ENACTING AN UNFINISHED NARRATIVE EVENT:
THE LIVED EXPERIENCE OF SENSORIMOTOR PROCESSING
IN THERAPEUTIC ENACTMENT

by

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Abstract

Self is a perpetually rewritten script. As bodily sensations, rather than cognitive interpretation, create emotional states, awareness of bodily sensations is critical to one’s experience and expression of self (Kepner, 1987; Damasio, 1999). This qualitative study was designed to discuss the lived meanings of sensorimotor processing in group-based Therapeutic Enactment in order to shed light on the gestalt process of change involved. Utilizing the descriptive phenomenological psychological method (Giorgi & Giorgi, 2003), the present study purported to answer the qualitative research question: “What is the lived experience of sensorimotor processing when individuals complete an unfinished or uncompleted narrative event or action through Therapeutic Enactment?” Qualitative data were collected using in-depth phenomenological interviews and Kagan’s (1975, 1980) interpersonal process recall (IPR) method from 3 participants who have recently completed a Therapeutic Enactment Director Training workshop. Data analysis yielded 3 situated descriptions in respect of the structure of sensorimotor processing within the context of Therapeutic Enactment. The dynamic interplay between the phenomenon of sensorimotor processing and the nature of in-process change in Therapeutic Enactment was highlighted and compared across all 3 situated descriptions. Consistent with what is proposed in contemporary therapeutic practice (van der Kolk, 1996/2007; Ogden, 2003), all 3 participants appear to have established new connections between their cognition and associated affect through enacting an unfinished or missed sensorimotor action. The findings bring to light that experiencing of one’s sensorimotor self is at the heart of therapeutic change for individuals affected by trauma. This study adds to the understanding of how being in touch with one’s disowned bodily self can promote the integrative functions of higher-level cognitive and emotional processing.
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DEDICATION

To the men, women, and children
who are coping with and surviving traumatic stress

PSALM 23

The Lord the Shepherd of His People

The Lord is my shepherd;
I shall not want.
He makes me to lie down in green pastures;
He leads me beside the still waters.
He restores my soul;
He leads me in the path of righteousness
For His name’s sake.

Yea, though I walk through the valley
of the shadow of death,
I will fear no evil;
For You are with me;
Your rod and Your staff, they comfort me.

You prepare a table before me in the
presence of my enemies;
You anoint my head with oil;
My cup runs over.
Surely goodness and mercy shall follow me
All the days of my life;
And I shall dwell in the house of the Lord
Forever.
CHAPTER 1: INTRODUCTION

Therapeutic Enactment is a multi-modal, group-based action therapy that engages individuals in intra- and inter-personal sensorimotor enactments to repair trauma and other life struggles involving an unfinished, uncompleted, or missing narrative event or action (Cave, 2003; Westwood & Wilensky, 2005). Some universal themes embodied through Therapeutic Enactment include, but are not limited to, incomplete grieving, parental neglect and abuse, and reparation of shame and humiliation. With careful assessment and pre-planning, Therapeutic Enactment has been an effective group intervention in facilitating clients working through incomplete or unfinished life events (Westwood & Wilensky, 2005). One example of Therapeutic Enactment featuring incomplete grieving could be for an individual to enact a missing narrative event with deceased loved ones such as spouses, siblings, parents, or grandparents to whom he or she did not have a chance to say goodbye in order to close an incomplete gestalt. Another example of Therapeutic Enactment focusing on emotional or physical abuse could involve helping an individual re-enact an uncompleted action such as facing up to and confronting an overbearing parent, or re-enacting an immobilized motoric defensive action toward the perpetrator during an abusive event. The other example of Therapeutic Enactment pertinent to shame and humiliation could be for an individual to re-enact a missing narrative and sensorimotor action toward an authoritative figure such as an instructor by whom he and she was humiliated in private or treated as a scapegoat in front of the whole class. From the perspective of Wolpe’s (1958) principles of counterconditioning and learning-based theory of therapy, Therapeutic Enactment helps individuals acquire corrective emotional experiencing by empowering them to modify or change the way they behave in response to a particular stimulus, or by inserting stimuli that cue the alternative, adaptive response.
There are two major theoretical perspectives that help us both understand this process and guide practice approaches to facilitate client change. One overarching theoretical perspective upon which Therapeutic Enactment is based is Gestalt therapy originated by Fritz Perls, and the other is sensorimotor theory and psychotherapy (Scaer, 2005; Ogden, Minton, & Pain, 2006). In the view of Gestalt therapy theory, “experience forms as a gestalt, a figure against a ground” (Corsini & Wedding, 2005, p.313). An unfinished business or event represents an incomplete Gestalt that continues to disrupt adults in their life by interfering with good contact with self, others or the environment in the present. When a need or want is acted upon and satisfied, the gestalt closes and recedes into the background. Conversely, when a need or want is frustrated or uncompleted, it continues to stand out against the foreground, demanding attention and clear meaning (Corsini & Wedding, 2005). As long as the unexpressed or unmet needs continue to stand out, an individual remains trapped in suppressing such pressing but unfinished experiences from emerging into awareness. The result is a “fixed Gestalt” or an “unfinished event” that drains an individual’s psychological energy away from forming a new and meaningful gestalt in the here-and-now. Psychological tension occurs when an individual’s need to give meaning to their perceptions, behaviours, and thinking related to the “unfinished events” is interrupted, and attempts to close these “unfinished events” are thwarted. When the process of re-coding life events into a vital, personally meaningful and fulfilling construction is chronically or traumatically interrupted, temporary or permanent disability may result. In other words, pathology may be caused when an individual prematurely or inappropriately closes an unfinished or incomplete gestalt under distress. Such inappropriate, pathogenic closure may take physiological, affective, cognitive or behavioural form (Clarkson, 2004). An example of inappropriate cognitive closure could be “I am not worthy of love and attention,” or “I am
worthless and unlovable” when an eight year old boy finds out that he was adopted and experiences the tension of an incomplete gestalt.

As Janet (1930, p. 1575) stated, “The healthy response to stress is mobilization of adaptive action”. As long as the unmet needs are not mobilized and acted upon in a full, direct, and authentic way, the essential organismic needs remain incomplete and unfinished (Kepner, 1987). Consequently, individuals often end up immobilized and trapped in their own self-perpetuating script beliefs, behaviours and associated affect, which they have created as a coping mechanism to the tension of an incomplete gestalt. In facilitating the process of breaking through the inappropriate and pathogenic closure of an unresolved or incomplete life event, Therapeutic Enactment helps individuals put into action, with a sense of control, their unfinished personal stories and simultaneously translate their internal bodily sensations and emotions as stimulated by the memory narratives into communicable language within a here-and-now context, thereby setting in motion the process of re-living and extinguishing an uncompleted narrative event.

When individuals are able to experience both physiological and emotional arousal, and attach new cognitive meanings to physical sensations of arousal or movement related to an uncompleted narrative event, they become more resilient in the face of subsequent exposures to these memory cues and more capable of making creative, viable adjustment to the changing environment.

As noted by van der Kolk (1996/2007), “Brain, body and mind are inextricably linked, and it is only for heuristic reasons that we still can speak of them as if they constitute separate entities. Alterations in any one of these three will intimately affect the other two” (p. 216). Basically, in the view of Gestalt therapy, bodily sensations are critical to one’s expression and experience of self within the circle of organismic functioning (Kepner, 1987). In addition,
emotions are inseparable from the body, and physical sensations contribute to, and are the results of, emotions (Frigda, 1986; Ogden, Minton, & Pain, 2006). The prominent neuroscientist, Antonio Damasio postulated that bodily sensations, rather than cognitive interpretation, create emotional states (1999). Moreover, recent discoveries in neuroscience have confirmed that physical, bodily feelings form the substrata of the emotional states that shape the quality of our analytic, cognitive decision-making efforts in response to a traumatic experience. In essence, emotions serve as the guide to human behaviours (van der Kolk, 1996/2007). In other words, physical feelings dictate the way the human organism takes certain action. For example, under extreme stress, people may become autonomically and hormonally activated before they are able to make a conscious appraisal of incoming sensory stimuli. That is, intense emotional arousal may inhibit the proper evaluation and categorization of experience, which accordingly prevents people from integrating and translating sensory impressions and emotional states into personally meaningful narratives. As such, emotionally charged memories tend to be laid down and later retrieved as isolated bodily sensations or fragmented sensorimotor images rather than as verbally encoded experiences (van der Kolk, 1996/2007). Therapeutic Enactment facilitates the process of resolving unassimilated sensorimotor reactions while simultaneously helping individuals regulate their emotional arousal brought about by memories associated with an uncompleted narrative event. By keeping the autonomic arousal within the windows of tolerance, Therapeutic Enactment helps individuals integrate fragmented body and emotional memories into meaningful wholes, which in turn promotes an integrated and positive sense of self.

The concept of the hierarchical levels of information processing—sensorimotor, emotional, and cognitive—helps explain the mechanism by which the debilitating, repetitive and interactive circles between mind and body keep overwhelming experiences re-living and
maintain trauma-related disorder such as intrusive somatosensory reactions and the inability to modulate physiological and affective arousal (Ogden, Minton, & Pain, 2006). As the hierarchy of levels of information processing correlates with the three levels of brain structure, the higher-level integrative functions evolve from and depend upon the integrity of lower-level sensorimotor experiences. As such, the development and optional functioning of higher-level cognitive and emotional processing are thought to be correlated and dependent, in part, on the optimal functioning of lower-level sensorimotor processing (Ogden, Minton, & Pain, 2006). Just like the way in which brain, body and mind are inextricably linked, these three levels of information processing interact and affect each other simultaneously. On the one hand, unfinished or interrupted sensorimotor expressions, sensations, or movement impulses may affect the integrative functions of higher-level cognitive and emotional processing (Ogden & Minton, 2000). On the other hand, disrupted integrative functioning of higher-level cognitive processing can also diminish the integrative capacity of emotional and sensorimotor processing (Ogden, 2003, Ogden, Minton, & Pain, 2006). With careful assessment and planning, Therapeutic Enactment facilitates the full expression of feelings by involving the whole body in sensorimotor action. By helping individuals work through their uncompleted or unfinished sensorimotor expressions and actions in a safety group container, Therapeutic Enactment enables them to make new meanings and transcribe their incomplete gestalt into personally significant story. In short, by facilitating the resolution of conditioned sensorimotor reactions, Therapeutic Enactment promotes the integrative functions of higher-level cognitive and emotional processing.

**Purpose and Premise of the Study**

The study proposes that by enacting a narrative event or action that has been uncompleted
or missing in life, and thereby becoming aware of the physiological, sensory and motoric experiences associated with that re-enactment, individuals will be able to gain new insights into the interconnection between the sensorimotor reactions, feelings and beliefs associated with their unfinished or incomplete gestalt. When individuals are capable of developing new meanings and making a closure to the unfinished or incomplete gestalt, they will be empowered to unlock their outdated and self-perpetrating patterns of beliefs, emotions and behaviours, which in turn sets the process of therapeutic correction in motion. The purpose of the current study was to discuss the lived meanings of sensorimotor processing precisely as experienced by the participants in group-based Therapeutic Enactment in order to understand the gestalt process involved. The premise is that because unresolved sensorimotor processing associated with an un-expressed narrative event or immobilized physical action conditions emotional and cognitive processing (van der Kolk, 1996/2007; Ogden, 2003), enacting an unfinished or missed sensorimotor action may help individuals counteract distorted beliefs and feelings. Conversely, as distorted cognitive beliefs and emotional states also condition sensorimotor processing (Van der Kolk, 1996/2007; Ogden, 2003), changes in self-perpetrating script beliefs and associated feelings may help restore the integrative functioning of sensorimotor processing and therefore lead to a healthier, more positive somatic sense of self.

**Rationale of the Study**

The rationale and relevance of this study is based on both the theories of Gestalt therapy and sensorimotor processing. From the perspective of Gestalt theory, individuals are prone to get stuck in the dysfunctional gestalt formation cycle that prevents them from making moment-by-moment creative adjustments in the constantly changing environment. When there is no one available to help the individual think about, verbalize, and make sense of what has happened in a
hurtful and painful event, the unresolved event continues to be an incomplete gestalt. Psychological growth takes place in an environment of supportive relationship. In other words, when the access to a contactful, supportive, and reparative relationship is being denied, traumatic experience could remain unresolved such that it becomes resistant to be worked through and integrated into the existing emotional and cognitive memory. As such, the memory of an unresolved event is likely to involve raw feelings, or disconnected sensory perceptions, with little or no cognitive meaning attached. For example, when the memory of an unresolved narrative event or action is triggered by an internal or environment cue, the person will experience intense emotions such as pain or horror, often without conscious knowledge of what those emotions are connected to; without such knowledge, it would be difficult for one to understand or work through the distress. Moreover, in the absence of validation and acknowledgement, individuals are prone to develop self-protective script patterns as a defense mechanism to help isolate the painful experience from awareness, and possibly in more extreme situations, to dissociate those aspects of self that are capable of feeling pain from awareness. As a consequence of operating out of self-protective scripts, individuals are very likely to experience a split in their personality, an “I” that does not know all aspects of self and misidentifies a split-off part as the whole of self (Erskine, 1997d).

By replicating the sensorimotor experiences and cues of the traumatic experience associated with an unresolved narrative event or action, Therapeutic Enactment provides an opportunity for the individuals to re-engage themselves in and complete their own sensorimotor enactment in the calming and affirming presence of therapists and a witnessing group. With the presence of a contactful and healing relationship that was inaccessible or being denied in the past or present experience, Therapeutic Enactment facilitates individuals in the process of
reconnecting with and re-claiming the ownership of their disowned aspects of self by being in touch with their disowned bodily aspects of self moment-to-moment during the enactment process. As much of what one needs to disown, to divorce from one’s sense of self, either has a strong sensorimotor component, or is in itself predominantly a sensorimotor process, being in touch with one’s bodily aspects that are disowned from one’s self, as well as responding to what one becomes aware of at a sensorimotor level is crucial to the integration of fragmented parts of oneself into a meaningful whole.

During Therapeutic Enactment, individuals are mobilized into action through motoric behaviour and emotional expression when they bring their organisms into contact with their disowned aspects of self, and into contact with the environment for the completion of unmet organismic needs. In the process of interacting with their disowned self and the environment, sensorimotor and emotional experiences of an unresolved narrative event or action are recoded into meaningful verbal descriptions, and become integrated. When the feelings and bodily aspects of both past and present experiences are integrated with the verbal and imagistic aspects of the experience, the individuals no longer experience themselves as “the person as parts,” but as “the person as a whole.” It is in this unified wholeness of experience that the individuals are able to start reproducing memories of an unresolved event verbally. As a result of verbal encoding and subjective interpretation of an unfinished narrative, self-protective scripts are replaced with new, more flexible, and responsive creative adjustments. As such, the individuals are no longer script-bound, but free to re-story their own new script of self.

**The Research Question**

The present study was designed to answer the following question: What is the lived experience of sensorimotor processing when individuals complete an unfinished or uncompleted
narrative event or action through Therapeutic Enactment? To answer this question, the current study utilized a qualitative research approach and a descriptive phenomenological psychological research design with 3 adults who have participated in and enacted their own unfinished or uncompleted narrative event or action in group-based Therapeutic Enactment.
CHAPTER 2: LITERATURE REVIEW

The goal of this section is to review the literature relevant to the present study. The review of literature will be presented in the following sequence: (a) Neuroanatomical model of emotional arousal and declarative memory (van der Kolk, 1996/2007); (b) Procedural memory and conditioned sensorimotor responses (Scaer, 2001, 2005); (c) Sensorimotor psychotherapy as a paradigm shift for the treatment of psychological trauma (Ogden, 2003; Ogden, Pain, Minton, & Fisher, 2005; Ogden, Pain, & Fisher, 2006; Ogden, Minton, & Pain, 2006); (d) Gestalt therapy (Clarkson, 2004; Corsini & Wedding, 2005) and its organismic approach to work with the body in psychotherapy (Perls, Hefferline, & Goodman, 1951; Kepner, 1987); and (e) Group-based Therapeutic Enactment action therapy (Westwood & Wilensky, 2005), and a brief overview on its recent research advances (Morley, 2000; Cave, 2003; Black, 2003).

Overview of Theoretical Perspectives

As stated earlier, Therapeutic Enactment is a multi-modal, action-based group therapy that draws upon several major psychological theories and practices. The overview of theoretical perspectives will begin with an introduction to van der Kolk’s (1996/2007) neuroanatomical model of emotional arousal and declarative memory. Next, the interplay between procedural memory and conditioned sensorimotor responses (Scaer, 2001, 2005) will be discussed in an effort to elucidate the effects of emotional arousal on declarative memory, unconscious procedural memory cues, and its implications for the resolution of traumatic stress.

Neuroanatomical Model of Emotional Arousal and Declarative Memory

Emotional memory may remain disintegrated because explicit, or narrative, memory may fail during conditions of intense emotional arousal; that is, intense arousal could interfere with proper information processing and the storage of information in narrative memory. Within the
central nervous system (CNS), the thalamus, amygdala, hippocampus, and pre-frontal cortex are all involved in the integration and interpretation of incoming stimuli. Whereas the amygdala interprets and attaches the emotional valence to incoming sensory input, the hippocampus plays an important role in the evaluation and categorization of how incoming sensory stimuli are spatially and temporally related with one another and with previously stored experiences (van der Kolk, 1996/2007). As sensory input from the thalamus arrives at the amygdala before information from the neocortex, it is hypothesized that emotional evaluation of sensory input precedes conscious appraisal of emotional experience (LeDoux, 1992). In this manner, higher degrees of activation of the amygdala can mediate the generation of emotional responses and sensory impressions based on fragments of information, rather than on full-blown perceptions and intervening reflections of the precipitating events. In brief, when emotional responses to particular stimuli are uncoupled from cognitive assessment of available information, memories related to extreme stressful or upsetting experiences may be stored initially as disintegrated sensory perceptions or affective states, rather than as verbally encoded personal narratives, possibly due to decreased hippocampal memory functions during extreme emotional arousal.

Lending support to LeDoux’s (1992) hypothesis, van der Kolk (1996/2007) also proposed that very high levels of emotional arousal may prevent the proper cognitive evaluation and integration of information by interfering with hippocampal functioning, leaving the memories to be stored as affective states or in sensorimotor modalities, as somatic sensations and visual images. Figure 1 illustrates the neuroanatomical model by van der Kolk of emotional arousal and memory under extreme stress. Because the hippocampus has not played its usual role in organizing and integrating the incoming sensory imprints into a unified and meaningful whole, and in helping to localize these imprints in time and space, these experiences are laid down, and
later retrieved as bodily sensations and affective states that are not encoded into a coherent narrative of the event, but split off from memories of ordinary life events. In this manner, when confronted with a sensory stimulus reminiscent of an uncompleted distressing event, people tend to experience emotions as physical states rather than as verbally encoded experiences. Specifically, during heightened state of autonomic arousal, memory related to an extreme upsetting event is very likely to be recalled and experienced as disparate somatosensory components with little verbal representation.

