing

with an issue. Although none of these choices may fix the issue, I have found that any conscious choice, even a "wrong" one, has the effect of making the relationship more authentic and does not exact a cost to my self-esteem.

Using somatic relational clues, I confronted my defenses as they arose with both parents. I recognized the associated emotions, acknowledged the resulting thoughts, and became curious about their origins. In doing so, I discovered choices in my relational interactions, even if I am still sometimes circumspect in applying them. Even when my attention is diffused, such as by reading a book or watching television, I can still be blindsided by a judgmental statement and, without sensing into the feelings that arise, I respond automatically with an adapted self-defense. The difference now is that I immediately recognize what I have done, recollect my attention, and initiate a repair (Winnicott, 1964).

It is through the utilization of various techniques, including a variation of sensory awareness, that my relationships with my mother and father have become more authentic. Because my parents are now divorced, my relationship with my stepfather, whom I consider my dad, is no longer dependent upon my relationship with my mother, and I have the luxury of confronting my defenses individually. Even though my dad and I see each other only a couple of times a year, we have an excellent adult relationship. Unfortunately, using choices that were positive for my self-esteem led to my mother becoming estranged. Experiencing both relationships as they are and labeling them neither negative nor positive has led me back into a healthy relationship not only with them but also with myself.

The primary focus of this study was to discover whether and how many beneficial techniques emerge from a grounded theory study of long-term professional somatic practitioners' relationships with their parents. Does somatic psychotherapy inform the ways they navigate this important and evolving relationship, and what tools do they utilize to navigate it? This study may help our clients address issues with their own parents and may represent a significant contribution to somatic psychology's body of knowledge.

Chapter 2: Review of the Literature

Classic grounded theory mandates that no literature review be done until after the theory has emerged from the data analysis (Glaser, 1992, 1998, 2005; Glaser & Strauss, 1967). According to Glaser (1992), "There is a need not to review any of the literature in the substantive area under study" (p. 31). This dictum is intended to avoid bias in the data analysis (Elliott & Higgins, 2012; Glaser, 1978, 1992). As Glaser (1992) stated, "It is hard enough to generate one's own concepts without the added burden of contending with the 'rich' derailments provided by the related literature" (p. 31). Other researchers disagree on when the grounded theory literature review should be carried out (Heath, 2006; McGhee, Marland, & Atkinson, 2007; Schreiber & Stern, 2001). Charmaz (2006) noted that the grounded theory literature review, when done after the analysis phase, is where the researcher will "claim, locate, evaluate, and defend [his or her] position" (p. 163).

I chose to do an initial literature review prior to data collection, to orient the reader by providing an overview of the area of inquiry (Urquhart, 2007) and to "show how and where [my] work fits or extends relevant literatures" (Charmaz, 2006, p. 167). The review looked at the fields of somatic psychology, sensory awareness, parent-child relations and their implications, and cultural dimensions as they relate to the study. Because adult child-parent relationships are a prime component of transactional analysis (Stewart & Joines, 1987), that approach to the theory of psychology was also included in the literature review, as a subset of parent-child relations. The subsequent literature review, to examine how the generated theory fits with other studies, is the last section of Chapter 4: Findings.

Initial Literature Review

Somatic psychology studies. Although the field of somatic psychology is considered relatively new in the United States, in practice, it has been around for many years. Also referred to as body psychotherapy, character analysis, and vegetotherapy in Europe, somatic psychotherapy has existed since the 19th century and is an interdisciplinary field interested in the embodied experiences of a client's psychological issues (Barrett, 2010). There are many similar but distinct styles of somatic psychotherapy, such as orgonomy, bioenergetic analysis, the Rubenfeld synergy method, the Hakomi method, dance/movement therapy, Radix, and Gestalt (Barrett, 2010; Goodrich-Dunn & Greene, 2002; May, 2005).

Traditional psychotherapy is generally known as the "talking cure" (Kurtz, 1988; Wallerstein, 1995), a nickname purportedly coined by one of Freud's early patients, Anna O. (Gay, 1998). Freud was a medical doctor who was trying to differentiate a mental cure from a physical one (Kramer, 2006). Earlier in his career, however, Freud (1924/1960) acknowledged the function of the body in psychotherapy, stating, "The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface" (p. 26). As Almaas (2000) further explained, "The ego is first and foremost a body-ego, in the sense that the self-demarcations that form in our consciousness during infancy are based on our sensory experience of our bodies as distinct from other objects" (p. 104).

The field of somatic psychology considers the mind and body to be inseparable (Aposhyan, 2004; Barrett, 2010). Lowen (1975) wrote:

The life of an individual is the life of his body. Since the living body

> includes the mind, the spirit and the soul, to live the life of the body fully is to be mindful, spiritual, and soulful. If we are deficient in these aspects of our being, it is because we are not fully in or with our bodies. (p. 42–43)

Somatic psychology presents an integrated approach to healing conditions of the whole mind-body organism by attempting to understand the psychology behind the presenting issue not only in the mental realm but also the physical, emotional, and spiritual realms, both conscious and unconscious. Hartley (2004) stated,

> For healing and growth to be deep, enduring, and meaningful to the client, all aspects of his or her being must be engaged. A primary mental and verbal approach to therapy requires that attention also be given to the bodily and energetic processes; psyche and soma are inextricably connected, and movement at one level necessitates awareness of change at others too, so that consciousness can be grounded in living reality. (p. 3)

Evidence of this healing is supported by recent developments in neuroscience and other related fields (Rothschild, 2000; van der Kolk, 1994). According to Wilber (as cited in Knaster, 1996), a philosopher and theoretical psychologist, problems have arisen in our psyche because "few of us have lost our minds, but most of us have long ago lost our bodies" (p. 23). Many modern post-Freudian psychoanalysts and other therapists are beginning to recognize that psychotherapy is more than just talk therapy. Psychoanalysts (Schore, 1994; Vaughan, 1998), psychiatrists (Siegel, 1996, 1999; van der Kolk, 1994; van der Kolk et al., 1996), and neuropsychologists (Cozolino, 2002; LeDoux, 2003) make

the case that psychotherapy changes the way neurons fire, connecting the psychological with the biological.

Somatic psychology considers bodily states of consciousness, physical reactions, slack or frozen traumatic muscular patterning, chronic tension, breath, skin color and tone, and the use of bodily space to be the basis of potential strategies in the therapy process (Marcher & Fich, 2010). The mind-body connection is a topic familiar to psychologists and physicians alike, and according to Aposhyan (2004), mind-body integration methods are increasingly taken into account in psychological settings. Carroll (2002) described somatic psychology as "biodynamic" and as both an "intentional and attentional use of touch which can facilitate a very immediate and evocative quickening of parts of the self that have been numbed, buried, or deadened" (p. 78), and noted its ability to remove the embodied trauma, whether large or small, from the client's consciousness. Somatic psychology postulates that, to access these memories, a client must be able to feel residual emotions and discover their location in the body (Rothschild, 2000).

Somatic psychology puts forward the theory that when an infant or a child encounters a 'no' of any kind, it results in a block—what Aposhyan (2004) called a "developmental deficiency" (p. 118) and Hilton (2007) labeled an "environmental negativity" (p. 52)—and then the child pulls back from the painful experience. The cause of the block can range from simply not getting a new toy through many levels of active abuse to abandonment. Depending on when and to what extent such blocks occur, the resulting contraction or contractions leads to the formation of particular character structures (Johnson, 1994; Reich, 1990). These in turn become a defense the child replays

every time he or she encounters another real or perceived block of the same nature. Object relations theory also explains that every dysfunctional relationship mimics the initial traumatic relationship until the internalized painful representation is repaired (Johnson, 1994; Totton, 2002).

Staunton (2002) stated, "We have to remember that character structure is a defense—a defense against contact and relationship now as much as a defense against experiencing a past injury" (p. 64). These defensive mechanisms are not so much an avoidance of pain as they are the organism's attempt to be safe (Ogden, 2006). These defensive mechanisms limit certain expressions and ways of relating to simultaneously avoid predicted pain and yet still retain some connection with the other (Hilton, 2007).

Therapists, too, have had their share of negative blocks and have built a particular character structure on the family dynamics present during their developmental years. The primary questions are (a) how therapists handle defenses formed in their early relationship with their parents when these inevitably come up in the adult child-parent relationship; (b) if they do come up, how therapists recognize clues in the endocrine, musculoskeletal, and visceral systems of their bodies; and (c) when defenses are recognized, how somatic therapists utilize the information.

Evidence suggests that the body responds to both physical and mental environmental experiences to an extent never considered possible only a couple of decades ago (van der Kolk, 2006) when the growth of synapses in the brain was considered to stop at an early age. Depending on whether an environment is perceived as threatening or nurturing, the body either will respond with protective measures or will experience healing and growth. A study by Glaser et al. (1999), conducted at the United

States Army Military Academy at West Point, studied how mental environmental experiences affect the body. The study searched for reactivation of three latent herpes viruses—Epstein-Barr virus, herpes simplex virus type 1, and human herpesvirus 6—by using blood tests from 95 cadets. One baseline stressor and two post stressors were introduced. One stressor, a six-week training period known as cadet basic training, produced no significant reactivation of any herpes virus, suggesting that the cadets perceived neither the physical nor mental challenges of the training as unduly stressful. However, there were significantly more herpes virus antibodies in the blood sample obtained during final academic examinations than during the baseline period before the examinations. The study presented evidence that a psychological stressor impacts latent herpes viruses in the physical body.

In a study that pertains to the efficacy of somatic psychology, Clance, Thompson, Simerly, and Weiss (1994) hypothesized that intervention techniques and awareness exercises informed by Gestalt therapy would result in positive attitude changes in participants' perceived body image and self-image. This study used undergraduate students (15 participants in the experimental group and 15 in the control group) and the Body-Cathexis and Self-Cathexis scales (Secord & Jourard, 1953). The experimental participants received eight group sessions comprising Gestalt mini-lectures and Gestalt free-flow personal exploration; the control group received cognitive behavioral therapy. Results showed that Gestalt therapy brought about a significant positive change in the participants' body image and self-image.

Price (2005) conducted another efficacy study, examining the effectiveness of body-oriented therapy in abuse recovery. Price used a two-groups repeated measures

design, with a randomized assignment of 24 adult female participants to either body-oriented therapy or a massage therapy control group. Each group underwent eight one-hour treatment sessions conducted by one of four research clinicians either in the treatment rooms of a university or in the clinician's private office. The body-oriented therapy protocol included three stages: massage, body awareness exercises, and an inner body focusing process. The control group massage therapy protocol was standardized and both protocols were delivered over clothes. Three areas were studied: psychological well-being, physical well-being, and body connection. The results showed significant improvement for all participants but no significant difference between the experimental group and the control group due to the groups perceiving the intervention differently and questioning the intervention's influence on their therapeutic recovery.

Holmes' (1993) study compared somatic and talk therapies. In addition to their regular psychotherapy sessions, 24 participants received holotropic breathwork and a control group of 24 participants received regular psychotherapy only. Data were collected through four questionnaires administered over a period of six months. The questions asked subjects to identify and rate the severity of up to three issues that caused them to seek psychotherapeutic help. Holmes' data analysis indicated that both the experimental and the control groups improved across time but that the breathwork group showed significantly greater improvement than the therapy group. She concluded that a somatic intervention was useful in resolving psychological problems.

Sensory awareness efficacy studies. Sensory awareness, the name given to a process created by Selver (1999), is the practice of becoming more aware of breath, energy, touch, movement, and other bodily sensations, which can lead to improvements

in a person's general state of being (Weaver, 2004). Selver (1999) did not consider her work to be bodywork—because she considered the body to be only one part of our whole—but a rediscovering the "miracles of everyday life" (p. 10). Selver struggled with calling her technique sensory awareness and only did so in the late 1950s, although she was never really happy with the diminution of the process implied by the name. She felt that the term did not state the holistic nature of what she was teaching, which goes beyond just sensing (S. Laeng-Gilliatt, personal communication, March 3, 2011).

The term *sensory awareness* currently is used by the Sensory Awareness Foundation to differentiate the work of Selver, as it is taught in their sponsored classes, workshops, and publications, from other sensing modalities. Three of the participants were taught by Selver herself and another nine were taught by a leader from the Sensory Awareness Foundation, however, there is minimal distinction between the terms in this study.

At its core, sensory awareness means rediscovering ourselves by noticing, learning, and identifying our bodily experiences (Brooks, 1983). The noticing is done through the conscious effort of allowing the heightening and deepening of our senses to what is happening in and around us, and noting how this noticing changes what one happens to be doing or how one is responding. The sensing involves exploring more fully our exteroception (what is happening outside our bodies), interoception (our feelings inside our bodies), and proprioception (how our bodies are relating to internal and external stimuli).

As a mindfulness and presence technique (Brooks & Selver, 2007), sensory awareness is the antithesis of automaticity and conditioned responses typical of the

adaptive patterns of an individual to past painful experiences (Pavlov, 1960). Sensory awareness facilitates making the unconscious conscious, and core issues developed in early developmental stages are largely unconscious (Hilton, 2007; Johnson, 1994; Mawdsley, 2007; Snodgrass & Shevrin, 2006).

Sensory awareness is not a psychological methodology (Weaver, 2004). The brief review of the literature uncovered no studies that used a proprietary method called "sensory awareness." However, this and other mindfulness and presence techniques, sometimes known generically as sensory awareness, are being incorporated into psychotherapy (Mace, 2007). Goleman (2003) defined mindfulness as "facing the bare facts of experience, seeing each event as though occurring for the first time" (p. 20). It is used specifically in mindfulness-based stress reduction (Kabat-Zinn, 1990), mindfulness-based cognitive therapy (Teasdale, Segal, & Williams, 2003), dialectical behavior therapy (Linehan, 1993), and acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1999). Sensory awareness, mindfulness, and being present also have been studied in connection with the alleviation of many conditions, including arthritis and fibromyalgia (Kendall, Brolin-Magnusson, Sören, Gerdle, & Henriksson, 2000), encopresis (Bajwa & Emmanuel, 2009), enuresis (Friman & Jones, 2005), impaired hearing (Engelien et al., 2000), irregular sleep patterns (Buckelew, DeGood, Roberts, Butkovic, & MacKewn, 2009), and low back pain (Mehling, 2006),

Sensory awareness techniques have also proven useful as effective therapeutic interventions in studies conducted with children who present with autistic tendencies (Baranek, 2002; Coben & Myers, 2010; Jones, Quigney, & Huws, 2003; Kiani, Miller, & Gangadharan, 2008). As a mindfulness approach, sensory awareness has been used in the

treatment of neurological disorders such as Parkinson's disease, after which the participants showed significant improvement in their speech (Ramig, Fox, & Sapir, 2004). It has played a role in the treatment of patients with neuropathic pain (Walk et al., 2009) and has helped patients with neurological injuries mitigate abnormal somatic sensations. Studies also showed the efficacy of sensory awareness on self-agency (Sato & Yasuda, 2005), employment risk awareness (Miller, 2005), and group therapy (Anderson, 1978).

Adult child-parent relationship studies. The relationship between parents and their children is typically both long-lasting and intensely emotional, encompassing positive and supportive feelings but also feelings of frustration, irritation, anxiety, and ambivalence (Lüscher & Pillemer, 1998). As average life expectancy increases, the adult child-parent relationship obviously will last longer (Riley & Riley, 1986) and the relationship is defined by the adult child's personal choice and feelings of obligation (Rossi & Rossi, 1990).

The parent-child relationship is one of the most complex in psychological literature and has been considered one of the most relevant since the work of the early pioneers of psychoanalysis (Freud, 2010). It has generated several branches of psychology, such as attachment studies (Bowlby, 1969), developmental theory (Bjorklund & Pellegrini, 2000), and transactional analysis (Berne, 1978). Bowlby (1969) asserted that children's relationship with their primary caregivers is how they learn to relate to all subsequent relationships. Tolle (2008) described this initial relationship with our primary caregivers by stating,

> The relationship with your parents is not only the primordial relationship that sets the tone for all subsequent relationships, it is also a good test for your degree of Presence. The more shared past there is in a relationship, the more present you need to be; otherwise you will be forced to relive the past again and again. (p. 100)

Developmental challenges, blocks, and environmental negativity play a role in the adult child-parent relationship, and such issues occur in all families when infants and children do not receive appropriate energetic attunement, eye-to-eye and tactile contact, comforting and caring communication, protection, and safety from their primary caregiver during gestation, birth, and the first years of life (Weinhold & Weinhold, 2008). Although most of these misattunements are unintentional, further issues develop when children and families are unable to repair developmental traumas and adopt better coping strategies (Nichols & Schwartz, 2007). Adult children and their parents then carry these traumas into their later lives.

One ramification of not resolving these developmental challenges is the ambivalence that characterizes many relationships between adult children and their parents (Wilson, Shuey, & Elder, 2003). Both the adult child and the parent must expend effort to achieve what Volkow et al. (1999) labeled a positive functional relationship—that is, one that enjoys love, shared values, and reciprocal help. Even primary caregivers who produce Bowlby's (1983) securely attached children or represent Winnicott's (1953) definition of a "good enough mother" must come to terms with their children becoming adults, but this exploratory review of the literature found no studies that delved into what constitutes success in relatively harmonious relations.

When asked by an adult questioner about understanding the causes of psychological problems, Krishnamurti (1948) stated,

> If there is tension between you and your parents, this contradiction has to be faced if you want to live creatively, happily; but as most of us do not want to lead a creative life and are satisfied to be dull, we say, "It is all right, I will yield." After all, relationship with another, especially with a father, mother, or child, is a very difficult thing, because relationship with most of us is a matter of gratification. We do not want any trouble in relationship. (p. 1)

Difficult relationships can be made even more difficult if the child and/or parent have complications from a medical diagnosis or an Axis I or Axis II diagnosis, as described in the *Diagnostic and Statistical Manual of Mental Disorders IV* (text revision, 2000). The adult child-parent relationship studies in the literature focused mainly on aspects of these diagnoses and fell into two categories, both of which may be encountered in this study.

The first diagnoses related to mental disorders, the results of abuse (Taylor, Guterman, Lee, & Rathouz, 2009), addiction (Reinking, 2006), and schizophrenia (Byrne, Velamoor, Cernovsky, & Cortese, 1990). The second group of relationship studies explored "normal" life span issues such as ambivalence toward one's parents (Lüscher & Pillemer, 1998); the effect of dementia on the relationship (Sherrell, Buckwalter, & Morhardt, 2001); financial worries or disapproval of spending habit by either the child or the parent (Descartes, 2006); mixed emotions, such as love and fear, existing simultaneously for the parent (Lefkowitz & Fingerman, 2003); tensions (whether

conscious or unconscious) when negotiating the level of interference in each other's lives (McGraw & Walker, 2004); shame-based judgments of the other by either the parent or the child (Witt, 2007); and worry over the well-being of the parent or child (Hay, Fingerman, & Lefkowitz, 2007). The literature also showed adult child-parent relationship issues, whether related to mental disorders or to life span, to be present no matter the gender mix of the relationship (Lye, 1996). No research was found that studied a therapist's relationship with her or his parents.

Birditt et al. (2009) and Pezzin, Pollak, and Scheme (2008) found that difficulties in the parent-child relationship could affect a person at any time, from childhood through the elder years. Clinical depression in later years was more likely to occur in individuals whose parents had suffered from depression. Burkhardt et al. (2007) also showed that when parents have both healthy and schizophrenic or substance-dependent children, the parents unintentionally favor the healthy child/children. These three studies also highlighted the relevance of adult children's compliance in their relationship with their parents. This compliance manifests as an internalized obligation on the part of the "normal" adult child to not be a further burden on the parents. Schizophrenic or substance-dependent adult children feel obligated to help the parents who helped them.

One of the most consistent findings in studies about the adult child-parent relationship is the high degree of variability in children's descriptions of this relationship. Nonetheless, the consensus of these studies seems to be that parents do have an effect on their children's ability to form positive attitudes, to be optimistic in their outlook on life, and to be influenced but not overwhelmed by adversities. Conversely, parental influence

can influence children to adopt negative attitudes and to have less optimistic expectations about life as an adult (Korkeila et al., 2004).

The parent-child relationship was found to be a significant factor in internalizing and externalizing behaviors in early childhood (Hollenstein, Granic, Stoolmiller, & Snyder, 2004). One study found a correlation between the style of parent-child communication and alcohol use among first-year college students (Cremeens et al., 2008). Successful treatment of these children depended on the ability to foster a more productive parent-child relationship, either through standard parent-child interaction therapy or through an abbreviated form of parent-child interaction therapy, both of which were equally significant (Nixon, Sweeney, Erickson, & Touyz, 2004).

Kelly, Buehlman, and Caldwell (2000) found that fostering a positive parent-child relationship significantly helped to ensure that children would develop normally despite unusual living arrangements. Poor maternal coping in the parent-child relationship was a statistically significant factor in the functioning of preschool boys diagnosed with pervasive hyperactivity (Keown & Woodward, 2002). Additionally, parents who reacted negatively and employed fewer positive parenting strategies with their attention deficit/hyperactivity disorder children experienced greater oppositional defiant behavior from those children (Johnston, 1996).

A widely publicized aspect of the parent-child relationship is its role in the development of literacy in children, and the adult child's literacy skills, fostered during childhood development, could directly affect the adult child-parent relationship. Lonigan, Burgess, and Anthony (2000) found a causal relationship between school systems that foster a positive parent-child relationship and greater literacy achievement. This finding

was supported by research that highlighted the role of the parent-child relationship in the academic setting (Dodici, Draper, & Peterson, 2003). Moreover, children whose parents read to them develop better literacy skills than those whose parents do not (Reese & Read, 2000).

Three other studies found that the parent-child relationship has a direct impact on the life choices of adult children. Gichinga's (2007) study in Kenya showed that child-rearing practices significantly influenced the personal qualities exhibited as adults, both positively and negatively. Yeung and Leadbearer (2010) showed that parents and mentors who provided emotional support to adolescents experiencing peer victimization reported fewer behavioral and emotional problems than the control group after two years. Bower (1993) showed a specific link between somatic experience and psychological trauma, documenting how the loss of more than 100 pounds in a medical weight-loss program revived dormant memories of childhood sexual abuse in an adult female—abuse that was externally corroborated.

Transactional analysis studies. Berne's (1978) transactional analysis theory covers child development, parent-child communications, and the interplay of their personalities. The transaction is a focus on the interaction between parent and child, and the theory also encompasses the adult child-parent relationship. Because transactional analysis focuses on bringing awareness to the dynamics exhibited in the interaction between a relationship's subjects, as opposed to a focus on Freudian internal psychological unconscious dynamics (Berne, 1978), it is a source of relevant research enhancing the validity of the present study.

