Somatic Psychotherapy Approach of the Internally Displaced Persons (IDPs)

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Abstract

Armed conflicts have never stopped in the world and a large part of the globe still experiences armed confrontations today. According to the Armed Conflict Location and Event Data Project (ACLED), the number of battles and violence against civilians has increased again in 2022 compared to 2021. At the end of 2021, the number of people uprooted by war, violence, persecution, and human rights violations stood at 89.3 million, an 8% increase over the previous year and well over double the figure from a decade ago, according to UNHCR's annual Global Trends Report. As of May 2022, more than 100 million people were uprooted worldwide due to persecution, conflict, violence, human rights violations, or serious disruption of public order. Not only uprooted people lose their bearings, but also their social status, creating immense stress for individuals and their families, including their descendants through memory transmission. This paper is on the contribution of somatic psychology to the traumas inherited from uprooted people at an individual and a collective level.

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Introduction

The literature is full of descriptions of the psychological risks generated by these dramatic situations (Steel et al., 2009) but few studies have been done on the intergenerational effects of trauma in uprooted populations (Bager et al., 2020). However, the psychological consequences of this situation are devastating, not only for the people who suffer from this violence and their children and descendants, as the trauma is transmitted to the children, even if sometimes in an unconscious way, but also for the societies as I have myself experienced or witnessed. The uprooted people often provoke rejection of the local population and racism, usually in the form of micro-aggressions (Johnson,2019). As they try to be integrated into a population, these displaced persons do not speak out, but their bodies and memories remain marked (Caldwell & Leighton, 2018). Traumas are inscribed in their body in the form of behavioral patterns (Wehowsky,2015) and transmitted to their children and the next generations. Somatic psychotherapy can then be a powerful approach for understanding this transmission and how to unlock these schemata or patterns.

The psychology of marginalized groups and internalized oppression has been the subject of multiple research studies. But there is little research on intergenerational trauma in families who suffered from exile. We can also observe that if numerous somatic tools have been developed for helping individuals to restore their sense of self and reclaim a place in the community, research on somatic practices at a collective level is not extensive. Yet, the restoration of peace in society calls for both individual and collective healing.

My essay focus on somatic psychology's contributions to intergenerational trauma. I will study in the first section how the memory of traumatic events may construct patterns in the nervous system,

and how felt sense may be impacted by intergenerational traumas. I will then study why the trauma may resurface when the child becomes an adult and how somatic psychotherapy can respond to the trauma either at the individual or the collective level.

Three main topics will be discussed: The formation of traumatic psychological patterns in uprooted' s children, the possible resurgence of the trauma, and the contributions of somatic psychology.

The Formation of Traumatic Psychological Patterns in Uprooted Families

The Roots of the Trauma

Even if its definition is not consensual, trauma will be defined in this essay as an emotional or physical response to one or more physically harmful or life-threatening events or circumstances with lasting adverse effects on mental and physical well-being (Substance Abuse and Mental Health Services Administration,2014). The event may be personally experienced or not. It may lead to post-traumatic stress disorder or PTSD, which main symptoms are intrusion symptoms, avoidance behaviors, change in cognition and mood, and physical reactivity.

For Shapiro, trauma symptoms affect all aspects and levels of somatic functioning, reach right down to the vegetative-physiological level, and are anchored in the autonomic nervous system (Marlock, 2015, p.90). When we are in danger or if we think we are in danger, alarm systems are triggered in the brain stem which answers through fight and flight or hide and freeze. In the case of PTSD, the activation remains, and the person cannot retrieve a neutral state. Disturbances occur particularly in case of exposure in early development, of repeated and prolonged nature, and when escape is difficult or impossible. Each person reacts differently to trauma. In a study conducted by Boals

(2018), “only 37% of objectively traumatic events were experienced as subjectively traumatic; in contrast, 73% of subjectively traumatic events met the objectively traumatic criterion.”

It is not necessary that the person directly experiences the traumatic event. The child who lives in a traumatic universe becomes infused with the atmosphere in which s/he is immersed. Even if not directly affected by the trauma, as in the case of the uprooted’ s descendants, the collective memory is transmitted. The child's reactions may be different depending on his/ her personality, but the trauma experienced by his/her parents or ancestors will be imprinted in his/her body and neural patterns. As stated by Glenn (2015, p.333),

> *[Therapeutic intervention] also included is the intergenerational transmission of early imprints, meaning that parents’ foundational experiences and their mental models relating to themselves and the world create the template from which they relate to others, including their infants and children (Siegel, 2012).*

The « Forgotten » Memory of Traumatic Event

The uprooted’ s descendants inherit the memory of this trauma. They also inherit the values of their community, which are sometimes different from those of the local population. The consequences may be different from one individual to another, and this difference may be explained by various factors such as different sensitivities or the “width” of the window of tolerance, as Siegel (1999) put it. “Within this window, various intensities of emotional and physiological arousal can be processed without disrupting the functioning of the system” (Siegel,1999 quoted by Ogden, p. 27). The adult may internalize or “bury” the trauma to integrate into the society where s/he lives. The person may also be unconsciously torn between the values of two communities, the community of origin and the host

community, or, in other words, between loyalty to the family of origin and the need to be integrated socially. S/he then constructs what Reich calls armoring: “This consists of many layers of defense reactions built up over time into a solid structure against the suppressed drives and any reactive hostility triggered by the suppression of the drives.” (Buenting,2015, p.52)

