

# The Correspondence Between Phases and Elements in Transformational and Healing Processes Induced by Different Therapy Methods

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## ABSTRACT

This paper compares the author's observations of the processes of transformation and therapeutic change in herself and her clients. Nine phases were observed and titled the EsenciArt System: The 9 Phases of Transformation. The research question is: Are there common phases and elements within transformational and healing processes induced by different therapies or methods? What do they have in common, and what are the differences between them? A 21-question survey was used based on the 9 phases observed by the author. 155 practitioners from 35 countries and from 32 therapies/modalities took part in the study. 120 participants were female; 35 participants were male. Ages ranged from 18 to 74 years. Expertise ranged from no professional experience (students) to 40 years of professional practice. These participants classified their work within one of these three approaches: Mind approach, Body approach, and Body-Mind approach. Results show that professionals from different modalities and approaches do identify and value common phases and elements in transformational and healing processes as described in the EsenciArt System: The 9 Phases of Transformation, with an average correlation of 9 out of 10. The Body-Mind approach was found to be closest to the EsenciArt System. All professionals rated the 9 phases with average correlations ranging between 7.8 and 9.9. The qualitative analysis also showed correlation by pointing towards the importance of practitioners being present, connected, respectful, trusting, and caring – these being the right conditions to activate an organic healing process in human beings.

**Keywords:** body psychotherapy, therapeutic change, body-mind therapy, EsenciArt System, psychosomatic

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# A

fter years of supervising and teaching students the art of healing processes at the Barbara Brennan School of Healing<sup>1</sup> and the Psychoenergetics Training Program<sup>2</sup>, as well as mentoring students on how to engage with clients to allow healing to occur, students and supervisees have repeatedly asked: “How do I begin a session with a client? How do I enable deep transformation in my clients?”

## Definition of *EsenciArt's* 9 Phases of Transformation

Nine phases of transformation were observed by the author based on the application of her Body-Mind approach and work with Es-

1. Brennan, B. *Brennan Healing Science*. Retrieved December 15, 2018, from <https://barbarabrennan.com>

2. Tobler, I., & Mervosh, M. (2006). Retrieved August 11, 2019, from <http://www.psentraining.com/>

enciArt. The author's observations of the transformational and healing process are described in the following nine-phase system or protocol. The transformational, therapeutic, and healing process refers here to the conversion of the unconscious into conscious awareness, to the path towards reconciling all aspects of the self and integrating them into wholeness and wellbeing.

**Phase 1.** *Connecting with the self. Connecting with the client. Presence and contact in the therapist-client relationship: establishing safety and trust.*

The purpose of this phase is to establish safety resources that will allow the client to relax and open. For that, therapists must be present, open, available, genuine, and non-judgmental. To accomplish this, there are different helpful techniques that assist therapists before their sessions with clients begin, such as the practice of compassionate observation, mindfulness, grounding, etc. Practitioners may have their own ways to help direct attention inwards to connect with themselves and focus their awareness on the present moment. Once practitioners connect with themselves and ensure they are open, present, and available, they can then connect with clients by including them in this process. This phase covers the whole cycle, as it is the basic ground from which the transformational process unfolds organically.

**Phase 2.** *Discovering the issue. Discovering the client's complaint or aim. Detecting the issue. Finding where the discomfort, pain, or numbness is located. Noticing the client's self-motivation/intention – or lack thereof – to heal.*

Once clients feel safe within the connection, they can connect more deeply and discover their complaint, their aim, what is interfering with its fulfillment, as well as a possible lack of purpose. In other words, this phase entails discovering why a client is coming to the session.

**Phase 3.** *Localizing the issue in the client's body. The issue as somatic experience and feeling.*

When clients express or wonder what the issue is (an aim or complaint), their body will also somehow reflect it through gestures, postures, or stiffness. Since this problem represents something important in the life of a client, there is usually some kind of intensity or load associated with it, which is usually reflected through physical stress or discomfort in the form of tension, pain, or numbness. During this phase, therapists can help their clients become aware of their sensations and feelings while speaking directly with them about their condition or analyzing it. This phase allows the issue to be experienced fully in the present moment through the body, so it is not only a mental process.

**Phase 4.** *Entering the core of the issue and its discomfort. Directing attention, intention, breath, and physical contact towards the core of the issue and the discomfort or numbness around the client's body. Opening to the senses.*

Once clients localize the issue in their body, that area becomes the door to access the unconscious roots of the present condition. The practitioner assists by slowing down and bringing attention to the affected area of the client's body, by encouraging them to breathe, as well as through touch if indicated. By being mindful of their perception, clients gather information and gain a deeper understanding of their issue. Here, clients might describe sensory information: perhaps an image "looks like an iron knot," "is like a black hole," "tastes bitter," or "reminds them of a smell or a song." This allows clients to go deeper into their unconscious, enabling them to get closer to the big picture in terms of the unconscious roots of their present complaint. This process of opening to their sensory perception helps clients stay curious about their issue and grounded in the present. It is a way of focusing attention and activating energy on the vitality and information encoded within.

**Phase 5.** *Feeling the issue. Allowing emotions time and space to be felt as they flow out.*

Entering the core issue usually activates the experiences that are connected to the issue that were blocked and repressed at an unconscious level to avoid suffering. Now, with this activation, the uncomfortable feelings associated with the suffering will surface, and clients will usually start to feel the emotions connected to the issue.

**Phase 6.** *Expressing the issue. Allowing for necessary expression of discomfort, pain, or numbness as part of the shift from repressed energy and lived experience towards healing. Encouraging clients to express themselves freely through their body and voice.*

As emotions are felt, the issue is expressed through the client's body and voice, allowing the energy or vitality that was first repressed at an unconscious level to flow again by moving the body and allowing words or sounds that were not voiced, due to possible past trauma, to be expressed.

**Phase 7.** *Recovering memories. Remembering the origin of the issue, blockage, discomfort, or wound. Enabling body-mind reconnection as the unconscious becomes conscious.*

As the repressed energy begins to move again, memories associated with the moment that energy/vitality was inhibited or became repressed – usually because of pain, wounding, or trauma – will spring into the client's consciousness. Thus, clients recover those memories

that then become a conscious part of them, deepening their understanding of the cause of the issue.