A core concept of transactional analysis is that people tend to function in three ego states. The first ego state is the parent, or exteropsyche (Steiner, 1990). In this state, people behave, feel, and think in a manner that mimics how their parents behaved, felt, and thought. This concept closely ties in with social learning theory, which states that children learn patterns of behavior by watching those around them (Berne, 1957), and children are most likely to mimic their parents. The adult state (neopsyche) (Steiner, 1990) occurs when a person makes a decision in a state of mind that is highly analytical and lacks emotion. The decision is pragmatic and based only on reasonable information and seemingly without influence from one's parents. The third state is the child (archaeopsyche) (Steiner, 1990), in which people behave, think, and feel as they did when they were children. Often, they do not realize that this is where their current behavior comes from.

Transactional analysis typically describes parenting in terms of the degree of control or autonomy that parents give to the child (Dumas, LaFreniere, & Serketich, 1995), and this parent-child relationship can extend beyond the childhood home into many areas of adult life; for example, a therapist may take on a parental role and treat clients as if they were children, or children may reverse their role and scold their parents in adulthood. Transactional studies enable the researcher to see the power relationships between various members of the interaction group. The researcher can then use this information to create models and learn about how humans interact with one another.

One study that addressed the somatic relevance of transactional analysis researched the dynamic power interplay between child and parent as an influential factor in the development of behavioral problems in children and in a mother's ability to cope

with their behaviors (Gross, Shaw, Burwell, & Nagin, 2009). It found that when children develop behavior problems in school, mothers often internalize symptoms and become more prone to depression. The study revealed that childhood behavioral problems result in increased power struggles between parent and child, which continue into late adolescence.

Cultural dimensions. One consideration in this study was the effect of culture on the interactions between the parent and the adult child. Many studies take a decidedly Western approach to the issue of child autonomy, resulting in the development of a therapy approach that is not culturally sensitive. In the United States, for instance, a significant portion of the population is Latino, and norms in Latino culture may influence the results of any study. Latinos show greater levels of intimacy with and protectiveness of their children than non-Hispanic White parents (Giovannoni & Becerra, 1979), and Latino children are more strongly expected to follow their parents' directions (Zayas, 1992). Thus, cultural factors must be taken into account to make an accurate analysis of the behaviors that occur between a parent and a child (McCabe, Yet, Garkand, Lau, & Chavez, 2005). Shek (2005) noted that evaluating Chinese parenting qualities by Western standards led to erroneous results, and the qualities of the parent-child relationship must be analyzed in the context of the appropriate culture.

Such cultural factors must be factored into the study because they can affect the manner in which adult children react to certain situations. The factor analyses in Shek's (2005) study found that behavioral control measures were of two types: paternal and maternal; even when an intervention is presented as a united parental decision, the child perceives a difference when the father or the mother leads the intervention. In a

matriarchal culture, where accommodation rather than domination is more prevalent, this might not be true (Sanday, 2004). Although the participants in the present study are fairly culturally homogeneous, the importance of this cultural aspect must be considered when analyzing the adult-child interviews.

Conclusion

The initial literature review covered many aspects of somatic psychotherapy and the parent-child relationship and supported the rationale for the study. The literature documented that the parent-child relationship has an impact on almost every aspect of child and adult life. The patterns we learn from our parents appear to stay with us throughout our lifetime, and even if we do not realize it, most reactions in adulthood mimic those of our childhood.

The use of somatic psychotherapy is currently supported by clinical trials. Several studies were found that used somatic psychotherapy techniques, including forms of sensory awareness, either independently or in conjunction with other techniques (Clance et al., 1994; Holmes, 1993; Price, 2005). Although the literature regarding the parent-child relationship is abundant and forms the theoretical basis for the present study, the application of somatic psychology in this area was not found.

Chapter 3: Method

This qualitative research study was conducted using a grounded theory design, an emergent research method that allows for the discovery of new information with the express purpose of building a midrange theory from analysis of the data collected (Glaser & Strauss, 1967; Strauss & Corbin, 1990). A grounded theory is derived by the inductive study of the phenomena, and the data, analysis, and emergent theory constantly interact with one another until the categories generated through coding are saturated, meaning no new categories are discovered in succeeding interviews (Creswell, 1998; Elliott & Higgins, 2012; Glaser & Strauss, 1967; Strauss & Corbin, 1990) and the context, conditions, and dimensions of the categories are fully developed (Hutchinson, 1986).

Utilization of this methodology develops a deep understanding of both the individual and the collective experience of the participants' relational interactions with their parents, as expressed by the participants' own definition of reality (Stern, Allen, & Moxley, 1982). The ultimate goal of grounded theory is the discovery of theoretical concepts that get at what is truly going on in the area being studied. The theory that emerges from this rigorous empirical research provides real-world usefulness with regard to the topic (Simmons & Gregory, 2003).

When the analysis is finished, the derived theory defines one data set as completely as possible, fitting the participants' lived experiences because it is their recollection of those experiences (Glaser & Strauss, 1967). This contrasts with research strategies that first propose a hypothesis and then collect data to prove or disprove the hypothesis (Taylor & Bogdan, 1998).

After a grounded theory has been generated from the data, the theory must be evaluated according to four criteria that give the theory "grab and tractability" (Glaser, 1978, p. 4); it must have fit, workability, relevance, and the ability to be modified (Simmons, 1994). These criteria address validity and reliability and enable the theory to be generalizable to application in real-world situations. The theory must fit the substantive area under study and must correspond faithfully to the data (Glaser & Strauss, 1967). The coding and categories extracted from the data must not be forced; rather, "to achieve fit a theory must be relevant to and render a true conceptual image to its subject" (Simmons, 1994, p. 5). The theory must have workability when applied and should "explain what happened, predict what will happen, and interpret what is happening in the substantive area of inquiry" (Glaser, 1978, p. 4), which Simmons (1994) calls clarity. This enables the theory to be "understandable by laypersons concerned with the area" (Glaser & Strauss, 1967, p. 237).

Grounded theory achieves relevance by allowing core issues to emerge from the data, matching what the participants experienced in the substantive area of inquiry, and enabling another person to achieve change in the area of inquiry when applying the theory (Simmons, 1994). The theory is modifiable, as the methodology both delimits and includes new data (Glaser, 1978). By remaining modifiable, the theory is one that is "readily movable over time and space" (Simmons, 1995, p. 2).

Study Sample

In order to assemble a more homogeneous pool of interviewees, only therapists who reported studying sensory awareness were used in this study, and it was initially anticipated that the participants would be solicited from the membership of the Sensory

Awareness Foundation. However, this ended up not being the case. Only one participant was associated with the Sensory Awareness Foundation, and two explanations seem to account for this. First, although many, if not most body psychotherapists study sensory awareness at some point in their career, they do not necessarily join the Sensory Awareness Foundation, opting instead for an association that furthers their own therapeutic practice. The second reason is a corollary to the first: members of the Sensory Awareness Foundation tend to be nonclinical practitioners.

Even so, researching somatic therapists who utilize sensory awareness still allowed for a broad pool of body psychotherapies while bringing cohesion to the analysis of their experiences through purposive sampling, a form of nonprobability or theoretical sampling (Dane, 1990). The purposive sampling selection of participants was based on "their contribution to the development of the theory. Often this process begins with a homogeneous sample of individuals who are similar" (Creswell, 1998, p. 243). This fits with the broad goal of qualitative research, to discover the variety within a given sample pool (Kuzel, 1992; Lincoln & Guba, 1985; Patton, 2002).

Methodologically, theoretical sampling within grounded theory leads to sensitizing concepts (Blumer, 1969)—the specific interests the researcher brings to the study. In addition to revealing up front the researcher's interests in the study, sensitizing concepts also provide the theoretical foundation for the study, help mold the questions asked in the interview, and are utilized as a starting point when analysis of the data commences (Bowen, 2006).

Kvale (1996) stated that qualitative studies should have between 5 and 15 participants; however, the number of interviews in grounded theory is more determined

by the quality and depth of the data, irrespective of the number of participants. In the present study, five participants were initially interviewed and the data were coded and analyzed. Thereafter, more participants were added until sufficient data saturation was achieved, culminating in 13 interviews. Sufficient saturation occurs when

> no additional data are being found whereby the [researcher] can develop properties of the category. As he sees similar instances over and over again, the researcher becomes empirically confident that a category is saturated. When one category is saturated, nothing remains but to go on to new groups for data on other categories and attempt to saturate these categories also. (Glaser & Strauss, 1967, p. 65)

To accomplish saturation, the researcher needs data that can be coded into themes, keeping in mind that "two other criteria for data are their suitability and sufficiency for depicting empirical events" (Charmaz, 2006, p. 18).

Participants

Recruitment. Participants were recruited using six different methods (Table 1): (a) e-mails with a telephone follow-up, if necessary, to my classmates at the Chicago School of Professional Psychology; (b) e-mails with a telephone follow-up, if necessary, to alumni of Santa Barbara Graduate Institute; (c) an e-mail to the membership of the United States Association of Body Psychotherapists from the executive director; (d) a post on three LinkedIn groups—Somatic Practitioners, Somatic Psychology Alliance, and Somatic Perspectives on Psychotherapy; (e) e-mails with a telephone follow-up, if necessary, to members of the Sensory Awareness Foundation; and (f) recruitment by interviewees, also called the snowballing method (Snijiders, 1992), which generated

additional interviewees from the recommendation of the initial participants. According to Berg (1988), this sampling methodology has the benefit of creating interesting comparisons between the referring participants.

Table 1

Participant Source

Participant	Chicago School of Professional Psychology	Santa Barbara Graduate Institute	United States Association of Body Psychotherapists	LinkedIn Groups	Sensory Awareness Foundation	Recruitment by Another Interviewee
Alice		✔				
Betty						✔
Claire				✔		
Dorothy		✔				
Achilles	✔					
Edith		✔				
Francine		✔				
Bob			✔			
Gail				✔		
Chuck						✔
Dave						✔
Helen			✔			
Irene					✔	

The advertisement used to recruit potential participants from all sources (except the recruitment by interviewees) was approved by the Institutional Review Board at the Chicago School of Professional Psychology and was used verbatim in the e-mails or group posts (Appendix A). An advertisement was also placed in the United States Association of Body Psychotherapists newsletter. Respondents were sent the participation packet to review (Appendix B and Appendix C) and were allowed to ask any questions

before they committed to participation in the interview. Participants were also informed that they could stop the interview process at any time. One participant, Chuck, was disqualified when he revealed during the interview that he had only just started his practicum through his school and had only done two therapy sessions.

Demographics. All of the participants were given a demographic questionnaire to fill out (Appendix D), but only four (Alice, Betty, Claire, and Francine) did so initially. Those who had not sent in their questionnaires were sent an e-mail reminder several weeks after the interview, and again when they were sent DVDs and transcripts of their interview. A copy of the questionnaire was included on the DVD and the cover letter contained a paragraph requesting participants' help in completing it. However, only three additional demographic questionnaires were received, from Achilles, Dorothy, and Dave. If the answer to a demographic question was answered during the interview or was self-evident to the researcher, that answer was included in the demographic tables. If the answer was not discernible, then that cell was left blank.

Thirteen participants were interviewed for this study—four males and nine females ranging in age from 28 to 65 (Table 2). All of the participants lived in California—three in Southern California and eight in the Bay Area—with the exception of the last two participants interviewed, who were from the Midwest and the southeast United States; the states are not noted here to protect the anonymity of those participants. All were White, except for one Asian and one mixed Asian/White. Two participants were born in Japan and one was born in Europe—all three had been living in California for at least five years. The remaining participants were born in the United States. Chuck, who was omitted from the interviews because he was not a practicing therapist, was the only

non-White participant. Although his alias does appear (italicized) in subsequent tables, he is not included in any further demographic statistics in the narrative.

All participants but one were psychotherapists and had received a degree in the field of psychology. Four had received a doctor of philosophy degree and the rest held Masters of Arts degrees. One of the Masters of Arts participants, Achilles, was an "all-but-dissertation" doctoral student who was in the process of completing his dissertation. Another, Claire, had completed all of her didactic courses for her PhD but had chosen not to complete her dissertation.

Table 2

Participant Demographics

Participant	Returned Demographic Questionnaire	Age	Ethnicity	Academic Degree	Academic Field	Residence
Alice	Yes	38	White	PhD	Psychology	California
Betty	Yes	55	White	MA	Psychology	California
Claire	Yes	46	White	MA	Psychology	California
Dorothy	Yes	65	White	MA	Psychology	California
Achilles	No	41	White	MA	Psychology	California
Edith	No	59	White	PhD	Psychology	California
Francine	Yes	58	White	PhD	Psychology	California
Bob	No		White	MA	Psychology	California
Gail	No	40	Asian/White	MA	Psychology	California
Chuck	*No*		*Asian*	*BA*	*Psychology*	*California*
Dave	Yes	63	White	MA	Psychology	California
Helen	No		White	PhD	Psychology	Southeastern US
Irene	No		White	MA	Psychology	Midwestern US

Five participants described themselves as single at the time of the interview; the others were in a relationship. Those participants who offered a religious preference were Judeo-Christians.

Aliases. Participants were assigned aliases to protect their confidentiality, and any information revealed during the interview that could possibly breach that anonymity was struck from the transcript of their interview. The aliases were assigned to indicate gender and the order in which participants were interviewed; thus, Table 1 reflects that four females were interviewed before the first male. The researcher assigned all the aliases except that of Achilles. Achilles, Claire, and Irene all requested to know what their aliases would be, and Achilles rejected the proposed alias of Andy, requesting Achilles instead.

Semistructured, In-Depth Interview

Informed consent to participate and an agreement to be videotaped and/or audiotaped was obtained prior to all interviews (see Appendix E for Informed Consent form). All of the interviews were conducted between 25 May 2011 and 23 September 2011 at a location and time chosen by the participant. Six interviews were in private offices/conference rooms, five were in the participant's residence, and two were in my hotel room, which had a separate meeting area.

The data collection method was a semistructured, in-depth, face-to-face interview of the participants; no one other than me was present or participated in the interviews. All participants were told that the interview would take approximately 60 minutes. In-depth interviewing was appropriate for this study in that "the research interests are relatively clear and well defined; settings or people are not otherwise accessible; the researcher has

time constraints; and the researcher is interested in a broad range of settings or people" (Taylor & Bogdan, 1998, p. 90). My choice of in-depth interviews was warranted in that the study fits these criteria.

The semistructured interview was accomplished by using an initial set of questions to begin the dialogue (Appendix F) (Kvale, 1996; Strauss & Corbin, 1990). Although additional unscripted, open-ended questions followed, depending on the participant's answers, all questions listed in Appendix F were asked, in the order shown, to provide consistency across interviews and to enable cross-comparisons of data among participants (Selltiz, Jahoda, Deutsch, & Cook, 1964). To ensure consistency and flexibility in the interview, a general interview guide was used with all participants. Such a guide

> lists questions or issues that are to be explored in the course of an interview. An interview guide is prepared to ensure that the same basic lines of inquiry are pursued with each person interviewed. The interview guide provides topics or subject areas within which the interviewer is free to explore, probe, and ask questions that will elucidate and illuminate the particular subject. Thus, the interviewer remains free to hold a conversation within a particular subject area, to word questions spontaneously, and to establish a conversational style but with the focus on a particular subject that has been predetermined. (Patton, 2002, p. 343)

Semistructured interviews also give participants the flexibility to interject information they deem important (Denzin, 1970) and enable the researcher to develop a conversation with the participant (Schatzman & Strauss, 1973). Personalizing the

interview, as opposed to conducting an interrogation, allows for a more relaxed atmosphere and a "conversation between equals rather than a formal question-and-answer exchange" (Taylor & Bogdan, 1998, p. 88). The relaxed atmosphere was also enhanced by initially engaging in small talk prior to the official start of the interview, by revealing some personal information about myself, and by thanking participants for helping me with my study. This adheres to Berg's (1998) advice, "Never begin an interview cold" (p. 87).

Transcripts and Quotations

The words of the participants were used verbatim, preserving their style of speaking. Filler words or utterances, such as "you know," "uh," "hmm," and "um," were omitted from the transcripts if, in this researcher's opinion, they were not material to what the participant was stating. If I was unable to determine conclusively if a word truly was simply filler, I defaulted to leaving it in the transcript. If a word or words could not be discerned, the time count into the interview was included, placed in brackets (e.g., [2:31]).

Grounded Theory Stages

This study uses the stages of classic Glaserian grounded theory, as outlined by Simmons (1994): preparation; data collection; analysis, which includes constant comparative analysis; memoing; sorting; and theoretical outlining.

Preparation. Following approval of the study by the dissertation committee, the preparation stage included obtaining authorization for human study from the Chicago School of Professional Psychology's Institutional Review Board; solicitation of participants; vetting their appropriateness for the study; ensuring their receipt of the

participant packet, which also contained the informed consent page; and setting up and conducting the interviews.

Data collection. Data collection was accomplished through participant interviews, as described above. Other than during the initial interview, data collection and analysis took place simultaneously (Glaser & Strauss, 1967; Strauss & Corbin, 1990). As Star (1998) stated, "Data are collected, analyzed, and revised cyclically as checked against empirical findings" (p. 221). The interviews were digitally videotaped, except as noted below, and after the researcher generated an initial transcript, including the researcher's post-interview notes, it was checked against a verbatim interview transcript generated by a professional transcriber, who was required to sign a confidentiality agreement (Appendix G).

The videotaping was warranted because it provides a degree of contextual data not provided by audiotaping (Gass & Houck, 1999; Grimshaw, 1982; Iino, 1999) and revealed nuances either not noticed at the time of taping or not observed during earlier viewings (Erickson, 1982, 1992; Fetterman, 1998). Videotaping also enhanced data analysis (Davis, Maher, & Martino, 1992; Kvale, 1996), increased the likelihood of capturing data whose relevance to the analysis is not recognized initially (DeVault & McCoy, 2003), and had the added benefit of improving my interviewing skills (Uhrenfeldt, Paterson, & Hall, 2007).

Videotaping can be counterproductive due to its invasiveness and the possibility of changing what the interviewee will say (Gross, 1991; Scherer & Ekman, 1982), but this is also true of audiotaping or an interviewer's use of a notepad (Schalbe & Wolkomir, 2003). Although a few participants looked at the video camera initially, none

but Claire looked at or mentioned the camera after answering the first question. Claire's only comment regarded whether it was permissible to swear, since she was being recorded.

It should be noted that Glaser (1998) strongly discourages any taping or note taking in classical grounded theory research; however, I felt the benefits outweighed the negatives and that the technique is appropriate in somatic psychology analysis (Caldwell, 1997).

The interviews with Chuck, Dave, and Irene were audiotaped. Chuck and Dave were interviewed back to back, and the video camera's battery had lost power. Irene refused to be videotaped, consenting only to being audiotaped.

Analysis. Starting with the initial interview, the researcher begins a process of open coding, defined as "the process of breaking down, examining, comparing, conceptualizing, and categorizing the data" (Strauss & Corbin, 1990, p. 61) to "uncover as many potential relevant categories as possible" (p. 181). The mandate to do the literature review after analyzing the data is intended to keep this initial coding process free from preconceptions and desired results, which the researcher might acquire while searching the literature in the principal area of study (Glaser, 1998).

Coding in the analysis stage included substantive coding and theoretical coding (Glaser, 2011). Substantive coding includes open coding, which codes all data and is a "process of unrestricted coding of data whose aim is to produce concepts that seem to fit the data" (Huss, 1994, p. 29), and selective coding, in which core codes are discovered from the open codes. Theoretical coding postulates how the selected codes may relate to one another to inform a grounded theory. This process takes coding from the descriptive

to the analytical to generate the midlevel theory (Dey, 1993).

Open coding is typically a line-by-line coding of the data, which Glaser (1998) says answers the questions,

> "What is this data a study of?" "What category does this incident indicate?" What is actually happening in the data?" "What is the main concern being faced by the participants?" and "What accounts for the continual resolving of this concern?" (p. 140)

As part of the open coding I used in vivo coding, which is the use of the participants' words to name the open code (Polit & Tatano Beck, 2008). Charmaz (2006) encourages the use of in vivo codes to preserve participants' own descriptive words in the coding process. The use of in vivo coding concentrates the analysis on what is important to the participants, further grounding the data and ensuring that concepts derived from the open coding relate directly back to the data.

The ideas and thoughts that emerge from the data are recorded by the researcher in a stream of consciousness (Simmons, 2008), a technique similar to free-form writing, to get the researcher's thoughts documented without considering spelling, punctuation, and so forth. This is followed by continual analysis of both the data and the researcher's thoughts within the initial interview, and then constant comparison of all incoming data from subsequent interviews (Glaser & Strauss, 1967). Ultimately, this process leads to sorting, ordering, integrating, and theoretical outlining of the memos into an emergent theory. In constant comparison, the researcher looks for incident-to-incident similarities across the coded interviews (Star, 1998). Categories are established by comparing incidents to concepts, with the ultimate goal of saturating a category (Creswell, 1998).

"The identification of theoretical codes is essential to development of an integrated and explanatory substantive theory when a researcher is using classic grounded theory research methodology" (Hernandez, 2009, p. 51). The primary theoretical code, out of the several that may be delineated, brings together all categories into a core category that is the basis for the emerging theory. "Substantive codes conceptualize the empirical substance of the area of research. Theoretical codes conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into the theory" (Glaser, 1978, p. 55).

Memoing. During the coding process, memoing elevates the conceptual ideas of the research, serving as a bridge between "the barebones analytic framework that coding provides with the polished ideas developed in the finished draft" (Glaser, 1992, p. 106). Memos are notes by the researcher, usually only a paragraph, that help him or her to remember and more fully explain the analysis of the data. Huss (1994) described three types of memos: (a) operational notes pertaining to data collection and analysis; (b) code notes that more fully describe the codes or the development of the concepts, or that explain the relationships between the categories; and (c) theoretical notes about the developing theory (Creswell, 1998). Memos are typically conceptual, rather than descriptive, and also allow the researcher to speculate about how the themes are developing and about the emerging theory (Strauss & Corbin, 1990).

Sorting. After data saturation has been achieved, the researcher proceeds to review, sort, and compare the memos prior to writing. Glaser (1998) admonished, "If the analyst omits sorting, the theory will be linear, thin, and less than fully integrated" (p. 3). As with every stage of grounded theory, the researcher must stay flexible and open to any

emerging ideas and concepts in the sorting stage (Strauss & Corbin, 1998). In researching human behavior in others and making sense of the participants' experiences, I had to allow the categories to coalesce as they intuitively presented themselves and not subject the data to my own biases (Moustakas, 1994; Strauss & Corbin, 1998).