*Figure 1. Hypothesized effects of emotional arousal on declarative memory*


In addition, as excessive stimulation of the central nervous system (CNS) at the time of overwhelming stress may result in permanent neuronal changes that have a negative effect on the discrimination of incoming sensory stimuli (Kolb, 1987), it can affect people’s ability to evaluate sensory stimuli and mobilize appropriate levels of physiological arousal. In subsequent states of
high arousal, people may experience difficulty regulating their autonomic reactions to internal or external stimuli when they have lost the capacity to utilize emotion as signals to think through, and assess the meaning of the situations. That is, when affects or sensations related to a particular overwhelming experience are activated, emotional arousal comes to precipitate motor responses at the expense of cognitive assessment. As noted by van der Kolk (1996/2007), physiological arousal in general can set off trauma-related memories, and trauma-related memories, in turn, can precipitate generalized physiological arousal. In other words, it is not the uncompleted event itself, but the kindling of emotional memories related to the overwhelming experience that disrupts people’s capacity to modulate their arousal. Difficulty in regulating autonomic arousal can, in turn, affect individuals’ ability to make creative adjustments to stressful life events. As intense arousal can affect people’s ability to processing information on a cognitive level, overwhelming life events are initially experienced and later recalled on a pre-verbal level. Thus, he has concluded that while therapeutic change seems to be tied in with an individual’s ability to integrate disparate sensory perceptions and affective states related to an overwhelming experience into a coherent personal narrative, the first focus of treatment rests in learning to regulate autonomic arousal triggered by internal and external stimuli, as well as developing the capacity to attach words to somatosensory experiences within the safety of attachments.

**Procedural Memory and Conditioned Sensorimotor Responses**

As heightened amygdala stimulation can inhibit the hippocampus functioning, memory encoding for conscious declarative memory is disrupted, preventing the integration of new memories into existing memory network. This could lead to memories of emotionally laden events to be encoded on an implicit or perceptual level (van der Kolk, 1996/2007). Procedural memory is non-declarative, or implicit memory that is responsible for storing learned motor
skills and conditioned sensorimotor responses. It is the primary source of unconscious storage of survival-based information that may be enhanced by the emotional valence of the experience, and is in general hardwired in the brain (Scaer, 2001, 2005). For example, when procedural motor learning takes place during a life-threatening event, the unconscious sensations that the body experiences and the pattern of movements of muscles and tendons used in the act of defense are therefore permanently retained in procedural memory. These sensory perceptions and reflex motor responses then are stored as parts of a survival skill that will be used in the face of subsequent future threats. In this manner, procedural memory represents learned sensorimotor responses that help enhance resilience for later life-threatening experiences.

In unresolved traumatic stress, however, procedural memory turns inward, leading to an aberration of conditioning as a means of survival and a source of dysfunctional emotions and negative physical experiences (Scaer, 2005). Specifically, when the freeze response is induced but thwarted from discharge in a state of helplessness, all of the sensorimotor experiences and cues relate to unresolved traumatic events can be consolidated in procedural memory. In this manner, subsequent exposure to these internal and environmental cues that represent an unresolved traumatic event then will elicit negative emotions, such as fear, along with the autonomic and sensorimotor responses as if the stressor or threat were still imminent. As commented by Scaer, a single traumatic event can disrupt the internal state of homeostasis, and therefore, produce a process that is self-perpetuating even in the absence of ongoing external life stressors or threats. Herman (1997) also noted that “each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over” (p. 34). In such cases, the body sensations representing stored traumatic procedural memory may themselves serve as a message of threat, eliciting low-grade arousal as
part of the preparation for the fight/flight response.

In the same way, images, explicit memories, and other internal cues to the original traumatic event may also set in motion the cycle of neural connections, which in turn activates the brain’s neurophysiological cycle of arousal. On a negative side, such conditioned sensory experiences and learned motor responses can not only shape how one views the world but also limit the breadth of one’s behavioural options. As a consequence, the individual is unable to mobilize adaptive and spontaneous responses to future life events. In essence, what has been implicitly, procedurally learned—in particular the body’s conditioned sensorimotor responses—must be disrupted for change to occur (Ogden, Minton, & Pain, 2006). As Scaer (2005) has pointed out, resolution of traumatic stress lies in the process of extinction and reconsolidation of the conditioned procedural memory cues by down-regulating the amygdala activation during imagined exposure to the event that replicates the sensorimotor experiences and cues of the traumatic experience. Therapeutic change comes about when a new cognitive meaning for the previously disturbing body sensations is established within a safe and supportive therapeutic relationship that imparts a sense of control.

Sensorimotor Psychotherapy

Odgen, Minton, and Pain (2006) argued that what has been procedurally learned, especially the body’s tendencies, must be disrupted before therapeutic change can come about. Although top-down cognitive processing techniques offer effective management of hyperarousal and provide significant relief, they may not fully address the problem (Allen, 2001). Odgen, et al. (2006) further noted top-down management may redirect the traumatic experience and arousal on the sensorimotor and emotional levels, but the processing and assimilation of sensorimotor reactions to the trauma may not have occurred. In other words, while an individual may learn to
mitigate arousal through cognitive processing, the underlying tendency for such arousal to move beyond the window of tolerance may not have been fully resolved. Ogden et al. (2006) argued that it is essential to blend “bottom-up” approaches that directly address the effects of traumatic experience on the body and on procedural learning into traditional treatment modalities. To fully assimilate un-regulated arousal related to trauma, “bottom-up” somatic interventions, such as cultivating client’s awareness of inner body sensations and implementing physical actions for empowerment, need to be blended into traditional cognitive-behavioural and psychodynamic psychotherapy. In traditional therapeutic approaches, when the life narrative is retrieved and re-told by the individual, the implicit somatic components of the memory can be activated simultaneously. In this way, the person is likely to become prone to re-experience a wide range of involuntary somatosensory symptoms associated with hyper- and hypoarousal states, such as automatic dysregulation, intrusive sensory experiences, involuntary movements, and dissociative physical defenses (Odgen, Pain, & Fisher, 2006). For these reasons, existing psychodynamic or cognitive-behavioural approaches to trauma recovery are insufficient to address the psychological components and the autonomic dysregulation of chronic re-experiencing and avoidance. To alleviate symptoms and experience a reorganized sense of self, clients who exhibit unresolved sensorimotor reactions to past trauma must learn to identify, experience and regulate these reactions physically (Ogden, Pain, Minton, & Fisher, 2005).

Sensorimotor psychotherapy is a method that facilitates the processing of unassimilated sensorimotor reactions to trauma by integrating sensorimotor processing with cognitive and emotional processing. The intention is to resolve the destructive effects of these unassimilated sensorimotor reactions on cognitive and emotional experience by (a) helping the client regulate affective and sensorimotor states through the therapeutic relationship, and (b) teaching the client
to self-regulate by mindfully contacting, tracking, and articulating sensorimotor processing independently (Ogden & Minton, 2002). In sensorimotor psychotherapy, top-down cognitive processing is harnessed to support bottom-up sensorimotor processing rather than just manage it (Ogden, Minton, & Pain, 2006). For instance, during the therapy session, the client may be asked to employ the “higher mode” cognitive process to mindfully track the sequence of bodily sensations and impulses as they progress through the body, and to temporarily disregard emotions and thoughts that arise, until the bodily sensations and impulses subside to a point of stabilization.

As indicated by Ogden, et al. (2006), coupling the body sensations of physiological arousal with the emotions related to traumatic events can complicate the client’s capacity to process and resolve traumatic experiences. The integrative levels of sensorimotor and emotional can intensify and compound each other when body sensations are interpreted as an emotion. Accordingly, the amount and kind of information can be reduced and, more ably processed by the clients when the sensations of physiological arousal are uncoupled from trauma-related emotion. Cultivating the capacity to accurately verbalize body sensations helps uncouple trauma-based emotions from body sensations. When clients are able to use a precise vocabulary for sensations, their perception and processing of physical feelings can be expanded. Through interactive regulation, therapists help clients form accurate verbal descriptions of their physical experience, and track bodily sensations until the sensations themselves settle down. In closing, sensorimotor processing alone is insufficient to effect change. It requires the integration of all three levels of processing—sensorimotor, emotional and cognitive—to activate the recovery process (Odgen & Minton, 2000). Despite its clinical practice and relevant empirical evidence, no formal empirical research to date has been conducted to validate the efficacy of this approach.
Gestalt Therapy

The process of client change in Therapeutic Enactment draws primarily upon the theoretical underpinnings of Gestalt therapy, in particular, its organismic approach to work with the body in psychotherapy. The following discussion on Gestalt theory and the Gestalt cycle of self-regulation will conclude the overview of the theoretical perspectives central to Therapeutic Enactment.

Field Theory

In the view of Gestalt therapy, self is inseparable from one’s organism and environment field. In Gestalt, the words “organism” and “organismic” are used in a similar way the word “object” is used in “object-relations.” It denotes the dynamic nature of people as biological beings with primitive, social and spiritual needs, and systematically interdependent with their environment. Lewin (1951), the developer of field theory, postulated that the field which influences an individual be described in the way in which it exists for that person at that time. In order to understand the individual’s psychological world, Gestalt theory oriented psychologists are interested in describing the totality of those dynamics, which make up the field of that individual. Field theory posits that it is impossible to view a person’s psychological situation in the absence of his or her environmental field; that is, psychological situation can only be brought about by the interplay of organism and environment. Incorporating a systems perspective on human problems, the Gestalt approach emphasizes that human beings can be understood only within the system of which they are a significant component part (Clarkson, 2004).

Body and the Disowned Self

In the view of Gestalt therapy, one’s body is regarded as self, and bodily experience as
experience of oneself; in other words, the self or “I” is an embodied self as well as a mental and non-corporeal one (Kepner, 1987). Psychological distress occurs when a person alienates, rejects or, in the common clinical term, disowns what is organically his or hers, and identifies only with oneself as a mental and non-corporeal being (Perls, Hefferline, & Goodman, 1951). As many of the organismic functions such as the feelings, needs, expressions and movements are rooted in our physical nature, disowning those aspects or functions of our organism requires that we disown the bodily aspects of self that are involved. When we relegate our body-self to an “it” and experience what comes in the form of body experience as alienated from self and thus irrational, our body in a sense becomes the disowned self. For example, a person can keep his or her feeling self out of his or her awareness by physically tensing against the body sensations or repressing the body responses associated with a strong feeling like love or hurt.

Similarly, when the environment rejects or discourages the inborn qualities of one’s self such as the want for love or the capacity for vulnerability, such intrinsic aspects become disowned from one’s self. In other words, the split of body from self, and by extension the separation of body and mind, is the result of an adaptation to an unfinished, and often distressing life event that was experienced physically in the past. In this splitting-up of oneself into parts, those aspects of body experience that have been distressing are kept out of awareness and alienated from self, whereas the “I” is usually identified with thoughts and verbalizations. In short, when the feelings and motor components of both past and present experiences are separate from the verbal and imagistic aspects of experience, the unity of one’s experience is disrupted. It is in this disruption of coherence as wholes that memories of an unfinished event or action become difficult to recall and re-create (Kepner, 1987). As psychological distress is the result of the alienations of the self and misidentification of a split-off part as a whole, the key to
therapeutic change is to integrate the client’s experience into a whole by the recovery and re-
ownership of the disowned aspects of the self, particularly the bodily aspects of self (Kepner, 1987).

Re-sensitization of the Bodily Self

From the perspective of Gestalt therapy, re-sensitization, or undoing of desensitization, of the bodily self through focusing, breathing, and enlivening the body-self is critical to the re-
ownership and integration of disowned aspects of self. Sensory capacities refer to senses that are oriented towards the internal sense of self, as well as an individual’s relationship with the environment. As our sense of reality is based on our degree of contact with our sensory background, a capacity for full sensations is essential to our sense of reality. That is, “Bodily sensations are the primary means of grounding ourselves in the reality of self and environment” (Kepner, 1987, p. 96). In Gestalt therapy, this is called “grounding”. Healthy grounding requires a lively sensing body that is receptive to the emerging sensations, and capable of sustaining that focus long enough for the sensation to become clear and differentiated. Desensitization occurs when individuals alter their capacity for perceptions to cope with and, less the discomfort of, disturbing sensations. For example, people tend to experience shallow or minimal breathing when they begin to recall and talk about topics about which they feel distressing. While such a reaction essentially limits their sensation capacity, it also controls the emerging feelings. In this manner, a full sense of self is reduced and split up. In the Gestalt approach, re-awakening the disowned bodily aspects of self lies at the root of therapeutic change. To activate the process of therapeutic change, therapy begins with enlivening the body-self through the use of touch and motoric movement, while simultaneously working with the avoidance of attention to bodily experience and interference of breathing (Kepner, 1987).
**Body Process and Action**

The emphasis on the use of movement and physical expressions distinguishes Gestalt therapy from some other insight-oriented therapies. It differs from some expressive therapies in that body movement is viewed within the context of the completion of organismic needs. Expressive movements are a way of embodying inner feelings. “From the Gestalt perspective, movement occurs not as an isolated mechanical process, but as embedded in the larger cycle of organismic self-regulation” (Kepner, 1987, p. 139). Movement helps bring the organism into contact with that aspect of oneself that is disowned but seeks completion, or into contact with the environment that is necessary for growth. In such way, movement can be seen as a function of the self that serves to move an individual towards completion and wholeness. Movement can be viable only when it is grounded in sensation and feeling, thus mobilizing individuals into making appropriate contact with their environment to find completion of organismic needs. Likewise, healthy action must be related not only to the needs and feelings of an individual, but also to the present environment, that is, in contact with a here-and-now context. In short, the essential organismic needs of an individual will remain incomplete and unfinished, as long as he or she is unable to act in a full, direct, and authentic way (Kepner, 1987).

**Figure and Ground**

In Gestalt therapy, the primary psychological need is viewed as people’s need to create a meaningful personal construction out of the available field of their perceptions, experience and existence, and as the human tendency to perceive meaningful wholes even though some of the information is missing in the environmental field. “Figure and ground” is the basic Gestalt perceptual principle of making wholes of human needs or experiences meaningful (Clarkson, 2004). The cyclic process for the emergence, prioritizing and satisfaction of needs can be
perceived through the relationship between “figure and ground”. The “figure” represents the need or want that grasps the individuals’ interest, whereas the “ground” refers to the background of the figural experiences. A gestalt formation circle is the process whereby a need becomes figural, is acted upon, and then recedes into the background when a new figure emerges (Corsini & Wedding, 2005). Incomplete gestalten or unfinished situations occur when the process of moving flexibly and creatively between figure and ground is chronically or traumatically interrupted. When individuals experience the tension of an incomplete gestalt, it ends up being brought to an inappropriate or premature closure. As Clarkson (2004) has noted, “This closure may take physiological, affective, cognitive or behavioural form” (p. 8). An example of inappropriate cognitive closure could be manifested through a self-perpetuating script belief of “I am unlovable” whereby an individual suppresses his or her unmet need for affection from emerging in the foreground (i.e., awareness).

**The Gestalt Cycle of Self-Regulation**

*Figure 2. The Gestalt cycle of self-regulation*
Founded on a theory of process, the Gestalt concept of organismic flow is represented by the rhythmic, interrelated cycle of Gestalt formation and destruction. This process of interaction between the organism and environment takes place through the formation of figures of interest that compels individuals to seek completion for compelling need in the environment through their behaviour. Every cycle of organismic self-regulation is similar because it involves the cyclic process of the compelling need, contact in the environment to complete the merging needs, the receding of the figure into the background, and the emergence of the next figure of interest standing out against the background. While the particular content involved may differ, and the cycles may take place over different spans of time, the phases of each organismic self-regulation cycle are the same (Kepner, 1987). Figure 2 illustrates the sequence of Gestalt formation and destruction that completes the cycle of self-regulation.

In Gestalt therapy, an interruption in the flow of the self-regulation cycle or a dysfunction in any one of more stages of the cycle results in unfinished business. This incompleteness is manifested as organismic disturbance and dis-ease such as pain, anxiety, depression, disease, and lack of spirit and wholeness. When the cycle is habitually interrupted and thus the compelling needs remain unresolved, a person becomes stuck within the sequence of self-regulation. In this manner, organismic self-regulation is replaced by neurotic self-regulation when a creative adjustment once made in a difficult situation in the past is not readjusted in response to the changing field. These stuck points are referred to resistances to contact (Kepner, 1987). For example, resistances to contact in the sensation stage often occur when sensations from the body such as pain or discomfort are ignored and information from the environment is also blocked. Similarly, resistances to contact in the stage of figure formation occur when a person tries to disturb the emergence of a new figure by not paying attention to or by deliberately diverting
attention from that which is most significant to their well being or need-fulfilment. Such dysfunctions in the awareness stage often lead to a lack of spontaneity and an alienation from the bodily self and the environment (Clarkson, 2004). Accordingly, enabling individuals to make contact with their vulnerable side or the inhibited experience within a relatively safe therapeutic relationship remains at the core of therapeutic work in Gestalt therapy.

**Therapeutic Enactment Action Therapy**

Despite the fact that various studies focusing on different aspects of Therapeutic Enactment (Keats, 2000; Westwood, Black, & MacLean, 2002; Cave 2003; Black 2003; Foster 2003) have been conducted at the University of British Columbia, to date no empirical research has been conducted to investigate the efficacy of integrating sensorimotor processing into Therapeutic Enactment in a group context. As defined by Ogden and Minton (2000), sensorimotor processing involves sensory, physiological and motor sequences associated with the senses, impulses, movement, postural changes, orienting responses, physical defensive responses, and autonomic nervous system (ANS) arousal. Comprised of three interactive components—inner-body sensation, five-sense perception, and movement—sensorimotor processing is the way by which an individual habitually orients to, registers, organizes, interprets, and acts on information from the sensorimotor systems (Ogden, 2003; Ogden, Minton, & Pain, 2006). Among the three levels of hierarchical information processing, sensorimotor processing conditions emotions and cognitions, whereas cognitive and emotional processing strongly affect the body. For example, at a sensorimotor level, unfinished or uncompleted sensorimotor expressions or movements can disrupt the overall integrative functioning of sensorimotor processing, and therefore affect individuals’ ability to think clearly or to perceive emotional states accurately. Therapeutic Enactment works directly with the lower-level
integrative function of sensorimotor processing, and at the same time, address the higher-level 
integrative functioning of emotional and cognitive processing. By replicating the sensorimotor 
experiences and cues of an uncompleted or missing narrative event or action in a safe and 
validating group setting that provides a sense of control, Therapeutic Enactment allows 
individuals to extinguish and re-consolidate the offending memory cues. That is, through the re- 
enactment of uncompleted sensori-movements or expressions, a new cognitive meaning is 
established for the sensory perceptions, bodily sensations, reflex motor behaviours, and 
sympathetic autonomic arousal associated with the response to an incomplete gestalt. Further, 
when new meanings associated with the habitual, unregulated sensorimotor reactions are 
established, the integrative capability for emotional and sensorimotor processing can be restored.