**Phase 8.** *Creating a new healing response for the old wound or trauma. Considering a new prospect, changing the habitual pattern. Reprogramming experience.*

With the new understanding that stems from the previous phase of remembering, clients can now appreciate what happened, and what they needed at the time the traumatic event or wound took place. This need is usually linked to children's basic rights and needs: protection, safety, care, attention, respect, being nurtured and loved, listened to, seen, respected, etc. By understanding what they needed at the time they experienced pain, they can now open to receiving a healing response by making use of the therapeutic relationship and their own imagination. For instance, if clients did not feel loved or respected as children, that lack of love and respect will have an influence (whether conscious or unconscious) on how they relate to others and experiences life in the present. When clients become aware that their inner emotional self is lacking this experience of love and respect, and that it has become a pattern – a fixation – in their present life, they will then be able to consciously decide to do something about it. They now have the freedom to create a new pattern, a new program, a new habit of learning to create an experience of self-love and self-respect for themselves – through the therapeutic relationship or their own imagination. Therefore, they will need to learn how to receive such experiences, for in the beginning it will be challenging to identify and accept love and respect, since they have not experienced anything like this before. The brain does not know the difference between “real” and “imagined,” which can be helpful if we want to use our imagination to reprogram our experience. Here, a new prospect can be created, which will require a conscious choice on the part of clients to move away from the pattern they already know to a new one. This new prospect will need to be repeated long enough to develop new neural pathways, thus allowing for lasting therapeutic change. Deep understanding coupled with this new healing response will enable a deeper acceptance and reconciliation within the self of the client.

**Phase 9.** *Integrating. Allowing time for the integration of the healing response. Integrating the new healing response at all levels of life experience: imaginary, emotional, physical, mental, “spiritual,” and in relationships. Noticing what is new.*

When clients take in the new healing response, there is a tendency to revert to old patterns because they are more familiar. It is important for clients in this integration phase to remain present and mindful of what is new long enough for it to become integrated in their life.

Rather than open new issues, this is a time for clients to experience new sensations and remain aware of how they affect the relationship to the issue in their lives.

This 9-phase process can sometimes occur during a single session. In other cases, it may occur in a few sessions, or over many years. As each process is unique, the order and timing of these phases are not fixed; they can happen at the same time or at different times, durations, and order.

Although EsenciArt's 9 Phases of Transformation are considered as an integrated body-mind approach, for the purposes of this study and its comparative analysis, we can say that Phase 3 Localizing and Phase 5 Feeling are more focused on the physical body, while Phase 2 Discovering and Phase 7 Remembering focus more on the mind.

**Table 1** *The focus of EsenciArt's phases*

EsenciArt's Phases	Name	Focus
Phase 1	Connecting	Body-Mind
Phase 2	Discovering	Mind
Phase 3	Localizing	Body
Phase 4	Entering	Body-Mind
Phase 5	Feeling	Body
Phase 6	Expressing	Body-Mind
Phase 7	Remembering	Mind
Phase 8	Creating	Body-Mind
Phase 9	Integrating	Body-Mind

Other protocols have been developed based on other modalities and approaches. The work of two authors is compared here to the nine EsenciArt phases. These two authors are C. G. Jung and Peter Levine. In *General Problems of Psychotherapy. Problems of Modern Psychotherapy*, Jung wrote about the difficulty of accessing the psyche, and defines the four stages of analytical psychology:

- **Stage 1 Confession.** He affirms that secrets, inhibited emotions, and repressed sins lead to neurosis, and that these need to be confessed for clients to recover their integrity. Here, Jung says that the transference from client to doctor must be severed.
- **Stage 2 Elucidation.** In this second phase, Jung asks clients to clarify this transference and analyze their fixation.
- **Stage 3 Education.** This third phase is a process where clients need to be drawn out of themselves to attain normal adaptation.
- **Stage 4 Transformation.** In this fourth phase, Jung affirms that both client and doctor must be transformed by

their treatment interaction. He encourages doctors to search for cures – not only for the body, but for the psyche as well – for themselves and their clients.

The author has found common elements between this text and her own, where Jung’s first Confession stage correlates with EsenciArt’s first Connecting phase, second Discovering phase, fourth Entering phase, and sixth Expressing phase.

Jung’s second Elucidation stage could include EsenciArt’s Recovering Memories seventh phase, where clients realize when and how an unhealthy pattern was established, and how it is affecting them in the present. It might also be projected onto another situation, person, doctor, or facilitator through transference.

Jung’s fourth Transformation stage could encompass EsenciArt’s Creating/Reprogramming eighth and ninth Integrating phases. As a new prospect is learned, new awareness is integrated by both the client and facilitator.

No correlation was found between the author’s work and Jung’s third Education stage as expressed in the following quote: “*The importance of drawing the patient out of himself/herself is stressed, through education, in order to attain normal adaptation.*” In EsenciArt, the focus is on the opposite of drawing clients out of themselves. What is important is for clients to become more connected to their true self. Hence, a process of self-awareness emerges from this deeper connection.

However, in EsenciArt’s Creating eighth phase, clients consider a new prospect, that of creating what they longed for in the past, yet didn’t have, due to painful or traumatic experiences. Here, a new awareness emerges from this new prospect – which could be considered *re-education* – but it comes from clients going deeper into themselves and connecting to their longings. It is not about drawing clients out of themselves, although it could be understood that clients are stepping out of

their comfort zone, habitual patterns, and fixations – what they already know – toward a new prospect.

There seems to be no correlation between Jung’s stages and EsenciArt’s third Localizing phase and fifth Feeling phase. This could point towards a psychoanalytic mental approach such as Jung’s not giving much value to those EsenciArt phases that consider the physical body (Table 1). However, Jung ends his text by calling on doctors to include in their search for cures not only the body, but also the entire psyche. Thus, although there is a search for cures for body and psyche, there is no focus on the body, and it is not deemed to be an important source of information.

**Table 2** Comparison between C. G. Jung’s 4 stages and EsenciArt’s 9 phases

C. G. Jung’s 4 Stages	EsenciArt’s 9 Phases	
Confession	Phases 1, 2, 4, 6	Connecting Discovering Entering Expressing
Elucidation	Phase 7	Remembering
Transformation & Education	Phase 8	Creating
Transformation	Phase 9	Integrating

The other author cited in this analysis is Peter Levine, who described nine steps in Somatic Experiencing®. The many correlations between the EsenciArt nine phases and nine steps in Peter Levine’s Somatic Experiencing can be seen in this chart:

**Table 3** Correlations between Peter Levine’s nine steps in Somatic Experiencing and EsenciArt’s nine phases

Peter Levine Nine Steps of Somatic Experiencing	EsenciArt Nine Phases of Transformation
Step 1. Establishing an environment of relative safety.	Phase 1. Connecting: Becoming present. Establishing trust and safety. Connecting with authenticity and self-awareness.
Step 2. Supporting initial exploration and acceptance of sensations.	Phase 2. Discovering: Detecting the issue, the discomfort.
Step 3. Establishing pendulation and containment: the innate power of rhythm.	Phase 3. Localizing the issue in the body. Awareness of physical sensations.
Step 4. Using titration to create increasing stability, resilience, and organization. Titration carefully delving into the smallest drop of survival-based arousal, and other difficult sensations, to prevent retraumatization.	Phase 4. Entering towards the core of the issue or discomfort. Phase 5. Feeling, embodying, matching the issue or discomfort.