Theoretical outlining. The sorted memos then coalesce into a theoretical outline, what Glaser (1998) called the "conceptual framework, for the full articulation of the GT [grounded theory] through an integrated set of hypotheses" (p. 3). In essence, the coding process breaks the data down into separate parts and the theoretical outlining brings it back together to form the theory. Grounded theory is inductively built through coding and sorting, comparing data from different interviews relevant to each category, and assimilating the categories to discern the emerging theory and ascertain the core category (Glaser & Strauss, 1967). This is a continuous process, each step repeated as needed before discerning the theory. As Glaser and Strauss (1967) stated, each "earlier stage is to remain in operation simultaneously" (p. 105).

Follow-Up

Participants received a copy of their taped interview and a transcript on a DVD, and no follow-up interviews were required. None of the participants requested any changes to the transcript or offered any clarification. A follow-up interview can enhance the validity of the data interpretation (Creswell, 1998; Maxwell, 1996), enabling interviewees to delve deeper into an issue or to relate pertinent data remembered after the initial interview, thus enhancing the quality and depth of the theoretical sampling (Charmaz, 2006). In this case, however, the responses and subsequent coding from the lone interview were deemed sufficient for the study. No areas of analysis or new coding

and category development were discovered in later interviews to warrant strengthening the overall analysis with a follow-up interview (Charmaz, 2006; Parker & Roffey, 1997).

Ensuring Internal Validity

Merriam (2002) summarized six basic strategies that a researcher can use to ensure the internal validity of a qualitative study: triangulation, participant checks, long-term or repeated observations, peer examination, a participatory mode of research, and addressing of the researcher's biases and assumptions. This study utilized triangulation, participant checks, and addressing of the researcher's biases and assumptions.

Triangulation. Triangulation ensures consistency by collecting data using different methods or by collecting data from multiple sources using the same method (Lincoln & Guba, 1985). Triangulation also addresses credibility and can improve the quality of the research by reducing researcher bias in the analysis phase. In this study, data collected during the interview was triangulated against the participants' introductory questionnaires, among questions within the interview, and against somatic observations during the interview, to formulate follow-up questions within the interview.

Participant checks. Participant checks for internal validity involved giving the data analysis back to the participants to have them verify the accuracy. This step also had the added benefit of enabling the participants to see that their anonymity was maintained. There is a human tendency to enliven our own accomplishments, especially when it involves applying one's life's work to one's personal domain (Brown & Gallagher, 1992; Dunning & McElwee, 1995). I used two approaches to counter the possibility of interviewees casting a positive spin on their relationship with their parents (Taylor & Brown, 1994).

First, the Likert scale question was presented in bipolar format, which is shown to elicit more straightforward responses (Knäuper & Turner, 2000). The second method was the videotaping of the interviews (Ball & Smith, 1992; Penn-Edwards, 2004). In addition to the benefits already mentioned, videotaping improves a participant's authentication of the information during a review (Corsaro, 1981; Liddle, Breunlin, & Schwartz, 1988).

Merriam's (2002) other validity and reliability strategies are not applicable to a grounded theory approach and were not used in this study. The study did not involve the third strategy of long-term data collection or the fourth strategy of peer review, except insofar as the dissertation committee does constitute a form of peer review. The fifth strategy of participatory research was not utilized, other than the participants' participation in the one-hour interview and in the validity check. The study's validity was further enhanced by comparing the emergent midlevel theory with existing literature after the analysis phase.

Because the emergent midlevel theory is derived from the actual data, validity as it is traditionally understood in other quantitative research is irrelevant—any derived theory in a grounded theory study will define one data set as completely as possible (Strauss & Corbin, 1990). Glaser (2007) stated that validity in grounded theory is judged by "fit, relevance, workability, and modifiability" (p. 63). Fit refers to how faithfully the theory represents the data from which it is derived, utilizing constant comparison. A theory is relevant when it deals with the real issues presented by the participants. The theory is said to work when it elucidates how the issues presented are being addressed. And modifiability is the adaptability of the theory when new relevant data is introduced.

Addressing researcher biases and assumptions. Threats to internal validity can occur as a result of the researcher's own biases and beliefs as she or he analyzes the content and meanings of the interviews (Maxwell, 1996). This is inevitable; as in all studies, the researcher is inseparable from the research (Lincoln & Guba, 1985). Patton (2002) recommended that researchers "report any personal and professional information that may have affected data collection, analysis, and interpretation" (p. 566). Although it is virtually impossible to be completely conscious of biases and beliefs that may affect the study, I stayed actively aware of my emotions and body sensations during the data collection and analysis stages. If any emotions or body sensations appeared, I made note of them as memos during the analysis and after the interview—my version of a reflective journal (Guba, 1981).

To help ensure internal validity for the reader, my own biases, assumptions, subjectivity, worldview, and theoretical orientation, made transparent by memoing throughout the study (Giorgi, 1970; Glaser, 1978), are addressed in the discussion chapter (Creswell, 1998). For example, one potential bias was encountered because one participant's parents were Germanic and my estranged mother is German. Utilizing participant checks of the interview transcripts was another approach to catching any researcher bias.

Reliability

Reliability refers to whether the findings of a study can be replicated in other studies. Reliability in qualitative research is problematic because of the small number of participants and because neither human development nor the sociocultural factors of the individual participants that shape the collected data are static. In fact, Merriam (2002)

stated that it is impossible to achieve reliability in qualitative studies as it is traditionally understood in relation to experimental studies. However, qualitative research is no longer beholden to positivistic definitions of dependability, credibility, and conformability, and postpositivist qualitative researchers have created their own qualitative assessments of reliability, validity, and objectivity (Mertens, 1998).

Strauss and Corbin's (1998) definition of reliability, which they call dependability, is as follows:

> Given the same theoretical perspective of the original researcher, following the same general rules for data gathering and analysis, and assuming a similar set of conditions, other researchers should be able to come up with either the same or a very similar theoretical explanation about the phenomenon under investigation. (p. 226)

To enhance reliability, I documented in as much detail as is possible any operational procedural steps taken in the study. This included areas already noted in this chapter as well as the documenting of the theoretical participant samples, the data collection protocol, the method by which the data was organized and analyzed, and the determination of saturation. This strategy of documenting causal associations in the data analysis enhances both validity and reliability (Merriam, 2002; Yin, 1994).

Reactivity

Patton (2002) also recommended that researchers watch for and report on how the study may have affected the participants, what he calls "instrumentation effects" (p. 567). Although reactivity is somewhat difficult to measure and document, both the videotaping of the interviews and somatic psychotherapy itself lent themselves to ascertaining

whether a participant encountered instrumentation effects. The videotape enabled me to code not only what the interviewee was saying but also their bodily expressions (Boadella, 1987). A follow-up interview would have been helpful to determine the presence of any instrumentation effects, but this in itself did not warrant another interview.

Conclusion

Qualitative methodology is particularly suited to discovering and describing the experiences of individuals, especially when minimal research has been done on a phenomenon. A qualitative approach gathers information that possibly cannot be discovered using quantitative methods because it allows participants to frame the events of their lives (Strauss & Corbin, 1990). A qualitative approach, using semistructured interviews with open-ended follow-up questions when needed, was appropriate for this study of adult child-parent relationships among somatic psychotherapists utilizing sensory awareness techniques because there is a dearth of research in this area. In particular, grounded theory is specifically designed to study complex phenomena in their natural complexity and "is useful in cases in which there are no adequate preexisting theories of a phenomena" (Bentz & Shapiro, 1998, p. 145).

Grounded theory is a general, inductive method of social science research that generates theory from data obtained through systematic research (Glaser, 2005; Kelle, 2005) and develops new theory organically from the roots up (Eisenhardt, 1989). Grounded theory was chosen because it generates a dynamic, process-oriented theory of how themes relate to each other across participants' narratives, is grounded in social action, and explores the social processes found in the interactions among people. The

emergent midlevel theory is constantly reflecting the data in the way it develops, unfolds, and arrives at a supported understanding of experiences, particularly of human action and human events, and it was well suited for this particular study.

Chapter 4: Findings

This study explored the somatic experience of therapists as adult children in relation to their parents. The therapists described their subjective somatic experiences and their perceptions of their parents when confronted with an ongoing issue that began in childhood and persisted past the time they had become a therapist. The somatic background of the adult child therapist was explored, as was the rationale behind the therapists' choice of healing through the body, the modalities they used, and the successes and failures they experienced on their healing journey. How these professionals defined and/or measured their connection with their parents was researched, as well as their thoughts and feelings.

The therapists elaborated on their utilization of somatic psychology as an intervention in a conflict with their parents and how their method of somatic psychology informed them as an adult child. The therapists were asked to expound on whether and how they were aware of, sensed, and identified their own bodily states of consciousness and whether and how they applied their various somatic psychological tools to address present-day familial issues with their parent or parents. If they could remember, they were asked to describe their physical reactions, muscular patterning, tensions, speech patterns, breath, skin color and/or tone, and use of bodily space.

The participants explained their use of sensory awareness, how they identified that awareness, their feelings, and what sensations occurred in the present moment of the conflict. Did they respond to these sensations with the tools available from their somatic psychology education and experience? When they arose, how did the therapists handle those defenses formed in their early relationship with their parents, which inevitably

come up in the adult child-parent relationship? They also were asked to describe how they were able to be actively present in their bodies when in relationship with their parents. Did somatic psychotherapy inform the ways they navigated this important and evolving relationship or did they become a child again, falling back upon the defense mechanisms that had served them prior to becoming a therapist? The answers to these questions and inquiries formed the emergent categories that coalesced into the grounded theory.

Participants

Table 3 shows the current social and relational demographics of the participants and Table 4 shows their background demographics as they were growing up. Table 3 indicates whether the participants' parents are currently alive, with whom the participants had issues, and which parent they chose to focus on in this study.

Because I did not know what might be important after the interviews, several categories such as creed and socioeconomic status were included. These seemed to prove ancillary to the study. All of the participants reported being middle class, upper middle class, or upper class growing up but currently identified with one of the two middle-class socioeconomic classes (upper middle or middle class). Of those participants who did not answer their demographic questionnaire, none spoke of growing up poor or being disadvantaged. Only Helen discussed being embarrassed by her upper-class upbringing: "I mean, it's embarrassing that I really came from a privileged background." Alice, Claire, Dorothy, Dave, and Helen currently reside near where they grew up, living in close proximity to their parent(s). The only effect this proximity seems to have had on the study was to provide more opportunity to confront the ongoing issue; the other

participants did not express any problem finding an issue to discuss due to their parent(s) living in another state or country. Although some of the older participants' parents are currently deceased, all participants were easily able to recall specific issues with one or both parents to include in this research.

Table 3

Participant Social and Relational Demographics

Name	Economic Class	Creed	Marital Status	Children	Mother Alive	Father Alive
Alice	Middle		Partner	Yes	Yes	Yes
Betty	Middle	Spiritual	Single	No	No	No
Claire	Upper middle	Jewish	Married	Yes	Yes	Yes
Dorothy	Upper middle	---	Single	Yes	No	No
Achilles	Middle	---	Single	No	No	Yes
Edith	Upper middle	---	Married	Yes	Yes	No
Francine	Upper middle	Jehovah's Witness	Married	Yes	Yes	No
Bob	Upper middle	---	Married	Yes	No	No
Gail	Middle	---	Married	Yes	Yes	No
Chuck	*Middle*	---	*Single*	*No*	*Yes*	*Yes*
Dave	Middle	---	Single	No	Yes	Yes
Helen	Upper middle	Jewish	Single	No	No	Yes
Irene	Upper middle	---	Married	Yes	No	No

Table 4 includes several demographic characteristics that were not included on the questionnaire but were taken from the answers in the interviews. These included the number of siblings, the therapist's position relative to his or her siblings (whether oldest, middle child, or youngest), and whether there were any current or past addictions or disorders, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV-TR,* 2000), in his or her immediate family.

Table 4

Participant Background Demographics

Parti-cipant	Number of Siblings	Position among Siblings	Residence	Eco-nomic Status	Creed	Addiction in Family	*DSM-IV-TR (2000)* Disorder in Family
Alice	2	Oldest	California	Upper middle	---	Yes	No
Betty	2	Middle	Europe	---	---	Yes	No
Claire	2	Oldest	California	Upper middle	Jewish	Yes	No
Dorothy	4	Middle	California	---	Episco-palian	No	No
Achilles	3	Oldest	---	---	---	No	No
Edith	2	Oldest	---	Middle	---	No	No
Francine	5	Middle	California	Middle	Jehovah's Witness	Yes	No
Bob	5	Middle	Northeast		--	Yes	Yes
Gail	2	Youngest	---	Upper	---	Yes	Yes
Chuck	*2*	*Youngest*	*Japan*		---	*Yes*	*No*
Dave	3	Oldest	California		---	No	No
Helen	4	Youngest	Southern	Upper	---	Yes	No
Irene	2	Middle	Southern	Upper	---	No	No

Participants' Portraits

Alice. Alice was in her late 30s, was pregnant at the time of the interview, and has subsequently given birth to a baby boy. She grew up in Northern California as the oldest of three children, and both of her brothers currently live nearby. Alice described her relationship with her parents as being close with her mom and more distant with her dad. "Early childhood sits with me to have a lot of safety and ease with my mom, and a lot of quiet and miserable internal conflict with my dad."

She reported a fairly normal childhood in a patriarchal family with a stay-at-home mom. Her father was an alcoholic, her mom was codependent, and her parents divorced after Alice's youngest sibling was out of the house due to her father having an affair. When asked to give one feeling word about growing up, she replied, "I felt accepted." Alice remains close to all of her family.

Alice reported that she was not in touch with her body prior to her somatic work but has since embraced it wholeheartedly. "I'm much more likely to reference my own body with touch when talking with [clients] about something stressful." She also embraces somatic psychology and therapy with children, taking them for horseback riding lessons, to the climbing gym, or running on the beach in an effort to "get kids back into their body and feeling alive and feeling strong and doing that in a relationship with somebody."

Sensory awareness was very profound for Alice. "Sitting with [the sensory awareness instructor] for an entire weekend was one of the most grounding experiences I had at school." After the interview, I reminded Alice that the class at Santa Barbara Graduate Institute on sensory awareness has always been a one-credit-hour course that

included only four hours in the classroom—the rest were home exercises. Nonetheless, for Alice, sensory awareness "showed me there was a different way to be than having to figure out things mentally" and "seemed to really help me slow down a lot and have less of a sense of an agenda." She reported being 75% to 80% attuned to her body on a typical day and that she finds sensory awareness extremely useful.

Alice has an ongoing issue with her dad's alcoholism, but the issue she presented for the study was over her mother's hoarding, something that Alice deals with frequently. "It's very explicit on my part. We schedule my visit so that I am there for her for a good chunk of time, and she's gone for a good chunk of time. I help her manage this hoarding problem that she has." Prior to her somatic and sensory awareness education, Alice responded to her mother's hoarding as an "angry kid" and was "embarrassed for her." There was a tension between Alice's grown-up concern for her mother's safety and inability to move around her home and Alice's inner child, who wanted to say, "Come on, Mom, get it together. You're supposed to be the grown-up here." Although being embodied has helped Alice negotiate this issue with her mom—"I'm just watching the transition from being the angry kid to a concerned caregiver"—she still feels she slips into an automatic mode when around her mother. "It takes me probably 15 or 20 minutes sometimes for me to even realize how I've gotten tight here," she said, pointing to her diaphragm. This automatic mode results from her taking on the anxiety in her relationships with her parents. "So in both these instances, around my mom's anxiety manifesting as hoarding and my dad's anxiety manifesting as alcoholism, I find that's where my anxiety is triggered, and that will never change."

Alice reported that having her youngest brother around helps her to stay more grounded and in her body than when she is alone with her mother.

> When I'm one-on-one with my parents, I think the dynamic I have with them and that they have with me sets me to be more on automatic mode with some sensory awareness on board. When my brothers are there and it's a whole family dynamic, it's much easier for me to just sit back and be with whatever is happening.

Alice and her mom have negotiated a workaround in which Alice clears out her mother's home when she is away golfing several times a week.

Betty. Betty is in her mid-50s, was born in Denmark, lived in Holland until she was 15, and moved back to Denmark before moving to the United States in her early 30s. She is the middle of three children, with an older brother still in Denmark, with whom she is still close, and a younger, semi-estranged sister in Australia. She described her father as very angry. "He was just always angry and always critical" and physically and emotionally abusive. Her mom was very needy, insecure, codependent, and "an off-and-on-again alcoholic." Although she pointed out some admirable qualities about her parents, Betty stated that she felt "alone and sad" in thinking about her years growing up. Despite these issues, she has traveled back to Europe twice a year to visit her family, once at Christmas with her siblings present.

Betty's background in somatic work included being a massage therapist, a specific human energy nexus physio-emotional release therapist, and a certified Hakomi therapist. She was personally doing specific human energy nexus therapy and found her "self-esteem got better" and "I became more aware of things," which led to her becoming

a specific human energy nexus therapist and moving on to Hakomi. She described utilizing her Hakomi training 100% of the time and staying in her body 90% to 95% of the day. Betty described sensory awareness as very useful, saying it enables her to know when she is no longer grounded. “I know when I leave my seat [become more in my head], I know when I leave that is not my truth. I may still do it, but I know I’m doing it.”

Betty’s issue was with her mother’s alcoholism, and Betty said she was always expressing her displeasure with her mother’s drinking, either explicitly or with her body language. She reported several times when, upon Betty’s arrival for a visit, her mother stated, “Yeah, and I do drink a glass of wine now and again, and I don’t want to hear anything from you!” Betty’s use of her somatic and sensory training enabled her to “just let myself feel the pain of having a mom who behaved like that,” staying in the moment and allowing what is. Somewhat like Alice, Betty stated that she has to be on guard with her emotions when she is alone with her mother, but when she is visiting with her siblings she can more easily stay grounded.

Claire. Claire is in her mid-40s and grew up Jewish in Utah, stating, “I say that because growing up in Utah, Jewish, is very unique!” She currently lives in Northern California. She is the youngest in a family of three and her older brother was adopted, “My brother was adopted when he was little, so he’s as brother as you get.” After her parents got divorced when she was 10, her mother married Claire’s brother’s therapist, which caused a lot of turmoil in the family and, interestingly, drove Claire and her brother to live with their dad. Until the divorce, she felt the family was very typical and had no issues. She described her parents as having “light” addictions, but her brother

went through a period of heavy drug and alcohol addiction. He is now clean, and she describes her family of origin as being close.

Claire has been a somatic therapist for more than 20 years and studied sensory awareness in graduate school. She found that she had actually been practicing a form of sensory awareness and realized "Ah, that's what I'm doing!" Although she did not consider herself to be a sensory awareness practitioner, she finds sensory awareness very useful, utilizing it 90% of the time. She stated, "It's just who I am." She finds the technique extremely useful in parenting but she admitted she disengages her somatic and sensing training when in conflict with her husband.

Claire's issue was with her mother marrying her brother's therapist, which left her feeling rage and abandoned for many years. When her daughter was five, Claire wanted to allow her child's grandmother back into their lives.

> It was an abandonment of what was best for us kids and it's been an ongoing issue in my life with her, my rage about it and the fact that I don't feel like she ever owned it as a mistake.

Claire used her somatic and sensing education to foster authentic communication as an adult therapist between her teenage self and her mother. "I wrote really adolescent angry e-mails and it was the best thing I could have ever done. It was like I trusted that I could get it out and we could heal from it and we could repair." Her mom ultimately owned her mistake and apologized, leading Claire to let her old mom "die." Claire feels the relationship has healed. "I said my piece and I detached from her… and I just could see her over there in her own wounding, and that allowed us to come back together, and we have a really wonderful friendship."

Dorothy. Dorothy is in her mid-60s, divorced, with one child in college. She is embarking on a second career after holding a doctorate in jurisprudence and practicing law for 40 years. At the time of the interview, she was finishing up her intern hours and studying for her licensure exam. She was born in the Midwest and grew up in Northern California, where she currently resides. She is the youngest of three children.

Dorothy reported three traumas she experienced while growing up: leaving her grandfather when they moved to California when she was five; moving to Buffalo, New York, for her high school years; and her ongoing verbal victimization by her two brothers, who were four and five years older. Although they have since apologized to her and wonder how their parents allowed them to torment Dorothy, she still feels there "was a lot of damage. ... It took me a long time to like myself, to not expect negative things to happen." Other than her father smoking while she was growing up, Dorothy reported no other addictions or disorders.

Dorothy uses her somatic training in her own life and with her clients, modeling for them how to use sensory awareness to feel their body. "I would practice my feelings with them so they can come back in touch with their body, have their body as a safe container." After receiving her Master of Arts degree, Dorothy continued her somatic education, studying Ogden's sensorimotor technique. "To me, it's just almost the [only] way to go." She studied sensory awareness in graduate school, enjoying how "being aware of having the mindfulness, peace, using awareness to really slowly—just using the body as a reference tool." Although Dorothy professed disdain for sensory awareness sensing exercises, she asserted that she uses sensory awareness almost 90% of the time.

> Well, the actual sensory awareness per se, as opposed to somatic, I found kind of tedious in the practice of it, and I didn't find it that useful with clients because it's so, you know, it's that really slow, it's almost too much. So it didn't meet my expectations. ... It's a way of keeping me in the moment and grounded. It keeps me calmer, it keeps my voice more regulated, [and] I actually feel my spiritual being. So I feel like the most authentically connected.

Dorothy's issue concerned her mother. Dorothy stated that her mother was a "very, very loving and sweet person," but at the same time, she felt her mother never really saw her. She spoke of her mother not noticing she [Dorothy's mom] was severely depressed: "She didn't really get that anything was wrong." Dorothy was unsure how much of a role her somatic and sensing education played in healing her anger with her mother or if the healing was due to Dorothy's maturing. Because she was older when she went back for her psychology degree, the role reversal with her mother had already taken place. "I became much more the parent and she the child," and she attributed her heightened empathy to being older. "I was much more compassionate towards her, and caring." Dorothy did note that "somatic training actually helped me a lot in noticing what was going on with [my mother]."

Achilles. Achilles is in his mid-40s and, like Alice, has finished his doctoral course work and is working on his dissertation. His master's degree is in dance therapy, and he mainly worked with children in Hawaii before moving to Southern California, where he currently resides. He grew up in the Northeast, the second of five children, with two brothers and two sisters. He described his family as "the most normal family in the

world." He described his father as extremely angry but did not describe his mother other than relating that she had Huntington's disease, got sick when he was 18, and passed away about 10 years later. Achilles presented with a lot of sadness around the subject, stating, "She wasn't really a mom anymore after that, you know." He also added that there was some alcohol and drug addiction in his immediate family and more addictions and suicides in his extended family.

