

Parallels to Syntropy and Resonance in Jungian Psychology and Rosen Method Body Work Applied to the Treatment of Individual and Collective Trauma: Theory, Methods and an *in vivo* Experiment

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Abstract

To describe and explain how the previously dissociated or repressed psycho-somatic-affective-libidinal-spiritual functioning of trauma survivors can be transformed by ‘metabolizing’ the nourishing ‘food’ of a transformative ‘living’ symbol or metaphor produced spontaneously from the unconscious and experienced by felt-sense-affective shifts in body, mind, soul and spirit using C. G. Jung’s technique of ‘active imagination’ and Rosen Method Body Work. The 90vibrational resonance of survivors’ embodied self-awareness and the resulting meaning attribution can be enhanced visionally and magnified by the use of energy tools and reinforced by the phenomenon of synchronicity and religio-spiritual realizations.

INTRODUCTION and RATIONALE

Embodied self-awareness is the pre-condition to all psycho-somatic-spiritual transformation possibilities, a necessary ‘tool’ in large toolbox of mind/body/energy techniques used to treat those wounded by highly stressful or traumatic events in childhood. Embodied self-awareness has been described by Alan Fogel, professor of child psychology and Rosen Method Body Worker as:

“the practice and science of our ability to feel our movements, sensations, and emotions. As infants, before we can speak or conceptualize, we learn to move toward what makes us feel good and away from what makes us feel bad. Our ability to continue to develop and cultivate awareness of such body-based feelings and understanding is essential for learning how to successfully navigate in the physical and social world, as well as for avoiding injury and stress. Embodied self-awareness is made possible by neuromotor and neurohormonal pathways between the brain and the rest of the body, pathways that serve the function of using information about body state to maintain optimal health and wellbeing. When these pathways become compromised, primarily as

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a result of physical injury or psychological stress and trauma, we lose our ability to monitor and regulate our basic body functions.” (2006)

Jung’s theory and methodology bridges the worlds of inner and outer knowing. He used the term analytical psychology. After his traumatic split with Sigmund Freud, Jung felt compelled to ‘drop into’ the depths of collective unconscious to further his investigations and heal his own psyche. He encountered universal, a priori psychic energies and images he called archetypes. Through direct experience, observations and reasoning based on the scientific method and in-depth research, Jung realized these ‘strangely attractive and repelling’ archetypes pointed symbolically to the knowledge contained in humanity’s ancient texts, myths and fairy tales and their energies dwelt within and activated the Mother, Father, Ego, Shadow and other complexes.

Drawing on the ideas of contemporaries whose work was transcending the established laws of Cartesian duality and dogmatic polarities of good and evil of the Christian religion, Jung was influenced by the work of physicist Neils Bohr, an early thinker in the New Physics, religious philosopher William James (1906) who concluded that the ‘fruits’ of religious experiences were the ‘proof’ of the validity of these experiences, and Richard Wilhelm, translator of the I Ching, an ancient Chinese divination text based on a non-causal explanation for earthly events and interplay between free will and fate.

Jung investigated the notion of non-duality and matter/energy as simply different forms and rates of vibration in the process of psychological transformation he called individuation before physicist David Bohm proposed a close analogy between quantum process and our inner experiences and thought processes. Before neuroscience discovered that imagery can literally reshape and retrain the human brain, Jung wrote about the transformational nature of ‘active imagination’ (described below). Research at the University of California, San Diego by V. S. Ramachandran, Director of the Center for Brain and Cognition, used fMRI scans supports Jung’s contention: “the same cells in the brain light up whether we perform an action ourselves or watch someone else do it...or when we simply imagine ourselves performing the action” (Cohen, p. 68).