Although several clinicians and therapists (van der Kolk, 1996/2007; Herman, 1997; 
Scaer, 2001, 2005; Ogden, 2006) have addressed the need for a new paradigm for the treatment 
of trauma that is action-based rather than dependent solely on individual verbal therapy, to date, 
a clear, all-inclusive and empirically validated method has not been proposed. Ogden (2003) 
indicated that group work is a very important area for future study, in particular since individual 
therapy is impractical and unavailable to the majority of individuals who are affected by trauma. 
Therapeutic Enactment is a group-based intervention for trauma repair that facilitates the process 
of accessing and integrating the explicit and implicit components of memories associated with 
unresolved, often injurious and painful live events, including relational and physical trauma. It 
differs from classical psychodrama in that the enactment events are carefully planned and 
scripted prior to the intervention, instead of being re-enacted spontaneously in front of the whole 
group (Cave, 2003). As a multi-modal, action-based group therapy, Therapeutic Enactment 
draws upon several major psychological theories and practices encompassing psychodrama,
group counselling theory, Gestalt therapy, schema and script theory, self-psychology and object-relations, attachment theory, enacted narration, social learning, and body psychotherapy. During the enactment, the individual who enacts his or her narrative takes on the role of the lead, with the rest of the group participants as the witnesses. The intervention takes place in groups consisting of approximately 8 to 25 participants, with an ideal group size of 20 members. Therapeutic Enactment intervention consists of five phrases: (1) assessment and preparation; (2) group building; (3) enactment; (4) sharing, connecting, and closure; and (5) integration and transfer (Westwood & Wilensky, 2005).

During the assessment and preparation phase, the individual who wants to do an enactment meets with the therapist to assess his or her needs and develop a detailed plan for the enactment event. The major processes for the individual in the pre-enactment assessment phase involve choosing and defining the core scene for the enactment, establishing nuclear or core scripts which dictate how the self relates to the world, and developing and installing personally meaningful resources that provide the individual with a sense of empowerment and safety in the enactment. An example of resource installation can be for the lead to choose a child or adult double from the group before enacting his or her story. In order to uncover core beliefs that result in self-perpetuating nuclear scripts, it is important that the therapist helps the individual identify the specific event contributing to his or her underlying core script. Overall, the group functions as a central component of healing, and group building and process forms the major part of the beginning of the intervention (Westwood & Wilensky, 2005). Accordingly, in the group-building phase, the therapists work to create groups where members feel safe and supported in risk-taking and participation.

The enactment phase is the point at which the individuals enact their chosen narratives.
As soon as the resources have been selected and installed, the therapist and lead step into the circle and walk around the inside of the group as the lead begins telling his or her story (Westwood & Wilensky, 2005). From the Gestalt perspective, the lead is mobilized into action the moment he or she begins walking around the inside of the group and telling the story. Stepping into the circle and walking around the inside of the group symbolizes the initiation of the contact cycle and the beginning of the journey toward experiencing “the person as whole” on the part of the lead. During this initial enactment, the lead is readying his or her physical supports for action as reflected in posture, body alignment, and muscular tone (Kepner, 1987). In the presence of the supportive therapist and affirming group, the lead feels grounded and accordingly experiences a sense of control of the enactment.

As the lead tells his or her story, the bodily sensations, sensory perceptions, emotions, thoughts and actions associated with the memories of an unresolved or uncompleted narrative event are brought to awareness. By translating inner feelings into self-expressive movements and action, the lead brings a part of oneself into contact with the environment. At the same time, in the process of expressing inner emotions and executing motoric behaviours, the lead’s moving self is mobilized into contact with his or her disowned aspects of self. Throughout the entire course the enactment, the therapist asks the lead to verbally describe what happens in their internal sensory experiencing and motor responses when he or she enacts the narrative. When the lead becomes aware of the conditioned sensory perceptions and reflex motor responses associated with the unresolved narrative event that is being enacted, and capable of re-encoding the conditioned sensorimotor associations into meaningful verbal descriptions, the dissociated components of memories are thereby integrated. In short, upon the completion and enactment of an unresolved narrative event in a benign and validating environment, procedurally learned
sensorimotor responses associated with the unresolved narrative event or defensive action are disrupted. The lead feels relieved and a sense of joy and completion after experiencing the intense emotions at the crucial point of enactment. In addition, as the lead has had an opportunity to re-produce memories verbally during the enactment, habitual, unregulated sensorimotor responses and emotions associated with the unresolved narrative event or action are bought to consciousness and, as a result, uncoupled from each other. Moreover, after the lead becomes aware of how the unresolved narrative event has contributed to his or her self-perpetuating script patterns, new meanings associated with the unresolved event can be established, which in turn promotes a new, healthier and more responsive creative adjustment. As such, the old script system is disrupted, and accordingly, the lead is able to re-story his or her new life script. As illustrated in Figure 3, the intent of the present study was to describe the lived experience of sensorimotor processing in the enactment phase. The present study, in particular, focused on the interactive process of physical changes at the sensorimotor level throughout the three stages of initiating enactment, expressive experiencing, and completion.

*Figure 3. Phase three of Therapeutic Enactment: Enactment*

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Note: Adapted from “Five phases of Therapeutic Enactment” (2005, p. 8). In M. J. Westwood and P. Wilensky, Therapeutic enactment: Restoring vitality through trauma repair in groups, Vancouver: Group Action Press.
Therapeutic Enactment Research Findings

Recent studies conducted at the University of British Columbia (Keats, 2000; Westwood, Black, & MacLean, 2002; Cave 2003; Black 2003; Foster 2003) as well as outside the University of British Columbia (Morley, 2000) have provided the most relevant research on Therapeutic Enactment. The purpose of this literature review is to identify the gaps between the existing studies in Therapeutic Enactment and the current study. As such, only recent studies that are most relevant to the present study will be reviewed and compared.

Morley (2000)

Morley’s (2000) study utilized a case study research methodology and the existential phenomenological approach for data analysis to answer the research question of “What is the lived experience of trauma repair through Therapeutic Enactment.” His study examined the change process through Therapeutic Enactment for trauma repair. As a result of analyzing the transcripts of in-depth interviews with 2 co-researchers, 27 themes related to the experience of trauma repair through Therapeutic Enactment were identified and grouped into three categories: (a) themes prior to the enactment (Precipitating Condition); (b) themes during the enactment (Enactment Stage); and (c) and themes following the actual enactment (Post Enactment). Trust building and safety were identified as the central themes associated with the pre-enactment stage, whereas dissociation and reconnection as the higher order themes associated with Therapeutic Enactment. In Morley’s study, 11 themes were identified during the Enactment Stage. The following is a summary of themes identified during the Enactment Stage that are most relevant to this study:

1. The co-researchers identified themselves as being dissociated during their enactment, and experienced very limited memory recall of their actual enactment, immediately
following the enactment.

2. The main memories of the enactment recalled by the co-researchers were physical memories that included movements, motor action, images, sensory perceptions, and body sensations.

3. The voice of the therapists served to regulate the dissociation experienced by the co-researchers by bringing them back into the here and now while doing their enactment.

4. When simultaneously reliving the trauma in the present moment, co-researchers experienced an interactive process, which resulted in a reduction of trauma symptoms.

5. Co-researchers experienced new emotional scripts associated with the traumatic event as a result of the enactment.

6. The enactment was experienced as intensely real such that the co-researchers experienced a loss of control over their body, but also experienced the return of control.

7. Co-researchers experienced intense feelings of deep relief, joy, or a sense of completion after critical point in their enactment.

While the results of Morley’s (2000) study suggest that co-researchers re-scripted their affective responses to the traumatic event through the active expression of behaviours, cognitions, and feelings during their enactment, there was no mention of how enacting the stories at a sensorimotor level brings about the change in their affective scripts. Another significant finding of Morley’s study shows that the memories that co-researchers had about their enactment are largely physical. However, his study did not describe what it feels like for the co-researchers to re-experience the conditioned sensory perceptions and reflex motor responses associated with the unresolved event in their enactment. Moreover, while his study demonstrated how the leads
were dissociated and experienced a loss of control of their body when returning to the scene of their trauma, it did not discuss the mechanism whereby the change process is activated at a sensory and bodily level when participants enact an unresolved event. It appears that body memories and physical experiences are the critical themes that emerge in the Enactment Stage of Morley’s study. While the results of Morley’s study suggest that physical movement during Therapeutic Enactment helps trigger physical memories manifested as motoric actions, visual images or body sensations, his study did not investigate how engaging in the process of recalling and re-experiencing body memories mediates the change in script beliefs and behaviours. The current study filled the gap in the findings of Morley’s study because it intended to uncover and describe the lived experience of sensorimotor processing when the leads enact an unresolved or uncompleted narrative event or action.

*Cave (2003)*

Cave’s (2003) study followed a quasi-research design combining qualitative and quantitative methods that examined the changes of 6 peacekeeping and combat veterans who participated in a group-based program with therapeutic enactment as a primary treatment modality of trauma reactions. Utilizing a structural narrative approach and psychometric measures for data collection, his study intended to answer the research question: What is the effect of a group-based therapeutic enactment program on veterans who have experienced trauma? In order to answer the question as it relates to the lived experience of change, qualitative data were collected individually from pre-group and post-group semi-structured interviews with a small list of open-ended questions, as well as a group-based follow-up interview. The quantitative method answers the question pertaining to personal functioning, specifically trauma symptoms and psychological functioning. Quantitative data were collected by the administration
of three psychometric measures—the Trauma Symptom Inventory (TSI), the Beck Depression Inventory-II (BDI-II), and the Self-Esteem Scale (SERS)—to measure the change in trauma symptoms and psychological functioning. The TSI was administered twice to illustrate the extent to which trauma symptoms decreased as a result of participating in the group-based Therapeutic Enactment action therapy. The BDI-II and SERS were administered three times to explain the inverse relationship between depression and self-esteem. Following that, core narratives and descriptive statistics were used to analyse the qualitative and quantitative findings of changes respectively. Themes identified by the participants during the interviews were categorized into pre-group, post-group, and follow-up themes. As showed by the thematic categories across three interviews, it appears that the primary focus of Cave’s study is on increased awareness of emotional reactions, but not on the participants’ physical experiences. The present study differs from Cave’s study in that it intended to describe and understand the lived meanings of sensorimotor reactions as manifested by arousal, sensory experiences, and reflexive motor responses when the leads access the memories associated with unresolved traumatic events.

In addition, one of the significant findings from Cave’s descriptive statistics of quantitative data shows a general reduction in trauma symptoms when the Trauma Symptom Inventory (TSI) was administered to the participants following the group-based Therapeutic Enactment, as compared to the results from the pre-group administration. While the Anxious Arousal (AA) scale of the TSI reflected the extent to which the participants experienced autonomic physical hyper-arousal and anxiety, Cave’s study did not describe systematically the process of change that the participants experienced at a sensorimotor level prior to, during, and following Therapeutic Enactment. The results of his study suggest that action-based treatment like Therapeutic Enactment best facilitates the therapeutic change process as it helps persons get
in touch with the verbal and nonverbal effects of trauma. One-to-one verbal therapy is ineffective to express and close the unresolved traumatic experience, especially for persons who have difficulty with emotional expression and verbal communication of uncompleted or unresolved personal experiences (Cave, 2003). The present study explored further the implications of Cave’s study as it represented a beginning step towards unravelling the complexity of the process of sensorimotor reactions when narrative memories associated with the unresolved events are enacted with associated emotions and thoughts.

**Black (2003)**

Black’s (2003) study investigated the subjectively constructed narrative of individual change for lead persons in a Therapeutic Enactment context. Utilizing the postmodern narrative approach with 6 co-researchers, Black’s study intended to answer the question: What are the subjectively constructed narratives, or stories, of individual change told by those who have taken part in their own Therapeutic Enactment, as a lead person, during a residential retreat? The results of Black’s study show that lead persons in Therapeutic Enactment experienced the process of change on six general levels including body sensations, emotions, behaviours, thoughts, relationships and spiritual connection. Black maintains that the heart of Therapeutic Enactment lies in re-living the re-constructed event as real in the here-and-now. The present study parallels to Black’s study in that it intends to understand the process of change that lead persons experienced when re-living an uncompleted or unresolved narrative event. However, it differs from Black’s study as it focuses on the change lead persons experienced, in particular, at a sensorimotor level when enacting their stories.

While one of the findings in Black’s study indicates that lead persons reported that they experienced different kinds of body sensations as a result of telling their stories and enacting the
resolved narrative events, his study did not explore systematically the nature of sensorimotor processing, including conditioned sensory perceptions, inner body sensations, expressive movements and reflexive motor responses, and its impact on the process of change when lead persons re-live the traumatic memories. Another finding of his study implies that emotions are not only intricately connected to body sensations, but serve as a higher order of awareness, thereby allowing the individuals to give meaning to their body sensations. Moreover, in regard to the process of change at the cognitive level, the results of Black’s study show that most lead persons reported to have experienced a change in the way they view themselves and others. In consistency with the results of previous studies on Therapeutic Enactment (Martens, 1990; Baum, 1994; Brooks, 1998), the results of Black’s study indicate that one’s ability to have thoughts about self and about others is inextricably linked to body sensations and emotions, as well as to behaviours. It appears that the findings from previous studies, including Black’s, corroborate that lead persons experience changes on the three hierarchical level of information processing as a result of completing their own enactment. However, none of previous research on Therapeutic Enactment has studied systematically how re-living an unresolved narrative event at the sensorimotor level activates the process of change on higher level of emotional and cognitive information processing. The present study differs from the previous studies in that it focuses on the nature of change on the lower-level sensorimotor processing when participants enact an uncompleted narrative event or action.

In conclusion, the change in perspective that lead persons had experienced about themselves and others suggests that lead persons were able to re-create a new self-script of their own as a result of re-living and re-constructing their enactment. This finding of Black’s study bears significant implications for the future direction of research on Therapeutic Enactment and
its efficacy on the change of self-perpetuating script beliefs, affect and behaviours associated with an uncompleted, unresolved traumatic event. In light of the need for further research on Therapeutic Enactment, the present study built on the findings of Black’s study in that it investigated the process of sensorimotor change in relation to the higher-level integrative functioning of emotional and cognitive processing in Therapeutic Enactment. Figure 4 illustrates the levels of information processing involved in Therapeutic Enactment.

*Figure 4. Therapeutic Enactment and hierarchical information processing.*
CHAPTER 3: METHOD AND RESEARCH DESIGN

Introduction

Given the fact that the present study sought to articulate and discover the lived meanings of sensorimotor processing precisely as experienced by the participants in group-based Therapeutic Enactment, the descriptive phenomenological psychological method (Giorgi & Giorgi, 2003) was utilized. In other words, an empirical, scientific approach was applied to the current study in order to explicate the psychological essence or structure of the phenomenon of sensorimotor experiencing or expression as it presents itself to the stream of consciousness of the participants in Therapeutic Enactment. This scientific approach is descriptive because its point of departure consists of concrete descriptions of the lived-experience of sensorimotor processing from the point of view of the participants. As Giorgi (1986) has asserted, in the rigorous pursuit of the clarification of psychological meanings being lived by the participants that reveal the nature of the phenomenon being researched, obtaining accurate and precise descriptions of the facts of a given experience is necessary because it serves as the point of departure for the discovery of meanings. In brief, within the descriptive phenomenological perspective, the purpose of the phenomenological analysis is to search for the essences or invariant meaning(s) of experience exactly as it appears to the participants’ consciousness. Especially, the ultimate outcome of the current study was to grasp the lived meanings of sensorimotor processing through the development of clear, precise, and systematic descriptions from the perspective of the participants.

The Research Question

The design of the present study purported to answer the following qualitative research question: What is the lived experience of sensorimotor processing when individuals complete an
unfinished or uncompleted narrative event or action through Therapeutic Enactment?

**Strategy of Inquiry**

*A Phenomenological Approach to Psychological Reality*

The theoretical orientation within which the present study was being constructed is phenomenology. The aim was to articulate and understand what an experience means from the perspective of the participants who have had the experience and are able to provide a comprehensive description of it (Moustakas, 1994). As observed by Giorgi (1986), “phenomenology is the discipline that devotes itself to the study of how things appear to consciousness or are given in experience” (p. 6). Phenomenology is interested in studying the structure, and the variations of structure, as well as of the consciousness to which any thing, event, or person appears (Giorgi, 1975b). Because people can only speak of that which appears to their stream of consciousness or experience, phenomenology holds that the minimum condition for the study of anything is that it be present to a person’s consciousness. In essence, the phenomenological approach to psychological reality focuses on how things and events are for the consciousness that beholds them, not how they are in themselves.

In the phenomenological attitude, what is experienced is understood to be an experiential given to the person experiencing some given phenomenon, not how it actually exists. Whatever presents itself in experience is taken only as a presence and no existential status is assigned to it. In other words, the claim that what appears to someone’s stream of consciousness or experience actually exists the way it is given cannot be affirmed from the phenomenological perspective (Giorgi & Giorgi, 2003). Within phenomenology, what presents itself as part of a person’s awareness is different from what might exist as a reality outside the experience (Pokinghorne, 1989). Accordingly, the phenomenal realm would be better understood as a living presence.
rather than knowledge, as the focal point is on appearances or presences, not on existences (Giorgi, 1975b). In addition, the phenomenological concept of intentionality holds that consciousness is always intentional. It emphasizes that people’s action should be explained with reference to their conscious intentions, and in relation to the meanings they give to their actions (Liamputtong & Ezzy, 2005). As Giorgi (1986) has noted, it is intentionality that differentiates consciousness or experience from things. Consciousness is intentional in that acts of consciousness are always directed toward objects that transcend the acts in which they appear (Giorgi, 1987). Further, phenomenology differs from other disciplines because it seeks the meaning of experience rather than its sheer facts. Phenomenologically grounded research uses a descriptive approach in order to grasp or clarify the meaning of an experience. Therefore, in an effort to insure a rigorous starting point of departure for a phenomenological understanding of meaning, obtaining descriptive facts of a given experience is necessary. More specifically, one has to reflect upon the sense of a given experience as meanings are discovered only reflectively, that is, in a reflective act of consciousness, not straightforwardly.

Phenomenological research is descriptive and qualitative. In addition, three features of the phenomenological approach are considered important for proper access to psychological reality (Giorgi, 1983). The first is that chronological primacy lies in the world of everyday life. Phenomenology studies naïve descriptions of lived psychological phenomena emerging from the everyday world and emphasizes the individual’s construction of a “life-world.” From a phenomenological perspective, the “life-world” means the everyday world as it is lived by individuals prior to explanations and theoretical interpretations of any kind (Giorgi, 1975b). Accordingly, how things or events appear in the life-world is relevant for the attitude that science should adopt toward that phenomenon. The other two features are bracketing and
phenomenological reduction. In a phenomenological investigation, one is to bracket or render non-influential what one knows about the psychological phenomenon being experienced in order to experience and describe it freshly. Originally derived from Husserlian phenomenology, bracketing refers to the Epoche process, meaning to stay away from or abstain. In the Epoche, only what enters freshly into the consciousness and only what appears as appearance has any validity at all in contacting truth and reality (Moustakas, 1994). Next, the re-experiencing and descriptions is to take place in the attitude of phenomenological reduction. Because the empirical phenomenon can never be adequately given, the researcher focuses on how it appears to consciousness rather than how it exists in itself. That is, in analyzing descriptive givens that emerge from the life-world, the researcher takes the participants’ reports as naïve descriptions of their lived experience, not as statements about an independent reality. Thus, Giorgi affirmed that a reduced phenomenon is claimed to be only as it is for the consciousness that beholds it. In this view, instead of enumerating the facts of the given experience, phenomenological researchers speak about how the experience presents itself to the consciousness of the experiencing individual, or its meaning. In brief, within the phenomenological reduction, the outcome of its activity is “presences” or, more precisely, “reality as experienced,” which means “reality in a specific mode of presence.”