Peter Levine <i>Nine Steps of Somatic Experiencing</i>	EsenciArt <i>Nine Phases of Transformation</i>
<p>Step 5. Providing a corrective experience by supplanting the passive responses of collapse and helplessness with active, <i>empowered</i>, defensive responses.</p> <p>Step 6. Separating or uncoupling the conditioned association of fear and helplessness from the normally time-limited but now maladaptive biological immobility response.</p>	<p>Phase 8. Creating: Receiving a new healing response to the old wound or trauma. Considering a new prospect.</p>
<p>Step 7. Resolving hyperarousal states by gently guiding the discharge and redistribution of the vast survival energy mobilized for life-preserving action, while freeing that energy to support higher-level brain functioning.</p>	<p>Phase 6. Expressing the issue or discomfort.</p>
<p>Step 8. Engaging self-regulation to restore dynamic equilibrium and relaxed alertness.</p>	<p>Phase 1. Connecting Phase 8. Creating</p>
<p>Step 9. Orienting towards the here and now, contacting the environment, and reestablishing the capacity for social engagement.</p>	<p>Phase 1. Connecting: Becoming present. Phase 9. Integrating the healing response. Assuming the change. Integrating the new pattern into one's life. Sharing what is new.</p>

The only phase not mentioned is EsenciArt's phase 7: Remembering/recovering memories. However, the focus of Peter Levine's Somatic Experiencing seems to be on healing trauma, which is about working with

memory or traumatic experience from the past. So EsenciArt's phase 7 could be seen as inherent to all nine steps of Somatic Experiencing, and not only to one specific step.

**Table 4** Comparison between Peter Levine's steps and EsenciArt's phases

Peter Levine's 9 Steps	EsenciArt's 9 Phases
Step 1	Phase 1 Connecting
Step 2	Phases 2, 3 Discovering, Localizing
Step 3	Phases 2, 3 Discovering, Localizing
Step 4	Phases 4, 5 Entering & Feeling
Step 5	Phase 8 Creating
Step 6	Phase 8 Creating
Step 7	Phase 6 Expressing
Step 8	Phase 1 Connecting
Step 9	Phase 1, 9 Connecting & Integrating

**Table 5** Comparison between EsenciArt's phases, C. G. Jung's stages, and Peter Levine's steps

EsenciArt's Phases	Jung's Stages	Levine's Steps
Phase 1 Connecting	Confession	1, 8
Phase 2 Discovering	Confession	2, 3
Phase 3 Localizing		1 through 9
Phase 4 Entering	Confession	4
Phase 5 Feeling		4
Phase 6 Expressing	Confession	7
Phase 7 Remembering	Elucidation	1 through 9
Phase 8 Creating	Transformation, Education	5, 6, 8
Phase 9 Integrating	Transformation	1, 9

## Modalities Included in this Study

For the purposes of this study and its hypotheses, both complementary and traditional medicines have been considered.

The World Health Organization (WHO) defines Traditional Medicine (TM) and Complementary Medicine (CM) as follows:

*“Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness.”*

*The terms “complementary medicine” or “alternative medicine” refer to a broad set of health care practices that are not part of a country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries<sup>3</sup>”*

The author is aware that in certain countries, for legal reasons, the words “therapeutic,” “therapy,” or “therapist” can be used only when referring to conventional medicine. These words aren’t legally used when referring to complementary medicine, but instead, words like “modality,” “method,” “approach,” “professional,” “practitioner,” or “facilitator” can be used.

Therefore, in this paper, for the purpose of clarity, when the word “modality” or “method” is used, it is meant to include both TM and CM. And when the words “practitioner,” “facilitator,” or “professional” are used, they are also meant to include both TM and CM professionals.

We are aware of the controversy in complementary medicine caused by the use of the words “patient” and “client.” In this text, the word “client” has been chosen as a means of including both of these terms, due to their use in various modalities. The only exceptions can be found in direct quotations where the terms have not been changed.

The survey for this study was sent to 155 healthcare professionals from 35 countries and 32 different modalities. For a comparative analysis between the different modalities, the 155 professionals interviewed were asked to define – by means of answering a survey – which of these three modalities would best describe their area of work:

1. Mind Therapy
2. Body Therapy
3. Body-Mind Therapy

For this study, the author has defined the three approaches as:

- **Mind Therapy.** Modalities that focus on the mind and psychological aspects. It does not include touch and does not focus on the physical body.
- **Body Therapy.** Modalities that focus on the physical body and may or may not work with touch, but do not focus on psychological components.
- **Body-Mind Therapy.** Modalities that work with both the physical body (through touch, movement and/or observations) and psychological aspects.

For the 32 modalities included in this study and the self-classification of participants among the different approaches, see *Supplementary Table 1*. Although definitions of terms may vary from country to country and from health system to health system, definitions from at least two different sources have been used in this study. The definitions used to define traditional medicine and therapies are those of the Merriam-Webster dictionary (United States). To define complementary medicine in this work, both the Cochrane Library (based in the United Kingdom with the collaboration of 90 countries) and the specific web pages of the founder of each method have been used.

### Definitions of Traditional Medicine and Therapies

(from the Merriam-Webster dictionary, 2019)

- **Psychotherapy.** Treatment of mental or emotional disorder or of related bodily ills by psychological means.
- **Psychology.** The science of mind and behavior. The study of mind and behavior in relation to a particular field of knowledge or activity.
- **Psychoanalysis.** A method of analyzing psychic phenomena and treating emotional disorders that involves treatment sessions during which the patient is encouraged to talk freely about personal experiences and especially about early childhood and dreams.
- **Psychiatrist, Psychiatric Social Worker.** A medical doctor who diagnoses and treats mental, emotional, and behavioral disorders. A specialist in psychiatry: a branch of medicine that deals with mental, emotional, or behavioral disorders.
- **Social Worker.** Any of various professional activities or methods concretely concerned with providing social services and especially with the investigation, treatment, and material aid of the economically, physically, mentally, or socially disadvantaged.
- **Physician, Medical Doctor.** A person skilled in the art of healing specifically, someone educated, clinically experienced, and licensed to practice medicine as usually distinguished from surgery.

3. World Health Organization. (2014). Traditional, complementary and integrative medicine. Retrieved August 11, 2019, from <https://www.who.int/traditional-complementary-integrative-medicine/about/en/>

- **Physiotherapist, Physical Therapy.** Therapy for the preservation, enhancement, or restoration of movement and physical function impaired or threatened by disease, injury, or disability that utilizes therapeutic exercise, physical modalities such as massage and electrotherapy, assistive devices, and patient education and training.
- **Nutritionist.** A specialist in the study of nutrition, the act or process of nourishing or being nourished.