Before scientist Sir John Templeton created his unique foundation to promote dialogue with and support research into the interface between religion and science, Jung, a scientifically-trained psychiatrist, scandalized many theologians and laypersons alike by answering a BBC interviewer’s question about whether he believed in God by answering, “*I don’t believe, I know.*”

Likewise Rosen Method Body Work and Movement grew out of the pull of Rosen’s spiritual experiences, early observations of dancers, studying with a student of Jung, Lucy Heyer, between 1936-8. Heyer treated her husband’s analysands with breath work, movement and massage in order to help make their emotions more accessible (Rosen & Brenner, p. xiii). Rosen later trained as physical therapist. At the end of her 97 years in 2012, Rosen’s own on-going personal self-exploration and -realization and her contact with other practitioners of somatic therapies contributed to the evolution of her teaching style.

Jung and Rosen believed that individuals must consciously engage with their own unconscious material, responsibly co-create their destinies with the Divine or the Self as Jung called it, and play their part in the destiny of entire creation by moving from embodied self-awareness to embodied soul work. They became convinced that only the powerful effects of the collective efforts of individuals committed to soul work could 'save the world.' Their urgent concern for the 'anima mundi,' or world soul, occupied much of their thought and action in their later years; it foreshadowed the current alignment of cosmic and human forces in a unique and potential deadly conflict. This historic cosmic and their collective crossroad Jungian scholar Richard Tarnas (2006) has described as humanity's the first collective 'dark night of the soul.'

RATIONALE: All sentient beings have been exposed to, either in vivo or via modern technology, extremely stressful and sometimes traumatic human-caused events, whether psycho-spiritual, socio-politico-economic, cultural and environmental. Even the basic functions of breathing, drinking and eating can subject life forms to stressful and possible traumatic effects. When the 'oneness' of trauma survivors' matter and spirit is realized and harnessed to create a new field of metaphor and meaning not currently present in their ego-consciousness--internal locus of symbolic interpretations and synthesis, they (and others) are often more aware of not only their own individual energies but are more open to engage in activities that promote a commonly sensed consciousness. As human beings regain our birthright to wholeness--which shares the same linguistic root as the words healing and holiness-- we are more able to feel our 'oneness' with our Earth.

FAMILIAL, CULTURAL AND SOCIETAL CONDITIONING

Regardless of how our particular experiences in our families, kinship groups, and collective institutions may have wounded us, the universal and necessary process of socialization itself forces most of us to 'put away,' parts of our 'real self,' according to Rosen, or our 'shadows,' the term Jung used to describe the complex that contains our socially and personally unacceptable thoughts, feelings and behaviors.

We consciously or unconsciously cooperate this 'putting away' process for several realistic and beneficial reasons: to survive physically and psychologically, to belong to our kinship groups and associate with collective institutions, to build and maintain our cherished self-images or personas and to avoid confrontations with our shadows, and/or to pursue and achieve the aims and trappings of the ego complex that Jungian Marie-Louise Von Franz called power, prestige, fame and fortune. However, repeated and severe childhood abuse frequently causes multi-layered and faceted woundings.

DEFINITION OF TRAUMA AND RESEARCH ON ITS EFFECTS

A childhood traumatic experience is defined as “a sudden, unexpected or non-normative [event] which exceeds the child’s perceived ability to meet its demands, and disrupts the child’s frame of reference and other central psychological needs and related schemas.” The American Psychological Association has acknowledged for almost three decades that severe trauma undermines and compromises the child’s psychological, biological and social equilibrium to such a degree that no part of human functioning is left untouched. (Greedy, 2008)

Dissociation is a normal part of the psyche’s defenses against trauma’s potentially damaging impact--as Jung demonstrated many years ago with his word association test. It occurs when the victim cannot withdraw from the scene of the injury. Therefore a part(s) of an otherwise integrated ego must split into fragments or dissociate. As Kalsched (1996, p. 13) states: “It allows life to go on by dividing up the unbearable experience and distributing it to difference compartments of the mind and body, especially the ‘unconscious’ aspects of the mind and body. This means the normally unified elements of consciousness (i.e. cognitive awareness, affect, sensation, imagery) are not allowed to integrate. Experience itself becomes discontinuous. Mental imagery may be split from affect, or both affect and image may be dissociated from conscious knowledge...while the trauma and its effects may be ‘forgotten,’ the psychological squeal of the trauma continue to haunt the inner world, and they do this, Jung discovered, in the form of certain images which cluster around a strong affect--what Jung called the ‘feeling-tined complexes.’”