The Descriptive Phenomenological Psychological Method

The emergence of empirical phenomenological research was led by Amedeo Giorgi at Duquesne University from 1970 to the present. Influenced by the European philosophies of Edmund Husserl and Maurice Merleau-Ponty, Giorgi was credited leadership in the development and formalization of descriptive phenomenological psychological research method in North America (Wertz, 2005). In his article, “An Application of Phenomenological Method in
Psychology”, Giorgi (1975b) highlighted the following characteristics of the phenomenological approach:

1. Fidelity to the phenomenon as it is lived.
3. Descriptive approach.
4. Expression of situation from viewpoint of subject.
5. Situation as unit of research implies structural approach.
7. Engaged researchers.
8. Search for meaning.

As observed by Giorgi (1975b), fidelity to the phenomenon as it is lived does not necessarily mean capturing the totality of the phenomenon in every conceivable aspect even if such were possible. Rather, it means apprehending and understanding those aspects being studied within the lived context of the one living through the situation. Fidelity to the lived phenomenon calls for the attitude of the researcher in allowing anything that the participant feels is worthy of mentioning to be registered as data, as well as in making explicit the perspective of the researcher throughout the research process. In this view, the researcher makes every endeavour to transform and constitute the actual data of the research that are truthful to the initial description given in an in-depth, open-ended interview by a participant. In addition, the researcher wants to be sure that data to be collected include the context of the lived situation and the participant’s specific expressions. In other words, the data must be obtained precisely from the participant’s viewpoint of the lived situation, and be analyzed in light of the participant’s own interpretation of the situation.
Giorgi and Giorgi (2003) argued that the transcendental perspective of Husserl’s phenomenological method is wholly philosophical and should not be a guide for psychological analysis. Accordingly, they have developed the descriptive phenomenological psychological method as a scientific version of the phenomenological method. The method is descriptive as the end result of the analytical process is a description of the psychological essence or structure of the phenomenon from the perspective of everyday life by the participants. For the scientific level of phenomenological analysis, the researcher first obtains descriptions of experiences from the participants, and then enters into a scientific phenomenological reduction while simultaneously adopting a psychological perspective. Within the scientific phenomenological reduction, the researcher makes no commitment to the existence of the given phenomenon. That is, whatever is given is taken exactly as it presents itself, but not as how it actually exists. In addition, to experience the instance of its occurrence freshly, the researcher uses the epoche to bracket past knowledge about the experienced phenomenon. Accordingly, within the reduction, the states of affairs experienced are reduced, but the acts of consciousness are not. The third step of the descriptive phenomenological procedure is to seek the essence of the phenomenon by means of the method of free imaginative variation. The researcher begins by varying specific dimensions of the phenomenon and then seeks the effect on the phenomenon when the key dimension is removed or changed. The intent is to seek the psychological essence or structure of the phenomenon and not the universal essence. As noted by Giorgi and Giorgi, the structure is meant to convey what is truly psychologically essential about the phenomenon being studied; therefore, “the structure is not meant to be universal but only general or typical” (p. 258). In brief, the ultimate outcome of a phenomenological analysis is to determine the psychological meanings being lived by the participants that reveal the nature of the phenomenon being researched.
**Researcher’s Perspective and Role**

In proceeding within the descriptive phenomenological perspective, I did my best to read the descriptions provided by the participants without prejudice, and endeavoured to thematize the protocols from the participants’ viewpoint as understood by me. In this manner, I admitted as explicitly as possible the presuppositions and theoretical assumptions that do exist and suspended them in order to describe the lived through experience of sensorimotor processing freshly. This would prevent my assumptions and biases from influencing the collection and constitution of data. As Osborne (1990) has observed, the goal is to understand a phenomenon by allowing the data to speak for themselves so that the individual participant’s experience is presented in its purest form. Specifically, in an effort to make as psychologically explicit as possible the lived meanings expressed by the participants with regard to their sensorimotor experiencing and expressions during Therapeutic Enactment, I attempted to express these meanings in the nascent language of phenomenological psychology, with all of the nuances implied by the participants’ context. In this regard, I did my best to clarify the situation and its context insofar as it is psychologically relevant to and significant about the phenomenon being researched. Accordingly, it also helps set the limits of the context in which these meanings are credible. In general, I perceive myself as an engaged researcher, who plays an active role in the collection and constitution of the actual data of the study. Precisely because lived meanings are not always known explicitly but must be discovered and thematized, I made every effort to transform these meanings units that were originally in the every day language of the participant into psychologically explicit expressions. It means precisely that the initial description given by the participant in an open-ended, in-depth phenomenological interview was transformed by my engaging in a dialectical exchange with the participants according to the intention and aim of the
current study. In closing, I believe that the research situation itself is a lived situation and is dialectically determined between the researcher and the participants. In fulfilling the requirement of researcher reflexivity for empirical qualitative research, I endeavoured to maintain objectivity, neutrality and transparency by constantly taking stock of my actions and role during the entire research process, and subjecting these to the same critical scrutiny as the rest of the empirical data and research procedures.

**Researcher’s Assumptions, Beliefs and Biases**

Qualitative research acknowledges that the researcher is an instrument of the research study (Liampittong & Ezzy, 2005). In the phenomenological perspective, Giorgi and Giorgi (2003) noted that the outcome of phenomenological analysis is entirely based on the psychological meaning discriminations performed by the researcher, and the meaningful psychological results are all present to the consciousness of the researcher. For this reason, to enter the consciousness freshly such that the phenomenon under study can be described precisely as it is lived and experienced by the participant, it is particularly important for researchers to acknowledge and describe their entering beliefs and biases early in the research process, and then to bracket off or suspend those biases as the study proceeds (Creswell & Miller, 2000). That is to say, in establishing the credibility of the present study, I made every effort to fulfill researcher reflexivity by examining and self-disclosing my assumptions, beliefs, and biases at the beginning of the research process. Based on my exposure to recent advances in Therapeutic Enactment and its relevant literature, I acknowledge to myself that I have formulated the following assumptions and beliefs:

1. Bodily sensations, rather than cognitive interpretation, produce feelings.
2. Memory will be difficult to recall when feelings and bodily aspects of both past and
present experiences are isolated from the verbal and imagistic aspects of experience.

3. The separation of body from self is an adaptation to stressful life events that are experienced physically; therefore, therapeutic change depends on the integration of the individual’s experience into a whole by the recovery and re-ownership of the bodily aspects of self.

4. As generalized physiological arousal can set off trauma-related memory, unresolved sensorimotor reactions can condition emotional and cognitive processing, thereby disrupting the individual’s capacity to think clearly or to perceive emotional states accurately. Accordingly, conditioned autonomic sensorimotor responses related to unresolved traumatic stress need to be re-experienced and processed first.

5. Procedurally learned physiological arousal and impulse can be disrupted through bottom-up sensorimotor processing. Learning to describe and find the words for bodily sensations enables the individual to uncouple trauma-related emotions from bodily sensations.

6. Self is a perpetually rewritten script. Enacting an uncompleted narrative event helps the individual re-experience unresolved sensorimotor reactions physically, which in turn brings about the change in script beliefs and affects.

In addition to the theoretical assumptions I have disclosed, I recalled that I had a profound experience as a witnessing member in a three-day Therapeutic Enactment workshop on the campus of the University of British Columbia. My personal experience as a witnessing member of Therapeutic Enactment is as follows:

1. The whole group felt like a safe haven to me such that I felt securely attached to the rest of the witnessing members, the leads and the therapist.
2. As the leads, joined by the therapist, started working around an imaginary inner circle in the group, and began their story, I noticed that they were able to experience their bodies more fully through expressive movements and actions.

3. One of the leads chose to use sculptures in her enactment work to visually depict her relationship with her alcoholic mother, and her pain and loneliness growing up in an insecurely attached parent-child relationship. As I had been invited to play the motionless, non-verbal role of her mother in her sculpture, I was aware that simply viewing the whole sculpture from a short distance had brought out her tears. It seemed to me that the image of the sculpture had not only unlocked the suppressed traumatic memory inside her, but also resurrected the sensorimotor reactions stored in her memory.

4. Another lead chose to enact a saying goodbye scene in the hope to make a closure to her unresolved grieving around the sudden, tragic death of her only beloved elder sister, who had lost her life to a hiking accident at the age of 20. Bearing witness to her pain and anger, I felt that my heart was totally constricted as I listened to her wailing and crying over her deceased sister. I had also found myself experiencing extremely intense emotional arousal from her wailing, and as a result, I could not help but rely on top-down cognitive override to keep my arousal within tolerable levels. I wondered what the rest of the witnessing members were feeling inside their body, in particular that member who was invited to be the lead’s sister and sitting right across from the lead throughout the enactment.

5. The other lead chose to enact a typical family scene involving his seemingly callous and domineering father talking down to his enthusiasm and ingenious proposition in a
degrading, shaming manner across from the dinner table. Immediately following the father’s yelling and derogatory remarks, the lead was silenced and I noticed that his facial complexion had turned red. It felt like to me a silence of helplessness and, underneath this silence of helplessness were mixed feelings of shame, hurt, and perhaps, anger. I felt my throat was being strangled and the clock seemed to have stopped running at that moment. With the interactive regulation from the therapist, the lead was able to recover from this profound feeling of shame, and re-enacted the family dinner scene within a more tolerable state of arousal.

Moustakas (1994) asserted that the challenge of the Epoche is for researchers to be transparent to themselves and to allow whatever is before them in consciousness to disclose itself so that they may see with new eyes the phenomenon being researched in a naïve and open manner. Stating as explicitly as possible my pre-suppositions at the onset of the research process is meant to reflect critically on my self as researcher and become aware of the potential lens through which I might use to read the descriptions from the perspective of every day life by the participants. The intent is to remain transparent to my self as researcher so that I will be more able to highlight and thematize the psychological dimensions contained within the description from the participant’s viewpoint as understood by me.

**Data Collection Procedures**

To receive feedback on the process and questions of in-depth phenomenological interviewing, a pilot study with a former Therapeutic Enactment participant was conducted before the study participants were interviewed. The person chosen for the pilot study was expected to be familiar with the methodology employed in the present study and to have experienced a profound physical shift at the sensorimotor level.
Recruitment of Participants

Purposeful sampling was used to intentionally select participants for the current study. That is, in contrast to random “quantitative” sampling, purposeful “qualitative” sampling was employed to choose participants who could provide rich and useful descriptions in order to best help people understand the lived meanings of sensorimotor experiencing and expressions in Therapeutic Enactment. The recruitment began with an advertisement about the research study that was posted on the bulletin board of the Counselling Psychology Program of the University of British Columbia. Prospective participants then contact the researcher, if they need more information about the study. A Letter of Initial Contact (refer to Appendix A) that briefly explains the purpose of the proposed study, the selection criteria for participants, and the expectations of study participants was provided for prospective participants upon their request. Upon reading the letter, prospective participants initiated of their own volition a brief preliminary with the researcher, should they decide to participate in the study and feel fairly comfortable about re-experiencing and re-telling their physical body reactions in connection with their own enactment. The primary purpose of preliminary interviews was meant for the prospective participants to ask any questions that they may have about the study, and for the researcher to explain the process of informed consent. During the interview, the Consent Form (refer to Appendix B) was given and explained to prospective participants. Meanwhile, the researcher checked with prospective participants about their level of comfort in participating in this study. The potential risks of vulnerability or discomfort that might arise from taking part in the study were reiterated, and issues around the rights of study participants and confidentiality of data records were addressed. Prospective participants had at least 24 hours to make free and informed consent upon receiving the Consent Form. That is, following the preliminary interview
with the researcher, they would have at least 24 hours to decide whether they would like to proceed with viewing their videotape individually and participating in the in-depth phenomenological interview. Each preliminary interview lasted approximately a-half hour. All together, a total of 3 adult participants were selected for the current study. As a preventive measure for potential loss of participants that might arise during the research process, a back-up list of interested research participants who met the selection criterion was established and kept throughout the entire span of the present study.

**Inclusion Criteria**

The primary inclusion criterion is based on the fact that the research participants have had experienced a significant sensorimotor change when completing their enactment work in a recent Therapeutic Enactment Director Training workshop. The other predominant criterion is that prospective participants must feel fairly comfortable about re-experiencing and expressing the sensory and physical body reactions that accompany their inner feeling and emotion. In other words, prospective participants are expected to have the capacity to provide concrete, complete, and sensitive descriptions of their lived-through experience of sensorimotor processing with relative articulateness and comfort. As recommended by van Kaam (1966/1969), this capacity requires study participants to have the following six important skills:

1. The ability to express themselves linguistically with relative ease.
2. The ability to sense and to express inner feeling and emotion without shame and inhibition.
3. The ability to sense and to express the organic, sensory and physical experiences that accompany these feelings.
4. The experience of the situation under investigation at a relatively recent date.
5. A spontaneous interest in their lived experience with respect to the phenomenon being researched.

6. The ability to articulate or write what was going on within themselves.

For the present study, prospective participants who have difficulty, or are not used to, sensing and expressing their sensations, physical and sensory reactions were not selected. Moreover, prospective participants who feel uncomfortable about or vulnerable to re-experiencing and re-telling their sensorimotor reactions in connection with their own enactment work were excluded from this study to prevent them from any potential risk of re-traumatization. This requirement was conveyed to prospective participants in the advertisement, repeated in the Letter of Initial Contact, and reiterated by the researcher during the preliminary interview. Referrals to professional counselling not provided by the research team will be available when necessary.

**Interpersonal Process Recall (IPR) Method**

Kagan’s (1975,1980) model of interpersonal process recall (IPR) was adapted for the present study. Originally developed for the supervision of graduate counsellor trainees, the rationale of Kagan’s interpersonal process recall is that by re-experiencing the counselling session via videotape or audiotape in a supervising session, counsellors will be empowered to understand and act upon perceptions to which they may otherwise not attend. In other words, through cued recall procedures, people are able to recollect the fleeting impressions and reactions that are normally lost as they integrate them into episodic memory (Elliott, 1986). In essence, people are their own most reliable source of knowledge about themselves. Unlike free recall, interpersonal process recall helps participants acquire enhanced self-awareness of and thereby more ably attune to the dynamics of interpersonal interaction through tape-assisted recall.
Tape-assisted recall, or interpersonal process recall method (Elliott, 1986; Kagan, 1975) was utilized for the present study as retrieval cues to help participants gain optimal access to the internal experiencing of moments during their enactment work. That is, participants viewed, in the absence of the researcher, a videotape play back of their own enactment lasting between one hour and one and a-half hours, immediately before an in-depth phenomenological interview. Prior to viewing the replay of their videotaped enactment, the following instruction was given to the participants: As you are watching the videotape, try to mindfully observe you body process, such as your inner body sensations, sensory perceptions, gestures and movements. Take notes of what surprised you if you wish.

**In-Depth Phenomenological Interview**

In-depth phenomenological interviews were employed for the present study. Seidman (2006) has suggested a model of in-depth phenomenological interview that focuses on (a) focused life history, (b) reconstruction of the details of the experience, and (c) reflection on the meaning of the experience. In this study, two-phase interview structure was used, with each interview lasting from an hour to one and a-half hours. The first in-depth interview began by having the participants describe their lived experience of enacting an unfinished or uncompleted narrative event in a relatively recent Therapeutic Enactment Director Training workshop, with a focus on the in-process change of sensorimotor experiencing and expressions during their enactment work. In sharp contrast to a structured interview, the in-depth interview aims to explore the complexity and in-process nature of lived-meanings of sensorimotor processing from the viewpoints of the participants. In order to maximize credibility of the findings, the second interview was held with each research participant to confirm the identified psychological structure of the lived-meanings of sensorimotor processing. As a follow-up, the researcher
presented the end results to the participants, and asked, “How do my descriptive results compare with your experiences?” and “Have any aspects of your experience been omitted?” The purpose of the follow-up interviews was to ensure that the way in which the searcher has made meanings of the phenomenological descriptions truly reflects the participants’ lived experience. Any relevant new data that emerged from these follow-up interviews were incorporated into the final descriptions. Of all three in-depth phenomenological interviews, one was conducted in Scarfe Room 306, at the Faculty of Education of the University of British Columbia, and the other two at the home of the participant. All in-depth phenomenological interviews were audiotape recorded and transcribed verbatim by the researcher. Information gathered during the interview was accessible only to the researcher’s thesis supervisor, members of the thesis committee, and the researcher.

In addition, in order to protect the confidentiality of individual participant, the researcher ensured that all of the participants’ identities, including any third parties disclosed during the interviews, were kept completely anonymous, and not be included in the final thesis or any reports. All tapes and transcripts were identified only by code numbers. Data records were stored on a computer hard disk that is password protected. All audiotapes were erased at the conclusion of the final thesis.

Qualitative Interview Protocol

An interview protocol (refer to Appendix C) that contains instructions for the process of the interview, the questions to be asked, and space to take notes of responses from the interviewees (Creswell, 2008) was designed by the researcher. Like an interview schedule, the interview protocol designed for the present study serves as a guide and prompt for discussion (Liampittong & Ezzy, 2005). That is, the interview protocol is not so much meant to direct
questions as remind the researcher of the topics that need to be covered. Accordingly, in asking questions during in-depth phenomenological interviewing, the researcher endeavoured to let them follow, as much as possible, from what the participant was saying. To afford the participants’ maximum flexibility for responding to the questions, the following open-ended questions were asked:

1. How did you feel after completing your own enactment at a sensorimotor physical level?
   What led to this sensorimotor change in your body? (Probe)
   What did you notice in your body? (Probe)
   Where was the feeling in your body? (Probe)
   Can you put words to your physical feelings? (Probe)
   Where did you feel the changes inside your body? Can you describe it? (Probe)
   Notice your inner body sensations. Where was your experience at the level of bodily sensation? (Probe)
   What did these sensations seem to be saying to you? (Probe)
   What message did you get? (Probe)

2. At which point during the enactment, were you aware of the most significant experience of sensorimotor change in your body?
   Where exactly did you feel the change in your body? (Probe)
   Do you notice a central point to that sensation?
   Can you put words to your inner body sensations? (Probe)
   What happened in sensation at this point? (Probe)

3. What did it feel for you before, during, and after the enactment at a sensorimotor physical level?
Where did you feel the changes inside your body? Can you describe it? (Probe)

Can you track the sequence of sensorimotor change as it progressed through your body? (Probe)

Does that sensation have a direction – does it go from inward to outward or outward to inward? (Probe)

What do they seem to be telling you about yourself? (Probe)

4. Given what you have described about your sensorimotor experience in your own enactment now, how do you understand sensorimotor change inside your body? What sense does it make to you?