Achilles studied somatic psychology while he was getting his dance therapy degree. He discovered sensory awareness during his doctoral studies and found it very profound. "It just felt like it brought me home to my body." Unlike Dorothy, who did not like the sensory awareness exercises, Achilles said, "It really blew me away, especially with how easily and acceptable, I mean as far as just closing your eyes and exploring like a part for 45 minutes!" Although he feels he only uses sensory awareness techniques 60% to 70% during his day, he wished "it was more available." And when he does use it, "I feel very vibrant."

> Achilles' issue is with his dad, who
>
> was not there for me or any of my family when my mom got sick. ... He left and got remarried and took on this other family with three other kids, and … moved to a different state and didn't help out. He didn't even check in to see how we were doing. [Laughs.] It was like he just left and … didn't express any concern for my mom or didn't ask how she was doing, or even send his alimony money. He actually went to jail a couple of times for not sending his alimony money. And so, I guess that was probably the biggest thing.

Achilles talks to his father very rarely, but before his somatic and sensing training "I'd fly off the handle." Now, in considering his somatic and sensing techniques, he said, "It's not like *kind of* help. It's more like it's probably the most critical component, I guess, to really be able to find that calm." Although it might be easier for Achilles to access his feelings now, he does not feel his issue with his father has changed, and he feels it may never change.

Edith. Edith is in her late 50s and stated that psychology is simply her last career change. She has both a master's and a doctorate in pre- and perinatal psychology, has worked at a pre- and perinatal clinic for 13 years, and is a certified biodynamic craniosacral therapist. Originally from New York, Edith is the oldest of three children of a physician dad, with whom she was very close all her life, and a stay-at-home mom, who had mental issues stemming from her own borderline mother.

Edith had a "troubled relationship" growing up with her mom because she "never knew when [her mother's] rage was going to burst." She felt "tremendous alienation" and "not at all attached to my mother." Edith reported no addictions in the family, other that her mother smoking when was young, and no specific *DSM-IV-TR* (2000) Axis 1 clinical disorders.

Edith's somatic experience began with being a massage therapist in her early 20s, when she also discovered sensory awareness. She is "constantly tracking myself." She uses sensory awareness in a "sensory meditation ... several times a week" and reports using sensory awareness 100% of the time, only finding herself distracted from her sensing due to loud sounds, including music. Edith's entire and very descriptive narrative

on sensory awareness centered around how she used sensory awareness herself; she did not mention utilizing it with her clients.

Edith's issue was centered on her mother, which led to "so much therapy" and directed her into pre- and perinatal psychology and her somatic certifications. Utilizing her skills led Edith to "begin to relate to her [mom] differently," but she also credited her years in therapy. "I can't really discern, has it been the skills that I've gleaned from therapy or from my somatic awareness?" She stated that her mother's "survival strategy was to attack in very vicious ways," although Edith gave no specific instances and I did not pick up this omission. Although the attacks have diminished now, Edith reported that this strategy was employed in Edith's presence three days prior to her interview. However, instead of collapsing, as she would have done in the past, Edith "watched the force of the energy move through me." By using her somatic and sensing abilities, "I could watch it and feel it vibrating, without responding to it." Although the issue with her mother is not totally resolved to Edith's satisfaction, Edith feels that the issue is resolved within herself.

Francine. Francine is also in her late 50s and was born and still lives in Southern California. She is the second of six children born to a father who, while being a hard worker in the entertainment industry, she described as both alcoholic and violent. He frequently physically abused her stay-at-home mother and the children. Although Francine felt her mother tried to protect the children, she questioned why her mother chose to have six children with an abusive man. When Francine was 10, the family moved to the beach, which her father enjoyed, and joined the Jehovah's Witnesses. Both actions mitigated her father's drinking and abuse. However, her mother filed for divorce

soon thereafter. Although she is close in age to her siblings, Francine reported not being relationally intimate with them. Although Francine is very engaged in her religion, it also seems to be a source of frustration and conflict within her family of origin due to the agitation and interventionist nature of the religious community, which was levied to "help" with her father's issues and later was used by her in-laws against Francine's youngest son.

Francine has always been interested in alternative medicine and the mind-body connection. After her children entered school, she enrolled in massage, cranialsacral, and acupuncture schools. She then received her doctorate in somatic psychology and has enrolled to become certified in somatic experiencing. She is in private practice, utilizing and teaching somatic and sensing techniques to her clients. She learned sensory awareness in her a doctoral program and states that she practices it in 100% of her day. "It certainly is part of who I am and how I practice and how it moves through my life." In fact, she even reported feeling "that I sense too much!"

Francine's was the longest interview, lasting almost an hour and a half and her issue was with her mother. Although she didn't give specifics, Francine reported feeling "disgust" when her mother "gets into a sort of monologue that's very negative and sort of what I had when I was growing up." When she was younger, she described her reaction as "It's like, 'Ah, I don't want to be here, I don't want to do this.'" and "I might try to talk her into thinking the way I thought." Her somatic and sensing abilities have allowed her to set boundaries, "which sometimes results in leaving" or allowing her mother to rant. "I witness that it came up, I notice it, I leave it to myself, and I just go on." Francine stated that, with her awareness, she is

> better able to stand up for myself and take care of myself, instead of just sneaking in the background or avoiding. ... I also take note of her response, so I look at not just her words but I consider her body language, her tone of voice, the expression on her face, the look in her eyes. So, you know, it's a part of how I relate.

Bob. Bob is in his early 60s and was the longest-practicing somatic psychologist that I interviewed. Although he was supportive in agreeing to be interviewed, saying "Got to put my money where my mouth is, I guess," he initially appeared somewhat reluctant to reveal too much. He is originally from the Northeast, one of seven brothers, and most of the family moved to California when he was 13. A year later, he moved to Cleveland, where he lived with an older brother and went to a Catholic boys' school before returning to California to attend college. This revelation came in the first few minutes of the interview: "I pretty much left home when I was 14." I failed to follow up on his reason for leaving, later, when Bob was more generous in his disclosures.

Bob reported that both his mother and his father underparented and were poor communicators. Both his mother and his father smoked and drank, sometimes heavily, and yet Bob described his father as usually "moderate" in his actions. He also stated that his father was under a lot of stress and that this translated into anger when dealing with Bob. He mentioned his mother a few times and seemingly fondly: "All my friends liked her, she was so gregarious, accepting." But Bob's narrative focused primarily on his father. One brother has a history of sexual addiction and two brothers have *DSM-IV-TR* (2000) Axis II disorders. Both of Bob's parents and two of his brothers are deceased and he is not close to his living brothers.

Bob attended college in California and, beginning in 1972, enhanced his psychology courses with somatic workshops at Esalen. He is a Radix trainer, studied with David Boadella in Europe for three years, and is certified in biodynamics and other somatic modalities. His sensory awareness training was at Esalen with Charlotte Selver, although he stated, "I don't think she had any certification programs at that point." He feels that using sensory awareness is "Well, it's just like being alive. ... It's, you know, it's Somatic Psychology 101."

Bob's issue was with his father, whom he rarely saw until Bob had children and wanted them to know their grandparents. Although he did not elaborate on exactly how it manifested, Bob stated that his father's inattention continued to affect their relationship until his death. "My father—I think neither one of them—really knew what I did for a living." Even though the way they related did not change much, Bob said that due to his somatic and sensing training, "Well, I didn't have a different response. I had a different response to my response." This allowed enough healing that Bob was present at his father's death, "holding his hand as he passed away."

Gail. Gail is in her 30s, married with children, and living in Northern California. She considers herself biracial; her stay-at-home mother was Japanese and her diplomat father was Hungarian. "That created some interesting sort of cultural and gender issues in my family." While not naming all the countries, Gail stated the family "moved around so much," due to her father's job, and she went to boarding school in the United Kingdom before moving to the United States in her early 20s. Her brother, with whom she is close, lives near her in Northern California, and her sister, with whom she was close when they were growing up, is now somewhat estranged and lives in England. Due to her parents'

"not very good marriage," Gail reports being very enmeshed with her mother while growing up, being "her emotional spouse," and having that relationship become difficult due to Gail's individuation as a teen and her mother's alcoholism.

Gail's introduction to somatic work came through being an acupuncturist, which led to getting a master's degree in somatic psychology, where sensory awareness "was taught to us from the get-go." Describing her use of sensory awareness, "I'd say that's the biggest part of it—like just that practice of being connected with what's going on in my body." This led to her stating, "I treat myself pretty well." Despite saying she senses her body more than once an hour, she claimed to use sensory awareness only 40% of the time. When this incongruence was pointed out, it turned out she was comparing herself to her professors, but even then she only raised herself to 60%.

Prior to her somatic education, Gail's management of her "being pretty codependent around [my mother's alcoholism]" consisted of her "intent to sort of create less conflict." Now, when she feels the same triggers she did as a young adult, Gail focuses on "clearly setting boundaries with her verbally" and using authentic communication, which she called "learning how to communicate from a higher space." This included statements such as "You're in my house. You can't drink here. Not in front of my children, not in front of me. You're making me uncomfortable. It reminds me of those times when I was a kid." She and her brother staged an intervention in which Gail gave her mother Alcoholic Anonymous literature, the book *Seven Weeks to Sobriety,* and more heart-centered communication. Gail reported, "She took it in the way that it was intended, as an expression of care." Although the issue is ongoing, it has been mitigated.

Her mother doesn't drink in Gail's house and Gail is more accepting of her mother, such that they have become closer.

Dave. Dave is in his mid-60s and has lived his entire life in Northern California. His parents were both university professors and he is the oldest of three children. He has a Bachelor of Arts in humanistic psychology and a master's degree in public health. After working for 30 years as a computer programmer, Dave received a master's degree in somatic psychology and is a marriage and family therapist intern. He described growing up in a normal, stable family, although he felt "disconnected socially" and was a "loner." His parents divorced about 30 years ago and live nearby, and he feels somewhat close to his parents and siblings. Being older than his siblings, he has "assumed the role of a senior in a certain way."

Dave was introduced to sensory awareness in many workshops at Esalen with Charlotte Selver, whom he considers "one of my major teachers." Even though, at the time, sensory awareness wasn't structured as it is now, he stated, "Once that door was open, it was a major impact." With sensory awareness, "I had a model for a different way of being. She seemed to find a different way to live."

Interestingly, although he spoke highly of Selver and sensory awareness, Dave is much more into the active somatic practice of formative psychology and considers sensory awareness to be "a pure sensory awareness practice." He stated, "And as, I think, Stanley Keleman said about Charlotte Selver, she's sensory, I'm emotive." Of sensory awareness, he said, "I think there is a big missing piece there." He now uses his sensory awareness training only 70% of the time.

Throughout the interview, Dave seemed reticent to fully reveal himself or information about his family, and this continued when discussing the issue with his mother that he chose as his focus. After his somatic education, Dave realized that whenever he had a conversation with his mother he experienced "a defense I had not just with my mother but in general with the world," which caused him to "keep an emotional distance, kind of keep a certain caution in my relations with her." Despite once again minimizing his use of sensory awareness, Dave stated,

> So I don't think I respond any less, but that response is sort of within a whole different context from what it might have been before. ... That's different and I would say that could have a fairly direct thread back to sensory awareness.

Dave did not offer any further personal details on this issue, and most of his answers were more of an academic discussion about the nature of various somatic techniques.

Helen. Helen is in her mid-40s. She was born, raised, and continues to live in a Southeastern state, though she did spend a few years in the Midwest when she was a professional athlete. She has never been married but has been in relationships, and she was the first interviewee not to have enrolled in or graduated from one of the California somatic graduate schools, graduating with a master's and a doctorate from large mainstream state university in the South.

She grew up in an observant Jewish family, the last of five children. The next youngest sibling was nine years older than Helen, "making me an only child for all intents and purposes." Her father was a businessman and a politician who "kind of a casts a big shadow" and her mom worked in the home. She said her parents' marriage was

"picture perfect." She described her mother as codependent and named gambling and pot smoking as denied familial issues. "They pretend it does not exist. It's a debilitating issue." Her sister and sisters-in-law are "enmeshed" with her mom and she described them as "unsuccessful."

Helen's dad pushed her to not pursue any career, stating, "My mother didn't work, my wife doesn't work, my daughters-in-law don't work, you don't have to work." When asked to describe her feelings growing up, Helen stated, "I never felt grounded ... I was really anxious. I had no sense of self."

As a professional athlete, Helen was always body conscious. "I won't say being in my body, because I was using my body as a machine, but I was physical." When she studied Gestalt therapy between her graduate degrees, she said, "I discovered that there was a correlation between understanding myself and my body. I felt I came home."

While pursuing her doctorate in somatic psychology, Helen also trained as a Reiki master and obtained her massage certificate. She was introduced to sensory awareness while taking continuing education courses and found it extremely useful. "It's my means to reduce anxiety, it's my means to find support with pain, and it's my means to work with my clients." Helen stated that she is constantly sensing her body: "First thing in the morning I look at myself with my sensory awareness." However, when she was asked how often she uses sensory awareness in her daily life, she reported using it only 60% to 70% of the time. Like Gail, Helen was comparing herself to those she holds in high esteem. "Well, if it was plus-5 every day [on the Likert scale used in this study] ... I would be closer to a messiah!" When she was asked to compare herself to her peers,

however, she gave herself a plus-5. Also, like Edith, loud noises tend to take Helen out of her body.

Helen chose to explore an ongoing issue with her mom:

> I was the dutiful daughter. I didn't have ... didn't get much ... I didn't get to determine what I wanted. I didn't know that I didn't have my own desires. My desires were taken over so young to take care of my mother. It took a long time for me to realize that I might not want to do what she dreamed for me to do.

She experienced anger, a contraction in her body, and rigidity in her joints as a result of trying to be the daughter her mother wanted. After her somatic and sensing education, Helen still felt the same emotions but "I would feel angry and let that anger either give me a pause or give me a place to go process." With sensory awareness "I had a better chance of not reacting and pausing and being more as an adult." When she was asked if her mother recognized the change in their relationship, Helen stated, "She definitely recognized it. She didn't like it!"

Another example of her mother's reaction to Helen's individuating and authenticity came about when her mother was in a nursing home near the end of her life. Unlike Helen's brothers and sister, who would visit their mother every day but would only stay for a few minutes at a time, Helen would visit only once a week but would stay for an extended time. Helen stated her mother was "angry I didn't come more and she loved that I did come, because when I came, I wanted to come."

Although Helen's relationship with her mother was getting better, it was never resolved before her mother's death.

Irene. Irene is in her 60s and is the other interviewee not to have graduated from a California somatic university, receiving her master's degree from a larger, national private university. Unlike all of the other interviewees, who were somatic therapists receiving sensory awareness training, Irene is primarily a sensory awareness instructor who is also a therapist. Irene seemed reluctant in setting up the interview and she forgot our appointment. Her answers were short, and despite follow-up questions, she usually chose not elaborate. Hers was the shortest interview, at 35:44. Unlike Bob, who was reluctant to be videotaped but ultimately consented for the study, or Dave, who was only audiotaped because the video camera was not functioning, Irene flatly refused to be videotaped and only agreed to an audio recording.

Irene was born in the South, the second of three children, and claimed that their upbringing was "kind of your average—no, a little different from average—neurotic family." She also said her family was "a little more intense and dramatic, kind of like *Cat on a Hot Tin Roof*." Her father was an alcoholic, her mother was "narcissistically wounded," and "there was a lot of aggression that came through my mom and played out with my siblings." Both of her parents are deceased. Her brother committed suicide and her sister attempted suicide but failed. Irene and her sister "don't interact." Irene lives with her husband in the Midwest.

Following her master's degree, Irene was a professor at an alternative university, where she encountered sensory awareness. After taking other workshops, she trained with Charlotte Selver in 1975 and became a sensory awareness instructor. Sensory awareness enabled her to release a "feeling that I really hated myself" and to feel "compassion for the first time." When she was asked how she feels about herself now, Irene responded

with a judgment word, *good,* rather than a feeling word; this did not register at the time and so I was unable to follow up. And although she stated that she utilizes sensory awareness in 80% to 90% of her daily life, when she was asked how it has helped her live her life, she initially responded, "I don't know." She then added, "It's helped me live my life. When I think about my life, I can't imagine what I would be without it. All I can think of is I would be like the other people in my family." Later in the interview she stated, "I find it very practical, actually, and useful, definitely, as far as making life more real, profound, and alive."

Irene's issue was with her mother's criticizing her. "I just took it on as I'm a bad person. I just believed it at first. That's just mother-god was speaking. She said this is true and I said 'Oh, that's true.'" After her psychology and sensory awareness training, Irene stated that her reaction to her mother's criticism depended on her level of awareness.

> If I came out of retreat or a workshop I was fine. It didn't land anywhere. And when it didn't land anywhere it changed my mom too. ... She would try harder and harder, and when there was no landing, she'd quit.

Other times, "I would kind of treat her like a client and be able to listen." If she did not feel like she could handle it, Irene would "make my boundaries physically and not be around her so much."

Although her relationship with her mother was more stable, Irene did not feel it had resolved before her death. "So I still feel sad about that—not about her dying but about not having a mother."

Developing the Theory

As the data was coded and constantly compared to the data that came from earlier interviews, it began to fall into two large groups, which I called inactive and active data. Inactive data were codes that provided background information; they were primarily just narrative, notwithstanding that they added depth to the participants' experiences (Appendix H). Active data were the codes that addressed the questions underlying this research. Categorical saturation began to occur at about the eighth interview, and the last three interviews added no new codes. Four categories or themes emerged from the codes that were considered active data: (a) *sensing the body is supportive,* (b) *resourcing through awareness,* (c) *being embodied helps adult child-parent relationships,* and (d) *facilitating connection with the authentic self* (Appendix I).

Sensing the body is supportive. This category is divided into two subcategories: *facilitating self-regulation* and *facilitating interactive regulation,* with the latter subcategory having two subthemes: *resonating* and *teaching others to relate somatically.* As would be expected of somatic therapists, all of the participants spoke of cultivating increased self-regulation after sensory awareness training. All participants reported increased awareness in regulating their affect. As Alice stated, "[Sensory awareness] really helped me slow down a lot," and later said that it showed her "when I need to slow down and take a deeper breath." Dorothy said her self-regulation is "watching out for the compassion fatigue of when I'm feeling my body, when I've kind of had enough" and said that "It keeps me calmer. It keeps my voice more regulated." Achilles feels he can "really be able to find that calm afterwards, being able to get to the other side of it." Edith put it this way: "It enables me to take a moment and know that I'm here and focus on

myself." Bob's contribution was having "more regulation options, affect regulation options." And Helen explained that sensory awareness allows her to "come back to myself."

All participants spoke of tracking their body sensations. Some of the more expressive included Dorothy, who said, "So that that part of my brain that wants to be noticing things or planning things, it also just could be busy scanning my body." Achilles stated, "It just gives me a tool in understanding of how to really process my emotions, my reactions, my projections, everything that comes up." Edith stated, "I am constantly ... constantly tracking myself. ... and working to become more and more aware of my experiences in my body." And Gail said, "So, the idea is to train us to be, you know, really sensing in our bodies while engaged in other things and people." Alice sums up this group as follows:

> I'm so much more aware of when my spine needs a stretch, when I need to slow down and take a deeper breath, when my legs need a hip opening because I've been sitting still for too long, I'm much more aware of what I'm hungry for, what I need to eat, what I need to avoid, what I need to indulge in.

Another action that informed this theme was five of the participants speaking about how they have now slowed down, with increased awareness. In addition to Alice's quote about slowing down, Achilles said, "I am able to just slow down, because my tendency is just to rush in my day, because that's where my anxiety pushes me." And Helen stated, "When I'm getting ready to go to a … to leave my house and I have pushed myself around too much and I get in the car, my sensory awareness helps me to get the

consciousness to slow down." Bob spoke more generally, talking about the emphasis all somatic disciplines place on slowing down: "And that's probably one of the primary messages of that whole era, psychologically, was about presence, being in the here and now, slowing down and experiencing sensations and tastes and smells, here and now."

All participants reported increased awareness in the area of presence, awareness, and mindfulness. For example, Betty simply stated, "I became more aware of things. ... I think you just develop a sensitivity to the present moment, the direct experience of yourself and others." Dorothy said, "I guess I'm just more aware of myself and what I'm feeling and whether or not I'm present. ... It's sort of just using the body as a reference tool." She also employed some somewhat circular reasoning: "Again, being aware of having the mindfulness peace—of, you know, using your awareness." Edith put it this way: "It enables me to take a moment and know that I'm here and focus on myself." Francine's contribution was "I kind of understand and believe that the quality of life, which is very connected to health and wellness and well-being, is an integral part of awareness." And Dave explained, "Well, I think that my capacity to, what they say—I never liked this term—say to be present, to be here and now, has grown a lot in the past few years."

Other quotes spoke to presence, awareness, and mindfulness or depth of sensing. Alice stated, "I'm much more aware of subtleties." Dorothy likes how sensory awareness has led to more balance. "I find working with mindfulness and having some sense of what's going on, you know, it's kind of like a better balance." And Francine likes recognizing how energy flows through her body:

I would say one of the things that I've learned in sensory awareness was to

> really understand how movement sequences through the body. ... Sitting on the floor or sitting, seated in a chair, you know what was involved in actually coming to stand, to stand up, and that gave me so much information about myself and how I move my body.

All of the participants felt their sensory awareness training was profound. Along with Alice feeling that she had had a full weekend of training, as opposed to a few hours, Achilles related, "What seemed to be simple [sensory awareness] exercises … to have very profound kind of experiences." And Helen exclaimed, "My sensory awareness, my sensory experiences are like neon lights!"

Another aspect of the theme that *sensing the body is supportive* relates to enhancing one's connection with emotions and the self through sensory awareness. In speaking about dealing with her mother, Betty said, "So, instead of fighting that she was doing that or wanting her to change, I just let myself feel the pain of having a mom who behaved like that." And Bob said, "I could feel it under my skin but it didn't ... Kind of, I was feeling it and I could feel things, sort of an open system with my feelings." Dave's thoughts on this were, "And once in a while, I will feel just a contentedness to be. I'm grateful to be. I am alive. I'm grateful I can feel, I can sense." Irene said, "It's a feeling of genuineness, generosity. It feels good. It feels like I am involved in the world." Achilles noted his emotions in three different instances: "It helps me get in touch with my feelings, and then my day's … more connected." As mentioned in his portrait, he said, "Oh, yeah. It just gives me a tool in understanding of how to really process my emotions, my reactions, my projections, everything that comes up." And he said,

> Even the crying, everything actually feels good, and the moment, you know, it's a real release and my endorphins are rushing and it helps me really feel calm and be able to be more present for the rest of my day or whatever is going on.