Jung (1928a, par 266-7) wrote: “...it possesses the quality of psychic autonomy, .. to manifest itself independently of the will and even in direct opposition to conscious tendencies: it forces itself tyrannically upon the conscious mind...it pounces upon him like an enemy or a wild animal.” Because dissociation dis-connects survivors from their innate wholeness and concretizes their capacity for fluidity of thought and action into habitual survival patterns and postures, these disabilities often result in vulnerability to further incidents of trauma. In Memories Dreams Reflections (1963, p. 117), Jung emphasized the importance of the actual event and the story of the trauma are to psychotherapeutic work. Too often, due to dissociation and its effects, survivors’ stories can become embedded in the archetypal morass of the victim or martyr, dimming or even extinguishing their felt sense of heroic co-creative power to live meaningful lives.

INFLUENCE OF PRENATAL, BIRTH & POST-NATAL STRESSORS

In the May 2013 Discover magazine’s lead article (p.6), Dan Hurley summarized the findings of behavioral epigenetics that “traumatic experiences in our past , or in our recent ancestors’ past, leave molecular shards adhering to our DNA...like silt deposited on the cogs of a finely tuned machine after the seawater of a tsunami recedes, ..thus our experiences, and those of our forebears, are never gone, even if they have been forgotten. They become a part of us, a molecular residue holding fast to our genetic scaffolding. The DNA remains the same, but psychological and behavioral tendencies are inherited.” After mentioning that pharmaceutical and bio-tech firms are

searching for epigenetic compounds to boost learning and memory, Hurley concludes by asking: “..if we could create a pill potent enough to wipe clean the epigenetic slate...free the genes within your brain of the epigenetic detritus left by all the wars, the raps, the abandonments and heated childhoods of your ancestors, would you take it?” (p. 21).

Frances Champagne, quoted in the same May 2013 issue, (p.17) concluded, “...stress is a big suppressor of maternal behavior....Keeping the stress level down is the most important thing. And tactile interaction--that’s certainly what the good mother rats are doing with their babes. That sensory input, the touching, is so important for the developing brain.” Before birth, certain fetuses are at risk for other ‘induced’ stress and traumatic effects: “...identified subjects who had undoubtedly been exposed prenatally to stress hormones such as cortisol, adrenalin, and norepinephrine by mothers who experienced chronic anxiety or panic attacks during pregnancy.”

Produced by the adrenal gland, cortisol helps the human body respond in a time of crisis by moderating its level of stress-response, but elevated levels of this hormone during pregnancy can interfere with the building of neural pathways and may even have the effect of dissolving established connections (Begley, 1997; Perry, 1994), damaging the brain’s hippocampus, thereby interfering with memory function and lowering an individual’s ability to control his or her emotional states, and inhibiting areas of the brain that regulate attention, resulting in diagnoses of ADHD and autistic disorders in their children. (Nachmias, Gunnar, Mangelsdorf, Parritz & Buss, 1996.) For example, Attention Deficit Disorder with Hyperactivity has been diagnosed three times more often in children whose mothers smoked in pregnancy (Milberger, Biederman, Faraone, Chen & Jones, 1998).

These researchers found that subjects born to mothers overwhelmed by stress due to being depressed, abused, or frightened, those who had been severely traumatized during labor and delivery and those whose mothers failed to bond with them as infants because the child was the wrong sex, had the ‘wrong’ father or was arriving at the ‘wrong’ time were highly likely be diagnosed with insecure attachments of the anxiety/ambivalent, avoidance and D or disorganized types. (Author’s note: other type D descriptors: dissociative, discontinuous, and distressed.)