5. What have you learned about yourself as a result of completing you own enactment? Where do you see yourself going in your current life? (Probe)

6. Are you aware of any sustained (i.e. over a number of weeks) changes following the Therapeutic Enactment?

7. Is there anything else you would like to add that you think is important to understand your experience of sensorimotor change that we have not discussed?

8. As a result of this interview, right now, are you aware of any changes in your body sensations, as compared to the beginning of the interview?

Data Analysis Procedures

Data analysis procedures for the present study followed the steps as outlined in the descriptive phenomenological data analysis method (Giorgi, 1976, 1985; Giorgi & Giorgi, 2003). The procedures for data analysis are as follows:

1. Reading for a sense of whole: the researcher read the entire description in order to get a sense of the whole statement.
2. Determination of meaning units: the researcher re-read the same description more slowly within the perspective of phenomenological reduction, and with a psychological attitude, and delineated each time that a transition in meaning was perceived with respect to the phenomenon being researched. A series of meaning units or constituents were obtained after this procedure.

3. Elimination of redundancies: the researcher then eliminated redundancies and clarified or elaborated the meaning of the constituents by relating them to each other and to the sense of the whole.

4. Transformation of meaning units into psychologically sensitive expressions: the researcher reflected on the given meaning units and transformed the meaning of each unit from the everyday naïve language of the participants into psychologically explicit language with the help of free imaginative variation. Each unit was systematically interrogated for what it reveals about the nature of the phenomenon being researched.

5. Determination of the structure: the researcher practiced imaginative variation on these transformed meaning units to see what is truly essential about them. The researcher then carefully described the most invariant connected meanings belonging to the experience, and that is the general structure. This is, the last step is for the researcher to tie the essential, non-redundant themes contained in the transformed meaning units into a consistent description of the psychological structure of the event.

**Methodological Clarifications**

As Giorgi and Giorgi (2003) has indicated, the meaning units determined in the second step are considered to be constituents that are context-dependent and part of the whole rather
than elements that imply a contextless discrimination. In other words, “there cannot be a rigid one-to-one relationship between meaning units and their transformations” (p. 257). Accordingly, in descriptive phenomenological analysis, referring to relevant parts of the context outside the meaning unit can help co-determine the transformation that is articulated.

Another methodological clarification has to do with the ultimate outcome, that is the structure, of the phenomenological analysis of description. According to Giorgi and Giorgi (2003), the structure is meant to convey what is truly psychologically essential about a series of experiences of the same type, and therefore, only constituents that are defining for the phenomenon would be considered. In this view, personal meanings are pursued not for their own sake, but for the significance they hold for clarifying the context in which the psychological phenomenon manifests itself. The descriptive statements can differ in terms of level, and at least two levels of descriptions are valuable to articulate the psychological meanings being lived by the participant (Giorgi, 1975a, 1975b, 1985). One is the situated level of description that includes the concreteness and specifics of the actual research situation employed. The other is a description at the general level. The general description leaves out the particulars of the specific situation and focuses on those aspects of the experience that have emerged which, while not necessarily universal, are at least trans-situational or more than specific. As the intent of the present study was to discover and present in concrete, and context-specific terms the lived meanings of sensorimotor processing as experienced by the participant in Therapeutic Enactment, situated level of description was employed.

**Limitations of the Study**

The focus of the present study was not to seek universal essences, but to present a clearer, in-depth, and context-related understanding of the lived meanings of sensorimotor processing as
the participants described it. In addition, because purposeful qualitative sampling procedure was employed, the results and findings yielded by the sample in the current study were not meant to be applicable in other context or with other participants. For instance, all 3 participants recruited for the present study were graduate students who have participated and completed their enactment work in a relatively recent Therapeutic Enactment Director Training workshop. For these reasons, the question of what constitutes applicability, or what establishes transferability, of the present study cannot be answered by the same criteria as those for the establishment of external validity in conventional quantitative research (Lincoln & Guba, 1985).

**Credibility of Findings**

The criteria used in determining the accuracy or credibility of the findings of qualitative research studies are quite different from those employed in traditional, experimental, positivist psychology. In establishing trustworthiness, Lincoln and Guba (1985) affirm that phenomenological inquirers need to persuade their audience that the findings of an inquiry are worth paying attention to, worth taking account of. Specifically, Polkinghorne (1989) confirms that the degree of trustworthiness of the findings of a piece of phenomenological research study depends on the power of its presentation to convince the audience that the findings of an inquiry are accurate. In phenomenological research, two types of inferences that researchers have made in reaching their findings need to be powerfully supported: (a) the transformation of raw data into phenomenological, psychologically sensitive expressions, and (b) the synthesis and integration of the transformed meaning units into a consistent description of the structure of the experienced event provided by the participants. To this end, phenomenological researchers make available to other colleagues the data and procedures of analysis that led to the findings such that they might see for themselves whether and how they could come to similar findings (Fisher &
Wertz, 1979). As Giorgi (1986) has concluded, as the researcher performing phenomenological analysis of description is actually registering meanings as they appear to a reflective mode of consciousness, the meaningful psychological results should be present to other researchers just as directly, if the procedures are sufficiently specified. It could also imply that the original researcher’s procedures can be performed by any competent colleagues.

**Two-Dimensional Framework for Credibility**

Creswell and Miller (2000) advance a two-dimensional framework that helps researchers choose appropriate procedures for establishing the credibility of their studies. According to Creswell and Miller’s framework, two major perspectives govern the choice of credibility procedures in qualitative inquiry: (a) the lens that researchers choose to confirm the findings of their studies, and (b) the researchers’ paradigm assumptions. For the present study, the lens of the research participants was the primary lens for establishing the credibility of the findings. The second lens that was employed to determine the credibility of the study was the viewpoint from people external to the present study. A paradigm or worldview refers to a set of briefs that researchers bring to research (Creswell, 2007). With respect to paradigm stances or worldviews, Giorgi’s (1994) phenomenological paradigm was used to guide the action for determining credibility.

**Phenomenological Paradigm Assumptions**

In response to Lincoln and Guba’s (1985) naturalist claims and their contrast between positivist and naturalist axioms, Giorgi (1994) proposed the phenomenological paradigm from a more general perspective that allows greater degrees of freedom for the comprehension of phenomena being researched. While the phenomenological approach admits to a reality independent of consciousness, it claims that knowledge of such reality can only come through
consciousness of it. Accordingly, the researcher’s phenomenological task is not to pre-
determine what reality is like, but to describe the nature of reality as taken up and expressed by
the research participants. Unlike the naturalists who claim that realities are multiple, constructed
and holistic, phenomenologists do not make reality statements. In addition, subjectivity cannot
be eliminated, as nothing can be accomplished without subjectivity. Rather, what matters is how
the subject is present, and objectivity is the achievement of subjectivity. Thus, neutrality of
phenomenological reduction is used to discover values. In other words, with the help of
reduction, researchers can render themselves as non-influential as possible during the process of
research in order to come up with valuable findings. Next, the knower-known relationship is not
interactive or inseparable, but can only be understood through intentionality. Further, with
respect to the possibility of generalization, phenomenologists point out that context-unique and
trans-contextual generalizations are possible through eidetic intuitions. It means that the
researcher shall always begin concretely and go through the ideographic details until the proper
essential meaning is distilled. And finally, from the phenomenological perspective, there is no
intrinsic difficulty in making causal linkage if that truly is the relation that renders the
phenomenon intelligible.

As noted by Giorgi (1987), “If the essential description truly captures the intuited
essence, one has validity (i.e., credibility) in a phenomenological sense,” and “If one can use this
essential description consistently, one has reliability (i.e., dependability)” (p. 173). In an attempt
to ensure that the findings accurately represent the participants’ realities of the lived
phenomenon and are credible to them, the credibility lens of collaboration was used. It means
that the credibility of data depends on close collaboration with participants throughout the
research process (Creswell & Miller, 2000). Accordingly, the final results of the
phenomenological analyses and descriptions were taken back to each participant for the confirmation of credibility. In addition, the procedure of peer review or debriefing was employed to establish credibility through the lens of people external to the present study. Throughout the entire course of the present study, debriefing sessions were provided periodically for the researcher by her thesis supervisor, who is familiar with the present study and research methodology, to review the data, research process and end results. Confirmability, which refers to objectivity in quantitative research, was established through the procedure of researcher reflexivity, as well as the practice of phenomenological reduction. That is, to allow the phenomena manifest themselves “as they are,” the researcher did her best to temporarily disengage her biases, motivations, interests, or perspective with the help of bracketing.

In establishing the dependability of the study, the question of “How can one determine whether the findings of an inquiry would be repeated if the inquiry were replicated with the same or similar participants in the same or similar context,” was addressed by means of rigorous, fully explained, and thorough descriptions of data collection and analysis procedures (Hittleman & Simon, 2006). In addition, all typed and coded transcripts and data analysis records were saved for re-analysis and available from the researcher. Finally, as the structural description of the phenomenon being researched can be ideographic or general in accordance with the phenomenological assumptions, the present study was not concerned with the possibility of generalizability. Nevertheless, while specific level of description was employed for the current study, future research that describes the general structure of sensorimotor processing in Therapeutic Enactment is recommended.

Ethical Considerations

In accordance with the ethical guidelines and standards as outlined by professional
organizations (e.g., Canadian Counselling Association, American Counselling Association, Canadian Psychological Association, and American Psychological Association), two major ethical concerns were addressed: (a) respecting the rights of participants, and (b) reporting research fully and honestly. To safeguard the rights of the research participants, the researcher ensured that reasonable precautions be taken to prevent them from potential psychological, emotional, or physical harm during the entire course of the research process. To this end, during the recruitment stage, potential participants who express discomfort or vulnerability in re-visiting their sensory experiencing and reflexive motor behaviours in relation to their enactment work were excluded from the study and referred for professional treatment. In addition, informed consent forms were provided for the participants before in-depth interviews. The research participants were fully informed of: (a) the purpose and procedures of the current study, (b) potential discomfort and risks that might arise during the entire course of research, (c) information on appropriate alternative procedures that would be advantageous for the potential participants, and (d) their rights to withdraw consent and to discontinue participation in the study at any time without penalty. Further, along with the protection of confidentiality, the researcher made every effort to report data as fully and honestly as possible, without changing or altering the findings to satisfy certain predictions or interest groups. At the end of the research process, a prompt opportunity was provided for the participants to obtain appropriate information about the nature, results, and conclusion of the research, including any information necessary to correct any misconceptions that the participants had.
CHAPTER 4: FINDINGS

Introduction

The descriptive statements pertaining to the psychological structure of sensorimotor processing in Therapeutic Enactment contained in this chapter were derived from the synthesis and integration of transformed meaning units into psychologically consistent descriptions based on Giorgi and Giorgi’s (2003) descriptive phenomenological psychological method. As the intent of the present study was to describe as explicitly as possible the psychological meanings of sensorimotor processing precisely as lived by participants in Therapeutic Enactment, situated level of description that takes into account the concreteness and particulars of the actual research situation was employed. To this end, context-dependent personal expressions and meanings that are crucial for clarifying the context in which the process of sensorimotor change took place, and essential for specifying its psychological meanings were incorporated into the descriptive statements. I reiterate herein that each situated description presented in this chapter is not meant to represent the universal essence of sensorimotor processing, or be transferable to other situations of Therapeutic Enactment; rather, it is a start-point to convey the psychological understanding of situated experiences of sensorimotor processing in Therapeutic Enactment.

What follows are the situated descriptions for each individual research participant. In order to protect the identities and confidentiality of research participants, the following specific situated descriptions are coded as “Participant A,” “Participant B,” and “Participant C” respectively.

Situated Description of the Structure of Sensorimotor Processing in Therapeutic Enactment

Participant “A”

Sadness is a state that participant “A” experienced intermittently before the enactment,
and he thinks that it has to do with, in part, that lonely, depressed child inside him. The feeling of sadness was mostly in his eyes, almost feeling like wanting to cry, and a bit in his throat too. As stated by participant “A,” the state of sadness often led to the feeling of being stuck and frozen in him. When it happened, participant “A” would feel tight in his arms and kind of holding-in in his torso, as if he was squeezed or punched a bit in those areas. While he was aware of the sadness and stuck-ness in his body, he could not feel it very much because he was kind of tightened up. He felt really dis-empowered because he was frozen from going forward to take action about his emotion, as if part of him was immobilized. Accordingly, he was not really able to meet and own his needs.

At the beginning of the enactment, participant “A” noticed that his centre of gravity was up in his head, and his chest was kind of holding in. As he started to talk about his sadness, it opened him up a bit. While he did not fully understand what change that he would like to see happening, the process of sensorimotor change was set into motion when he heard part of the change saying, “You are feeling sad. Breathe into where you feel the sadness in your body, and just be with that inside you. Now give a voice to that sadness.” The experience of sadness was a very important part of the change, as it has helped him find direction in his enactment. The anger arose when his parents refused to look at the symbolic scene of him sitting in front of a T.V. and feeling pretty numb out as a depressed child. In experiencing his anger, he remembered feeling a smaller physical presence that was more in his head, and disconnected from his stomach. Then when he was able to speak up to his parents, he felt that his physical presence started to take more space, and his shoulders were open, as if a “drop” in himself. It was at that moment that he noticed the centre of his gravity has shifted downward to his stomach. As he expressed his anger lower down from his stomach, he experienced a stronger presence in his body, more in his feet.
The most meaningful sensorimotor physical change occurred in the re-born scene, where participant “A” lay on his back on his parents’ lap. When he saw his new father’s eyes and received the look from him, he felt like that he was being fed with bright light energy and able to radiate it out. He felt warm in his face, head, and upper chest area when receiving that warm loving look. Overall, he felt relaxed, with less tension in his neck and upper torso, and more open in his chest. According to participant “A,” the re-born scene was the primary piece that really opened up his chest area. He felt 50 pounds lighter and full of energy as if the weight has been lifted off from him, when being loved by his new parents. There was a sense of lightness in particular in his upper torso as energy was moving freely. As such, the acute sense of sadness that he felt at the beginning of the enactment was mainly lifted and replaced by the warmth and lightness. In retrospect, the sensations that he experienced during the re-born scene seemed to be saying to him, “What a beautiful and powerful gift it is to be truly, deeply loved in this way! I need to be loved in this way, and when I feel that way, I am inspired to share that with others and to give that to others.” Participant “A” regards the re-born scene as a positive memory installation to him; that is, he felt like that he had a fresh, powerful memory that he can now use as a resource when he was reborn in that scene.

Immediately following the completion of his enactment, one of the most significant bodily shifts that participant “A” experienced was a sense of strength in his body, and more space in his chest. With the centre of his gravity shifted from his head down to the centre of his stomach, he could feel strength coming from the centre of the stomach. It felt like a whole body shift as his stomach felt alive as compared to numb before. Another bodily shift was a feeling of warm glow inside him, in his smile and his chest. He felt really easy to laugh and a sense of light joy in his face, and especially in his upper torso upon completing his enactment.
Having reflected upon and described his sensorimotor experience during his enactment, participant “A” believes that having some capacity to awareness of how he feels at a sensorimotor level is the first step for change to occur. In other words, he thinks that it is important to him to have more understanding of how he gets stuck, and how he feels in his body when he gets stuck. In essence, he needs to have a strong experience that affords him an opportunity to feel how he wants to be in his body, and to feel the change he wants to be. Accordingly, in order to live out the change that he would like to have in life, participant “A” believes that he needs to get himself to remember that state of being loved, and just to imagine that specific time and memory of him lying on his back on his parents’ lap.

One way for him to learn about new experience is to remember from a physical bodily cue or a visual memory cue that can somewhat take him back to that physical state he wants to be. For example, with the expression of anger, by breathing into his stomach and remembering that specific moment of his enactment, he can feel that physical state in his body. To activate the process of change, participant “A” believes that it is pivotal that he can go back to the memory when he needs to, and to feel what it is like at a sensorimotor physical level. In brief, according to participant “A,” the enactment creates “powerful possibility” as it has created for him a state of being loved and enables him to carry that feeling forward. To sustain that “powerful possibility,” he believes that it depends on how much he revisits the positive memories, including the sensorimotor aspects of them. As stated by participant “A,” he is aware that he has experienced slight to moderate changes from these physical memories. While it seems easier to remember the process, he thinks that it remains to be an option to him as to whether he chooses to live out the change that is important to him.

What participant “A” has learned about himself from his sensorimotor experience is
enhanced confidence in his capability to express his anger, to assert himself, to be loved and to love others. The enactment has reminded him of how he can be angry and assertive without being blamed for or hurting other people. It has also inspired him to want to be that warm, loving figure that he saw in his new father. Prior to the enactment, he would always say to himself, “Yes, I am worthy of love, I am loveable,” but did not know how to do it effectively. Following the enactment, he simply knows and accepts that he is truly loveable by imagining and going back to that physical state. He would sit there and stay with that bodily and emotional state for a minute or two. It is about feeling empowered and an increased sense of mastery to access that physical bodily memory from the enactment. The enactment has provided him with a powerful tool as he feels more capable of accessing that bodily and emotional state.

According to participant “A,” realizing how valuable it is to be loved and to give love is the most profound change that he has experienced since the enactment. It also means having easier, quicker access to assertiveness and trust in the expression of anger. When he goes forward, breathing in and speaking from his stomach, he can feel a bit of gravity in his stomach, with its centre shifting downward, a bit more in his feet. In asserting himself, he feels like that he can act as his hands go out. In general, participant “A” feels more strength in his body, coming most from his stomach, and more grounded. It is like that the strength has shifted from being in his head, to his stomach, and then to his feet fore. In reflecting upon his sensorimotor experience, participant “A” believes that there is no causal relationship existing between his enactment and sustained sensorimotor changes. Rather, his enactment has provided him with access to powerful memory. Every time when he re-visits the physical memory of him being loved in the re-born scene, the powerful feeling of loving warmth that he experiences inside him kind of opens up his face and chest areas, as if he is full of bright energy.
At the end of the interview with the researcher, participant “A” stated that he was very much aware of the changes in his body sensations. He could feel many of the physical sensations that he had described during the entire course of the interview, such as the warmth in his face and chest. The sense of assertive feeling that came up a few times throughout the interview has become more alive in him. In addition, what he felt most prominently at that moment was a sense of warm lightness in his chest after having an opportunity to revisit that physical memory of him being loved in the re-born scene. In comparison to the beginning of the interview, he felt more connected to the sensations in his body, particularly with his stomach. In other words, he has become more aware of the feeling in his stomach, and the sensations running up and down his legs. When he feels much more connected, he notices that he also becomes more curious about what is happening to him at a sensorimotor physical level.