These connections led the participants to feel more supportive of themselves. Alice related that "Sensory awareness makes me feel very strong in the core." Betty said, "My self-esteem got better [with sensory awareness]." Bob said, "I guess it's body acceptance. Sensory awareness promotes a body's acceptance, so I think if you feel your body ... when you feel your body, when I'm in my body, I'm comfortable being there. I think I accept myself." Gail stated, "And I think because of that I treat myself pretty well." And Helen said, "[Sensory awareness is] my means to reduce anxiety."

Bob and Dave both likened this connection to their body as feeling alive. Bob stated, "Well, it's just like being alive. It's about being alive," and Dave said, "It's given me a sense of being alive." Helen and Alice summed it up. Helen said, "So, when I discovered that there was a correlation between understanding myself and my body I felt I came home." And Alice said,

> And so going back to school and unlearning a lot of what I've learned in my master's [degree] world, I feel like I'm back in my skin in the way that I was as a kid, where I felt strong and confident and free, and I could push people out if I needed to, I could pull them in if I needed to, and all of those freedoms are available to me now in a way that they weren't when I was on track for licensure or just finished it.

Meditation was a significant daily practice for six of the participants, who felt that sensory awareness enhances their meditative experience to some degree. Betty, who meditates "many hours a day," equated meditation to the self-recognition that sensing has brought her. "I think the spiritual practice is also the seeing that it is all myself." Achilles referenced his feelings similarly: "When I meditate and send thanks to God, I'll be more in touch with my feelings." Helen also uses meditation with feelings, stating, "And as I have put consciousness to it and have meditated and have processed it and have done some gentle movement, over time, 95% [of the pain] has gone away." Dorothy linked meditation and sensory awareness more conclusively when she said, "[Sensory awareness] actually enhances my spiritual practice as well as my everyday kind of living practice." Edith also merged the two, saying, "What I mean is that I, several times a week, I am working on myself and I will go into deep meditations, and they are always sensory-guided." And Irene, who is the one participant who is more sensory awareness practitioner than therapist, simply stated, "I practice a lot of meditation."

After reinvigorating their relationship with themselves, the participants described how sensory awareness enhanced their relationships with others, mainly clients and other nonparent family members. Two subthemes emerged: *resonating* and *teaching others to relate somatically.* Resonating with clients was defined by Alice:

> The way that's translated into my support of the clients, my being with the clients, is that I'm much less doing something over here [waving her hand over and behind her head] while I'm being with them. ... I'm much more willing to tap my heart and show them when I'm sad for them, or make an audible breath that reminds them to breathe.

Dorothy described her experience as follows:

> Also, like I use my body differently, like in therapy. I'm aware of when, you know, you get that gut feeling or, you know, a little shiver, something that tells me that something's going on. ... I am really aware of how I use my body in the sessions so that, you know, with pacing my voice [and] am I leaning in too much?

Achilles explained, "[With sensory awareness] I feel connected to myself and others in the room." Bob, speaking of resonance, said, "It's my practice, you know; it's basically my somatic practice." And Gail described it this way: "And then you're sensing your whole body at the same time, as well as the effect that it's having on, you know, the client." This resonance with clients, this right brain-to-right brain attunement, an emotional, nonverbal connection, works both ways. Alice noted that "being with a beloved client [heightens my awareness]," and Bob related, "Working with babies, being around babies, it's a stimulation to being in the present moment, so that supports me being in my present moment as well."

Several participants spoke about teaching their clients explicitly. Alice seemed to speak for some, regarding integrating somatic and sensing techniques at work:

> I'm much more judicious about incorporating body-based activities for kids. So I felt like it was hard for me to justify horseback riding lessons, the climbing gym, running on the beach with a kid before we went to school, but now, that is the basis of my work. It's to get kids back in their body and feeling alive and feeling strong, and doing that in a relationship with somebody.

Claire added:

> I mean, if a client comes in and talks about anything going on, I just have them tune into what's a deeper knowing that they have about it, or where they're feeling it, where they're aware of it, what is it connected to, or what does it remind them of?

Discussing her clients, Dorothy said,

> I will practice mindfulness with them so they can come back in touch with their body, have their body as a safe container. ... I try and use it almost as much as possible. Some clients really just want to talk and kind of want to tell their story and have insights and so forth. But if I can do any kind of body-based thing, if I can work with a gesture, if I can note a voice change.

Francine stated,

> So, I teach [my clients] how to track sensation. I teach them how to track their nervous system state. ... I do inquire [of] the patient as they're experiencing or progressing through a treatment, to have them sense into themselves and what do you notice.

Bob, in speaking about teaching his clients said, "[Sensory awareness is] the main point of the whole thing. It's the main point of the whole phenomena. I mean, it's the anchor of all other interventions, theories, you know, practices. So we can't do without that." Alice also spoke of teaching her coworkers:

> I provide a lot of [somatic] psychological education to collateral providers, and that has created a world of empathy around kids that wasn't there

> before, because people's stress level was getting triggered by what was going on with the clients.

Edith talked of teaching not only clients but also family members:

> So, my experience, both personally and with my clients, is that anybody in the family system can start to change the inheritance, and as soon as they do that, they make space, and all of a sudden other members of the family are making changes.

Although it was not a specific question asked of participants, they did note that their awareness enhanced their relationship with their siblings. Alice spoke directly to this with regard to her brothers. "My brothers and I can actually lay around and rub each other's feet, rub each other's shoulders, and just everybody softens and there's a lot of contact and cuddle on the couch." Likewise, Claire mentioned a mutual resonance with her husband. "I think, in some ways, it was through that partnership I learned a lot, because he was also aware, on some level, of the mind-body connection." Dorothy, speaking specifically about clients, addressed the importance of awareness in any relationship. "The person with the stronger nervous system wins in therapy. [Chuckles.] So, you know, you either induct them into your state, with your calm nervous system and presence and being here, or they're going to induct you into theirs." Claire's attunement with her daughter and her awareness of her own responses led her to somatically react to an emotional anniversary date: "At that time my mother put my brother in treatment, in therapy, with the man that became my stepfather. I was probably 5. When my oldest daughter turned 5, I had a really big somatic reaction."

Resourcing through awareness. Just as using sensory awareness as a delimiter to homogenize the multiple somatic styles in this study could logically produce the theme *sensing the body is supportive, resourcing through awareness* likewise stems from somatic psychology's emphasis on being aware. Resourcing in somatic psychology is defined as using the body's innate knowledge to heal oneself. Rothschild (2000) called this "making the body an ally" and stated, "Employing the client's awareness of the state of his body—his perceptions of the precise, coexisting sensations that arise from external and internal stimuli—is a most practical tool in the treatment of trauma" (p. 100). As Bob put it, "It's Somatic Psychology 101."

Seven of the participants mentioned how personally resourcing through the body was basic to their way of being. Alice spoke to resourcing when she stated, "Yes, I am extraordinarily aware of how burned out I am now, compared to how I was trying to push through burnout before. It's not quite a minute-by-minute practice yet, but it's easily on-the-quarter-hour practice now." Betty said, "It just becomes a way of being with myself and with others. It's like nothing can get by you anymore, you know, whether it's my own stuff or others." Claire was more direct: "Well, it's so funny, I like utilized it ... it's just who I am. ... I don't know how to think any differently." Edith stated, "I thought that if you could work both with the mind and the body and the emotions, that you would have a more complete response." And Bob added,

> It's sensory awareness, just checking in and noticing my arousal level, centering my mind internally, my gut, my heart, my breath, just tracking, tracking and adjusting my postures, stretching, breathing, you know, stop what I'm doing, taking a moment; it's the practice.

Resourcing through awareness enabled participants to become compassionate and let go of conflict more quickly; this relates both to one's own body and to using the sensations in one's body to release conflict with others. This study uses Ekman's (2003) definition of *compassion*—empathy with an associated action—and uses *empathy* in its common psychological meaning of being able to relate to the feelings of another (Gallese, 2003), a common trait of all mammals (Lewis, Amini, & Lannon, 2000; Preston & De Waal, 2002).

Alice reported feeling compassion: "I have a lot more love for my body now." Dorothy was direct in saying, "You know, there's sort of that ... compassion [with sensory awareness]," whereas Achilles was more circumspect:

> It's kind of the most important thing, you know. It's not like *kind of* help. It's more like it's probably the most critical component, I guess, to really be able to find that calm afterwards, being able to get to the other side of [one's anger].

Gail highlighted compassion for herself, stating, "I would say that sensory awareness has taught me to be a lot more self-loving. ... Now, I'm just more self-accepting, and that's perfect." Irene said,

> When I went to work with Charlotte [Selver], I didn't feel much of anything at first. Then I started feeling that I really hated myself. That was intense and it went on for about three days. Then it passed. I felt compassion for the first time.

With regard to finding compassion for others, Alice stated, "I have so much more compassion for the human experience, because I'm accepting of the body's need to be

nurtured and held." Betty and Dorothy spoke of letting go and of having compassion for their parents. In discussing her dad, Betty said, "Even though he was still doing his raging and his craziness, somehow it didn't even bother me anymore. That's kind of an interesting observation at the end." And Dorothy, speaking of her mother, said, "So I was much more compassionate towards her, and caring." Dave did not differentiate between himself and others, simply stating, "I'm just more accepting."

The final theme in *resourcing through awareness* concerns the grounding participants felt when utilizing their somatic and sensing techniques. *Grounding* is a term operationalized by Lowen that refers to literally grounding to the earth and within one's authenticity: "Grounding as a bioenergetic concept means literally feeling one's feet on the ground. It also means being oriented to reality rather than illusion" (Hilton, 2007, p. 39). Alice asserted, "And now what I feel like, [grounding] is much more available to me, as I'm more rooted in the body and grounded in my knees." Betty said, "I think what it comes down to now is that I feel I'm in my seat, and I know when I leave my seat." Claire referenced grounding by stating, "I can just have silence upstairs, and I think that's a function of being more grounded in my body."

Dorothy first addressed grounding indirectly as "kind of watching out for the compassion fatigue of when I'm feeling my body, when I've kind of had enough." Then she added,

> It keeps me calmer. It keeps my voice more regulated. It's a way that when I'm really grounded in my body. ... You know, [sensory awareness] helps me get out of my head. ... So, it's just, it's a way of keeping me in

> the moment and grounded. ... I have a kind of an embodied sense of when I am there [in a relationship], and I know when I'm not there."

Achilles reported,

> I can have similar kinds of experiences, where you just have these really kind of natural and effortless ways of just really feeling grounded in my body. ... It makes it feel grounded and supported. ... I'm getting better at saying, "Hey, look, something's going on here." I need to stop and just really sit down or lay down and kind of check on my body and see what's going on and allow something to unfold.

Bob used the word *somatic* to describe his grounding. "So, it's about appreciating my ability and my state to reflect on myself somatically." And Gail said, "The ultimate overall effect is that just being in the body is really grounded."

Being embodied helps adult child-parent relationships. The participants discussed several different ways in which being embodied helped them in their adult child-parent relationships, with *embodied* defined as the subjective experience of the self as body (Hanna, 1988). In some respects, this section is a collation of the previous two sections on *sensing the body is supportive* and *resourcing through awareness,* but with a specific focus on the participants' relationship with their parents. In this section we explore how being embodied helps the participants, represented by the subthemes related to guiding them through their parental conflicts, enhancing compassion for their parents, facilitating their ability to attune, allowing for greater love and presence with their parents, and embodiment supporting the flow of affect.

When analyzing how embodiment helps guide the participants through conflicts with their parents, ideas coalesced into three categories: *walking away, boundaries,* and *allowing.* By walking away, the participants meant literally placing physical distance between themselves and their parents. Betty moved across the Atlantic to achieve that distancing from her mother. "I cut the cord, and that made her really angry for a while, so there was a separation." Dorothy stated, "You know, kind of sort of leaving and having kind of the choice about how much I was going to be there or something." Achilles said, "And I might end up deciding that, you know, it might never be worth calling him." Achilles said this in the context of making an initial effort to meet his father after not having seen him for many years. Bob reported, "So, you know, I had the skills, I could breathe, I could titrate my contact, move away, come back." And Edith touched on the theme of the next section when she said, "I will, I would choose not to see her again, rather than be exposed to that kind of treatment, and as soon as I set that boundary, I mean, that's a pretty strong boundary."

Setting boundaries meant setting an emotional or mental barrier as opposed to a physical distancing. Before moving, Betty tried setting boundaries. "There is a sense of, I feel I need to keep a distance from her by shutting myself, maybe by hardening myself—by closing, not hardening, but closing myself off a little bit, my heart." Bob, speaking about his relationship with his parents, said, "Just a more boundedness. I think more, I was more bounded." Gail related, "I have to be engaging in this boundary-setting for the sake of myself," and she pointed out that her mother does not have to perceive such boundaries as rigid. "I'm much, much more firm about boundaries with her." Expounding on the quote from her portrait, Gail said,

> But in spite of that, I still, you know, I'm clearly setting boundaries with her verbally and saying, you know, "You're in my house. You can't drink here. Not in front of my children, not in front of me. You're making me uncomfortable. It reminds me of those times when I was a kid." You know, so I could keep setting that boundary over and over.

The last subtheme of *being embodied helps adult child-parent relationships* is simply allowing, notwithstanding whatever is taking place. This allowing is not a passive acquiescence but a conscious decision to remain connected in the moment and not be entangled in a conflict. Betty had a lot to say on this subtheme:

> If these things come up, it's there and I just feel it, I breathe into it, I allow it. ... Even though he was still doing his raging and his craziness, somehow it didn't even bother me anymore. ... With my father, like I said, I also stopped arguing with him. I just let him be. I think that's the big change. Instead of trying to make them see what they were doing. ... I think one of the main things with my father was that I realized that his actions had nothing to do with me. ... So now, I'd just say, "That's great" and before I would just say, "I don't want to hear it."

Likewise, Francine said,

> It's like, "Oh, well. That's fine. If she wants to think that way, that's fine." It, it doesn't rock my boat anymore. ... It's easier to just let it go and just know she's in a bad place today and for whatever reason this is coming up.

And Bob stated,

> Well, I guess just, you know, the somatic psychotherapy and other experiences and trainings and therapeutic experiences just made me become more keenly aware of deficits in knowledge of my father and his limitations as a communicator, and the effects of his criticisms. I could feel more how that whole thing felt as a result of these kinds of experiences and training.

Irene said,

> So being grounded enough that my main relationship was not with her, it was just myself and the ground. ... She would try harder and harder, and when there was no landing [of her criticism], she'd quit. I actually found out that I could use this as a tool.

With regard to feeling compassion specifically for her parents, Betty said, "I can still feel a little irritation and I also feel love. You know, she's just doing her best—and she really is doing her best." Similarly, Francine reported,

> You know, [my siblings will] go off on [my mom], or they'll ridicule her, make her cry, or they will react without considering her age or maybe what her experience has been and where she's coming from. So she gets that [compassion] from me, but she doesn't necessarily get that from the other siblings.

And Helen said, "I felt only compassion for my mother, mostly, for her suffering around [the issue]."

The next subtheme is *facilitating attunement through embodiment.* As the participants became more attuned to their own bodies, they were able to attune with their

parent(s) to a greater extent. Dorothy said, “The somatic training actually helped me a lot in noticing what was going on with her. ... I just think I was more present with her and able to just be there and be slower.” Achilles, thinking about the possibility of seeing his father again, said, “I’m sure it’ll make a significant difference, even in my ability to not get like really frustrated or really ... and just stay longer in the conversation if things come up or whatever. So, it’ll make a big difference.” Francine remarked, “I look at not just her words but I consider her body language, her tone of voice, the expression on her face, the look in her eyes. So, you know, it’s a part of how I relate.”

Bob, speaking of interacting with his dad, said,

> I could use my growth as a person who was able to experience himself more clearly to manage all the negative feelings that came up about that and to come to some, like a safe distance, kind of use my body responses as a barometer to know when things were likely to get, you know, tense between us, and kind of use it to be able to maintain contact. ... Sometimes, I’m pressured and I’m just using the information that’s coming up from the body, [but] the scales fell from my eyes a little bit. I could see where the source of my tensions were with our relationships and I have some language to talk about it and experience a lot of the feelings that I had about it.

And Gail stated, “So, it’s interesting, but I’d say the intergenerational aspect of embodiment is interesting, especially mothers to daughters, how you learn how to be a girl, and then a woman, from those women attachment figures around you.”

Nine of the participants spoke of having more love for their parents and having more presence with them after they became more embodied. Mann (1997) noted that somatic psychotherapeutic embodiment "is a very physical process. Often which is most essential is experienced first in the body … a visceral process, rooted in emotional experience, with thinking and intellectual activity only secondary" (p. 182). Hilton (2007) likened becoming embodied to healing a frostbitten hand, gently coming back into the body and "embodying our love and recovering the root of our identity" (p. 298).

Betty said, "My father, too, a few years before he died, I just felt I'd made peace with it all and I just loved him." And Claire, speaking about her relationship with her mother, said, "It's very sweet. It's very sweet. In some ways, I let [my old mom] die. I did. I had to really ... I said my piece and I detached from her." Dorothy said that after her somatic training, "There was some kind of sense of safety in [my mom's] house. ... I was able to slow down more. I was able to, you know, I mean really appreciate her and, you know, and love her."

Achilles, once again speaking about his estranged dad, showed an internal change, saying, "However, when I think about my relationship with my dad—I mean, it hasn't changed in reality—but when I actually think about my relationship with my dad, there's some changes." Edith, although a bit more circumspect, said, "I respect her and I'm grateful that she's my mother and feel that I'm blessed to have her as a model for me now. And those positive feelings are very recent." Francine said, "I would just say finally that, yeah, [sensory awareness] did give me an opportunity to redefine my relationship with my mother in the present time." Bob stated, "You know, [sensory awareness] helped

my internal relationships to be there with him when he died, to be holding his hand as he passed away."

Dave spoke of "this vulnerability to be with my parents and to be grateful in the here and now. ... I think this, my ability just to be present with them and to enjoy their presence in the here and now." Gail, speaking about her mother, said,

> So, she took it in the way that it was intended, as an expression of care, and it is surprising that she didn't realize that, you know, that of course we're her children no matter what, you know? We're always going to have her to catch, because it doesn't just go away that you're a neglectful, alcoholic whatever.

Many participants implied that being embodied supported the flow of affect, such as Achilles' earlier quote about crying: "Even the crying, everything actually feels good." But two participants were specific regarding their affect with their parents. Betty said,

> So, instead of fighting that she was doing that or wanting her to change, I just let myself feel the pain of having a mom who behaved like that. ... So I just let myself cry and it just felt like a lot of that tension just let go and it really just became about me.

Bob, speaking about his father, stated, "[Sensory awareness] gives me a lot of options, more regulation options, affect regulation options."

Facilitating connection with the authentic self. The last category, *facilitating connection with the authentic self,* evolved well after the others. The term *authentic self* is explored in detail in the post-study literature review; for this section, *authentic self* is defined as the essential self-being that is often masked by the social self and other

identities that the essential self incorporates to psychologically traverse daily life (Strauss, 1959). Although Betty mentioned this theme, signifying from the second interview that it was present, it finally coalesced in the reverse, when Dave commented on living outside his adapted self: "I'm not living my life as a robot. It's real." In poring back over the data, four subthemes emerged under this theme, and since it was Dave's quote that informed the theme, the first group was labeled *staying embodied helps them out of their adapted selves.* This first subtheme, and the next two—*being closer to their authentic selves* and *coming home to my body*—are similar, but "render the data most effectively" (Charmaz, 2006, p. 139) and warrant inclusion as separate subthemes. The final group was *having more choice.*

Other than Dave's quote, only three others directly applied to *staying embodied helps them out of their adapted selves.* Francine stated that sensory awareness makes her "more, in a way, better able to stand up for myself and take care of myself, instead of just sneaking in the background or avoiding." Gail said,

> So, within me, you know, I've gotten to a place where really, I'm letting it go, you know? What's history is history, and so on. ... I'd say I've definitely learned how to communicate from a higher space, and that I could communicate from that higher space is because I know what that body is knowing, and I know what that high is because I'm paying attention to my feelings and emotions and other sensations, thoughts and everything.

Gail also spoke to this somewhat more indirectly, while reminiscing about losing the adapted self when she was younger:

> And I had so many more issues about my body because I didn't have that embodied sense of self-awareness. So, it would be nice to teach it young. It's what I can say. Yeah. And you skip that whole era of, you know, insecurity and self-criticism: "Oh, this is too small. That's too big."

A quote from Alice, used earlier, also relates to the subtheme *being closer to their authentic selves:*

> And so going back to school and unlearning a lot of what I've learned in my master's world, I feel like I'm back in my skin in the way that I was as a kid, where I felt strong and confident and free, and I could push people out if I needed to, I could pull them in if I needed to, and all of those freedoms are available to me now.

Betty stated, "If I'm a little bit not authentic, I'll know it. ... That doesn't mean that there's [not] still things happening, but I'm just in my seat. I am. I'm authentic." Dorothy contributed, "I feel like the most authentically connected, as opposed to having an idea about something." Gail said, "And let's say, because of that, I'm sort of tracking [my mother's] physiology very carefully, which is part of the emerging self." Whereas Dave's statement that his life now is "real" was very direct, Helen only hinted at finding her authenticity: "My sensory awareness helps me lift the shelves of tension that separate me from my deepest moment."

Six participants contributed to the discussion of *coming home to my body,* many very eloquently. Alice said, "I think, also, what's come out of school is that I have a lot more trust in my intuition now, and I seem to be … because my body and mind are quieter." Betty said, "I mean, the oneness of it all, I think that's been helpful in just the

realization and understanding that there really is nothing out there but myself." Claire stated, "I don't dismiss anything as just symptoms. It's always connected for me." Achilles said, "It just felt like it brought me home to my body." And Gail stated,

> I think a lot of self-judgment comes from intellectual space, and that when you're really just feeling into your body, the judgment is not there, you know? ... I do drop in periodically and sort of check into how my body is feeling, and I'd say that's the biggest part of it, like just that practice of being connected with what's going on in my body.

Dave described coming home to his body as "a different way of being. [Selver] seemed to find a different way to live." And Irene said of being in the body, "Do I find it useful? I find it very practical, actually, and useful, definitely, as far as making life more real, profound, and alive."

The subtheme *having more choice* is epitomized by Bob's quote, previously given in the participant section, when he stated, "Well, I didn't have a different response. I had a different response to my response." As Medea (2006) stated, "Of course, [your parents] know all your buttons, they installed them" (p. 51), and Stewart in his lectures emphasizes, "Recognition is the key" (personal communication, July 13, 2005). Recognizing the emotions that arise from issues allows for choice; until then, "conscious choice is overwhelmed by feeling" (Kurtz, 1988, p. 55). Hulnick and Hulnick (2010) affirmed this: "How you relate to an issue is the issue, and how you relate to yourself while you go through an issue is the issue" (p. 123).