Upon birth, secure attachment only results when the primary caregiver is capable of resonating with or attuning energetically with the child via bio-chemical, sensory and psycho-emotional inputs from caregivers, especially the mother (Siegel, 2008). Fiona Gardner (2002, p. 67) says, “The development of the body image is hugely important in the process of the emerging sense of self. Processes of identification and internalization of early object relations [with caregivers] crucially relate to this development. Thus the sense of skin which can consistently and dependably contain the child’s body, with all its uncontrollable sensations and instinctual processes, is seen as being established through the combination of various elements in the maternal environment. These include eye contact with the mother, as a mediator of emotional containment (Ayers, 2003) and also as Haag (2000, p.7) “tactile reinforcement of the children’s sense of having a backbone.”

Nursing and other ‘touching’ experiences such as massage, intercourse, and pair bonding, promote the release of a neurotransmitter hormone oxytocin, sometimes called the ‘love hormone.’ Susie Orbach (2003) contends: “How one is held shapes your own relation to your body so it isn’t touch per se because a mother or parent who is very rough with the baby (Author’s note: or acts in a frightening manner or is herself frightened) is teaching that baby to relate in that kind of way.” Orbach states that ‘harsh or punitive touch would have the reverse effect...(and) the level of oxytocin would actually go down and cortisol levels would...become soothing. Children who come from very violent (Author’s note: or very neglectful, ambivalent, avoidant or D type bonding) experiences seek out similar types of relationships unbeknownst to themselves in adult life. Those types of dysfunctional relationships create the high level of stressor hormones they’ve learned to use to self-sooth.”

Peter Fonagy (2001, p. 37), after discovering cortisol secretion among Romanian orphans (who had experienced severe lack of bonding during their first year of life), states: “There is good evidence from animal models that repeated exposure to high levels of circulating steroids such as cortisol results in destruction of actual brain material to which the organism adjusts by becoming hyper-responsive to stress and decreasing cortisol release.”

Although even one experience of significantly highly stress or traumatic experiences in childhood can lead to multiple effects, research (First World Conference on Somatic Experiencing, Oakland, 2008) has found that adults who experienced 6 out of 10 possible aversive childhood conditions such as abusive parents or caregivers, early drug, nicotine or alcohol use or addiction, neglect and/or abandonment, school failure, and/or engage in delinquent behavior, were highly likely to report criminal behavior, addictions, failures in occupational and relationship areas, chronic illness(es) and generally poor health habits.

TREATING SURVIVORS: JUNG’S CONTRIBUTION

Trauma treatment benefits from the Jung’s unique psychotherapeutic system that addresses the issue of wholeness in psyche, body and especially spirit. Analytic work seeks to mine the potentially transformative ‘gold’ concealed from the analysand’s consciousness by layers of psycho-somatic repression, dissociation, projection on other people and groups and other defense mechanisms via three methods: a. therapeutic dialogue with analysands that ‘dig outs’ their personal associations and collective amplifications of the images and instincts embedded in dreams and fantasies produced by the unconscious mind, b. polishing the mined symbolic ‘nuggets’ with active imagination, a process in which analysands engage in dialogue in their imagination with inner psychic images, and c. encouraging further exploration of the ‘nuggets’ via creative mediums such as working with art materials, dance and spontaneous movement, and sand tray therapy.

RELIGIOUS/SPIRITUAL ISSUES IN TRAUMA TREATMENT

Traditional Jungian psycho-analytic work addresses religio-spiritual conflicts and issues with analysands, especially those who are trauma survivors because strongly believed that others might call the God image and he termed the Self was both at the center of the psyche and encompassed its totality. In his later writings, Jung posited a religious instinct as basic human drive. After devoting his practice to those at mid-life, he also contended that he found that his patients' successful analysis required a religious re/orientation. (Author's note: Or a spiritual one.)

Jungian Edward Edinger wrote in his 1972 book, Ego and Archetype (p.100) :

“Modern man urgently needs to re-establish meaningful contact with the primitive layer of the psyche. I do not mean by this the compulsive expression of unconscious primitive affects which is symptom of dissociation. I mean rather the primitive mode of experience that sees life as an organic whole. In dreams the image of an animal, a primitive, or a child is commonly a symbolic expression for the source of help and healing. (These images) serve a healing function because they symbolize our birthright to wholeness, that original state in which we are in rapport with nature and its transpersonal energies which guide and support. Through these images we make connection with the Self) and heal the state of alienation. We must learn how to incorporate primitive categories of experience into our world view without denying or damaging our conscious, scientific notion of space, time and causality.”