### Definitions of Complementary Medicine and Methods (from the Cochrane Library, 2019)

- **Acupuncture.** This therapy is used to relieve pain, improve well-being, and treat acute, chronic, and degenerative conditions in children and adults. In Asian medicine, acupuncture needles are inserted at specific points to stimulate, disperse, and regulate the flow of chi, or vital energy, and restore a healthy energy balance.
- **Homeopathy.** This medical system uses minute doses of natural substances—called remedies—to stimulate a person's immune and defense system. A remedy is chosen individually for a sick person based on its capacity to cause, if given in overdose, physical and psychological symptoms similar to those a patient is experiencing.
- **Gestalt Therapy.** This psychotherapy aims to help clients achieve wholeness (gestalt is the German word for whole) by becoming fully aware of their feelings, perceptions, and behavior. The emphasis is on immediate experience rather than on the past. Gestalt therapy is often conducted in group settings such as weekend workshops.
- **Osteopathy.** Like medical doctors, osteopathic physicians provide comprehensive medical care, including preventive medicine, diagnosis, surgery, prescription medications, and hospital referrals. In diagnosis and treatment, they pay particular attention to the joints, bones, muscles, and nerves and are trained specially in osteopathic manipulative treatment, using their hands to diagnose, treat, and prevent illness.
- **Massage Therapist.** This general term describes a range of therapeutic approaches with roots in Eastern and Western cultures. Massage therapy involves the practice of kneading or otherwise manipulating a person's muscles and other soft tissue with the intent of improving a person's well-being or health.
- **Pilates Personal Trainer.** Pilates Method.
- **Cranial Sacral Therapy.** A manual therapeutic procedure used to remedy distortions in the structure and function of the cranosacral mechanism which includes the brain and spinal cord, the bones of the skull, the sacrum, and interconnected membranes. The procedure is used to treat chronic pain, migraine headaches, temporomandibular joint disease, and

a range of other conditions and is performed by a range of licensed health practitioners.

- **Bach Flower Essences.** Popularized by Edward Bach, M.D., flower essences are intended to alleviate negative emotional states that may contribute to illness or hinder personal growth. Drops of a solution infused with the captured essence of a flower are placed under the tongue or in a beverage. The practitioner helps clients choose appropriate essences, focusing on their emotional state rather than on a particular physical condition.
- **Naturopathy Medicine.** This primary health care system emphasizes the curative power of nature and treats acute and chronic illnesses in all age groups. Naturopathic physicians work to restore and support the body's own healing ability using a variety of modalities, including nutrition, herbal medicine, homeopathic medicine, and Asian medicine.
- **Shiatsu Practitioner.** The most widely known form of acupressure, shiatsu has been used in Japan for more than 1,000 years to treat pain and illness and for general health maintenance. Using a series of techniques, practitioners apply rhythmic finger pressure at specific points on the body to stimulate chi, or vital energy.
- **Shamanic Healing Work.** Practitioners of spiritual healing and shamanic healing often regard themselves as conductors of healing energy or sources from the spiritual realm. Both may call on spiritual helpers such as power animals (characteristic of the shaman), angels, inner teachers, the client's higher self, or other spiritual forces. Both forms of healing can be used as part of treatment for a range of emotional and physical illnesses.
- **Reiki.** Practitioners of this ancient Tibetan healing system use light hand placements to channel healing energies to the recipient. Although practitioners may vary widely in technique and philosophy, Reiki commonly is used to treat emotional and mental distress and chronic and acute physical problems, and to assist the recipient in achieving spiritual focus and clarity.
- **Energy Field Work.** Practitioners of this range of therapies look for weaknesses in the person's energy field in and around the body and seek to restore its proper circulation and balance. Energy channeled through the practitioner is directed to strengthen the natural defenses of the body and help the person's physical, mental, emotional, and spiritual state. Sessions may or may not involve the physical laying-on of hands.

### Complementary Medicine and Methods (not defined in the Cochrane Library. They are defined by their own authors or web pages.)

- **Body-Mind Process.** Accredited by an international university as MSc in Psychosocial, Complementary and Integrated Health Science, the Body-Mind Pro-

cess looks at the relationship between the physical body and the mind (that is, beliefs, thoughts, emotions, behavioral patterns, etc.), looking into how some of the affections of the physical body have an origin in the mind, and vice versa. It understands the human being as an integrated unit, where all systems are interconnected. BMP is an efficient response to processes where physical symptoms are produced by our unconscious. It allows the Body-Mind connection to be reestablished in any place where either dissociation of body-mind or any other unconscious defense mechanisms are at play.<sup>4</sup>

- **Brennan Healing Science.** An enlightening system of healing that combines hands-on healing techniques with spiritual and psychological processes touching every aspect of your life. Based on the living dynamics of our Human Energy-Consciousness System and its relationship to the greater world of which we all are intimately a part, Brennan Healing Science can transform a client's life into the balanced, enlightened experience of mystery that they have always wanted it to be.<sup>5</sup>
- **Psychoenergetics.** A multidisciplinary, body-mind approach to understanding and applying depth psychology to a particular style of process facilitation. The method supports a deepening and awakening process through the embodied and mindful presence of the practitioner which accelerates and amplifies the practitioners' professional development, as well as their clients' personal healing and growth. This leads to significant, meaningful, and sustainable transformational work.<sup>6</sup>
- **Somatic Experiencing.** The Somatic Experiencing method is a body-oriented approach to healing trauma and other stress disorders. It is the life's work of Dr. Peter A. Levine, resulting from his multidisciplinary study of stress physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics, together with over 45 years of successful clinical application. The SE approach releases traumatic shock, which is key to transforming PTSD and the wounds of emotional and early developmental attachment trauma.<sup>7</sup>
- **Family Constellations.** A method that takes place in a group under the guidance of one person. It helps people uncover the backgrounds of failure, illness, disorientation, addiction, or anything similar. Family Constellation is useful wherever there is a direct need for action or decision-making. Bert Hellinger is the founder of Family Constellations.<sup>8</sup>

- **Yuen Method.** The Yuen Method is the resulting product of ancient Chinese Shaolin temple energy harnessing methods combined with the knowledge offered collectively by anatomy, physiology, structural analysis, energetic techniques, quantum physics and Qi and Shen Gong. The Yuen Method was created by Dr. Kam Yuen as a result of his lifelong study and experience with martial arts, nutritional therapy, homeopathy, and in-depth experience as both a structural engineer and chiropractic doctor.<sup>9</sup>
- **Hakomi.** Mindfulness-based assisted self-discovery, originally developed by Ron Kurtz.<sup>10</sup>

No definitions were found for Exercise Specialist, HSP, Energy Polarization.

## Methodology

A survey was conducted – combining both quantitative and qualitative analyses – to test the hypothesis of this research.