Whereas others touched on this subtheme tangentially, as noted in quotes above, Gail reiterated this subtheme three times in her interview, saying, "I think just the act of

being self-aware creates the space because what you're doing is focusing on your own whatever it is, even if it's a reaction"; "You know, that split-second where your consciousness turns inwards and says, 'Oh, look. What's going on with me?,' you know, takes you away from the reactivity that you would otherwise just automatically engage in"; and "I wouldn't necessarily say that I'm making better choices, but I'm definitely aware of what's going on with me, and that's a helpful thing." Dave also specifically touched on this subtheme when he related, "Well, I'm more aware of my response and also more confident that I can influence my own responses and not be a victim of my responses."

A Grounded Theory

After continuously comparing the data to generate these codes, concepts, and categories, no theory was evident. In going back over the data, all of the conceptual generalizations appeared to be valid and supported the categories developed to answer the overarching question, as informed by Glaser (1992), "What was the issue the participants had with their parent(s) and how did they handle it?" Nonetheless, no tentative core value or theory seemed to answer the other main question of grounded theory research, "What was/is going on with the participants?" None of the themes and subthemes, while definitely illuminating what was going on, seemed to rise to the level of a core value or theory that coalesced the themes. The answer ultimately came from the substantive code with the fewest overt occurrences in the analysis (Appendix J). This is not unheard of in grounded theory studies, where analysis may expose understated, overstated, or even missing variables (Bell & Bromnick, 2003; Bigus, 1996; Glaser & Strauss, 1967).

Embodiment as compassionate acceptance emerged as the theory, seemingly spontaneously, one day while I was reviewing the categories once again. Embodiment supports many aspect of the participants' relationship with their parent(s), allowing for the setting of appropriate boundaries, enhancing compassion, attunement, love, presence, and affect, and all of these qualities combine to enhance relationship. Aposhyan (2004) emphasized this: "Embodiment, then, is a grounding and flowing relationship between ourselves and the rest of the world" (p. 19). Speaking more therapeutically, and including the aspect of choice, which is just as valid outside the therapist's office, Aposhyan noted, "[Embodiment is] a fullness of both presence and aliveness. It is out of this presence and aliveness that compassion and creative interventions arise" (p. 88).

Continuing the discussion of embodiment cultivating the present-moment state in any relationship, Hartley (2004) wrote, "This 'body-mind state of being,' a sense of embodied presence, is a characteristic of the body-mind integration of the total organism" (p. 106), and Clark (2004) stated, "As a relational somatic psychotherapist, I used sensing to help my clients and myself come more into the embodied moment" (p. 89). This bodily presence gives rise to accepting what is, in the moment, which Aposhyan (2004) defined as "a willingness to go along with things as they are, to release into the basic reality of the moment" (p. 154). Levine (2010) equated acceptance with exploration, the opposite of resistance and fear—a present-moment quality that offers more choice.

The substantive code *experiencing compassion* registered only four times in the interviews—once each with Alice and Dorothy and twice with Irene. Dorothy's and one of Irene's observations related to compassion for a parent. The word *compassion* also appeared several times in association with fatigue. Depending on the meaning, however,

that was coded as *being aware* and/or *dissociating*; such a meaning does not fall under the meaning I assigned to *experiencing compassion.*

The first mention of compassion came during Alice's interview: "I have so much more compassion for the human experience because I am accepting of the body's need to be nurtured and held." I ended up reading and rereading, coding, and recoding this interview numerous times, as a novice grounded theorist, attempting to get the coding "right." That concept seemed profound when I was concentrating on this interview, and had I been asked at the time, I would have said it would become a main category. This quote, along with the other three interviews that actually included the word *compassion,* registered as a form of self-compassion. I was inserting my judgment of individualization, which obviously ignored Dorothy's statement that "I was much more compassionate towards [my mother]" and Helen's assertion that "I felt only compassion for my mother, mostly." This judgment and my selective filtering, and possibly my subconscious response to the low number of appearances of the code, suppressed any expansion of this theme into a theory.

Two of the participant quotes explicitly expressed self-compassion. Dorothy, in expressing how sensory awareness touched her, stated, "You know there's sort of that ... compassion." Irene related that she initially didn't feel anything when she began her sensory awareness training, and then she felt self-hatred, but then "I felt [self-] compassion for the first time." Although explicit in only these four quotes, compassion in general revealed itself implicitly throughout all the interviews. Alice showed compassion for herself when she said, "I have a lot more love for my body now," as did Gail, who said, "I love myself so much more than I did when I was about in my 20s." The same was

true of the other participants; although only nine explicitly mentioned love for themselves, all of them spoke of self-acceptance of who they are now.

Compassion for others—mainly for parents, but sometimes for siblings and children—was expressed in some form in all the interviews, with the exception of Achilles'. Betty, in relating how she handled her dad when he was berating her, said, "I can meet [the issue] with love." Dorothy echoed this in describing stepping back from an issue: "I was able to, you know, I mean really appreciate her and, you know, and love her." Just as self-acceptance was an indicator of compassion for the self, allowing and accepting the other was an expression of compassion. Dave epitomized this in his statement: "That's dad, how he is. I love him as he is."

Bob, without using any euphemisms for compassion, had two poignant examples of acceptance of his parents, especially of his dad. The first was in his choice to reintegrate his father into his family to allow his children to know their grandparents. The second was in his action of sitting with his dad—someone with whom he basically had no emotional or intellectual connection—as he died. Even though Bob said, "I don't think it helped [my dad]," this was empathy in action for another.

Achilles was the one participant who did not specifically express any embodiment as compassionate acceptance of his father or siblings (his mother having died many years previously). It might be a stretch to use one particular quote to indicate that the theory applies to Achilles when he was speaking of a future conversation with his dad: "So, I'm sure [sensory awareness will] make a significant difference, even in my ability to not get frustrated or really ... and just stay longer in the conversation." However, to me this

implies that Achilles is extending his capacity to love and accept another by showing some willingness to engage with his father longer.

Post-analysis Literature Review

The post-analysis literature review compared the emerged midlevel theory with the existing literature to examine which literature supported the theory, which refuted it, and why. Charmaz (2006) stated, "The constant comparative method and grounded theory does not end with completion of your data analysis. The literature review and theoretical framework can serve as valuable sources of comparison and analysis" (p. 165). I will first examine the literature on the four themes and then the theory.

Sensing the body is supportive. Since Descartes, Western philosophy has focused on the mind (Russell, 1946). Descartes' mathematical reductionism of everything in the universe, including the body, was a deliberate divergence from the prevailing spiritual precepts and religious dogma (Pert, 2007). Husserl, the father of phenomenology, wrote, "The body is, in the first place, the medium of all perception; it is the organ of perception and is necessarily involved in all perception" (as quoted in Welton, 1999, p. 164), but Carman (1999) noted that Husserl also described the conscious body as simply "a thing inserted between the rest of the material world and the subjective sphere" (p. 206). Merleau-Ponty (1969) started to diverge from this thinking by including the body, postulating that humans understand the world by creating meaning through the senses, and MacLachlan (2004), like other somatic psychotherapists, continued the reintegration of mind and body by noting that our senses are what inform the brain, not the other way around. Caldwell (1996) stated,

> The body is a symbol for all experience. We know that the body is constantly speaking to us in the language of sensation, and that this speech, though not in words, is a vital and rich source of information and intuition. (p. 16)

This integration of our senses is a fundamental tool to experience our surroundings (Hiss, 1990). Humans actively experience our surroundings by moving through each moment with an open mind, which continuously monitors the audio, visual, and kinesthetic sensations in our body and the audio, visual, and kinesthetic clues being exhibited by others, sensing the relationship with both our self and the relationship with another. This nonjudgmental observation by the open mind, also called an open system in systems theory (Bertalanffy, 1969), releases any thoughts that enter our mind, noticing and judging what we are experiencing. In this way, we become conscious of those around us and ourselves (Hall-Renn, 2006/2007) without assumptions or evaluation. Perceptual psychologist Sewall (1999) stated that our intentional use of attention is an alignment of our internal being with the external world, reflecting back to us a heightened attention on the self.

One method of measuring sensory awareness is biofeedback. Biofeedback therapy (Epstein & Blanchard, 1977) is the procedure of using an instrument to measure a part of the body while the participant observes the measurements in order to gain greater awareness and ultimately affect the measurement with some technique applied to the body, usually relaxation (Durand & Barlow, 2009). Biofeedback therapy using relaxation has been found to be effective in treating clients with various disorders (Aggarwal et al., 2011; Herderschee, Hay-Smith, Herbison, Rovers, & Heineman, 2011; Rao, 2011),

dementia (Robichaud, Hebert, & Desrosiers, 1994), and stress management (Stein, 2001).

Three specific studies that show the efficacy of biofeedback to improve health were done on hyperactive children. In studying young children with attention deficit/hyperactivity disorder (ADHD), Hampstead (1979) showed significant reduction of hyperactivity among six elementary schoolchildren using biofeedback from an electromyograph (EMG). The electromyograph measures the beginning of muscle contractions, and the study showed that children sensing their bodies and their feelings could diminish their hyperactivity, as reported by parental ratings. This study showed a decrease in hyperactivity and the decrease was still effective at a one-year retest.

Moore (1977) used assisted relaxation training, measured with an electromyograph, to treat seven hyperactive children using an ABAB reversal design. The results showed a decrease in hyperactivity among the children, but although the results were significant, the study did not take into consideration the contravening variable of the children concurrently attending a special education class. A study by Watson and Hall (1977) compared a group of 9- to 11-year-old hyperactive children receiving a combination program of relaxation, biofeedback, and behavior modification therapy. The study group had improved reading comprehension skills and decreased impulsive behaviors when compared to a control group and an attention placebo group. Like the Moore (1977) study, Watson and Hall's (1977) study suffered from confounding variables in that therapy was inserted into the mix.

Resourcing through awareness. To examine *resourcing through awareness,* the concept of awareness was researched and found to be multifaceted. Awareness can be considered a monitoring of experience (Deikman, 1996), with a concentration on the

present moment rather than habitually living in the past or future (Roemer & Orsillo, 2003). However, the term *awareness* is often used interchangeably with *consciousness* (Wang & Dovidio, 2011), *mindfulness* (Kabat-Zinn, 2003), *attention* (Jha, Krompinger, & Baime, 2007), *focusing* (Gendlin, 1981), and *presence* (Brown & Ryan, 2003). Further confounding the meaning of *awareness,* all of these words can have different meanings depending on their context, including consciousness as thought (Baars, 1988), spirituality (Cohen & Chopra, 2011), psychology (Ornstein, 1972), and simple awareness, as shared among species (LeDoux, 2003), versus a human's self-awareness (Lieberman, Gaunt, Gilbert, & Trope, 2002).

Mindfulness seems to be the word du jour for awareness and is defined as intentionally focusing upon whatever is occurring in the present moment (Shapiro, 2009) and as the process by which one directs one's attention to what is being experienced in the present moment (Kabat-Zinn, 1990). Why *mindfulness* is more descriptive than "bringing awareness" to an internal or external experience is unclear, but the term *mindfulness* can possibly court dissonance with some individuals, due to its association with Buddhism and the New Age movement (Baer, 2003; Coleman, 2006). The words *focusing, attention,* and *presence* likewise have their supporters and detractors.

In researching all these terms—and notwithstanding Einstein's (1952) supposition that the past, present, and future all exist simultaneously—the concept of the present is taken to simply mean that nothing is thought of or acted upon at any other time than in the present moment. We may learn, voluntarily or involuntarily, from the past, and actions undertaken at this moment may not come to fruition until the future. However, we

can only effectively make any change by becoming aware of what is taking place in the present moment, including during the therapeutic process.

Whether called awareness, mindfulness, attention, or the present moment, the practice of living in the now has been touted as a way to heal our minds and bodies (Kornfield, 2008; Tolle, 2004) and is increasingly being embraced by physicians, educators, therapists, and the general public (Bishop et al., 2004; Epstein, 1999; Germer, Siegel, & Fulton, 2005; Kabat-Zinn, 2003; Reibel, Greeson, Brainard, & Rosenzweig, 2001). In the medical field, mindfulness-based practices are being utilized to treat patients with debilitating and end-of-life diseases. These include the treatment of diseases such as fibromyalgia (Goldenberg, Kaplan, Nadeau, Smith, & Schmid, 1994; Schmidt et al., 2011), immunological system disorders (Davidson et al., 2005), and cancer (Monti et al., 2006; Tacón, 2011) or their comorbid symptoms. All of these studies showed significant positive correlation between mindfulness and biological functioning.

On the education front, mindfulness is being taught both to teachers and to students in primary schools, secondary schools, and in business settings (Campbell & Campbell, 2009; Langer, 1997). Awareness techniques are an integral part of experiential education that augments studies with the goal of encouraging students to create a just and compassionate world (White, 1998). Thanks in part to the increased popularity of authors such as Dyer (2011), Pert (1999, 2007), and Tolle (2004, 2008), living in the present moment is moving out of the realms of spirituality and New Age thought and into the mainstream population.

Awareness is being utilized in psychology to successfully treat a variety of disorders. Anxiety disorders are a common class of psychological diagnoses, affecting

almost 20% of people at some point in their life (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). Awareness therapies, mainly in the form of mindfulness meditation, have been successful in the treatment of general anxiety (Hayes & Feldman, 2004; Herbert & Cardaciotto, 2005; Toneatto, 2002) and specific anxiety, such as seasonal affective disorder (Schmidt, Richey, Buckner, & Timpano, 2009) and obsessive-compulsive disorder (Baxter et al., 1992; Fairfax and Barfield, 2010). Although clients with major depression also respond to awareness training (Mayberg, 2005; Siegel, 2007; Teasdale et al., 2003), mindfulness therapy also greatly reduces residual symptoms when treatment of major depressive disorders results in either minimal or no positive affect (Geschwind, Peeters, Drukker, van Os, & Wichers, 2011). Even cognitive-behavioral therapy has now embraced mindfulness-based therapy for depression (Zindel, Segal, Williams, & Teasdale, 2002).

Awareness is also used in the treatment of posttraumatic stress disorder (PTSD) (Follette, Palm, & Pearson, 2006), in the prevention of relapse in drug addiction (Marlatt & Gordon, 1985; Parks, Anderson, & Marlatt, 2001), and the enhancement of general psychological well-being (Brown & Ryan, 2003). In marriage counseling, Siegel (2007) demonstrated how awareness increases relational satisfaction. These studies support the notion that being aware—by whichever term it is called—enhances a sense of self-control, produces clarity of mind, and improves the immunological system (Davidson et al., 2005).

The one article located that had somatic psychology ramifications investigated bodily awareness but showed no significant effect (Khalsa et al., 2008). This was a study of interoceptive awareness, defined as being receptive to stimuli arising within the body,

to see whether the traditional belief that meditation results in increased awareness of internal body sensations was true. After extensive testing on participants' ability to perceive their respiration and heart rate, the results of the study produced no evidence that meditators were more able to detect their own heartbeat.

Being embodied helps adult child-parent relationships. Although empirical studies have demonstrated the effectiveness of somatic psychotherapies in individual therapy (Bernet, 2002; Koemeda-Lutz et al., 2005; Leitch, 2007; May, 1998; Pettinati, 2002), a search of the literature for the category *being embodied helps adult child-parent relationships* yielded no results. Searching for studies on *being embodied enhances physical or psychological health* also yielded no results, although some studies fit this category in a peripheral manner.

One such study dealt with embodiment as the sanctification of the body that produced better health-related behavior (Mahoney et al., 2005). The study participants were 289 college students (77.5% female) enrolled in a midsized state university in the Midwest and averaging 19.2 years old. The racial makeup was 91% Caucasian, 4.8% African American, 1.7% Hispanic, and 2.4% multi-ethnic or other, and the religious breakdown was 38% Protestant, 36% Roman Catholic, 1% Jewish, 11% other, and 14% who did not answer. Measurement consisted of an evidence-based assessment and self-reporting. Although the results were not significant, the researchers found that increased participant belief in the body as being in the image and likeness of God and/or a temple of the living God translated into greater satisfaction with one's body image, superior behaviors to protect one's health, and lower levels of alcohol consumption, illegal drug use, and eating disorders.

Embodiment as body image, especially on the part of women, was a theme found in several studies and is characterized by Cash and Henry's (1995) study of 803 women, which found mostly negative self-image in Caucasians and Hispanics, irrespective of age, but significant positive self-image among African American women. Like most other studies on embodiment as body image in women, this study focused on negative experiences of the body. Research conducted on women's experience of their bodies across their life span, on the other hand, tends to be much more positive. Clark (2001) used semi-structured interviews of 22 older women, from 61 to 92 years old, to study the participants' perceived loss of physical attractiveness. Clark found that the participants had a sense of feeling youthful on the inside, some even stating that they still felt like teenagers, and had a positive self-image, if not a positive body image. In this case, embodiment as self-image appears to resemble mindfulness, being attuned to one's inner state of being, as discussed previously.

Wilde (1999) wrote, "embodiment is not a theory, or a group of theories, but a different way of thinking about and knowing human beings, one that is in contrast to our usual Western thinking of mind and body as separate" (p. 25). If the body and mind are not separate, embodiment can be thought of as the antithesis of just mental activity. A recent article regarding the mind as a time machine explored,

> external versus internal viewing of time; "watching" time versus projective "travel" through time; optional versus obligatory mental time travel; mental time travel into anteriority or posteriority versus mental time travel into the past or future; single mental time travel versus nested dual mental time travel; mental time travel in episodic memory versus

> mental time travel in semantic memory; and "seeing" versus "sensing" mental imagery. (Stocker, 2012, p. 385)

This echoes Wilber (1979):

> Whereas the ego lives in time, with its neck outstretched to future games and his heart lamenting past losses, the [body] always lives in the *nunc fluens,* the passing and concrete present, the lively present which neither clings to yesterday nor screens for tomorrow, but finds its fulfillment in the bounties of this moment. (p. 118)

Continuing in this "mind as a time machine" vein, Pine and Blum (2006) documented a panel discussion on time and history in psychoanalysis, noting that although the mind can only experience the past in the present moment, clients may nevertheless get stuck in the past and have to reconstruct that memory to consign it to the past. Contrasting the mind as being able to live in the past or future with sensing the body or being embodied, with physical and psychological healing, and with relationships, which always take place in the present moment, Aposhyan (2004) stated, "To the extent that healing involves a relationship between two people, there has to be a moment of meeting" (p. 54). Being embodied forces a person to be in the present moment, allowing for the possibility of having an open mind.

In a therapeutic relationship, embodiment has been shown to be effective in the treatment of posttraumatic stress disorder. Although individual therapy is the most common treatment for PTSD (Fairbanks & Nicholson, 1987; Horowitz, 1986), both Levine (1997a) and Marcher (1998) maintained that therapy will not be successful until emphasis is placed on tracking the activation of the autonomic nervous system

throughout the body of the client. McFarlane (1989) stated that talk psychotherapy for treating emergency responders suffering from PTSD is ineffective, because a significant portion of patients present with predominantly physical symptoms. Levine (1997b) maintained that PTSD is not based on the actual event but on the unresolved reactions of the body to the event, which remain in the body.

Additional empirical research and case presentations by clinicians in therapeutic relationships have shown that being embodied informs both the therapist and client in the psychotherapeutic sessions (Field, 1989; Samuels, 1985; Stone, 2006; Talbot, 1998). This research is illustrated by a grounded theory study done by Shaw (2004), who interviewed 14 experienced therapists and conducted two professional discussion groups. Three categories emerged: *body empathy,* the *body as a receiver,* and *body management,* which coalesced into the theory *psychotherapist embodiment,* which showed embodiment to be important in the therapeutic session. The literature on nursing and social work also included studies documenting that being embodied enhances the therapy of clients (Raingruber & Kent, 2003; Saleebey, 1992; Wilde, 1999).

Another area that has been explored is embodiment in the spousal/partner relationship. Noted couples' researcher Gottman (1999) found that sensing and regulating emotions in the present moment enables a couple to self-soothe when triggered emotionally, giving them a choice to not act unconsciously. Couples in a happy relationship have the ability to self-soothe, whereas couples in a stressful relationship tend to argue more (Gottman, 2001). Gottman also included body awareness when instructing couples in conflict regulation techniques to enhance their relationship. Using research from Porges (2003) on the nervous system and LeDoux (1996) on the emotional

brain, nonsomatic therapists are increasingly engaging the body to help their clients manage their emotional reactivity, using in vivo coaching, modeling, and role-play techniques (Hendricks & Hendricks, 1999).

Clark (2004), speaking about embodiment helping a client to enter into a deeper relationship, stated, "As [the client] became more embodied, she could set boundaries and reached out with us increasing her capacity for deep contact with others" (p. 92). No studies were found that dealt with embodiment and adult child-parental relationships, but these studies suggest that being embodied would help this relationship, and no studies were found that refuted this assumption.

Facilitating connection with the authentic self. Researching the literature on *facilitating connection with the authentic self* was more productive than researching embodiment. The concept of the authentic self is ancient and is found in the mythology of various cultures (Campbell, 1949; Eliade, 1963). The concept has been deliberated by philosophers (Kreeft, 2007) and sociologists (Baumeister, 1997). Erikson (1968), Maslow (1987), Neff and Suizzo (2006), Rogers (1951), and Winnicott (1960) contended that to achieve psychological health, a client must ultimately explore his or her authentic self, and Lopez and Rice (2006) extended this to the health of relationships. In keeping with the varied explorations, different names have been given to what the present study calls the authentic self, including authentic consciousness (Wade, 1996), self-actualization (Maslow, 1987), authentic personality (Assagioli, 1973; Firman & Gila, 2002), and individuation (Jung, 1968).

Strauss (1959) participated in this discourse by linking the essential self with the "core of personality" (p. 33). He argued that this personality is consistent over the life of

a person, notwithstanding changes in age or in the mind and body. Strauss talked about this essential self being masked by the social self and other identities. Maddy (2007) defined authenticity as an understanding of and an acceptance of one's traits. Whereas recognition of one's inauthentic identities comes through understanding and acceptance, somatic psychologists go much further by helping clients release the inauthentic traits formed as a defense to real or perceived traumas. Hartley (2004) underscored this: "Through releasing these [traumas], the authentic self, hidden behind the protective armoring, can return to consciousness" (p. 178).

Harter, Marold, Whitesell, and Cobbs (1996) researched authentic self by asking middle-school students to report on their parents' and peers' behaviors and their own authentic, true-self and inauthentic, false-self behavior. True-self behavior correlated with high levels of self-worth, positive affect, and hope for the future compared to peers. The true-self reporting children received greater unconditional support from their parents. Children who reported participating in false-self behavior did so to attract support and approval from their parents and peers, due to thinking their authentic self was not likable enough. This group had lower self-worth, presented depressed affect, and exhibited hopelessness.