Rarely does the psychological literature on treatment of trauma address religio-spiritual issues, although some studies have focused on survivors' meaning attribution of their experiences in relation to their beliefs or faith in God (Greedy, 2008). A child's initial God image (Jackson, 1997) emerges from their earliest interactions with parents. Thus positive images of God are typically connected to children's experience of secure attachment and appropriate boundary-making and containment with parents that have occurred prior to cognition development.

While the majority of those surveyed in research studies (Jackson, 1997) report that their existing religious faith was strengthened or remained unchanged during stressful or traumatic periods, others report religious doubts and feelings of distress or disappointment, believing they have been abandoned by God. This distress is described as an attachment disorder: “The distress felt by a religious person (Author's addition: or those with a belief in a ‘Higher Power’ or other term) who perceives that God is not available to him or her is similar to the distress felt by an infant who is separated from its mother or other attachment figure.” Emotional distress resulting from a loss or questioning of faith is experienced as feelings of anger and resentment, emptiness and despair, sadness and isolation. Survivors who have no positive grounding in an inherited or chosen religious or spiritual tradition and are left alone to ponder and deal with the religio-spiritual implications of their traumatic events, especially their possible ‘randomness,’ tend to report poorer outcomes on all health measures.

At age three, Jung himself had such an ‘awe-full’ encounter with ‘the other face of God’ (1963, p. 168) that shaped his quest to understand its powerful ‘chronic’ spirit and to study alchemy. Otto (1923, p. 31) in his classic book, The Idea of the Holy, described the two qualities of such numinous experiences as ‘daunting and fascinating.’ Jung understood that survivors’ essential biological and psychic processes or ‘libido’ are often diminished by the internal conflict between inherited faith beliefs in God’s all-loving nature vs. their own felt sense encounters with the ‘dark side of God.’

These experiences of the ‘dark side of God’ and its effects on trauma survivors suggest the reason that many survivors, especially those who’ve childhood sexual abuse, report being ‘drawn’ to enter situations and/or relationships that clearly contain demonic elements that others could identify and they could only see in hindsight.

By exploring and describing the widely and naturally occurring phenomenon of ‘synchronicity,’ Jung put into scientific language a view of life which had profoundly influenced humans, especially those living in the Eastern World, yet because of its ‘non-rational’ nature, has been viewed skeptically by those wed to the scientific method. Synchronicity--non-causal, meaningful coincidences of apparently chance events--is now able to be explained by quantum physics. The concept of syntropy parallels the dynamics of synchronicity. The meaningfulness of the symbolic content to the individual who experiences synchronicity supplies the ‘nourishment’ to both their wave and particle aspects. Because symbols and metaphors are embedded in the archetypal contents of instinctual or psychic energy and image, their ‘linkage’ creates a unified new ‘field’ for the observer/participant.

By asking survivors to be ‘willing to be willing’ to become receptive to spiritually or religiously-themed experiences, they will experience synchronistic events, dream of encounters with numinous archetypal figures, and/or experience spiritual awakenings in vivo and in mediation and prayer. Survivors, especially, need to know they are part of the Oneness because many believe they are truly outside the All There Is, the term John Duns Scotus, 14th Century theologian and first Doctor of the Church, used for God (Greedy, 2008).

ROSEN METHOD BODY WORK’S CONTRIBUTION

Rosen Method Body Work is uniquely suited to treating trauma survivors, especially as a primary or initial mode of hands-on treatment. Other more directive somatic approaches such as Bioenergetics and Rolfing cause an extensive ‘dis-organization’ of the somatic defenses. Therefore these approaches can mimic the original overwhelming, external traumatic event and result in increases in the survivor’s Post-Traumatic-Stress-Disorder symptoms such as hyper-vigilance, startle response, anxiety and panic attacks, dissociation, and other psycho-spiritual-somatic defenses. Clients may respond by increased defensiveness and a determination to avoid further dis-organization by avoiding body work altogether.