Correspondences and differences between various approaches were extracted from responses to this survey consisting of 21 questions posed to 155 practitioners from 35 countries from 32 therapies and modalities. 120 participants were female; 35 participants were male. Ages ranged from 18 to 74 years old. Expertise ranged from students with no professional experience to practitioners with 40 years of professional experience.

## Survey Development

For this study and its research questions, the author developed a survey to be answered once. No control phases or control group were needed. The survey was conducted by first describing the 9 phases observed by the author in the transformation/healing processes she experienced personally, and during sessions with clients and students.

The survey has three parts:

1. **Questions 1 to 10** gathered information about the practitioners: modality, years of training, years of professional practice, self-classification of their work, other trainings, gender, age, country, etc.
2. **Questions 11 to 19** asked the practitioners about how relevant they considered the EsenciArt 9 Phases of Transformation to be in the work they usually carry out with clients.

4. Moreno M. (2015). *Body Mind Process Facilitation Training*. Retrieved December 15, 2018, from <http://www.bodymindprocess.com>

5. Brennan B. *Brennan Healing Science*. Retrieved December 15, 2018, from <https://barbarabrennan.com>

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3. **Questions 20 and 21** gathered information about the practitioners' careers, focusing on how they expressed in their own words the healing process they have witnessed with clients as well as personally as practitioners.

This survey made use of quantitative and qualitative analyses:

- **Quantitative analysis** – Questions 11 to 19  
The description of the phases was established in the survey with the request to practitioners from different modalities to consider how relevant those phases were in their work and assigning each phase a value between 0 and 10, with “0” being not relevant and “10” very relevant.
- **Qualitative analysis** – Questions 20 and 21  
As optional questions, the practitioners were asked the following:  
Q20: Please describe what you witnessed in a case that was healing/transformational for a client.  
Q21: Please describe what you witnessed in your own experience as a therapist or practitioner at that moment.

**Selection Criteria**

Participants were selected using two different channels:

1. The survey was first given in writing to a group of practitioners, colleagues, students, and teachers from the Master of Science degree in Psychosocial, Complementary, and Integrated Health Science at the Inter-University College Graz, Seggau, to be filled out through an alphanumeric code of two letters and two numbers in order to maintain the anonymity of practitioners and their responses.
2. Three different channels were used to obtain further responses from professionals:
  - Two emails were sent, one in Spanish and the other in English, to members of the author's contact list, describing this study and asking for volunteers. These healthcare professionals were asked to fill out the survey.
  - On Facebook, the author searched for groups and healthcare pages linked to the three approaches analyzed in this study (Mind therapy, Body therapy and Body-Mind therapy). Several Facebook groups and pages were contacted by the author, who posted a description of the study and a request for professionals to participate.
  - The last channel chosen was WhatsApp. A text message was sent to members of the author's contact list with the description of the study and a request for professionals to participate.

For online responses, the data was collected using Survey Monkey, an online survey development cloud-

based software. The data collected were used only for this study. Participants agreed to a privacy policy. The Survey Monkey software guaranteed confidentiality through the General Data Protection Regulation (GDPR) of May 25, 2018, as described on its web page <https://www.surveymonkey.com/mp/gdpr/>. Ethical approval was obtained from the Inter-University College Graz's Ethics Committee, Seggau (Austria). No institutions were involved in this study except for the Inter-University College Graz, Seggau (Austria).

The study faced some limitations in terms of data gathering. First, there are so many kinds of therapies and healing modalities in the world that rarely can enough data be gathered from all of them. Many participants came on board through social media, where the project was presented in as many therapy Facebook groups as possible. Not all those groups accepted the project, and not all the existing therapy Facebook groups in the world were contacted – only groups the author found to be more receptive to the project. Also, some therapy schools that were contacted did not provide a response. Therefore, further data gathering would be desirable and necessary to conduct further research.

**Participants**

155 practitioners from 32 modalities, 35 countries, between 18–74, responded to the “call” and completed the survey. 120 were female and 35 were male.

The survey was not stratified, so the results are not statistically significant. This is only a descriptive article, although it also uses statistical methods.

**Years of Experience**

Of these 155 practitioners, 21 (13.5%) had between 20–40 years of experience; 24 (15.5%) had between 11–19 years of experience; 42 (27.1%) had between 6–10 years of experience, 52 (33.5%) had between one to five years of experience, and 16 (10.3%) had less than one year of experience.

**Approaches**

Practitioners were asked to classify their work into one of the following three groups.

**Table 6** Percentage of professional per approach

Approach	% Professionals
Mind	31 (20.0%)
Body	39 (25.2%)
Body-Mind	78 (50.3%)
Others	7 (4.5%)

All professionals agreed on the approach for their modality, except for psychotherapy, where five of the 17 professionals classified theirs under the Mind approach, while the remaining 12 did so under the Body-Mind approach.

**Countries**

Practitioners from 35 countries participated in this study. 49 participants (32%) were from Spain, 20 (13%) from the United States of America, and 31 (20%) from Germany, Pakistan, Portugal, the UK, and Northern Ireland. Supplementary Table 2 shows the details.

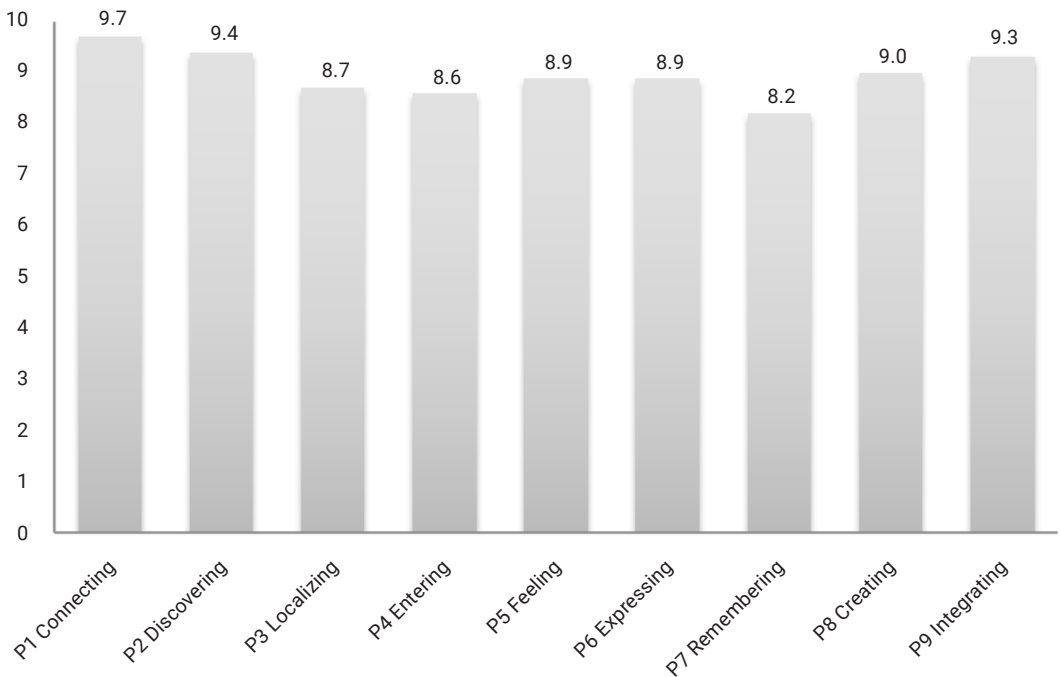
**Inclusive and Exclusive Criteria**

- Only students and professionals from the health-care/therapeutic field were included in this study.
- For the research and hypothesis of this study – and to carry out a comparative analysis within different

groups regarding approaches, years of practice, gender, etc. – all 155 practitioners who volunteered to complete the survey were included.