Another study on attachment styles, relationship, and authentic self included college psychology students ($N = 209$). Leak and Cooney (2001) had participants report on their authenticity, their autonomy in relationships, their self-determination within relationships, and their attachment styles. A significant relationship was found between a secure attachment style and more authenticity, greater autonomy, more self-determination, and positive psychological health.

In another study of authenticity and attachment style, Lopez and Rice (2006) used two independent samples of college students ($N = 487$) who were in romantic relationships. The study found a moderate correlation between authenticity and self-esteem and between authenticity and attachment style in the students' relationships, but the results could have been skewed by the inclusion of two assessments developed by the authors for the study. The authors also found a significant positive correlation between authenticity and relationship satisfaction.

Several studies (Cole, 2001; Metts, 1989; Peterson, 1996) found that one reason that participants are inauthentic is to ameliorate conflict in relationships; however, there was no indication that the participants were knowledgeable about nonviolent communication techniques (Rosenberg, 2003) or similar communication skills.

Embodiment as compassionate acceptance. The post-analysis literature review on the emergent theory *embodiment as compassionate acceptance* generated no more results than the other embodied research. As was the case with attention, the term *compassion* is used interchangeably with other terms, such as *empathy, altruism,* and *loving kindness* (Kristeller & Johnson, 2000), although Gilbert (2005) disagreed, feeling that being empathetic does not necessarily lead to being compassionate. Bierhoff (2005) took issue with *altruism,* thinking it a precursor to compassion, and stated that altruism is "the motivational framework that leads to [compassion]" (p. 148). Wang and Fivush (2005) and Panksepp and Biven (2010) considered the origin of emotions to be in the mammalian brain, and this included compassion, no matter what term for compassion is used.

(Hayes (2011) studied the terms *embody/embodiment* and *compassion* in a

transpersonal dance movement inquiry into students and professionals in dance therapy. The first chapters of the study reviewed the body-mind connection, but several chapters were devoted to anecdotal reporting of the experience of increased compassion, including compassion for the self and others, through movement. Boadella (1997) touched on compassion, saying,

> Therapeutic contact is a place where a flow of empathy can be transmitted that can help to reconnect the patient to his ability to love himself, a prior condition for his own development of empathy for and compassion towards others. (p. 40)

Ancillary research around attention, mindfulness, and spirituality showed a connection with compassion. Distinct from the Freudian interpretation of the body being controlled by the unconscious and ego, the embodiment process can foster deep healing experiences bordering on the spiritual (Hartley, 2004). As noted in the coding, some of the participants reported a spiritual and meditation increase with attentive sensory awareness. Increased compassion also has been shown to result from attention, mindfulness, and spiritual practices (Boellinghaus, Fergal, & Hutton, 2013; Karasu, 1999; Saslow et al., 2013; Tirch, 2010).

Because compassion is a cornerstone of all the world's religions, one dual study of Brigham Young University students ($N = 315$ / $N = 126$) investigated whether encouraging compassionate attitudes and behaviors toward others would result in an improvement in health (Steffen & Masters, 2005). The authors found that a compassionate attitude is a significant factor in health, including reduced depression and stress. A somewhat inverse study (Gilbert et al., 2012) showed that a fear of compassion

and happiness resulted in an increase in self-criticism and a decrease in mindfulness and empathy, and was highly linked to alexithymia, anxiety, depression, and stress. The study included 168 women and 54 men, ranging in age from 18 to 59, and used questionnaires and several standardized assessments to evaluate the participants.

Compassion as a form of cognitive-behavioral therapy (compassion-focused theory) stresses bringing compassion into the therapy session (Gilbert, 2010). However, an empirical study of 21 adolescents in foster care who experienced childhood trauma called early-life adversity, and who were shown to have elevated inflammation that commonly continues into adulthood, showed no significant change with compassion-focused theory (Pace et al., 2013). One conclusion might be that compassion must be embodied, as the anecdotal narratives noted above suggest, and not cognitive; put another way, compassion is felt, not learned.

Many more studies on self-compassion and health typically used the Self-Compassion Scale (Neff, 2003) and were presented in the context of the importance of self-compassion on psychological functioning (Gilbert & Proctor, 2006; Leary, Tate, Adams, Allen, & Hancock, 2007). As the Steffen and Masters (2005) study found, greater self-compassion significantly correlates with less anxiety and depression (Neff, 2003; Neff, Hseih, & Dejitthirat, 2005; Neff, Pisitsungkagarn, & Hseih, 2008). Neff, Kirkpatrick, and Rude (2007) conducted a study of college students in the United States, Thailand, and Taiwan. Participants included 181 American students (64 males, 117 females); 223 Thai students (122 males, 101 females); and 164 Taiwanese students (45 males, 119 females). American students reported their religious affiliation as 76% Christian, 5% Jewish, 2% Buddhist, 8% other, and 9% none; Thais reported 98%

Buddhist and 2% other; and Taiwanese reported 26% Buddhist, 13% Taoist, 5% Christian, 3% other, and 52% none, but religious orientation did not significantly predict self-compassion. Although the Thais had the highest self-compassion scores, possibly due to their homogeneous Buddhist culture, the study showed that self-compassion was significantly correlated with greater well-being across all three cultures.

Leary et al. (2007) conducted five studies on the way that self-compassionate participants dealt with unpleasant daily life events, such as those occurring at work or school, with friends, in romantic relationships, and in their physical health. Participants were drawn from Duke University undergraduate students, ages 17 to 21, and there were 59 male and 58 female students. Self-compassion was found to be significantly negatively related to negative feelings such as worry, sadness, and other self-conscious emotions; anger was not significantly negatively related. Participants with greater self-compassion rated themselves higher in how well they felt they managed the negative events and positively rated the day containing the negative event(s).

Although these studies showed that self-compassion benefits psychological functioning, other studies showed that self-compassion can also benefit those in a romantic relationship, which may correlate with any intimate relationship. In a study of 104 heterosexual couples, Neff (2003) examined participants who were in relationship from 1 to 18 years—41 couples were married, 42 were partners, and 21 were living separately. Participants were 18 to 44 years old; 97% had some college education; race distribution was 82% White, 6% Hispanic, 5% Black, 2% Asian, and 5% mixed/other; and 60% of the couples had children. Both partners responded to several assessments and, as in other studies, greater self-compassion was significantly related to higher levels

of well-being and one's own level of relational well-being. Higher levels of self-compassion were also associated with a significantly more positive perception of one's own behaviors and attitudes and those of their partner within the relationship.

A study of Germans who sheltered Jews during World War II (Oilner & Oliner, 1988) provided a slightly more direct connection between adult children and their parents. Although anecdotal, the study noted that those who took in Jews also had a close, loving relationship with their parents. This was reciprocated by the older parents, who often were deceived about the true identity of those in the house until after the war. These parents initially were horrified at what might have happened had the Nazis discovered them, but then supported their children's decision. This also could be a result of parents modeling compassionate behavior for their children (Bierhoff, 2005), the effect of mirror neurons (Gilbert & Irons, 2005; Schore, 2005; Siegel, 2006), and/or Porges' (1998) polyvagal theory of autonomic nervous system function regulating affect in social relational behavior.

Despite the lack of specific studies linked directly to some of the categories and the theory, no studies were found that contradicted the theory offered. The studies reviewed showed that awareness in general and awareness of the body specifically does translate into greater well-being and compassion. Therefore, it does not seem a stretch to extrapolate these studies to the present study and conclude that being embodied would lead to greater compassion.

Chapter 5: Summary, Conclusions, and Recommendations

This study explored several different aspects of the somatic relationship between body-mind therapists as adult children and their parents. As somatic psychotherapists, we face the same issues that every other adult child faces in dealing with aging parents, should the parents live long enough. Although every adult child's background is different, even within the same family, all relationships, including our later relationship(s) with our parent(s), stem from the initial parent-child relationship. As Tolle (2008) stated,

> The relationship with your parents is not only the primordial relationship that sets the tone for all subsequent relationships, it is also a good test for your degree of presence. The more shared past there is in a relationship, the more present you need to be; otherwise, you will be forced to relive the past again and again. (p. 100)

The terms *parent* or *parents* were used in this study to denote primary caregivers, whether biological parents, stepparents, or another relationship. Although I did not screen for this, it turned out that all the participants did spend their early developmental years with their biological parents, and most had stay-at-home mothers. Some experienced the loss of daily contact with a parent due to divorce or death, but for all participants that occurred when they were age 10 or older. In contrast, I effectively lost my biological father when I was 3, and then he passed away when I was 5. Within 14 months I then gained my dad (stepfather), with whom I am still close. Claire was the only participant to have a stepparent for a short time.

My interest in the study was very personal because, like Dorothy, psychology is a second career for me and was inspired by relational issues within my own family. The origins of those issues seemed unfathomable at the time, but as I gained a more thorough knowledge of my authentic self during my master's and doctoral programs, I was able to effectively make changes in my relationships, including my relationship with myself. These changes enhanced my relationships with my dad and daughter, but being authentic dissolved the relationships with my mother, my sister, and my former spouse.

The increase in personal and relational authenticity began during my master's education, but it came into its own as I became more somatically grounded and, similar to Alice's experience, was very much heightened by my course on sensory awareness. Bringing my somatic and sensing knowledge to my relationships while I was in my 50s improved every one of them. The boy who longs for his mother's love and the man who loved my former wife may mourn their departures, but the current relationship I have with each is extremely real and nourishes my psyche. This study was neither an investigation into the validity of my relational somatic path nor a "gotcha" exposé to determine whether other somatic therapists choose to use nonsomatic or nonsensing methods in navigating their own relationships with their parents. Instead, this study was truly an exploration of whether and how a somatically trained therapist approaches an issue that many of us have to face as our parents age.

Had I been asked to sit down prior to the study and delineate what I thought these participants would reveal, the four categories and their subcategories that emerged would all have been on my list. Thus, to me, the findings are not particularly revealing. That a self-identified somatic psychologist would feel that being embodied enhances his or her

own and his or her clients' lives is certainly not revolutionary. Even nonsomatically trained therapists embrace embodiment, in whatever form and under whatever label it may present itself. It is also natural that mind-body therapists trained in sensory awareness would find that process to be useful and helpful. For instance, even though Dave indicated that he feels drawn to something more than his interpretation of what sensory awareness means to him, he still recounted utilizing it almost daily.

Likewise, any somatic and sensory awareness-trained therapist—even those who were not participants in this study—would probably see benefits in living what they have learned, staying embodied, sensing their bodies, feeling their affect, enhancing their resonance, resourcing, and living their authentic self. The high degree of both explicit and implicit compassion that was revealed and that informed the theory would not have been on my hypothetical prestudy list of what these participants would reveal, and as was shown by the low number of quotes grouped with this focused code, may not be on other somatic therapists' lists. Panksepp (2004) contended that all mammals have an emotional system that is independent of their neocortical process. He noted that less than 20% of people list compassion as a basic emotion; it would be interesting to see if therapists tend to be in this 20%.

And yet, the theory is not a surprise, either. Cultivating embodiment and enhancing sensing, both within the body and with others, led Alice to relate, "I have so much more compassion for the human experience." As we somatically resonate with our clients and with others, are we not sensing their humanity, being moved by their predicament and issues, and recognizing ourselves in them, even if it does not rise to the level of countertransference or lead us to intervene compassionately? Although she had a

different motivation, Mother Teresa (1997) expressed this same compassion when she said, “Grant that, even if you are hidden under the unattractive disguise of anger, of crime, or of madness, I may recognize you and say, ‘Jesus, you who suffer, how sweet it is to serve you’” (p. 63).

This study answered the questions raised in the introduction, revealing the subjective somatic experience of the therapists’ interactions with their parent(s), and it revealed their rationales for their choice of healing through the body. Several of the therapists noted their use of particular modalities, made homogenous by the delimiter of sensory awareness, and how somatic psychology informed them as adult children. The participants revealed how they are aware of their own bodily states of consciousness, what enhances that awareness, and what diminishes it. They all reported using sensory awareness throughout their day to sense, to be aware of, and to identify their bodily states of consciousness.

The therapists also revealed how they apply their various somatic psychological tools, to whatever degree is possible in the moment, to address long-standing familial issues with their parent(s) in the present day. The participants discussed how they utilize those somatic psychological practices and the degree to which they monitor their own and their parents’ physical reactions, muscular patterning, tensions, speech patterns, breathing, skin color and/or tone, and use of bodily space. They were forthcoming about their introduction to and use of sensory awareness, describing how they identified the awareness, feelings, and sensations that occur in the present moment, and their responses to these sensations. All of this is useful information about the adult child-parent relationship and about how somatic psychology and sensory awareness enhances these

therapists' relationships with their parent(s) and their other relationships, both personal and clinical.

Limitations of the Present Study

Limited researcher experience. Whether I am truly an experiential learner or I have simply convinced myself of that fact, a limitation of this study is my inexperience with grounded theory. Attending two of Glaser's workshops and reading his and others' books and papers, I feel my nascent grounded theory research did produce a grounded theory study. Also possibly affecting the study's continuity was my moving three times and having to repeat my third-year didactical work due to our school being folded into another campus, which caused me to start and stop the analysis phase several times.

Possible researcher bias. Although it is not possible for a researcher to be removed from qualitative research in general (Bentz & Shapiro, 1998) or in a grounded theory study specifically (Charmaz, 2006), I worked to limit the interference from my own values, perceptions, and theoretical sensitivity to the data. Even so, such personal opinions may have subconsciously affected my interviews with the participants as well as the subsequent interpretation and conceptualization of the data, leading to the chosen theory and overlooking an equally relevant theory (Glaser, 1992).

Participants. The participant pool was somewhat limited, comprising a non-diverse pool of participants with limited cultural diversity. This possibly unrepresentative sample could be detrimental to the fit, work, relevance, and modifiability of the theory (Glaser, 1992, 1998). As with all qualitative research, the quality of the data is also dependent upon the honesty and willingness of the participants. Irene, for example, seemed reluctant to participate, and two other participants seemed somewhat reserved,

which could have affected their willingness to openly reveal important and personal material about themselves and their families. I was careful to reiterate to all participants that they controlled the interview and could stop it at any time, but while sticking to my prepared questions, I did not inquire about what appeared to me to be hesitancy on the part of these three participants. Even among the more highly motivated participants, early recollections and interpretations may be fuzzy or incorrect (Burton, 1970; Yarrow, Campbell, & Burton, 1970).

No literature was found extolling the virtues of retrospective studies, except to note that they are quicker and cheaper in cohort medical studies (Mann, 2003), but Bernard, Killworth, Kronenfeld, and Sailer (1984) stated, "From our perspective, then, the evidence of informant inaccuracy ought not to lead to complaints or to despair. It ought to lead instead to a rich, relatively unexplored arena of research" (p. 40). I am extremely grateful for every participant's effort and willingness to travel back down a sometimes tumultuous and difficult path in their family's ontology.

Interview process. The study may also have been affected by the interviewing process, including participants' rapport with the interviewer (Glaser & Strauss, 1967). In some cases, a framework of trust was built only minutes before the interview commenced, and only one interview was performed with each participant, backed up by a demographic questionnaire to provide some triangulation. In a qualitative study utilizing interviews, the overt power in the interview lies with the interviewer, and the interviewer also wields covert power in analyzing the participants' answers (Nunkoosing, 2005). Any note taking or taping can affect the interviewing process, and videotaping can be one of the most intrusive variables in the process. While either or both of these factors could

possibly have limited the participants' ability to express their own understandings and perspectives without reservation (Patton, 1987), all participants were complimentary of the interview process and offered no procedural critique.

Generalizability

Purists from quantitative research paradigms do not consider qualitative research to be generalizable. As Sieber (1973) stated, qualitative researchers "profess ... the superiority of deep, rich observational data," whereas quantitative researchers argue that their research generates "hard, generalizable" data (p. 1335). Additionally, Hamel, Dufour, and Fortin (1993) postulated that the small sample size of most qualitative studies makes them incapable of producing generalizable conclusions. Strauss and Corbin (1990) stated, "The focus of qualitative research is specification rather than generalization" (p. 191).

It is not anticipated that the results of this study will be generalizable to the population at large (Firestone, 1993), primarily because this appears to be the first somatic study of relationships between therapists and their parents. However, the study can be conceptually generalizable to somatic therapists who utilize sensory awareness, which Maxwell (1992) called internal generalizability. Internal generalizability consists of being able to generalize the results of a qualitative study from within the community that was studied to those who are not directly observed. Such generalizability would be further enhanced if the sample were distributed across the nation or the world (Glaser & Strauss, 1967; Lincoln & Guba, 1985). This conceptual generalizability, or case-to-case comparison, is also known as qualitative transferability (Lincoln & Guba, 1985). The theoretical formulation used to explain the data and analysis can provide a framework for

future and deeper exploration (Glaser & Strauss, 1967; Strauss & Corbin, 1990). To enhance the transferability of the study, the participants were screened prior to the interview (Mertens, 1998).

Validity and Reliability

The concepts of validity and reliability, mainstays in rigorous quantitative research, have been debated in the context of qualitative research. Lincoln and Guba (1989) dismissed the necessity or relevance of validity and reliability in qualitative research, whereas Kirk and Miller (1986) maintained that qualitative research generates its own validity and reliability. Maxwell (1992) contended that understanding the data, as opposed to an objective truth uncovered through the qualitative method, constitutes validity in qualitative research.

Pandit (1995) maintained that, by its very nature, grounded theory has inherent validity and reliability. He broke down validity into three sections: construct validity, internal validity, and external validity. A grounded theory study's construct and internal validity is enhanced by developing an operational data collection procedure. This requirement was addressed in the present study through the participant requirements and by following a series of predetermined questions. External validity is addressed in the section on generalizability, but reliability will not be determined until another study of the somatic relationship between therapists as adult children and their parents is performed to see what similar, related, or different codes, themes, and theory are reported.

Future Research

This study did not limit participants by the somatic modality a therapist used, but

it did homogenize the participants with the concept of sensory awareness. Other delimiters, such as Gendlin's (1981) sensing or somatic experiencing, could be used, or a future study could focus on a specific somatic modality or conduct a comparative study between delimiters or modalities to quantify their effectiveness in adult child-parental relationships. Although the post-study literature review revealed an associated area of couples' relationship in which compassion is prevalent, people often subconsciously choose spouses to work through a parental issue. To further explore whether somatic therapists tend to experience compassion more than the general public (Panksepp, 2004), the Santa Clara Brief Compassion Scale (Hwang, Plante, & Lackey, 2008) could be incorporated into a future study.

One area where I both converge with and differ from Claire in this study is in our relationships with our children and spouses. We have both experienced an increase in authenticity with our children. Claire stated, "Oh, my God. So, [sensory awareness] informs how I parent," but my use of my somatic education and sensory awareness has enabled me to be just as authentic and real in my relationship with my spouse as in my relationship with my dad and daughter. Claire reported using sensory awareness with her husband:

> Oh, I wish. I still suck at it. I try! I try. I try, but I'm really in that process right now with my partner, trying to just sit with what comes up for me, but I'm not very good at it.

Thus, a study of how somatic therapists approach issues with their spouses, partners, significant others and their children would be informative.

One area not examined was the effect of attachment on the somatic relationship between mind-body therapists and their parents, given that attachment style creates a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). Would a secure attachment, ambivalent-insecure attachment, avoidant-insecure attachment, or disorganized-insecure attachment style (Main & Solomon, 1986) change how a therapist connects with compassion? I was ambivalent-insecure growing up, but following my psychological education and my own effort toward personal growth, I am now an earned-secure on the adult attachment interview (George, Kaplan, & Main, 1985). A study might look at somatic psychotherapists who were secure growing up versus these who are earned-secure.

Another area of study could be the effect of object-relation theory (Fairbairn, 1952) in adult child-parental relationships. Object-relation theory explains that every dysfunctional relationship mimics the initial traumatic relationship until the internalized painful representation is repaired (Johnson, 1994; Totton, 2002). In other words, the way in which we relate to people as adults was formed by interactions with our parents and others during our developmental years. When an infant reifies what he or she has just experienced, he or she locks a portion of his or her awareness to one of two poles—me versus you—in an object relation gestalt. And because an infant's cognitive ability is limited, the naming of that experience is very basic, limited to only good or bad. These are object memories, as opposed to the truth of the now. Although this study included an examination of the participants' relationship with their parent(s) based on these object memories, it was outside the scope of inquiry to look at how they specifically dealt with this gestalt as an adult.

Another aspect of this study that was not unpacked was the relationship between awareness and spirituality. As the post-study literature review showed, mindfulness, compassion, and spirituality are closely linked, and five of the participants reported that they meditated. As I mentioned in the introduction, I experienced an awakening in my self-awareness and my somatic awareness when I began to meditate, and feel I am much more compassionate now. The midlevel theory of *embodiment as compassionate acceptance* may also have a spiritual component, or awareness may be an attribute that spills over into all aspects of an aware person's life. Thus, somatic awareness and spiritual awareness could be the basis of a future study.

Conclusion

All participants reported successfully utilizing somatic techniques and sensory awareness in more than 50% of their daily lives, in their therapeutic practice, and with their parents. They also stated that somatic techniques and sensory awareness were useful and helpful in navigating negative biases and issues within themselves and with others, with the exception of Claire's report on her marriage. It can therefore be extrapolated and generalized that these tools will be beneficial to these specific participants while operating in other real-life situations in the world, and further studies may confirm that this conclusion is generalizable to most somatic psychotherapists with sensory awareness training.

Although, once again, it was outside the scope of the present study, it did not appear that participants were affected by a shift in the adult child-parental power dynamics, defined in this context as family political control (Pyke, 1999). Several mentioned that their parents noticed and were affected either by this transfer of power or

by their recognition that they no longer had any power over the participants, but this did not translate into the participants using their newfound power over their parents. This nonuse power suggests power as an internal conviction of the participants to be compassionate in relationships versus forceful (Hawkins, 1994).

The epigraph that opened this study was a quote I remember from many years ago, and when I decided on the topic, I knew it fit perfectly. After the grounded theory revealed itself, another quote by Ram Dass (1985) came to me that is appropriate for the closing:

> Acting with compassion is not doing good because we think we ought to. It is being drawn to action by heart-felt passion. It is giving ourselves into what we are doing, being present in the moment—no matter how difficult, sad or even boring it feels, no matter how much it demands. It is acting from our deepest understanding of what life is, listening intently for the skillful means in each situation, and not compromising the truth. It is working with others in a selfless way, in a spirit of mutual respect. (p. 5)

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Appendix A

Recruiting Advertisement

SOMATIC PSYCHOTHERAPISTS NEEDED!