Rosen's technique was simple yet not simplistic. She 'met' her clients' somatic defenses with the non-invasive touch of one soft hand applied to the areas of tension or holding where the 'breath of life' was not in evidence and another 'listening' hand elsewhere. She co-created a dialogue with her clients' psycho-somatic unconscious defenses by verbally sharing typical meanings and metaphors associated with holdings in each part of the body as she worked. This she called 'table talk.' Rosen's sessions were characterized by her observations on how her clients' bodies were receiving her words and touch, asking open-ended questions to gather clients' associations, often supplied by her intuition, and fierce and heart-felt compassion. When requested to briefly describe her work late in her life, Rosen answered with one word, 'love.'

Rosen Method promotes clients' becoming conscious of the psycho-somatic interaction between the symbolic field 'inherited' from family and society and their own inner personally symbolic and archetypal world. Often clients' buried emotions, thawed bodily sensations and hidden memories from the original parental or societal injection to 'don't be yourself' are experienced, metabolized and harmonized.

RESULTS AND IMPLICATIONS FOR INDIVIDUAL AND COLLECTIVE CHANGE

Both Jung and Rosen were concerned with how the results of their work were played out in their clients' daily lives. The 'fruits' of an analysis, Jung believed, should be were embodied outside the consulting room if it had been successful. Rosen contended 'response-ability' was only possible when one-sided reactivity and conditioning associated with the victim archetype encountered its alternative pole, the embodied hero/ine that contains psychic energies of trust and innocence, healthy empowerment, sound decision-making and a sense of innate worth and value.

In both treatment methods, by contacting the primitive level of the psycho-somatic level of the psyche, as Edinger urged, clients often do experience a psycho-spiritual-somatic re-orientation. Emerging with a wider world view of their own pain and suffering, clients' capacities for empathy tend to enlarge. They now have the response-ability to be vulnerable to and feel connected with the pain and suffering of others as well as the planet's. They are more likely to commit to joining with other like-minded souls to 'be the change you want to happen,' to borrow from Gandhi's famous quote.

METHODS: GATHERING INFORMATION and TOOLS HISTORY TAKING: PERSONAL, FAMILIAL, and PARENTAL

Jung contended that when modern human beings lost their connections to their own souls, nature as a living organism, and the divine realm that the forsaken and forgotten 'gods' became our illnesses; this notion aligns with his famous quote, "That which we do not make conscious, we live as our fate." Or our descendants do. Jung was often asked by fellow physicians who couldn't explain the source of their patients' maladies to interpret their dream material to discern a diagnosis. He usually

did. Therefore Jung wouldn't have been surprised that recent epigenetic research supported the notion that individuals' family trees could negatively impact their mental and physical health.

Likewise, Drs. Hammer and Sabbat developed a biologically-based body/mind theory and process called the New German Medicine and Total Biology/Recalling respectively. The method includes asking detailed questions of clients about their family tree to the great-grandparent generation, their parents' possible unconscious motive(s) for conceiving them at a particular time and life situation, any knowledge of other earthly existences, and a timeline of their personal life events and cycles. Their answers point to possible unresolved generational, familial and personal psychological/somatic/spiritual conflicts and fixations that may have been 'downloaded' to the clients' bodies as diseases, illnesses, physical conditions or symptoms.

The usefulness of naming cannot overemphasized. During active imagination with a dream image, the name of the person/animal or an unknown sensation or feeling state is always asked with the assumption that the wealth of knowledge held in the unconscious will supply it. Asking the name of any somatic symptom, troublesome body part or tension during body work and looking at websites about origin of names can profoundly shift clients' view of the problem from negative to empathetically positive.