Aside from the positive bodily sensations associated with his experience of sensorimotor change, participant “A” felt a sense of sadness, together with a little bit of fear and anxiety. He could feel the sadness of gratitude more in his chest that seemed to be saying, “Wow, this is so important and wonderful to share this very deep love and live this out in my daily interaction with people.” On the other hand, he could hear the voice of anxiety and fear saying,” Oh, no! What if you forget to do this, what if you do not live that out because it is still a choice?” The stomach felt tight, kind of crunched, cramped and squeezed in, as he heard the voice of fear and anxiety. As participant “A” has pointed out, the feeling of a bit of sadness, fear or anxiety is not so negative to him, as these physical sensations are actually very important messages for him to get. For example, the old physical memory of him being stuck and frozen in his body is no longer negative stuck feeling as it is quite different upon completing his enactment. It is negative when he gets stuck in it, but it is not negative if he is able to move forward. At the end of the
interview, he was feeling very open as the old negative stuck feeling is no longer preventing him from moving forward. Instead, when an emotion comes up, he is confident that he will be able to look at it, to ask the emotion what it is about, and then to go away from it. It is as if the old thing that used to be the negative stuck-ness to him, kind of moment of sadness, has been closed down.

**Participant “B”**

Prior to his enactment, participant “B” could feel a gigantic lead ball expanding like a balloon inside his chest, and broken glass like prickling pain in his stomach. The steel ball was like negative, expanding energy that required all of the strength in his body, his legs and shoulders, and especially in his back to hold it up. Accordingly, he had to really work hard to stand. Participant “B” described the lead ball as the container of his rage, and the mind as the keeper of that ball. It was like a prison warden who had to constantly check in to know what happened, and to ensure that the lead ball did not explode on its own. At the same time, as he was anxious about and a bit of afraid of what would happen, he could feel his muscles getting tighter in almost every part of his body. As he has been allowing his brain to contain his emotions and set boundary about how things need to be, it kind of prevents him from fully experiencing what he is actually experiencing and feeling with himself and other people in a genuine way. In this manner, his brain would often prevent him from becoming aware of his bodily reactions, before he could experience them. When he felt intense emotion, he would simply recognize it mentally and identify his physical reaction as something that is physical, as he was scared of experiencing intense emotion and its consequences.

At the beginning of his enactment, participant “B” felt unbalanced as his head was struggling with his body to decide what he would do. As a result, he became increasingly dizzier, and felt tingly in his stomach as the enactment progressed. At some points, he noticed that his
throat became constricted because he had to hold off from releasing his emotion. As he was
choking back what he intended to say, he was aware that he was clenching his teeth a bit.
Accordingly, his jaw and neck felt tense. He remembered feeling thumbs squeezing and touching
into his forearms and hands when lots of energy was trying to break away from him.

Immediately following his enactment, participant “B” felt dizzy, physically lighter, and
tingling on his skin all over his whole body. As stated by participant “B,” the sensation of
dizziness was mostly associated with the way he was perceiving, right up in his temples and the
back of his eyes. It was probably because his eyes were trying to keep up with the neurological
process that he experienced then. As such, he found it difficult for him to stay focused on one
thing as his brain was attending to other things at the same time. He could feel a bodily change,
as the lead ball inside his chest was no longer pressured or expanding with that prickling pain.
Instead, he felt lighter as if the energy was permeating out. It felt un-trapped to him when the
sensation of expanding energy in his chest seemed to have a voice, saying to him, “Finally, I am
free. Thank you for letting me go.” The lightness was inside the centre of his solar plexus, in his
stomach, and even a bit into his chest area. The feeling in his stomach was like butterflies and
tingling, but not nauseous. As he focused on that butterflies feeling in his stomach, it felt like a
sound of release and relief, as if a big sigh is being run out of his stomach. Overall, participant
“B” felt relaxed in his chest and stomach. There was no tenseness or tightness in his muscles. It
felt like that he was floating when all the extremity muscles were kind of free to move to where
they wanted to be. As described by participant “B,” the sense of relaxation was very much like a
semi-lucid dream state.

According to participant “B,” the sensation of dizziness set in a little bit when he
experienced a sense of elation prior to releasing the rage at the end of his enactment.
Immediately following the expression of rage, he was actually on his knees on the ground. Participant “B” recalled that it was like pouring a jug of water out and then putting it back. It was at that point that the sensation of dizziness really set in and he certainly felt the butterflies in his stomach. Participant “B” referred the dizziness as dream-like as he could not concentrate then. He thinks that one part of the dizziness was caused by him paying attention to his bodily reactions while at the same time trying to be aware of the environment around him. Another part, he guesses, was due to the fact that he has had to put so much energy into containing his emotion for so long. Consequently, when the lid of that container was lifted and energy started bursting out, it felt like to him an immense feeling of relief and liberation, as he no longer needed to be hyper-vigilant. It is as if his brain was finally having a vocation, which he believes is probably why he felt dreamy.

As indicated by participant “B,” there are two points at which he experienced the most significant sensorimotor change in his body. The first one took place approximately halfway through the enactment, during which he experienced an immense sense of peace after showing his double the picture of his daughter. He felt relaxed, in particular, in his stomach and head. He described the relaxation kind of contributing to a bit of sensation of butterflies in his stomach and warmth in his head. It was like standing in the sun—bathed under the sunshine. The point at which participant “B” experienced the most important sensorimotor physical change occurred when he was able to confront Helena, his daughter’s mother, and to completely release the rage that he has held in for eleven years. In confronting Helena, he remembered an image of him standing in a strong wind, which was coming from inside and projecting out. Everything surrounded him felt hazy and blurring, except Helena, whom he was directly looking at. As he was letting go of all the negative energy inside him, he could feel a pushing sensation. It was at
that moment that he felt himself like a breathing fire projecting out energy and pressure through his hands and fingertips.

He recalled that there were two central points to that breathing fire sensation. One was in the middle of his chest that felt like a steel ball bursting out energy through his shoulders, into his hands, down his legs, and out of his mouth. Another was in his head, where he could feel energy projecting out through his gaze. The month was, as described by participant “B,” a focal point and the gate to let it all out. He remembered that the breathing fire seemed to be telling him that what he has been holding in was toxic, long overdue and needed to be let go; otherwise, it would destroy him. At one point, he felt like that he was holding the electricity when squeezing his hands really tight. In short, the whole experience left him feeling tingly in every part of his body. At a sensorimotor physical level, he recalled himself moving from a state of extreme physical tension to that of gross physical relaxation. When the unpleasant containment was replaced with a feeling of liberation, he could feel his skin tingling throughout his body.

The sense that participant “B” makes of his sensorimotor experience is to be more honest about, and more reflective of what he is actually experiencing when his body tells him that something needs to be changed. Participant “B” regards sensorimotor change as an integrative process that enables him to more fully experience the emotion that has come out of a lot of physical ways, and to feel that physical change in his body after letting go of some of the things that he has been holding on to. Following the enactment, he noticed himself becoming very much aware of how the emotions that he was experiencing were affecting his body, and manifested in his body. The enactment has helped him become more aware of his emotional state, even when he is unaware of it, by feeling it physically. Instead of letting his brain to be the guard and stop him from fully experiencing what happens, he is capable of attuning to the
emotion that he is experiencing because he can feel it physically. What he has learned from
his sensorimotor experience is a greater awareness of what he is experiencing at a physical
bodily level, and a greater capability to make sense of those sensorimotor reactions.

What participant “B” has learned from his enactment is that he is very capable of
experiencing intense emotion and letting it go in a healthy way. For example, when an intense
emotion comes up, he feels more capable of experiencing it than before. In this manner, he has
found himself experiencing things more intensely than he was previously aware of. In addition,
he recognizes that he is a very powerful person in the way his personality and presence affect
others around him. Specifically, he realizes that the energy he gives forth in his general presence
is quite large. As he is more assured about whether he needs to contain his emotion or not, he
feels more able to be in the moment. Overall, he notices a sharper focus in his ability to feel and
to fully experience what he is experiencing. There are more space for him to reflect upon, and
more freedom to fully experience the emotion without restraint.

In regard to sustained changes following the enactment, participant “B” notices that the
biggest change that he sustains is a sense of physical lightness, and lack of tension in areas of his
body that he had before. According to participant “B,” the change is sustained in that he feels
more relaxed and less tense in his general demeanour and his life. He has been able to slow
himself down, and more able to fully experience his physical reactions and emotions.
Furthermore, participant “B” indicated that he feels a sense of connection at physical and
emotional levels as a result of integrating disparate physical sensations in the enactment. He feels
more connected with the energy around him and more able to experience other people and their
demotions. In brief, it has become a more complete experience of feeling or emotion, rather than
simply a mental recognition of it. As he has a greater capability to experience his emotion, he is
not scared of experiencing it.

At the end of the interview with the researcher, participant “B” stated that he was more aware of some physical experiences that he was unaware of prior to the interview. While he was aware of the energy expanding in his chest after thinking about some of the scenes in his enactment, he did not feel like that he needed to contain it. As he was letting the energy drain out through his hands, he could feel a bit tense in his hands and forearms. He did not have the headache that had contributed to his dizziness. Conversely, he was experiencing the same euphoria that he had upon releasing the intense emotion in his enactment. In regard to the negative bodily sensation, he indicated that he could physically feel it but only in the smallest way. He remembers what it is like to feel tense, yet it feels really nice not to feel that tenseness completely. Participant “B,” concluded that the sense of tenseness has become a muscle memory to him as he does not feel it as completely as then. While he feels a little tweak and quick tension, it is very faint and no longer impacting him now.

The interview was an actualizing and summary experience to participant “B” in that he was able to re-experience, to think about and remember certain body sensations that he had experienced in enactment. During the interview, he was able to go back to that scene where he releases his rage. Being able to reflect upon it and re-experience those bodily sensations without fear has been of intense liberation to him. In other words, going back to that place and remembering exactly what that feels like at a sensorimotor level does not take him to a bad place; rather, it has taken him to a wonderful place, where he can actually feel at peace. In summary, participant “B” thinks that the greatest impact of the interview is a reassurance of his capability and freedom to experience emotion and associated bodily sensations more completely, and to integrate them together rather than to keep them separate. To participant “B,” the
interview is an intense reminder of what he does not want to happen to him again.

**Participant “C”**

Participant “C” described herself as kind of a robot all her life. She stated that she was numb and tense for a huge chunk of her life, as she just has never felt the sensations of love, warmth, being cared for and protected before in her entire life. Before the enactment, she would practice positive affirmations, such as telling positive things about herself, yet never really felt like that she is. For example, she would have said that she is worthy of love and valuable, and would know at an intellectual level that is how she ought to have been; nevertheless, she did not feel that way because there has been some resistance from her to believing in it. In this manner, when receiving positive affirmations from other people, she would normally react as if she never really ever believed in it. In an effort to seek a level of self-worth, she has been actively involved herself for many years in a lot of personal development workshops. Of all the programs and workshops that she has attended, she recalled that she would usually experience a “high” during and following the processes, and then she would often feel regret about herself at the end, which she referred to be a “crush.” In retrospect, it felt like a forced, artificial “high” as it required her to work very hard to feel good about herself.

At the beginning of the enactment, participant “C” recalled that she held a lot of tension in her shoulders and neck. She felt constricted in her throat, as if there was a big knot there, as she was trying to contain her emotions. That big knot felt like a huge lump of tension, which kind of lessened as she released her sadness. Then she remembered that she felt lightest physically following the ritualistic burning of those three symbolic barriers—guilt, shame and toxic responsibility. The sense of lightness was more in her upper body, in particular in her chest area. It felt that her shoulders have dropped because of the real sense of physical lightness. When
the enactment moved into the scene of her pristine ego being in the womb, she noticed that the
tension rose again in her neck and collarbone areas, which was different from the constriction
that she felt in her throat as she was holding in her sadness at the onset of the enactment.

According to participant “C,” the most profound experience of sensorimotor change in
her body took place in the pristine ego scene, where she was sitting cross-legged and leaning
forward in the womb, and receiving physical touch on her back and shoulders from others. It was
a scene involved many of her senses in that there were a red velvet blanket that symbolized the
womb, Turkish music played in the background, candles laid on her pristine ego, and fragrant oil
put on her forehead. She recalled that she was sobbing at the beginning, and then she started to
breathe slowly as the music was being played. It evoked a lot of emotions in her as the scene
progressed. When people started massaging and touching her back and shoulders, and her good
parents came in and kind of hovered over, she felt like that she was being cradled. She could feel
the warmth and love most intensely in her upper torso, as it was the part of her body that was
most exposed. The warmth was sort of covering and surrounding the surface of her body. As she
continued to sit in that posture, she began to feel increasingly relaxed throughout her body, in
particular in her neck area where all the tension was gone. Consequently, her head was dropped
at the end of that scene. She could feel the sensation of soft warmth on her skin, which she
described as a warm fuzzy feeling.

Right before the enactment was about to proceed to the scene of her sitting across from
her pristine ego in the womb, participant “C” remembered experiencing a sensation of fear,
which was like holding in tension in her front, in her lower neck and collarbone areas. As she
was watching her videotape, she noticed that she actually said that she was afraid. In fact, it was
scary for her to receive love because that was something foreign to her. The moment when she
was in that leaning forward posture was most profound to her, as it was when she felt most loved and cared for. She has a memory of the sensation of people touching and massaging her shoulders and back. It felt like that she was special in that moment. Following that, the tension rose again as she moved into the scene of rocking. She felt a nervous tension, but not as intense as she was at the beginning of the enactment. As stated by participant “C,” the tension kind of came and went throughout the entire course of her enactment.

What participant “C” felt immediately following her enactment was a sense of inner peace and calm stillness. At a sensorimotor physical level, she felt relaxed, light and a sense of openness. The sensation of calmness and stillness was inside her head and whole upper torso. She noted during the interview that if she focused on it, she could feel the sense of stillness from her hip to the top of her head. If not, she was unaware of it. The tenseness in her shoulders and neck was replaced by a sense of relaxation and physical lightness. She was surprised when she saw in her videotape that not only her shoulders were dropped and forward, but her stance was actually more open. In addition, her head was noticeably down. Participant “C” compared the openness in her chest to a light, somewhat brightness. It felt like that there was an open space inside her chest and inside that open space was a light that consumed, as if a lamp is being turned on when it is dark outside. Participant “C” stated that she could sense that light as she focused on it during the interview.

Definitely, there has been a noticeable difference in her posture prior to and following the enactment. She has noticed since the enactment that her posture is more open because her head is straighter and her shoulders are more back. Nevertheless, participant “C” does not equate it to a permanent change as that inward, bad shoulder-face down posture has come back to her sometimes. Overall, participant “C” notices that she is walking taller, which she considers the
most significant physical change that she has sustained. She thinks that the change in her stance is a physical demonstration of her acceptance of her self to the degree that she feels worthy being seen and comfortable exploring her self. In short, the postural change conveys a sense of self-worth, a representation of her feeling good about who she is. The sense of self-worth is more in her upper torso. Until she completed the enactment, participant “C” stated that she has never had the memory of the sense of self-worth in her lifetime.

In reflecting upon the progression of sensorimotor change in her body throughout the enactment, participant “C” felt emotional, as the experience seemed to be saying to her that she is alive. It is a message that she has a capability to experience those sensorimotor reactions and to receive love, which she feels fortunate about. She has found herself more receptive to people’s warmth and caring because she believes that she is worth it. More importantly, her sensorimotor experience has somehow brought about an awareness of the vitality and capacity within her. As a result of her new level of awareness and new feeling toward and about herself, participant “C” believes that she will be capable of doing what she would not have been able to do previously. For example, following the enactment, she has felt an elevated level of confidence that her plan to become a psychologist is doable; specifically, she is feeling promising about her contributions to her career goal and her work with clients, given a healthier stance of self-trust that she has. As stated by participant “C,” at times it is a little bit more than simply having a higher degree of confidence, as she just knows that she has a greater capability to do well.

Looking back, she thinks that the enactment has opened, and released her capacity.

In sharp contrast to the artificial experience that she had from the personal development workshops before, participant “C” does not feel like that she needs to be working very hard for self-worth, as there is just an acceptance that she is special and worthy of love. The sense that
participant “C” makes of her sensorimotor experience is having a place of newfound love and caring for and about herself that she can easily get to. Since the enactment, she has been able to go back to that memory of her sitting down and leaning forward in the womb and experiencing the sensations of feeling people touching on her back and shoulders. While she remembered that approximately a few weeks following the completion of her enactment, there were a few times when she would feel anxious, or did not feel confident in herself, she has felt much more positive the best majority of time.

As participant “C” has indicated during the interview, the enactment is not so much of a replication, but a creation to her. It is a creation of what she remembered and of an experience that she has never had before. As she was sitting in the chair in that similar posture, with her eyes closed, and trying to recall and describe her sensorimotor experience in the enactment, she believed that those bodily sensations were what she was exactly experiencing at that moment because she was kind of recreating them during the interview. For this reason, she believes that she cannot say with a hundred percent certainly whether she actually experienced those bodily sensations or not during her enactment. Further, she pointed out that it would be more accurate to say that the sensation of calmness and stillness inside her head and upper torso is a sensorimotor experience that she has recreated, when she was describing it exactly as she experienced it during the interview. In regard to the soft warmth that she felt when people were touching on her back and shoulders in the pristine ego scene, participant “C” remembered that it was simply warmth that felt more above her at the time of enactment. As she put her hands on her thighs during the interview, trying to recreate and analyze what she was experiencing then, she felt a soft warmth on the outside of her skin, more on her and in her. She thought that the difference probably was due, in part, to the fact that she was more cognitively involved in the interview than in her
Participant “C” commented that the enactment was somewhat surreal to her as if she was experiencing life with light-headedness. As such, she was sure that the level of concentration and focus was different between the interview and the enactment. The interview has enabled her to reflect upon her enactment, and allowed her to experience the bodily sensations that she did not really focus on during the enactment. Above all, it has helped her become aware that she actually has a greater capacity to experience at a sensorimotor level than she realized. She stated that in general what she was feeling at the end of the interview was how she felt immediately after the enactment. She felt that she even had a more open stance than she did at the beginning of the interview. She reiterated that the warm fuzzy feeling that she experienced while sitting in that posture is a recreation, as she has never experienced it before. To conclude, she indicated that as a result of the interview, she had a sensorimotor experience that she did not recall having had before.

**Thematization of Recurrent Meanings or Motifs**

In searching for the meanings of sensorimotor processing in Therapeutic Enactment, I strived to look for every recurrent theme that had emerged consistently across the three situated descriptions in the light of the participants’ viewpoint and own interpretation of the lived situation. As a result of analyzing and thematizing the three situated descriptions, I have generated 10 unifying themes. What follows is a brief description of the 10 recurring themes.

**Sensations of lightness, openness and relaxation**

Sensations of lightness, openness and relaxation refer to the inner-body sensations that participants experienced following the completion of their enactment. They include the sensations of physical lightness, openness inside the chest, relaxation in muscles, and
butterflies feelings in the stomach.

**Significant sensorimotor bodily shift**

Significant sensorimotor bodily shift refers to the profound bodily physical changes that participants experienced when enacting an unfinished or missed sensorimotor action during the enactment.

**Releasing of strong emotion**

Releasing of strong emotion refers to being in touch with the inner intense emotion that participants have been holding in or trying to block from awareness, and letting it go in a healthy way with a sense of control. From the perspective of neuroscience, it also refers to the experience of moderate emotional arousal or stress alternating with periods of calm and safety within a supportive relationship (Cozolino, 2002).