**Results**

**Quantitative Analysis Results.** The responses of the 155 practitioners to how much value and relevance they gave to each of the EsenciArt 9 Phases of Transformation show that on a scale from 0 to 10, with 0 being not relevant and 10 very relevant, the average given was 9 for all the 9 phases. Phase 1 Connecting, Phase 2 Discovering, Phase 8 Creating, and Phase 9 Integrating were given a value higher than 9. Phase 3 Localizing, Phase 4 Entering, Phase 5 Feeling, Phase 6 Expressing, and Phase 7 Remembering were given a value between 8 and 9 (see Figure 1). Supplementary Table 3 also shows a summary for the maximum and minimum values participants assigned to the 9 phases.



**Figure 1** Average values per phase for all participants and modalities

The results show that in terms of gender differences, there was a slight tendency of female participants to rate the 9 phases a little lower than males (see Supplementary Figure 1), by a maximum of 0.3 points.

In Supplementary Figure 2, a comparative quantitative analysis among the three approaches, where the practi-

tioners classified their own work, revealed the following results:

Participants from all approaches assigned an average value of 9 to all 9 phases. This confirms the hypothesis that there are common elements in the therapeutic process beyond the methods used.

It might also be a confirmation that there is an inherent human tendency to heal, given the right conditions.

The Mind-Body approach group gave the highest values to each of the 9 phases (100%), with the average value of all 9 phases being 9.3. On the other hand, the Mind approach as well as the Body approach groups gave an average value of 8.6 to all 9 phases.

It can be understood that the Body-Mind approach would give higher values to the 9 phases because it is the same approach from which the author made her observations.

The Mind approach group's highest values: There was a tendency from the Mind approach to give lower values in general (8.6 average for all phases) than those of the other two approaches. This tendency changed for phase 6 Expressing and phase 7 Remembering, which were given the highest values. Phase 7 being the phase that focuses most on psychological aspects. Phase 6 "Expressing" can also be considered Mind-oriented when expression occurs mostly through words and by using analysis.

The Mind approach group's lowest values: The phases that were given the lowest values by the Mind approach were phase 3 Localizing in the body (8.1) and phase 4 Entering (7.6). Phase 3 is one of the phases that focuses most on the physical body. Phase 4 in turn requires both the mind (focusing attention and curiosity) and body (breathing and/or touching).

The Body approach group's highest values were for phase 1 Connecting (9.6) and phase 2 Discovering (9.4). The phases that were supposed to focus more on the physical body – phase 3 Localizing (8.4) and phase 5 Feeling (8.7) received neither the highest nor lowest scores.

The Body approach group's lowest values were for phase 6 Expressing and phase 7 Remembering, which are the two phases that focus most on psychological aspects and have a more mind-directed approach, where (as noted above) expression happens mostly through words and by using analysis.

Considering the different approaches, as well the years of professional experience, there were no significant differences between the values given to the 9 phases among practitioners with more than 20 years and those with less than one year of professional experience (see Supplementary Figure 3).

By comparing the three groups to each phase, we found the following statistically significant differences:

1. Regarding phase 1, there was a statistically significant difference between the Mind and Body-Mind groups ( $< .01$ ), but not between the Mind and Body nor between the Body and Body-Mind groups.
2. Regarding phase 3, there was a statistically significant difference between the Mind and Body-Mind

groups ( $< .05$ ), and between the Body and Body-Mind ( $< .05$ ), but not between the Mind and Body groups.

3. Regarding phase 4, there was a statistically significant difference between the Mind and Body-Mind groups ( $< .001$ ), and between the Body and Body-Mind ( $< .05$ ), but not between the Mind and Body groups.
4. Regarding phase 5, there was a statistically significant difference between the Mind and Body-Mind groups ( $< .001$ ), and between the Body and Body-Mind ( $< .01$ ), but not between the Mind and Body groups.
5. Regarding phase 6, there was a statistically significant difference between the Body and Body-Mind groups ( $< .01$ ), but not between the Mind and Body, nor between the Mind and Body-Mind groups.
6. Regarding phase 7, there was a statistically significant difference between the Body and Body-Mind groups ( $< .05$ ), but not between the Mind and Body, nor between the Mind and Body-Mind groups.

**Qualitative analysis results.** Two optional questions were included in the questionnaire in order to undertake a qualitative analysis for this study. Practitioners were asked to describe in their own words the healing processes they had witnessed in their work with clients and within themselves. These two questions were:

- Q20: Please describe what you witnessed in a case that was healing/transformational for a client.
- Q21: Please describe what you witnessed in your own experience as a therapist or practitioner at that given moment.

Of the 155 practitioners, only 85 responded to Q20 and 70 to Q21. From these answers, the author observed correspondence with the *EsenciArt 9 Phases of Transformation* and analyzed the content and wording of every answer to see if there was any correlation with any particular phase.

- *The following results were obtained for Q20*

The self-classified Mind approach group did not include the physical body in any of their descriptions, with Phase 3, Localizing in the physical body, not mentioned at all (0%). The phase that was most described was Phase 2, Discovering (40%), together with phase 1 Connecting (33,30%), as well as phase 7 Remembering (33,3%). Both phase 2 (discovering the issue) and phase 7 (remembering the issue's causes) are the two phases featuring the most psychological elements out of the *EsenciArt 9* phases.

The only phase not mentioned by the self-classified Body approach group was phase 4, Entering towards the core of the disturbance (0%), which has both psychological and physical body elements (when the disturbance is a physical pain or a physical issue).

The phases that were most described were phase 2: Discovering, and phase 8: Creating/Reprogramming, which again have both psychological and physical body elements (when the Creating/Reprogramming is, for instance, a readjustment of physical posture).

The self-classified Body-Mind approach group was the only group that included elements from all EsenciArt's 9 phases in their descriptions.

■ *The following results were observed for Q21*

When it comes to the analysis of the practitioners' responses regarding what they personally experience during a healing process, session, or moment, most practitioners (60 out of 70 responses) – beyond their own approaches – describe elements from phase 1 Connecting with the self and client by becoming present, available, curious, respectful, etc. This points towards the importance of practitioners being present, connected, respectful, trusting, and caring as optimal conditions to activate an organic healing process in human beings.