The motto of Recall Healing is 'Name it, Claim it, Dump it.' (Renaud, 2010). Identifying the source of clients' physiological challenges gives them the power to link their consciousness with the vibrational signature of the unconscious conflict they inherited or personally took on. With many clients, simply bringing the significant associations between their ancestors' hidden conflicts and their physical state will cause a shift in the clients' consciousness, metabolizing the cause to effect a cure. However, trauma survivors often are unable to make that change as easily as others. They usually must learn to become energetically grounded, centered, embodied and contained and to engage their imagination field before such a shift is possible. With those conditions in place, they can benefit from other tools in the psycho-somatic-spiritual/energetic toolbox--active imagination, expressive arts techniques, Rosen Method or other somatic therapies, and mind/body/energy techniques such Eye Movement Desensitization and Repressing, developed by Francine Shapiro, and Thought Field Therapy, developed by psychologist Roger Callahan--to release somatic challenges from their bodies.

While Jung never publicly acknowledged a belief in 'soul return,' he clearly contended that all existence--animal, vegetable and mineral-- is recorded and exists in the psychic reality of the personal, cultural and collective consciousness and could be accessed psycho-somatically. Jungian Roger Woolger's book, Other Lives Other Selves (1987), and his later training methods synthesizes Jungian depth psychology, bodywork, yoga, psychodrama and Eastern meditation principles to evoke and work with sensory-affective memories, often traumatic, especially at times of death and birth, that could arise during treatment from deep layers of consciousness and possibly from other existences.

ENERGETIC METHODOLOGY/TECHNIQUES

Because human's physical bodies are marvelously created patterns and vortexes of vibrating energy, surrounded by unseen but 'felt' energy patterns called the subtle bodies, what has been called energy medicine is becoming more widespread and noteworthy. Eastern medicine's use of acupuncture and herbs as well as tapping of the subtle energy meridians to treat certain physical symptoms and illnesses is growing in acceptance by laypersons and the medical establishment both. The ancient art and science of psychometrics describes the measurement of the vibratory frequency of the 'soul' or essence of any visible object (commonly called dowsing) or of the vibratory impressions of the invisible world (commonly called divining.) These vibrations can be received and made more visible by our physical bodies and/or subtle energy fields via a pendulum or divining rod. These tools can instantly communicate accurate answers to unbiased, unambiguous and 'permitted' questions only if the questioners are well-grounded to the earth and heavens, free of the locus of control of ego involvement and connected to their own souls, it is believed, act as conduits for what has been called God consciousness, or the Universal Mind or Consciousness, or what Jung termed the collective unconscious. The New Physics research is lending vital insights into how dowsing/divining works by exploring the phenomena of non-locality and indeterminability.

Dowsing is used to detect and measure the properties of earth elements-- water, minerals and lost objects--and naturally occurring earthly electro-magnetic energy fields, in ground or above ground, that are toxic to humans in living and working spaces. Given human bodies are composed of earth elements, dowsing can detect them.

Divining has been recorded in every known civilization. Diviners were valued and honored in the past; modern diviners or energy sensitive develop the art and skill of 'reading the Universal Consciousness' to identify their clients' beliefs, emotions, archetypal patterning, and other helpful information just as analysts gather it from dreams and fantasies, 'slips of the tongue, and non-verbal communication of body language, vocalization, etc.

SUMMARY

Both survivors' conscious minds, i.e. questionnaires and associations and amplifications of dreams and fantasies and unconscious minds i.e. dream images, somatic and energetic symptoms, brings information that opens up a new field of inquiry and possibilities "beyond notions of right-doing and wrong-doing, to quote Rumi. The energy tools used by dowers and diviners resonate with and magnify the vibrational signature of any previously unknown psycho-somatic highly charged 'material' that has been inherited, imposed upon or introjected by survivors, overriding their blueprints for wholeness.