**Sustained new bodily sensations**

Sustained new bodily sensations refer to lasting changes pertaining to bodily sensations or movements such as postural change, sensation of aliveness as opposed to numbness in the stomach, and physical lightness, as a result of enacting and completing an unfinished or missed sensorimotor action.

**Shift from top-down cognitive to bottom-up sensorimotor processing**

Shift from top-down cognitive to bottom-up sensorimotor processing refers to the fact that cognitive reflections and meaning making involve, or follow from, the bodily physical experience rather than precede it (Ogden, Minton, & Pain, 2006). In the case of unresolved traumatic stress, meaning making emerges organically from physical experience.

**Enhanced self-esteem**

Enhanced self-esteem refers to feeling good about one’s self without needing to work
very hard on positive affirmations. It also refers to a greater awareness of one’s capacity to experience at sensorimotor and emotional levels.

**New personal resources**

New personal resources refer to the methods of processing and organizing new experiences that participants have developed as a result of completing the enactment so as to continue on-going integration and live out the changes outside group-based Therapeutic Enactment intervention. They include bottom-up somatic resources like self-regulation skills and top-down methods such as mindfulness.

**Installation of new, powerful memory**

Installation of new, powerful memory refers to the fact that all participants have felt that they can easily access that specific memory and place during their enactment, and to remember what that exactly felt like at a sensorimotor level. It is a positively reinforcing memory that they can revisit whenever they wish and use as a personal resource.

**Recovery and re-ownership of the disowned self**

In the view of Gestalt therapy, psychological distress occurs when the body is split from self in reaction to an incomplete gestalt. Recovery and re-ownership of the disowned self refers to being in touch with and reconnecting with the disowned bodily aspects of self in the here-and-now through re-sensitization such as mindfully focusing, breathing, enlivening, and motoric movements in the service of integrating splitting-up parts of oneself into a meaningful whole.

**New experiences across sensorimotor, emotional, and cognitive-behavioural levels**

New experiences across sensorimotor, emotional, and cognitive-behavioural levels refers to the fact that participants have developed more adaptive way of relating to their self and others as a result of increased integrative capacity among the three levels of information processing.
CHAPTER 5: DISCUSSION

Introduction

Did the findings of the present study answer the research question: What is the lived experience of sensorimotor processing when individuals complete an unfinished or uncompleted narrative event or action through Therapeutic Enactment? As the intent of the present study was to uncover and discuss the psychological meanings of sensorimotor processing precisely as lived by the participants in order to understand the gestalt process of change involved within the context of Therapeutic Enactment, this chapter will begin with a discussion of the findings. Unique findings of this study will be discussed and compared across all 3 participants in the service of explaining whether they have answered the research question, and will be compared to what is proposed in contemporary therapeutic practice as discussed in the chapter of Literature Review. The chapter will conclude with the implications for the theory of Therapeutic Enactment, and directions for future research.

Overview of the Findings

The findings that will be reviewed are the combined results of analyzing and comparing across all three situated descriptions of the psychological structure of sensorimotor processing in Therapeutic Enactment presented in the previous chapter of Findings. In an effort to bring to light the answer to the research question, the dynamic interplay between the phenomenon of sensorimotor processing and the nature of in-process change in Therapeutic Enactment will be highlighted and compared across all three situated descriptions. The following discussion will revolve around the 10 recurring themes as identified in the previous chapter.

Sensations of lightness, openness and relaxation

All 3 participants reported experiencing the sensation of physical lightness during or after
the enactment. For instance, participant “A” remembered experiencing a sense of physical lightness in his upper torso, feeling 50 pounds lighter and full of energy, when he was being loved by his new parents during the re-born scene. As indicated by participant “A”, it is the re-born scene that has opened up his chest area. Accordingly, he felt more space in his chest following the re-born scene. In general, participant “A” felt relaxed, and less tense in his neck and upper torso immediately following the enactment. Likewise, participant “B” reported experiencing a bodily change shortly after the enactment, given the fact that the steel ball inside his chest was no longer expanding with that prickling pain; consequently, he felt physically lighter as if the negative energy was bursting out of his chest. He felt un-trapped after letting go of the energy in the lead ball. He remembered that the sensation of relaxation in his stomach was like butterflies and tingling, as if a big sigh of relief was being run out of his stomach. There was no tenseness or tightness in his muscles and he felt tingling on his skin. In like manner, participant “C” also felt lighter, relaxed, and a sense of openness in her chest immediately following the enactment. She recalled that the tenseness in her neck and shoulders was replaced by a sense of physical lightness and relaxation. Like participant “A,” participant “C” felt that there was an open space in her chest as a result of completing the enactment, and she compared that openness to a light, somewhat brightness.

**Significant sensorimotor bodily shift**

All 3 participants experienced significant sensorimotor change inside their body with a sense of control in a supportive group context. Participant “A” felt like that he was being fed with bright light energy and able to radiate it out when he saw his new father’s eyes and received the loving look from him. In receiving the loving look from his new father, he felt a sensation of warmth in his head, face and upper chest. Accordingly, the acute sense of sadness that he felt at
the beginning of the enactment was replaced by the warmth and lightness. It was as if a powerful memory of him being loved was installed inside him through the re-born scene.

Like participant “A,” participant “C” also had a sensorimotor experience that she did not recall having had before in her life. She felt like that she was being cradled and covered with soft warmth, as she was sitting cross-legged and leaning forward, receiving people’s massage on her back and shoulders during the pristine ego scene. She could feel the warmth and love most intensely in her upper torso. It was a profound memory of her being most loved and cared for. As she was sitting in that similar posture during the interview, trying to analyze and recreate her sensorimotor experience, she described that soft warm on her skin as a warm fuzzy feeling, a sensation that she had never experienced before.

In contrast to participants “A” and “C,” the most pivotal sensorimotor change that participant “B” experienced in his body occurred as a result of letting go of intense emotion. In confronting his daughter’s mother and releasing the rage that he had been holding in over the past 11 years, participant “B” had an image of him standing in a strong wind and projecting out energy and pressure like a breathing fire. The immense sense of relief and liberation that he experienced after releasing his rage left his skin feeling tingly in every part of his body. Another important sensorimotor bodily shift was the immense sense of peace and relaxation that he experienced after showing his double the picture of his daughter. He remembered that the sensation of relaxation kind of contributed to the butterflies feeling in his stomach and warmth in his head, as if he was standing in the sun.

Releasing of strong emotion

All 3 participants were able to fully experience, and let go of intense inner emotions without restraint as a result of completing their enactment. For instance, it helped participant “A”
understand what change he would like to see happening at the onset of the enactment, when he tried to breathe into where he felt the sadness in his body, staying with that sensation and attaching words to it. Through the re-born scene, he was able to let go of the sadness of feeling unworthy of love that he has been holding in since he was a child. Moreover, in expressing his anger lower down from his stomach, participant “A” remembered experiencing a strong presence in his body and feeling more grounded, as if the gravity had shifted downward to the centre of his stomach. Instead of getting stuck in a state of inactivity in putting his emotion into action, he felt like that he could go forward and act with both his hands, when he breathed in from his stomach and asserted himself. Despite the emotional arousal that he experienced in expressing his anger, there were moments of warmth and lightness during the re-born scene.

Like participant “A,” participant “C” was able to release her sadness of feeling unlovable and not good about who she is. The pristine ego scene was most profound to her as it provided her with access to a memory of her being special and worthy of love. Overall, she commented that the tension kind of came and went throughout the entire course of the enactment. For instance, there was the sensation of constriction in her throat, which felt to her like a huge lump of tension, as she was trying to contain her sadness at the beginning of the enactment. Then the tension rose again before she moved into the pristine ego scene. As receiving love was actually something that was very foreign to her, she remembered experiencing a sensation of fear in her lower neck and collarbone areas; yet she felt increasingly relaxed as the pristine ego scene progressed. Accordingly, she felt a sense of inner peace and calm stillness upon completing the enactment. In retrospect, there have been moderate levels of tension or emotional arousal alternating with periods of calm and safety throughout the entire course of her enactment.

In comparison to participant “C,” participant “B” experienced moderately higher levels of
emotional arousal and stress, preceded and followed by periods of peace and relief all through his enactment. Likewise, at the beginning of the enactment, he felt constricted in his throat at some points as he had to hold off from releasing his emotion. Then there was a period of immense peace halfway through the enactment, followed by the culmination of letting go of his rage within a safe group container that promotes a sense of control. After fully experiencing the intense rage and what it felt like at a sensorimotor level, participant “B” learned that he actually has the capacity to fully experience intense emotion and releasing it without hurting others. The enactment ended with an infinite sense of relaxation that felt like a semi-lucid dream state to him.

*Sustained new bodily sensations*

All 3 participants reported experiencing sustained change in bodily sensations following the enactment. Participant “B” reported feeling physically lighter, and relaxed in areas of his body that he had tension before. He indicated that the change is sustained in that he has felt more relaxed and less tense in his general demeanour and his life. Another new bodily sensation that participant “B” has experienced is a sense of connection at physical and emotional levels as a result of integrating the disparate physical sensations during his enactment. As such, he has felt more connected to the energy around him, and more capable of experiencing his and other people’s emotion. In essence, the sense of connection is an indicator of his capacity to experience emotion and its physical manifestations as a whole.

Similarly, participant “A” reported experiencing an enhanced sense of connection to the bodily sensations in his stomach. The stomach feels alive as compared to numb before. As he has felt more connected, he notices that he has become more curious at a sensorimotor physical level. As stated by participant “A,” re-visiting the physical memory and specific time of him
being loved at the re-born scene is pivotal for him to carry on with the new bodily sensations. For instance, whenever he goes back to that physical memory of him being loved and imagines that specific physical state, he can feel the surge of warmth and openness in his face and chest areas. Another lasting physical change that he has experienced is the sensation of warm glow in his face and upper torso. Unlike participants “A” and “B,” participant “C” considers the postural change the most vital bodily change that she has sustained since the enactment. Since the enactment, she has noticed that she is walking taller as her head is straighter and her shoulders are more back. In general, she thinks that her posture has become more open. As noted by participant “C,” she believes that the postural change is an embodiment of her feeling good about who she is, and a physical manifestation of self-worth, which she has never had before in her lifetime.

*Shift from top-down cognitive to bottom-up sensorimotor processing*

All 3 participants gained conscious awareness and new cognitive meanings about their self and others as a result of bringing their organism into contact with their feeling self at a sensorimotor level, and going through a whole bodily shift during the enactment. For example, in the absence of traditional top-down verbal therapy, participant “A” knew and accepted that he is truly loveable without needing to work very hard to believe it following the re-born scene. Additionally, having expressed his anger and experienced the associated bodily sensations in the enactment, he realizes that how he can be angry and assertive without being blamed for or hurting others’ feeling. On the whole, participant “A” notices that he has become more aware of his capacity to access his bodily and emotional states.

As a result of experiencing and integrating the physical sensations in connection to the rage that he has been holding in, participant “B” is able to establish new connections between his
thoughts and feelings pertaining to releasing intense inner emotion. The enactment has helped him become aware that he actually has a greater capacity to tap into when an intense emotion arises. In other words, he has felt more capable of attuning to emotion when it emerges because he can feel that physical change in his body. The sensorimotor process that he went through in his enactment has enabled him to reassess his belief that experiencing intense emotion is scary, or can be potentially disastrous. Since the enactment, he has noticed that he is becoming more honest about, receptive to and reflective of what he is actually experiencing when his body signals to him, rather than allowing his brain to stop him from fully experiencing the emotion.

Like participant “A,” participant “C” noted that there was just knowing and acceptance that she is special and worthy of love after she had received that warm, loving physical touch from others in the pristine ego scene. Since the enactment, she has noticed herself becoming more amenable to people’s warmth and caring because she believes that she is worth it. By contrast, before the enactment, she would have to work very hard on positive affirmations, but never truly believed that she is valuable. Moreover, she thinks that her experience of sensorimotor change has brought about an awareness of the vitality and capacity within her, as opposed to simply going through life with emotions.

Undoubtedly, all 3 participants appear to have established new connections between their thoughts and feelings as a result of enacting, identifying and integrating the sensorimotor reactions associated with an incomplete or missed narrative event. The aforementioned findings corroborate what is proposed in contemporary therapeutic practice for unresolved traumatic stress (van der Kolk, 1996/2007; Ogden, 2003) in that all 3 participants were able to replace their outdated script beliefs with more adaptive ones after enacting an unfinished or missed sensorimotor action. For instance, upon the completion of enactment, participants “A” and “C”
believe that they are worthy of love; correspondingly, participant “B” realizes that experiencing intense emotion is not as frightening as he thought previously. It appears that while top-down processing, such as traditional cognitive-behavioural and psychodynamic approaches, may provide effective management, or substantial relief, of emotional arousal, it may not enable the full processing and assimilation of conditioned sensorimotor reactions. In short, verbal therapy alone is ineffective to mediate the process of sensorimotor change. In contrast to top-down methods, cognitive meaning making involves, or follows from, sensorimotor bodily experiencing rather than precedes it (Ogden, Minton, & Pain, 2006). As borne out by the findings discussed herein, bottom-up process such as the experience of bodily sensations and physical actions can stimulate cognitive reflections and re-appraisals.

**Enhanced self-esteem**

Bearing in mind the findings pertaining to meaning making about one’s self, it appears that all 3 participants have improved their self-esteem as a result of completing the enactment. For instance, both participants “A” and “C” feel that their self-worth is reinforced when they revisit that specific time during their enactment and feel the sensorimotor aspect of it, without needing to do any effortful work. Participant “C” noted that she believes that she will be capable of accomplishing what she would not have been able to do previously. Specially, given a healthier stance of self-trust that she is coming from, she has felt an enhanced confidence in pursuing a career as a registered psychologist and working with clients. In like manner, participant “C” has felt more confident in his capability to assert himself, and more trustful in expressing his anger. Realizing how valuable it is to be loved and to love others, he feels inspired to reach out and give love to others. Participant “B” feels more assured about whether he needs to contain his emotions or not, because he believes that he has a greater capability to experience
intense emotion than he realized before. Accordingly, he has found himself more ably being in
the moment and attuning to his and other people’s emotions.

**New personal resources**

As defined by Ogden, Minton, and Pain (2006), resources mean all the personal skills,
abilities, objects, relationships, and services that facilitate self-regulation and provide a sense of
somatic and psychological well-being and competence, which in turn fosters resilience for
subsequent life challenges. The findings indicate that all 3 participants have developed personal
resources as a result of completing their enactment. The somatic resources that participant “A”
has developed include increased strength in his body, and self-regulation skills such as
grounding, centring, and breathing into his stomach that promote a sense of internal physical and
psychological stability when it comes to assertiveness and expression of anger. In regard to top-
down resources, he believes that continual growth and integration depends on how much he has
got himself to remember that state of being loved, and to imagine that specific time and memory
of him lying on his back on his parents’ lap. The enactment has afforded him a powerful memory
that he can use as a resource to access the bodily and emotional states that he wants to be. Above
all, when an emotion arises, rather than getting stuck in it, he is capable of coping with it and
thus going away from it. Similarly, participant “B” has developed top-down resources, such as a
sharper focus on his capacity to feel and fully experience his emotional states at a sensorimotor
level. For instance, instead of keeping his emotion and associated bodily sensations separate
from each other, he notices that he is more able to slow himself down, and to experience them as
a whole. Overall, he has felt more capable of attuning to his emotional states because he can feel
it physically. In closing, participant “B” noted that going back to that scene of releasing rage and
remembering what that felt like at a sensorimotor level without fear was of intense liberation to
him, as it reinforced the beliefs that he is very capable of experiencing intense emotion. In comparison to participants “A” and “B,” the somatic resource that participant “C” has developed following her enactment is primarily related to her postural change. Since the enactment, she notices that she has been walking taller in that her head is up and shoulders are more back. In contrast to the forward, shoulder-face down posture that she had before, the new postural change conveys a sense of self-worth in her upper torso, which she did not recall having had before. In addition to the somatic resource that upholds her sense of self-worth when she walks taller, having easy access to that memory of newfound love and care for herself in the pristine ego scene is another powerful resource that she can turn to.

**Installation of new, powerful memory**

As a result of completing the enactment, 2 participants had a new, positive memory installed at a sensorimotor physical level, to which they could access whenever they wish. Participant “A” felt like that he had a fresh, indelible memory of being loved, when he was lying on his back and receiving warm loving look from his new father in the re-born scene. As noted by participant “A,” the enactment created a “powerful possibility” to him in that it created a state of being love, and helped carry him forward. Going back to that memory and specific time in his enactment and feeling that physical state in his body reminded him that he is worthy of love.

Like participant “A,” participant “C” also had a refreshing memory of feeling special and worthy of love installed through the pristine ego scene. According to participant “C,” the enactment was not so much of a replication, but a creation to her because it created an experience that she had never had before. She felt enlivened when she went back to that memory and felt the sensations of people touching and massaging her back and shoulders. It is a memory of self-worth and newfound love that she can easily get to.
Recovery and re-ownership of the disowned self

All 3 participants felt a change in the way they experienced their physical self, which in turn led to the recovery and re-ownership of the bodily aspects of their self that they had alienated from, or rejected before the enactment. For instance, prior to the enactment, participant “A” perceived him as being stuck in a state of sadness intermittently, which he believed had to do with, in part, that lonely, depressed child inside him. As a result of habitually numbing himself out, and tightening his whole body up so as to block the sadness and sense of stuck-ness away from awareness, he felt frozen from going forward to take action about his emotion. In that state, it felt like that he was kind of immobilized from meeting and owning his needs. By feeling his sadness physically and attaching words to that sadness at the onset of his enactment, he was able to get in touch with, and thereby to re-own the physical part of his self that was affected by his sadness. In retrospect, he believes that understanding how he feels at a sensorimotor level when he gets stuck is essential for change to occur. The enactment has given him a strong experience to feel the change that he wants to be in his body. As indicated by him, by remembering from a physical or visual memory cue, he can get back to that physical state that he wants to be.

In like manner, participant “C” described herself as kind of a robot all her life as she had never had the memory of being loved and cared for in her lifetime. As a result of constantly holding in her sadness, and blocking her feeling self from awareness, she noticed that she was carrying a lot of tension in her shoulders and neck. Moreover, in deadening and disowning her feeling self, she found herself impervious to others’ compliments about her. The warm loving touch that she received during the pristine ego scene was pivotal in that it helped re-awaken the physical self that she had alienated from other aspects of her self. As participant “C” had
commented during the interview, she felt emotional when she realized that she is alive and capable of receiving love as a result of experiencing the sensorimotor change inside her body. Having access to that special moment in her enactment and re-experiencing the physical state of being loved helped her sustain the vitality that she discovered within her. Looking back, she believes that the enactment has helped reconnect her bodily self with her feeling one, thereby contributing to a more integrated self that is amenable to other people’s warmth and caring.