## Discussion and Conclusion

There are countless approaches to healing and transformational processes. By looking at what these approaches share in common, this study aims to find a common system or protocol, a language that can be useful to describe the inherent human capacity to heal, and the right conditions for this process to emerge.

Our results show that professionals from different modalities and approaches identify and value common phases and elements in healing and transformational processes, as described in the EsenciArt 9 Phases of Transformation Protocol, with an average of 9 out of 10 confirming the hypothesis of this study.

As stated previously, Jung (1966) identified four stages in analytical psychology. No correlation was observed between them and EsenciArt's third phase, Localizing in the physical body.

As Jung was psychoanalytic, a comparison was made to the results obtained from the psychoanalytic group. This psychoanalytic group self-classified themselves as part of the Mind approach. For this group, the *EsenciArt* third phase, Localizing (in the physical body) had the second lowest values, although the value was still high, with an average of 8.1. (Figure 3).

A similar tendency was observed after carrying out a qualitative analysis: The Mind group did not mention any element that included the physical body in their description. Therefore, the third phase: localizing (in the physical body) was not alluded to (0%).

The Mind group rated this third phase the lowest (for being related to the physical body), as was estimated.

Hence, our results show certain differences amongst the three approaches. Consequently, the Mind approach group was defined as different from both the Body and the Body-Mind approach groups, with the latter being the one with the highest values and therefore the most representative of the EsenciArt system.

There is no evidence of the most experienced professionals identifying and evaluating the EsenciArt 9 phases more clearly or with higher values. On the contrary, all professionals, beyond their years of experience, rated the 9 phases with averages ranging between 7.8 and 9.9.

At the beginning of this study, we wondered if human beings have – as part of their inherent nature – an organic healing “protocol,” process, or tendency to heal that is activated under the right conditions of presence, connection, respect, trust, and care. At the end of this study, we can confirm the first part of the statement, and linked to it in regard with the possible existence of a healing process that professionals can recognize, regardless of their background and modality. The qualitative analysis also pointed towards the importance of practitioners being present, connected, respectful, trusting, and caring, with these being the optimal conditions to activate an organic healing process.

Bigger samples should be analyzed, and we encourage future researchers to test a higher number of professionals and include different ways of measuring the impact of presence, connection, respect, trust, and care in healing and transformational processes in order to help answer the questions “what heals, and how does healing proceed?” We believe this could lead to profound changes in our health system, lifestyle, and ways of relating to oneself and each other.

We hope this study can help people in their vital research towards understanding themselves and their potential for optimum health and wellbeing.



## Appendix

**Supplementary Table 1** The 32 modalities included in this study and the self-classification of participants amongst the different approaches

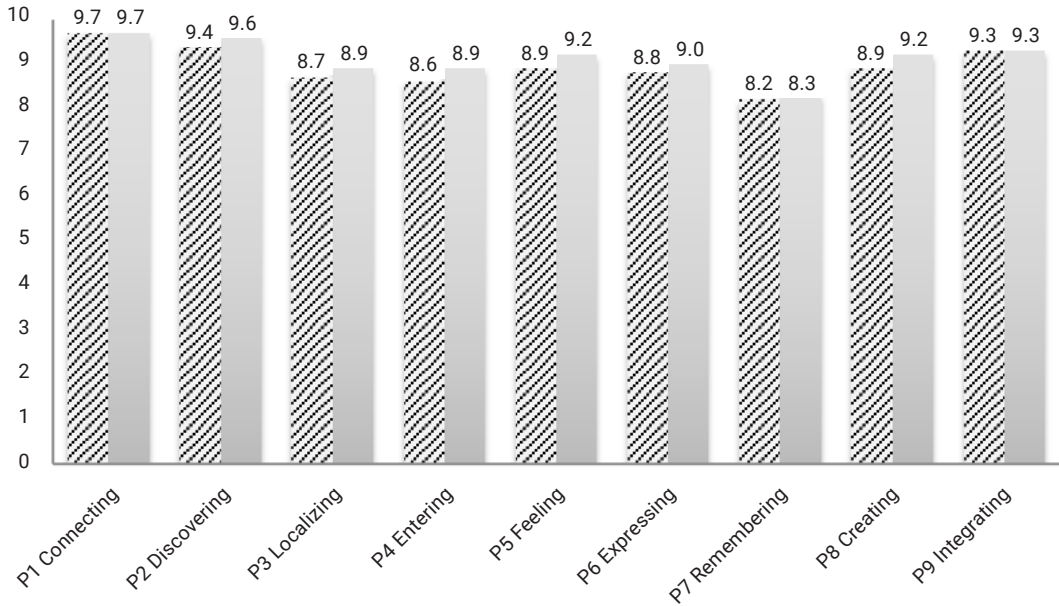
Modalities	Approaches			
	Mind	Body	Body-Mind	Other
Brennan Healing Science®			25	
Psychologist	23			
Psychotherapy	5		12	
Brennan Integration Work® (BIW)			13	
Physiotherapist		11		
Massage Therapist		10		
Body-Mind Process			9	
Gestalt			7	
Psychoenergetics			6	
Osteopath		4		
Acupuncturist		3		
Pilates/Personal Trainer		3		
Homeopathy			3	
Psychoanalysis	2			
Physician. Medical Doctor		2		
Psychiatrist/Psychiatric Social Worker			2	
Family Constellations practitioner				2
Hypnotherapy	1			
Cranial-Sacral Therapy		1		
Exercise specialist		1		
Reiki (& Yuen Method)		1		
Naturopathy Medicine		1		
Shiatsu Practitioner		1		
Nutrition		1		
Somatic Therapy			1	
Bach Flower Essences				1
Being with HSP				1
Energy Polarization				1
Hakomi				1
Shamanic Healing Work				1

**Supplementary Table 2** *Participation by country*

Country	Participation	Country	Participation
Spain	49 (31.6%)	Italy	2 (1.3%)
United States of America	20 (12.9%)	Slovenia	2 (1.3%)
Portugal	9 (5.8%)	Turkey	2 (1.3%)
Pakistan	8 (5.2%)	Andorra	1 (0.6%)
Germany	7 (4.5%)	Argentina	1 (0.6%)
UK and Northern Ireland	7 (4.5%)	Australia	1 (0.6%)
India	5 (3.2%)	Chile	1 (0.6%)
Switzerland	5 (3.2%)	Côte d'Ivoire	1 (0.6%)
Belgium	4 (2.6%)	Croatia	1 (0.6%)
Mexico	4 (2.6%)	Greece	1 (0.6%)
Austria	3 (1.9%)	Ireland	1 (0.6%)
El Salvador	3 (1.9%)	Luxembourg	1 (0.6%)
Netherlands	3 (1.9%)	Nigeria	1 (0.6%)
Canada	2 (1.3%)	Philippines	1 (0.6%)
Colombia	2 (1.3%)	South Africa	1 (0.6%)
Czech Republic	2 (1.3%)	United Arab Emirates	1 (0.6%)
France	2 (1.3%)	Vietnam	1 (0.6%)