Previously dissociated or repressed psychic energy contained in the symbols and metaphors of this 'material' 'nourishes' and links matter and spirit, promoting embodied self-awareness. Notable

shifts in muscle tension and breath as well as emotional release may deepen and expand both personal and commonly held consciousness. The natural law of attraction is free to draw the most salient ingredients of the survivors' personal and archetypal destinies into their energy fields. Survivors' enlarged 'response-ability' can allow them to give greater hospitality to and integrate their 'real' selves, live more authentically, at peace with themselves and yet more aware of their potent capacity for further psycho-somatic-spiritual growth. Survivors often embrace these changes as 'miraculous' and profoundly meaningful, thus developing for the first time or broadening their religio-spiritual personal and world view. In this era of the first collective 'Dark Night of the Soul,' each addition to eco-human higher conscious may indeed, as Jung and Rosen believed, will help save the world.

BIBLIOGRAPHY

- Ayers, M. (2003) *Mother-Infant Attachment and Psychoanalysis: The Eyes of Shame*. NY: Brunner-Routledge.
- Begley, S. (1997, Spring/Summer) *How to build a baby's brain* (Special Edition). Newsweek Magazine, pp. 28-32.
- Cohen, G. (2013) *Imaginary Beings*. Spirituality and Health Magazine, March.
- Edinger, E. (1972) *Ego and Archetype*. NY, Pelican Books.
- Fogel, Alan. (2009) *The Psycho-Physiology of Self-Awareness: Rediscovering the Lost Attachment of Body Sense*, New York, Norton and Co.
- Fornagy, P. (2001) *Attachment Theory and Psychoanalysis*, New York: Other Press.
- Gardner, F. (2002) *Self-Harm: A Psychotherapeutic Approach*, Hove, East Sussex: Brunner=Routledge.
- Greedy, J. (2008) *Happiness House: A Story of God for Children of All Ages Who Have Experienced Highly Stressful and Traumatic Experiences*. Gainesville, FL: Faulkner Press.
- Haag, B. (2000) *In the Footsteps of Francis Tustin: Further Reflections on the Construction of the Body Ego*. Infant Observation, 3.
- Hurley, Dan. (2013) *Grandma's Experiences Leave a Mark on Your Genes*. Discover Magazine, Tuesday, June 11, 2013. p. 21.
- Jackson, Carol. (1997) *Religious and Spiritual Issues in Psychotherapy*. Unpublished dissertation, Ga. School of Professional Psychology, Atlanta, Ga.
- James, W. (1902) *The Varieties Of Religious Experience: A Study In Human Nature*. Cambridge: Harvard University Press.
- Jung, C. (1963) *Memories, Dreams, Reflections*. New York: Random House.
- Kalsched, D. (1996) *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. NY: Routledge.
- Milberger, S., Biederman, J., Faracone, S., Chen, L. and Jones, J. (1996) *Sis maternal smoking during pregnancy a risk factor for attention deficit hyperactivity in children?* American Journal of Psychiatry, 153(9), pp. 1138-1142.

- Nachmias, M., Gunnar, M., Mangelsdorf, S., Parritz, R and Buss, K. (1996). *Behavioural inhibition and stress reactivity: Moderating role of attachment security*. Child Development, 67, pp. 508-522.
- Orback, S. (2004). *The body in clinical practice; Part One: There is no such thing as a body*. In White, K. (Ed.) *Touch: Attachment and the Body*, The John Bowlby Memorial Conference Monograph, 2003, pp. 17-34, London: Karnac Books.
- Otto, R. (1923) *The Idea of the Holy: An Inquiry into the Non-rational Factor in the Idea of the Divine and its Relation to the Rational*. London: Oxford University Press.
- Perry, B. D. (1994). *Neurobiological sequelae of childhood trauma*. In Murberg, M. (Ed.) *Catecholamine Function in Posttraumatic Stress Disorder*, pp. 233-255, Washington, American Psychiatric Press.
- Renaud, G. (2010) *Recall Healing: Unlocking the Secrets of Illness*. Vancouver, Canada: Self Published.
- Siegel, D. (2008) *The Neurobiology of “We:” How relationships, the Mind and the Brain Interact to Shape Who We Are*. Boulder: Sounds True CD recording.
- Tarnas, Richard. (2006) *Cosmos and Psyche: Intimations of a New World View, NY, Vanguard Adult*.
- Woolger, R. (1987) *Other Lives Other Selves*. NY: Doubleday.