Until the completion of his enactment, participant “B” virtually identified only with the mental or non-corporeal aspects of his self, as experiencing intense emotion and its consequences was nerve-racking to him. For this reason, when an emotion or feeling came up, his mind would simply recognize it mentally, and relegate his bodily reactions to be something that was non-mental, before he could even experience them physically. In perpetually separating his feeling self from his bodily one, he felt like that he had to use up all his physical strength to hold that gigantic lead ball inside his chest. Additionally, as a result of physically tensing against the bodily sensations connected to his emotion, he felt tightness in almost all of the muscles in his body. Through shutting off the containment of his rage toward the end of the enactment, he was able to completely experience his emotion and the associated bodily sensations, as opposed to mentally splitting them up from each other. Upon the integration of the bodily and feeling aspects of his self, he feels a sense of connection at emotional and physical levels. Because he is not afraid of being in touch with his feeling self, there is more freedom and room for him to attune to his feelings mindfully.

New experiences across sensorimotor, emotional, and cognitive-behavioural levels

It appears that all 3 participants have increased their integrative capacity in higher-level cognitive and emotional processing, as well as lower-level sensorimotor processing upon the
completion of their enactment. Notably, with the help of enhanced integrative capacity, all of the participants have developed new insights and gained new experiences across the domains of sensation, emotion, cognition and behaviour. For instance, at a cognitive level, participant “B” was able to invalidate his previously distorted belief about the experience of intense emotion, as a result of becoming aware of the associated bodily sensations, and putting into action the unexpressed sensorimotor actions in connection to his rage. As a consequence, he has noticed himself more ably attuning to his emotional states at a sensorimotor level. Behaviourally, he has found himself more at ease with his and other people’s feelings, as he no longer needs to rely on his brain to be the guard of his emotion. Likewise, upon bringing their organism into contact with the sadness of feeling unlovable, and experiencing the sensations of love and warm lightness that had been missing from their life, both participants “A” and “C” were able to discard the ingrained script belief that they were unworthy of love. Additionally, as a result of the new sensorimotor experiences that they had gone through during the enactment, participants “A” and “C” were able to reclaim the ownership of their disowned bodily self. Specifically, at a cognitive-behavioural level, participant “A” feels like that he has an enhanced level of confidence in asserting himself, and bringing the love forward to people around him. Participant “C” truly believes that she is worthy of love and feels comfortable of exposing herself and being seen when she is walking taller with her head up.

Conclusions

In summary, the findings described herein help bring to light the interconnection among sensorimotor reactions, feelings, cognitive meanings, and behaviours in connection with an unfinished or incomplete gestalt. It appears that all 3 participants have established new connections between their thoughts and feelings as a result of becoming aware of the
physiological, sensory and motoric aspects of their enactment. Consistent with what Ogden, Minton, and Pain (2006) have proposed, the process of meaning making comes about organically from bottom-up sensorimotor experience, as opposed to from top-down cognitive interpretation. Specifically, the findings lend support to the premise that enacting an unfinished or missed sensorimotor action may help counteract distorted beliefs and feelings, and conversely, changes in distorted script beliefs and associated feelings may help promote the integrative functioning of sensorimotor processing, thereby contributing to the recovery of disowned bodily self (van der Kolk, 1996/2007; Ogden, 2003). The findings indicate that all 3 participants have gained increased integrative capacity of both higher-level and lower-level information processing upon the resolution of their conditioned sensorimotor reactions.

In the view of the Gestalt cycle of self-regulation, all 3 participants appear to be chronically interrupted, and stuck in the initial phases of sensations and figure formation essential for organismic self-regulation, which in turn prevents them from making meaningful contact with their bodily and feeling aspects of self, as well as with their environment. As borne out by the findings of this study, Therapeutic Enactment is a powerful tool for the resolution of conditioned and disintegrated sensorimotor responses, given the fact that all 3 participants have experienced new cognitive meanings after engaging their whole body in sensorimotor expressions and responding to what they become aware of physically in the enactment.

While the findings presented herein are not meant to be representative of, or transferable to, other situations or populations of Therapeutic Enactment, they are in consistent with what is postulated in theory of sensorimotor psychotherapy (Ogden, Minton & Pain, 2006) that experiencing, identifying, and learning to self-regulate unresolved sensorimotor reactions at the bodily physical level is the beginning step for disrupting and extinguishing conditioned
autonomic and sensorimotor responses associated with unresolved traumatic events. Beyond question, the findings show that the working-through of traumatic stress requires mindfully observing, tracking and responding to one’s sensorimotor self because change comes about organically through physical experiencing; in other words, change in the higher-levels of emotional and cognitive processing calls for an individual’s capability to experience at a sensorimotor level. The implications for the extension of theory of Therapeutic Enactment will be discussed in the section below.

**Implications for Theory of Therapeutic Enactment**

The findings of the present study hold significant implications for the extension of theory of Therapeutic Enactment. They all appear to point toward the need of extending theory of Therapeutic Enactment by incorporating sensorimotor theory and psychotherapy (Scaer, 2005; Ogden, Minton & Pain, 2006). In keeping up with the recent advances in neuroscience and psychotherapy for the treatment of unresolved traumatic stress, theory of Therapeutic Enactment will definitely benefit from including and explaining the nature of in-process sensorimotor change in relation to the dynamics of the hierarchical levels of information processing. The present study serves as a start-point to bring to light the therapeutic effect of blending bottom-up sensorimotor processing approach into traditional treatment modalities for the repair of trauma.

In addition, in light of the findings uncovered from this study, theory of Therapeutic Enactment will be benefited from incorporating the concept of neural growth and integration in psychotherapy (Cozolino, 2002) into its practice. As defined by Cozolino (2002), dissociation is characterized by disorientation and a disconnection among thoughts, behaviours, sensations, and emotions observed in reaction to trauma, whereas integration is the opposite of it. In the view of neuroscience, psychotherapy can be understood as a specific kind of enriched environment in the
service of enhancing neural growth and the integration of neural networks. As noted by Cozolino, the experience of moderate levels of stress or emotional arousal alternating with periods of calm within a safe and trusting relationship, coupled with the development of new resources for processing and organizing new experiences from therapy, is vital for continual growth and integration outside of therapy. Some of the findings of this study discussed herein, including releasing of strong emotion, development of new personal resources, and new experiences across the domains of cognition, emotion, sensation, and behaviour, correspond to what Cozolino has proposed.

**Implications for Future Research**

The current study fills in the gap in previous studies of Therapeutic Enactment (Keats, 2000; Morley, 2000; Westwood, Black, & MacLean, 2002; Cave 2003; Black 2003; Foster 2003) in that it is the first empirical research conducted to investigate the efficacy of integrating the practice of sensorimotor processing into group-based Therapeutic Enactment intervention. As situated level of description was employed for this study, future research on Therapeutic Enactment will benefit from focusing on the general structure of sensorimotor processing in the context of Therapeutic Enactment. While general level of description might not necessarily be universal, it would be more than specific, and possibly transferable to other situations of Therapeutic Enactment. To this end, a larger and more diverse population will be required for future studies. Further, given the fact that all 3 participants in this study were graduate students who were familiar with Therapeutic Enactment, future research might want to consider a different population group, such as adults who have had recovered, or are in remission, from previous episodes of major depression. The mixed methods strategy of inquiry that utilizes a repeated-measures research design in which a single group of individuals who have major
unipolar depressions is measured twice on the severity of their depressive symptoms prior to and following Therapeutic Enactment could be an option. Additionally, future research shall address the long-term effect of the therapeutic change that has been brought about through group-based Therapeutic Enactment intervention. And finally, in view of the connection between the experience of one’s sensorimotor self and the process of change, it implies that physical change may be a good outcome measure for future research on the treatment of unresolved traumatic stress. Despite the fact that Ogden, Minton and Pain (2006) have identified inner-body sensations, five-sense perception, and movement as three primary components of sensorimotor processing, psychological measurements that sample the domain of sensorimotor processing and assess the scope and degree of bodily change remain to be developed and validated.
References


and qualitative research (3rd ed.). Upper Saddle River, NJ: Pearson Merrill Practice Hall.


Dear Prospective Participants:

If you have participated in a relatively recent Therapeutic Enactment Director Training workshop, and feel that you have experienced a significant bodily change when re-experiencing an unfinished narrative event or action, I would like to explore the lived-through meanings of sensorimotor processing as precisely experienced by you. By sensorimotor processing, I mean any physical body reactions such as inner body sensations, five-sense perceptions, movement impulses, and involuntary motor behaviour that you have experienced when doing your own enactment work in Therapeutic Enactment.

In other words, if you felt reactive to an incomplete or unfinished narrative event or action in your life before coming to the workshop, and felt you were able to experience physically and integrate these physical body reactions as a result of completing your own enactment, your participation in the study would help discover the lived meanings of sensorimotor processing in group-based Therapeutic Enactment.

I am conducting the study as partial requirement for the Master of Arts degree in Counselling Psychology of the University of British Columbia. Your participation in this study will include:

a) watching a videotape replay of your own enactment by yourself (60 to 90 minutes) immediately before an in-depth interview

b) an in-depth interview (60 to 90 minutes) shortly after you have watched your own videotape replay taking place on the same day

c) a follow-up interview (30 minutes) after I have transcribed and analysed the data collected from the in-depth interview with you
All in-depth interviews will take place at the Psycho-Educational Research and Training Centre (PRTC), at Scarfe Room 306, Faculty of Education of the University of British Columbia, or at the participant’s home. Only the in-depth interviews will be audiotape recorded. The information gathered during the interviews will be only accessible to my thesis supervisor, the three members of my thesis committee, and myself. To protect confidentiality of individual participant, names and other identifying information, including any third parties disclosed during the interviews, will not be included in the final thesis or any reports of the completed study. Audiotapes will be erased at the conclusion of the thesis. The results of the study may be reported in professional journal articles or papers that will be accessible to the public.

In order to participate in this study, you must be 19 years or older, and be able to: a) express yourself linguistically with relative ease, b) sense and express your inner feelings and emotion without shame and inhibition, c) sense and express the organic, sensory and physical experiences that accompany your inner feelings and emotion, and d) articulate what was going on inside you.

As a reminder, if you feel uncomfortable about or vulnerable to re-experiencing and re-telling the physical body reactions in connection with your own enactment, unfortunately, you will not be suitable for this study. Your participation in this study is entirely voluntary, and you have the right to withdraw your participation at any time without jeopardizing your academic standing.

If you feel fairly comfortable about re-experiencing and re-telling your own enactment and would like to participate in this study, you are welcome to initiate a brief preliminary interview with me. The primary purpose of the preliminary interview is for you to ask any questions you may have about this study, and for me to explain to you about the process of informed consent. The interview will take about a-half hour.

Sincerely Yours,

Michelle Tsai

Telephone: 778 - 370 - 2465
CONSENT FORM

Title of Study: Enacting an Unfinished Narrative Event: The Lived Experience of Sensorimotor Processing in Therapeutic Enactment

Principal Investigator:
Dr. Marv Westwood, Ph.D., Professor
Department of Educational, Counselling Psychology and Special Education
Associate Member, Faculty of Medicine
The University of British Columbia
Tel: 604 822 6457
E-mail: westwood@interhcange.ubc.ca

Co-Investigator:
Michelle Y. Tsai, Candidate, Master of Arts
Counselling Psychology Program
Department of Educational, Counselling Psychology and Special Education
The University of British Columbia
Tel: 778 370 2465
E-mail: yutsai2001@yahoo.ca

Purpose:
The intent of the study will be to describe and to understand the lived meanings of physical body reactions precisely as experienced by the participants in group-based Therapeutic Enactment. Participants will be asked to describe the in-process change of physical body reactions and expressions as they re-experience an unfinished or uncompleted narrative event or action in a relatively recent Therapeutic Enactment Director Training workshop. Consistent descriptions of the lived through meanings of physical body reactions from the viewpoint of the participants will be developed in order to understand the Gestalt process involved. The study is being conducted as partial requirement for the Master of Arts degree in Counselling Psychology. The results may be reported in professional journal articles or papers that will be accessible to the public.
**Study Procedures:**

After having had an opportunity to read an advertisement about the study, you can contact the Co-Investigator, if you would like to have more information about this study. A letter explaining the purpose and procedures of the study and the expectations of study participants will be available upon your request. Upon reading the letter, you can initiate of your own volition a brief preliminary interview with the Co-Investigator, if you would like to participate in this study and feel fairly comfortable about re-experiencing and re-telling your own physical body reactions.

The primary purpose of the preliminary interview is meant for you to ask any questions you may have about this study, and for the Co-Investigator to explain the process of informed consent to you. During the interview, the Consent Form will be given and explained to you. The Co-Investigator will be also checking with you about your level of comfort in participating in this study. You will have at least 24 hours to make informed consent upon receiving the Consent Form. The interview will last about a-half hour.

By signing this Consent Form, you have agreed to participate in the study named above where the following will occur:

- **d)** You will be watching, in the absence of the research investigators, a videotape replay of your own enactment lasting between one hour and one and a-half hours, immediately before an in-depth interview. The rationale is that serving as retrieval cues, tape-assisted recall method, or interpersonal process recall can help optimize access to your internal experiencing of moments in your enactment work.

- **e)** Shortly after you have watched a videotape replay of your own enactment, you will be invited to participate in an in-depth interview lasting between one hour and one and a-half hours on the same day. During the interview, you will be asked to describe the lived-through experience of your physical body reactions in your recent enactment work. The in-depth interview will be audiotape recorded.

- **f)** A follow-up interview lasting a-half hour will take place after I have transcribed and analysed the data collected from the in-depth interview. I will bring back to you the results of data collection and analysis for feedback from you.
**Potential Risks:**
Potential risk is minimized as prospective participants who feel uncomfortable about or vulnerable to re-experiencing and re-telling the physical body reactions in connection with their own enactment will not be included in this study. In other words, no individuals of vulnerability will be included in this study. Referrals to professional counselling not provided by the research team will be available when necessary.

**Potential Benefits:**
This research study serves as a starting point of departure for understanding the interconnection between physical body reactions, feelings and beliefs associated with an incomplete Gestalt in the context of Therapeutic Enactment. As a result of participating in the study described above, participants will have an opportunity to reflect back upon, and possibly deepen their understanding of the lived-through meanings of physical body reactions in connection with an unfinished or uncompleted narrative event or action from their past. Accordingly, the participants could potentially regain their spontaneity and resilience after becoming aware of these physical body reactions, and being able to integrate these reactions and attach new meanings to them.

**Confidentiality:**
Information gathered during the interview will be accessible only to the Principal Investigator, the Co-Investigator, and the three members of the Co-Investigator’s thesis committee. To protect confidentiality of individual participant, names and other identifying information, including any third parties disclosed during the interviews, will not be included in the final thesis or any reports of the completed study. All documents will be identified only by code number and kept in a locked filing cabinet. Data record will be stored on a computer hard disk that is password protected. Audiotapes will be erased at the conclusion of the thesis.

**Contact for Information about the Study:**
If you have any questions or desire further information with respect to this study, you may contact the Principal Investigator, Dr. Marv Westwood, at the following number or e-mail address: 604 822 6457, westwood@interchange.ubc.ca.
Upon the completion of the study, you may obtain the results of this study by contacting the Principal Investigator, Dr. Marv Westwood.
Contact for Concerns about the Rights of Research Participants:
If you have any concerns about your rights as a research participant, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598, or you may e-mail to RSIL@ors.ubc.ca if long distance.

Consent:
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardizing your academic standing. Your signature below indicates that you have received a copy of this consent form, and a letter of initial contact about this study for your own records. It also indicates your consent to participate in this study.

Having volunteered to participate in the research study named above, I certify that I have read the procedures specified in this consent form describing the study. I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time. I have been informed that my identity will be kept strictly confidential.

I understand the contributions of my participation in this study and agree to participate:

Participant’s Signature: _______________________________________________

Date: _______________________________________________

Printed Name of the Participant Signing Above:

_______________________________     _______________________________
First Name                                                            Last Name
INTERVIEW PROTOCOL

Time of Interview: _______________________________________________

Date: _______________________________________________

Place: _______________________________________________

Interviewer: _______________________________________________

Interviewee: _______________________________________________

Demographic and Background Information:

Age: _______________________________________________

Gender: _______________________________________________

Relational Status: _______________________________________________

Work/School Status: _______________________________________________

Current living arrangement (family/alone): _______________________________________________

Have you ever received counselling in the past? _______________________________________________

If yes, what counselling have you received? _______________________________________________

Introductory Statement:

As you know, I am interested in exploring the lived-through meanings of sensorimotor processing as precisely experienced by you. By sensorimotor processing, I mean any physical body reactions such as body sensations, five-sense perceptions, involuntary motor behaviours, and movement impulses that you have experienced in your own enactment. After you have watched a videotape replay of your own enactment, I am inviting you now to reflect back upon the process of your physical body reactions. I will be interested in hearing what surprised you.
Interview Questions:

1. **How did you feel after completing your own enactment at a sensorimotor physical level?**

   What led to this sensorimotor change in your body? (Probe)
   What did you notice in your body? (Probe)
   Where was the feeling in your body? (Probe)
   Can you put words to your physical feelings? (Probe)

   Where did you feel the changes inside your body? Can you describe it? (Probe)
   Notice your inner body sensations. Where was your experience at the level of bodily sensation? (Probe)

   What did these sensations seem to be saying to you? (Probe)
   What message did you get? (Probe)

2. **At which point during the enactment, were you aware of the most significant experience of sensorimotor change in your body?**

   Where exactly did you feel the change in your body? (Probe)
   Do you notice a central point to that sensation?
   Can your put words to your inner body sensations? (Probe)
   What happened in sensation at this point? (Probe)

3. **What did it feel for you before, during, and after the enactment at a sensorimotor physical level?**

   Where did you feel the changes inside your body? Can you describe it? (Probe)
Can you track the sequence of sensorimotor change as it progressed through your body? (Probe)

Does that sensation have a direction – does it go from inward to outward or outward to inward? (Probe)

What do they seem to be telling you about yourself? (Probe)

3. **Given what you have described about your sensorimotor experience in your own enactment now, how do you understand sensorimotor change inside your body?**
   What sense does it make to you?

4. **What have you learned about yourself as a result of completing you own enactment?**

   Where do you see yourself going in your current life? (Probe)

5. **Are your aware of any sustained (i.e., over a number of weeks) changes following the Therapeutic Enactment?**

6. **Is there anything else you would like to add that you think is important to understand your experience of sensorimotor change that we have not discussed?**

7. **As a result of this interview, right now, are you aware of any changes in your body sensations, as compared to the beginning of the interview?**
The University of British Columbia  
Office of Research Services  
Behavioural Research Ethics Board  
Suite 102, 6190 Agronomy Road, Vancouver, B.C. V6T 1Z3

CERTIFICATE OF APPROVAL - FULL BOARD

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<th>INSTITUTION / DEPARTMENT:</th>
<th>UBC BREB NUMBER:</th>
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<td>Michelle Y. Tsai</td>
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The application for ethical review and the document(s) listed above have been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.
Approval is issued on behalf of the Behavioural Research Ethics Board and signed electronically by one of the following:

Dr. M. Judith Lynam, Chair
Dr. Ken Craig, Chair
Dr. Jim Rupert, Associate Chair
Dr. Laurie Ford, Associate Chair
Dr. Daniel Salhani, Associate Chair