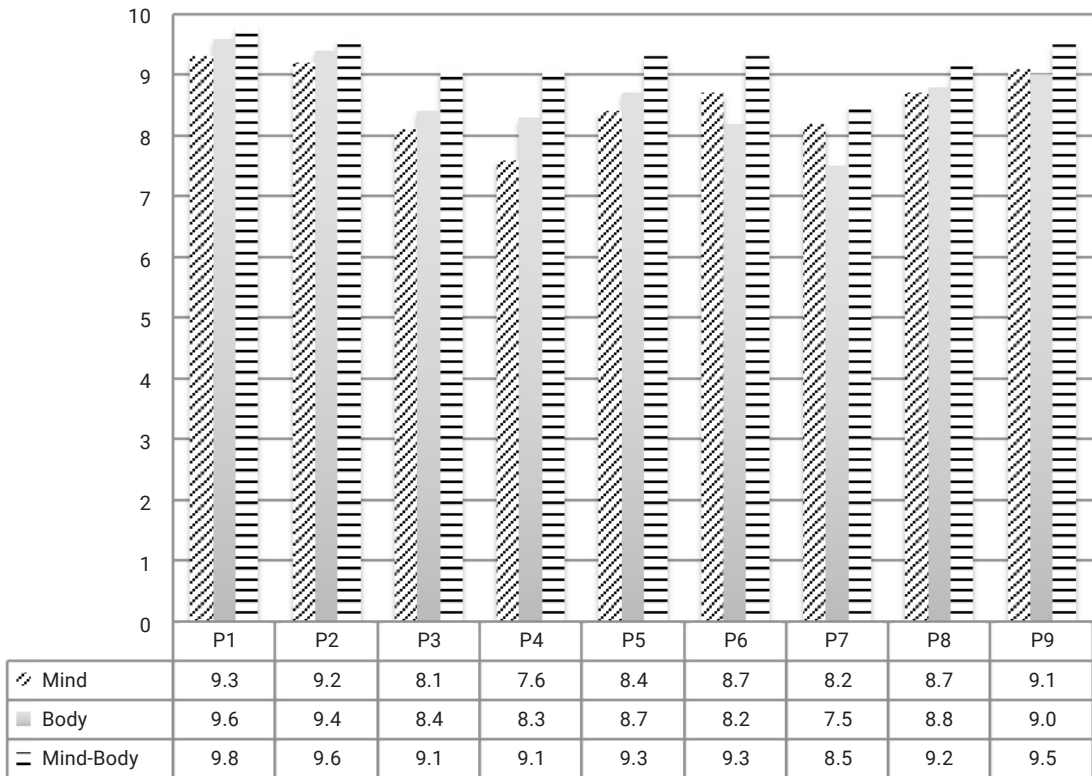
**Supplementary Table 3** *Relevancy of phases results*

	Total	P1	P2	P3	P4	P5	P6	P7	P8	P9
<i>Participants</i>	155	132	130	130	126	127	128	127	128	129
<i>Max value</i>	10	10	10	10	10	10	10	10	10	10
<i>Min value</i>	0.0	5.0	4.0	2.0	2.0	4.0	0.0	2.0	4.0	4.0
<i>Average</i>	9.0	9.7	9.4	8.7	8.6	8.9	8.9	8.2	9.0	9.3

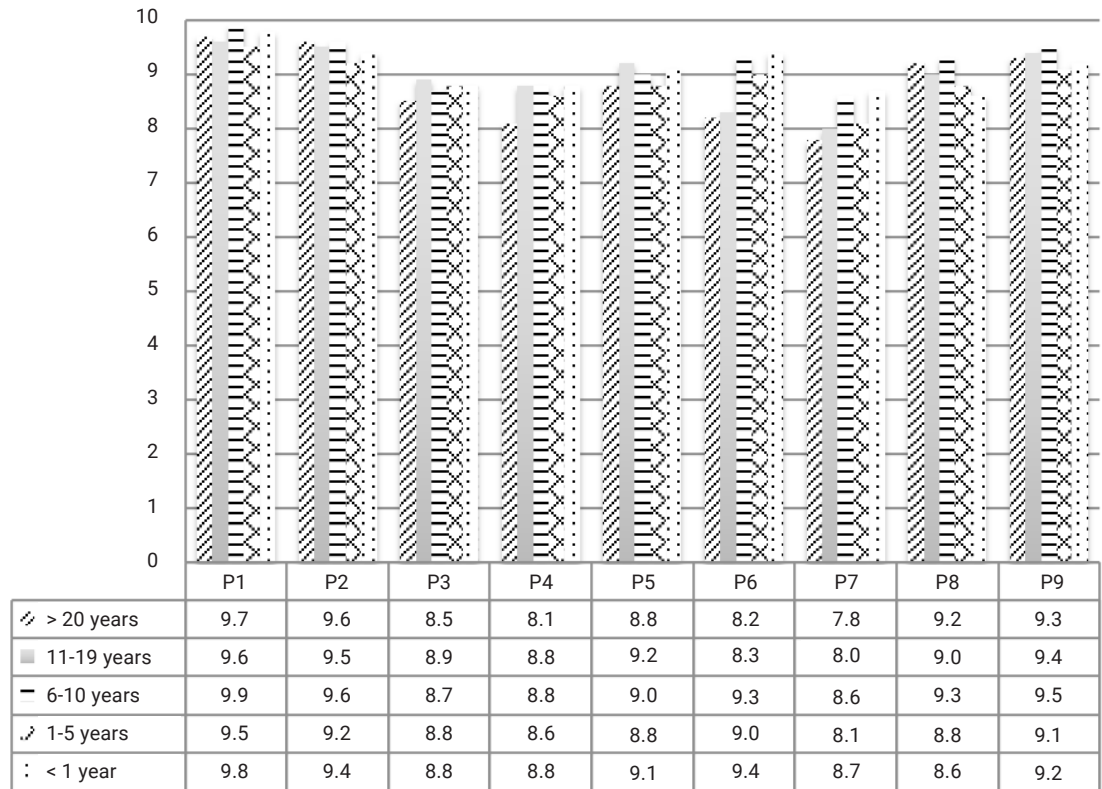


Supplementary Figure 1 Value of the 9 phases by gender

▨ Female ■ Male



Supplementary Figure 2 Approach-based rating given to the 9 phases



**Supplementary Figure 3** Value of the 9 phases according to years of professional experience





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