TO PARTICIPATE IN A DOCTORAL STUDY ON

ADULT CHILDREN - PARENTAL RELATIONSHIPS

An ABD doctoral student at Santa Barbara Graduate Institute is seeking somatic therapists with a background in *Sensory Awareness*℠ who would be interested in participating in a grounded theory study. Involvement consists of a minor demographic and background questionnaire, a one-hour interview, and a short follow-up interview, to be completed by 31 July 2011. Please contact Wade at whcockburn@gmail.com for more information. Your support will be greatly appreciated!

Appendix B

Introduction Letter

Day Month, 2011

Dear Potential Participant:

Thank you for your interest in my research project. Attached you will find a detailed description of the study and a screening questionnaire. Also included is information on becoming a research volunteer that my school requires me to give you. While my research does not exactly fit what is described in the brochure, the spirit of respect for your rights and safety are the same.

Please read the description and return the screening questionnaire, noting any questions you have for me. I will call you in a week to discuss them with you and schedule the interviews if you agree to participate.

I look forward to talking with you further about my project.

Sincerely,

Wade H. Cockburn, MA

Appendix C

Information For Participants

ADULT CHILDREN - PARENTAL SOMATIC RELATIONSHIP STUDY

My name is Wade H. Cockburn, MA, and I am a doctoral student in Clinical Psychology with a specialty in Somatic Psychology at the Santa Barbara Graduate Institute, an affiliate of the Chicago School of Professional Psychology. I am conducting a grounded theory research study designed to advance the knowledge and understanding of the somatic relationship between somatic psychotherapists in their role as adult children and their parents. I am seeking to establish a pool of approximately 10 participants for a qualitative, grounded theory research study.

Description

This study will explore the subjective psychological experiences and sensory awareness of somatic therapists, either certified or trained in *Sensory Awareness*℠, when issues come or came up in their interactions with their parent(s), their bodily experiences in dealing with the adult child-parental relationship, and what somatic techniques are utilized in dealing with any issues. By bodily experiences I mean your internal experience that may involve your senses, sensations, physical gestures, movement, or overall body state. All my questions are concerned with your particular perspective, behavior and awareness while interacting with your parent(s). There are no right or wrong answers and no assessment or diagnosis will be made from any information given by you.

In order to qualify for the study, you confirm that: (a) you have some training or experience as a therapist in a body/mind discipline (Hakomi, BodyMind Psychotherapy, Gay and Katie Hendricks work, Sensorimotor psychotherapy, Bioenergetics, Focusing, etc.); (b) you have interacted with your parents or a parent after having established a somatic practice; and (c) through the study of and the use of *Sensory Awareness*℠, are aware of and/or relate to your body's emotions, aches, feelings, etc. when you experience(d) an issue with one or both of your parents.

Procedure

Individuals interested in participating will first fill out a short, basic demographic and background questionnaire (5–10 minutes) (attached below). You will then be interviewed in a one-on-one interview at a mutually agreeable time and place for approximately 60 minutes. The interview will be videotaped and transcribed. If a professional transcriber is used, they will not know the identity of the person interviewed and will, nevertheless, sign a confidentiality statement. The data will only be used for my dissertation, professional conversations, and research publications. Following the initial

interview, we will meet again so that you may review your transcript and/or videotaped interview. At that time you will be able to offer clarification of your answers, note any mistakes, and answer a few additional questions I might have. This follow-up meeting will also be approximately one hour in length and the total time commitment to participate is anticipated to be no more than three hours and will probably not be more than two hours. It is my intention to conclude all interviews by 31 July 2011.

Voluntary Participation

Participation in this project is strictly voluntary. If you choose to participate, you may refuse to answer any of the questions that cause discomfort or that you experience as an unwanted invasion of your privacy. You may terminate your participation in the interview at any time. No coercion, psychological or otherwise, will be used to force you to continue with the interview.

Risks

Although the known risks of participating in this research are considered minimal, you need to be aware of what the potential negative effects are before you agree to choose to participate. The interview questions do not ask for a correct answer and focus on your bodily felt experiences during parental conflict and how you cope(d) with your reactions. However, the questions and/or your responses might activate memories and uncomfortable feelings. During this process, I will not be acting as a therapist and we will not be processing the discussed conflicts. If you would like to talk to a licensed psychotherapist other than your supervisor, personal psychotherapist, or a colleague about any of the feelings that may arise as a result of your participation in this project, please contact a licensed therapist from the list that has been provided you. Please feel free to contact my advisor Dr. Edmund Knighton, whose contact information is listed below, or me with any questions you might have.

Anonymity

The need to keep your identity confidential is considered to be paramount and your identity will be strictly protected in this study. While I will obviously know your identity, there will be nothing in the data collection, analysis, or discussion portions of this study that will reveal your identity to a reader. Anonymity will be maintained in the following ways:

- Digital recordings and transcripts will be used solely to facilitate an accurate account of the data and stored on a computer that cannot be accessed without a password.
- Any printed transcripts will be kept in a separate locked filing cabinet in my home office to which no one, except me, has access.
- The data collected, but not the actual digital recordings and transcripts, will only

be used in my dissertation, professional talks, and research publications.
- Your real name or any aspects of your identity will not be revealed.

Benefits

By participating in this study, you may gain a deeper understanding on how you work through conflict, and particularly how your body awareness relates to how you process negative emotions. You will be participating in a "ground breaking" psychological study, in that this appears to be the first somatic study of relationships between somatic therapists and their parents. Further, the theoretical formulation used to explain the data and analysis in this study can provide a framework for future and deeper exploration, adding to the knowledge of the profession.

Contact Information

If you have any questions about the study at any point, please feel free to contact me at:

Wade H. Cockburn, MA
PO Box 379130
Key Largo, FL 33037-9130
713-208-4400
whcockburn@gmail.com

If you have any feedback about this study, you are welcome to discuss this with my advisor:

Dr. Edmund Knighton, Director of Somatic Psychology
Santa Barbara Graduate Institute
2020 Alameda Padre Serra, Suite 135
Santa Barbara, CA 93103-1757
United States of America
805-963-6896 ext.117
eknighton@thechicagoschool.edu

Thank you again for your interest in this study and for your support in furthering the field of somatic psychology. If you know of additional individuals who you feel would be interested in participating in this study, please feel free to pass along this study description.

Appendix D

Demographic and Screening Questionnaire

Thank you for expressing interest in this qualitative, grounded theory research study of somatic relationships between adult children and their parents. Please complete and return the following demographic and screening questionnaire to me by e-mail, whcockburn@gmail.com, or by hard copy to: Wade H. Cockburn, MA, PO Box 379130, Key Largo, FL 33037-9130.

Name: _____BA BS MA MS MSW PhD PsyD
(Please circle one)

Address: _____St: _____Zip: _____

Phone: _____e-mail: _____Age: ____ Gender: _____

Race/ethnicity: _____ Employment status: _____

Religious preference: _____Relationship status: _____

1. What interests you about this research study?
2. Please give some information about your parents. (Are they living, their age, if deceased, at what age, their religion, socio-economic status, education level)
3. How many years have you been a therapist?
4. Please list your qualifications and training as a therapist.
5. What training have you had in somatic psychology, in which method(s), and when?
6. What experience and exposure have you had in somatic psychology?
7. What training have you had in *Sensory Awareness*℠ and when?
8. Are you available for a one-hour face-to-face interview?
9. When and where would you like the interview to take place between 1 May and 31 July, 2011?
10. Are you available for a follow up meeting of approximately one-hour to review your transcript and to possibly clarify some of your answers?
11. Please list any preliminary questions concerning the study.

Appendix E

Informed Consent Form

Wade H. Cockburn, MA
PO Box 379130
Key Largo, FL 33037-9130
713-208-4400
whcockburn@gmail.com

THE SOMATIC RELATIONSHIP BETWEEN
ADULT CHILDREN AND THEIR PARENTS:
A Grounded Theory Study

INFORMED CONSENT FORM

I am a doctoral student in Clinical Psychology with a specialty in Somatic Psychology at the Santa Barbara Graduate Institute, an affiliate of the Chicago School of Professional Psychology. I am conducting a grounded theory research designed to advance the knowledge and understanding the somatic relationship between somatic psychotherapists in their role as adult children and their parents. You will be one of a pool of approximately 10 participants for a qualitative, grounded theory research study.

This study will explore the subjective psychological experiences and sensory awareness of somatic therapists, either certified or trained in *Sensory Awareness*℠, when issues come or came up in their interactions with their parent(s), their bodily experiences when dealing with issues in the adult child-parental relationship, and what, if any, somatic techniques are utilized in dealing with said issues. By bodily experiences I mean your internal experience that may involve your senses, sensations, physical gestures, movement, or overall body state. All my questions are concerned with your particular perspective, behavior and awareness while interacting with your parent(s). There are no right or wrong answers and no assessment or diagnosis will be made from any information given by you.

In order to qualify for the study, you confirm that: (a) you have some training or experience as a therapist in a body/mind discipline (Hakomi, BodyMind Psychotherapy, Gay and Katie Hendricks work, Sensorimotor psychotherapy, Bioenergetics, Focusing, etc…); (b) you have interacted with your parents or a parent after having established a somatic practice; and (c) through the use of *Sensory Awareness*℠, are aware of and/or relate to your body's emotions, aches, feelings, etc. when you experience(d) an issue with one or both of your parents.

As an individual interested in participating, you have filled out a screening questionnaire and your participation has been accepted. You will be interviewed in a one on one interview at a mutually agreeable time and place for approximately 60 minutes.

The interview will be video taped and transcribed. If a professional transcriber is used, they will not know your identity and will, nevertheless, sign a confidentiality statement. The data will only be used for my dissertation, professional conversations, and research publications. Following the initial interview, we will meet again in order that you may review your transcript and/or videotaped interview. At that time you will be able to offer clarification of your answers, note any mistakes, and answer a few additional questions I might have. This follow-up meeting will also be approximately one hour in length and the total time commitment to participate is anticipated to be no more than three hours and will probably not be more than two hours. It is my intention to conclude all interviews by 31 July, 2011.

Participation in this project is strictly voluntary. If you choose to participate, you may refuse to answer any of the questions that cause discomfort or that you experience as an unwanted invasion of your privacy. You may terminate your participation in the interview at any time. No coercion, psychological or otherwise, will be used force you to continue with the interview.

Although the known risks of participating in this research are considered minimal, you need to be aware of what the potential negative effects are before you agree to choose to participate. The interview questions do not ask for a correct answer but rather focus on your bodily felt experiences during parental conflict and how you cope(d) with your reactions. However, the questions and/or your responses might activate memories and uncomfortable feelings. During this process, I will not be acting as a therapist and we will not be processing the discussed conflicts. If you would like to talk to a licensed psychotherapist other than your supervisor, personal psychotherapist, or a collogue about any of the feelings that may arise as a result of your participation in this project, please contact a licensed therapist from the list that has been provided you. Please feel free to contact my advisor Dr. Edmund Knighton, whose contact information is listed below, or myself with any questions you might have.

The need to keep your identity confidential is considered to be paramount and your identity will be strictly protected in this study. While I will obviously know your identity, there will be nothing in the data collection, analysis, or discussion portions of this study that will reveal your identity to a reader. Anonymity will be maintained in the following ways:

- Digital recordings and transcripts will be used solely to facilitate an accurate account of the data and stored on a computer that cannot be accessed without a password.
- Any printed transcripts will be kept in a separate locked filing cabinet in my home office to which no one, except me, has access.
- The data collected, but not the actual digital recordings and transcripts, will only be used in my dissertation, professional talks, and research publications.
- Your real name or any aspects of your identity will not be revealed.

By participating in this study, you may gain a deeper understanding on how you work through conflict, and particularly how your body awareness relates to how you process negative emotions. You will be participating in a "ground breaking" psychological study, in that this appears to be the first somatic study of relationships between somatic therapists and their parents. Further, the theoretical formulation used to explain the data and analysis in this study can provide a framework for future and deeper exploration, adding to the knowledge of the profession.

If you have any questions about the study at any point, please feel free to contact me at 713-208-4400 or whcockburn@gmail.com. If you have any feedback about this study, you are also welcome to discuss this with my advisor:

Dr. Edmund Knighton, Director of Somatic Psychology
Santa Barbara Graduate Institute
2020 Alameda Padre Serra, Suite 135
Santa Barbara, CA 93103-1757
United States of America
805-963-6896 ext.117
eknighton@thechicagoschool.edu

Thank you again for your interest in this study and for your support in furthering the field of somatic psychology

Signing the attached form means a) you received this document describing what is involved in participating in the study; b) you were informed of the potential risks and benefits of participating in this research; c) you were given appropriate time to consider the information in the document; and d) you voluntarily agree to participate in the interview.

AGREEMENT TO PARTICIPATE

I, _____, hereby authorize Wade H. Cockburn, MA, a doctoral student at SBGI, to gather information from me by an interview that will be videotaped on the topic of the somatic relationship between adult children and their parents.

- I understand that this study explores the subjective psychological experiences and sensory awareness of issues that come or came up in my interactions with my parent(s), my bodily experiences when dealing with this adult child-parental relationship, and what somatic techniques I utilize(d) in dealing with the issues.
- I understand that some of the results may be published in journals and publications or presented at conferences.
- I understand that my identity will be kept confidential to the fullest extent by law.
- I understand that all video recordings and transcripts of the interview will be kept in a secure location and that they will be used only for the purposes of the study and will not be revealed in any publications or at any conferences
- I understand that I may request a copy of the transcript and/or dissertation when it is complete.
- I understand that I may withdraw my participation at any time.
- I understand that I may contact the principal researcher with questions regarding the research.
- I understand that I may also contact Dr. Edmund Knighton, Director of Somatic Psychology, SBGI, with any questions or feedback.
- I agree to participate in this research, which entails an interview of approximately 60 minutes and that the interview will be video recorded. A follow-up interview will be conducted after I have had a chance to read the transcript of my initial interview.

Signature: _____Date: _____

Print Name: _____e-mail: _____

Address: _____St: ____Zip: _____

Researcher Signature: _____Date: _____

Appendix F

Interview Questions

- Questions regarding the participant's education and professional experience.
- Questions regarding the participant's family history, demographics and structure:
    - Describe your relationship with your parents and any siblings.
        - Demographics?
        - Past living conditions?
    - Tell me about how you saw the family dynamics played out as a child.
        - Positive attributes.
        - Co-dependence and power.
        - Addictive or compulsive behaviors?
        - Dysfunctional behaviors?
        - Describe your feelings about yourself and others growing up.
    - Questions regarding the participant's current family demographics and structure:
        - Parents?
        - Siblings?
        - Current living conditions?
        - Describe your feelings about yourself and others now.
- Questions regarding the participant's practice:
    - Tell me about your practice.
    - What was it about *Sensory Awareness*℠ that drew you to its use?

- Describe how *Sensory Awareness*℠ manifests in you or how you experience it.
- How aware are you of your body and senses (Likert scale)?
- How does this awareness help you in your life?
- Do you find this awareness abstract or useful?
- What conditions enhance sensory awareness?
- Are there any conditions that seem to hinder sensory awareness?

- Questions regarding an adult child-parent issue:
  - Tell me about a recent, reoccurring, or pervasive issue confronting you and your parents.
  - If prompting needed:
    - Visit enough?
    - Don't see the grandkids often enough?
    - Ideology differences?
    - Money issues?
  - Is the issue resolved (and if so, how)? Or not resolved (why)?
- Questions regarding the participant's use of sensory awareness (if any) in this issue:
  - How did you notice the issue?
    - Describe your sensory reaction, if any?
    - Where in your body did you feel the sensation?
    - Did you use the awareness to delay an immediate or automatic reaction to the stimuli?

- Describe how you used sensory awareness to process the issue.
    - How did the awareness inform you?
    - What tools did you use in solving the conflict?
    - What changed in the dynamics, if anything?
    - What might you do different in the future?
    - If not used, why not?

- Questions regarding the current state of the relationship:
    - Describe your relationship with your parents now.
        - What did you discover about sensory awareness in the process?
        - Compare your experience of using sensory awareness with your expectations of its use.
        - Has the relationship changed over time because you used sensory awareness? If yes, how so? If no, describe the impasse, issues, etc.

- Questions regarding the interview process:
    - Is there anything we haven't discussed that you feel is important to add to this exploration?
    - What has this interview been like for you?

Appendix G

Transcriber Confidentiality Agreement

To: *[Transcriber's Name]*, Transcriber

From: Wade H. Cockburn, MA, Researcher

As the transcriber for the interviews of this study of the somatic relationship between adult children and their parents, I recognize the confidential and personal nature of the interviews I will be transcribing and I agree to maintain the confidentiality of the participants involved. I understand that the video recordings and my original transcriptions may include the actual names of the interviewee and/or individuals they may refer to during the interviews. In the unlikely event that I know one of the interviewees or named individuals, I will immediately inform the researcher, Wade H. Cockburn, and will not transcribe the interview(s) concerning those individual(s).

During the time I have possession of the audio recordings, I agree to keep them in a locked space. If a locked space is not available, I agree not leave them unattended in a place where others may access them. I agree to keep only one copy of the transcription until the researcher has verified that he has made his own backup copy. After a backup copy has been made, I will destroy any copies I may have, electronic or otherwise.

I, (print name) _____, understand and will comply with the above statements.

_____ _____

Transcriber's Signature Date

I, Wade H. Cockburn, have discussed the transcription confidentiality requirements with the transcriber named above.

_____ _____

Researcher's Signature Date

Appendix H

Focused Codes

Accepting the status quo (11)
Accepting what is (31)
Being a caregiver (36)
Being aware (73)
Being mental (47)
Controlling parent/parents (6)
Describing background (128)
Dissociating (19)
Enjoying school/profession (15)
Experiencing abuse (13)
Experiencing compassion (4)
Experiencing discomfort (37)
Experiencing support (11)
Exploring M-B disciplines (35)
Facilitating awareness through M-B (65)
Feeling abandoned/neglected (28)
Feeling accepted (13)
Feeling at ease with parent (27)
Feeling close to parents/relatives (27)
Feeling conflict with parent (26)
Feeling effects of addiction (7)
Feeling embodied/grounded (20)
Feeling guilt/shame/embarrassed (11)
Feeling hurt/pain (17)
Feeling insecure (17)
Feeling isolated (28)
Feeling normal (11)
Feeling peaceful/contented (19)
Feeling present/mindful (17)
Feeling proud (11)
Feeling responsible (14)
Feeling safe with parent (7)
Feeling secure (18)
Feeling somatic resonance (18)
Feeling stressed (23)
Feeling torn over issue (26)
Feeling unable to be present (9)
Finding other M-B modalities useful (23)
Gaining empathy from somatic edu. (5)
Gaining quality of life (7)
Going into auto mode (8)
Growing through less expectations (7)
Growing up in a family power dynamic (11)
Having more choices with SA (8)
Having no memory (7)
Individuating (22)
Judging parent's behavior (145)
Judging self (43)
Keeping in touch (10)
Losing awareness (19)
Loving self (11)
Meditating (9)
Needing to escape (12)
Noticing familiar patterns (37)
Ongoing issue with parent (14)
Protecting self through M-B/SA (19)
Reacting somatically to issue (40)
Relating to issue differently with SA (32)
Relaxing in the moment (6)
Reversing roles (6)
SA being fundamental to M-B (10)
SA being useful (107)
SA enhancing loving (6)
SA producing positive experience (95)
Seeking support (7)
Seeking touch/connection (7)
Teaching with/about M-B/SA (32)
Trusting intuition (5)
Using movement to heal (8)
Valuing family qualities (14)
Worrying about parent/parents (10)

Appendix I

Code Families

Code Family: Sensing the Body is Supportive (Fourteen Codes/373 Quotations)

- Being aware
- Facilitating awareness through M-B
- Feeling peaceful/contented
- Feeling somatic resonance
- Reacting somatically to issue
- SA being fundamental to M-B
- Seeking touch/connection
- Experiencing support
- Feeling guilt/shame/ embarrassed
- Feeling present/mindful
- Meditating
- Relaxing in the moment
- SA being useful
- Teaching with/about M-B/SA

Code Family: Resourcing through Awareness (Six Codes/148 Quotations)

- Disassociating
- SA enhancing compassion
- SA producing positive experience
- Feeling embodied/grounded
- SA enhancing loving
- Worrying about parent(s)

Code Family: Being Embodied Helps Adult Child-Parent Relationships (Five Codes/96 Quotations)

- Accepting what is
- Gaining empathy from somatic education
- Protecting self through M-B/SA
- Exploring M-B disciplines
- Having more choices with SA

Code Family: Facilitating Connection with the Authentic Self (Eight Codes/90 Quotations)

- Feeling normal
- Feeling secure
- Growing through less expectations
- Loving self
- Feeling proud
- Gaining quality of life
- Individuating
- Trusting intuition

Appendix J

Focused Code Distribution

Judging parent's behavior (145)
Describing background (128)
SA being useful (107)
SA producing positive experience (95)
Being aware (73)
Facilitating awareness through M-B (65)
Being mental (47)
Judging self (43)
Reacting somatically to issue (40)
Experiencing discomfort (37)
Noticing familiar patterns (37)
Being a caregiver (36)
Exploring M-B disciplines (35)
Relating to issue differently with SA (32)
Teaching with/about M-B/SA (32)
Accepting what is (31)
Feeling abandoned/neglected (28)
Feeling isolated (28)
Feeling at ease with parent (27)
Feeling close to parents/relatives (27)
Feeling conflict with parent (26)
Feeling torn over issue (26)
Feeling stressed (23)
Finding other M-B modalities useful (23)
Individuating (22)
Feeling embodied/grounded (20)
Dissociating (19)
Feeling peaceful/contented (19)
Losing awareness (19)
Protecting self through M-B/SA (19)
Feeling secure (18)
Feeling somatic resonance (18)
Feeling hurt/pain (17)
Feeling insecure (17)
Feeling present/mindful (17)
Enjoying school/profession (15)
Feeling responsible (14)
Ongoing issue with parent (14)
Valuing family qualities (14)
Experiencing abuse (13)
Feeling accepted (13)
Needing to escape (12)
Accepting the status quo (11)
Experiencing support (11)
Feeling guilt/shame/embarrassed (11)
Feeling normal (11)
Feeling proud (11)
Growing up in a family power dynamic (11)
Loving self (11)
Keeping in touch (10)
SA being fundamental to M-B (10)
Worrying about parent/parents (10)
Feeling unable to be present (9)
Meditating (9)
Going into auto mode (8)
Having more choices with SA (8)
Using movement to heal (8)
Feeling effects of addiction (7)
Feeling safe with parent (7)
Gaining quality of life (7)
Growing through less expectations (7)
Having no memory (7)
Seeking support (7)
Seeking touch/connection (7)
Controlling parent/parents (6)
Relaxing in the moment (6)
Reversing roles (6)
SA enhancing loving (6)
Gaining empathy from somatic edu. (5)
Trusting intuition (5)
Experiencing compassion (4)