Somatic psychology helps us to understand how intergenerational traumas may have been forgotten by the uprooted’ s child. Traumas are imprinted in the body very early and the characterological dimension of the somatic formation of the human body system is organized before two years old (Bentzen, 2015). For Fogel (2004), events that occur before the age of 3 or 4 years cannot be explicitly named and cannot be organized into a coherent narrative structure. They appear to be lost to the self. At this stage of development, the child has not yet acquired conventional and symbolic language and therefore cannot express what he or she feels. However, the events have been memorized by what Fogel calls a participatory memory: “Participatory memories are lived reenactments of personally significant experiences that have not yet become organized into a verbal or conceptual narrative” (Fogel, p.209). This participative, behavioral, and emotional memory can resurface spontaneously under the effect of an emotion triggered by a sensory experience and become explicit. These emotions will in turn prompt bodily internal or external reactions and the purpose of somatic psychotherapy is then to help the patient/client to access his/her participatory memory.

> *If human change and transformation is connected to the reexperiencing of self-relevant memories from very early in one’s lifetime, the therapeutic moment is fundamentally a rejuvenation. When the early past is brought to life in a participatory memory, it is like grafting a*

stem cell of the psyche into the adult mind-body system, yielding new pathways for growth. (Fogel,2004, p.224)

Yet, as studies in neurosciences show (Fogel,2004; Weinstein, 2016), early life experiences are recorded and coded by the nervous system. And this is encouraging from a therapeutic point of view because, if these experiences are bodily imprinted, it will always be possible to access them to restore a psychological balance by attending to and re-enacting the sensorimotor and neuro-affective experience (Bentzen,2015). The healing process eventually becomes even more efficient, by tapping into the space of "participatory memories" by increasing mutual clinician-client capacities for "attunement, interpersonal affective resonance, dyadic states of consciousness, or co-regulation" (Fogel,2004, p.220). The somatic psychotherapist's healing process is to allow the patient to access the patient's participatory memory which has recorded the trauma. This may be done through different ways such as touch or work in bodily posture. The intention is not to reactivate the trauma but to access the nervous system through the body in order to change the traumatic pattern.

The Formation of Neural Patterns

The diversity of human personalities and behaviors is partly the product of the singularity of everyone's nervous system which is made of cells that contain genetic codes specific to each individual. But the construction of patterns in the nervous system is also affected by the person's experiences and his/her environment during the first stages of the development of the brain. Fischer (2017) explained that

> *The propensity of the brain to develop neural networks holding related neural pathways that consistently "fire" together, and these neural systems often encode complex systems of traits or systems (Schore, 2001) that represent aspects of our personalities or ways of being*. (p.25)

Therefore, interactions with the environment produce patterns of nervous activity that will shape the brain circuits. As previously mentioned, the influences of the outside world are particularly important at the beginning of life during certain limited periods called critical periods (Piaget,2003). Neural patterns are therefore set up very early and involve mainly the brain stem and right brain. These patterns correspond to what Hebb called "cell assemblies" (Wehowsky,2015):

> *It is based on the idea that memory contents shape potentialities for specific arousal patterns: synapses in the brain produce inhibiting and arousing functions that form a hierarchical organization and overarching patterns…The neuronal arousal patterns constitute the physiological foundation for ongoing, organized, and organizing knowledge structures in the psyche… self-regulating processes are based on these structures. At the same time, these knowledge structures are primarily unconscious, or preconscious, nonverbal patterns that can be attributed to implicit memory.* (pp.322-323)

Not only the brain, but the entire body can absorb and store information, including the accumulated experiences from previous generations, as the neural networks have cell bodies and receptive areas located in the lower area of the brain, sending projections both upstream into multiple parts of the brain and downstream out into the body. Thus, the person is continuously receiving inputs from the outside world through his/her senses including intuition, and these inputs trigger emotions and bodily sensations. Then, the nervous system, particularly through the brain stem and vagal system

(Porges,2011), records this information and stores it, creating a "visceral awareness," a term coined by Janet (Van der Hart and al., 1989). So, even if forgotten by conscious awareness, past events, feelings, and emotions remain inscribed in the body. Depending on the infant's emotional state or conditions of living, and because the sensory information is received and treated through the brain stem which controls body functions, specific body postures are displayed later in adulthood (Bainbridge Cohen, 1993).

According to Wehowsky (2015), the nervous system is organized according to two schemata or information-processing patterns: sensory-motor and cognitive. This implies two modes of dialogue between the organism and its environment: one that directly relates sensory information received by sense organs from the physical world to motor activities that collect and transform this information via external loops as previously stated. The other dialogue is fed by internal loops that relate the cognitive apparatus to a mental representation of the environment stored in memories. Thus, not only the uprooted' s child may have developed nervous system patterns which influence his/her body posture and behaviors, but also his/her representation of the world may have been impacted, influencing life choices.

Even if neural patterns of behavior and a phenomenological construction of the environment are formed during childhood, the flexibility of the brain allows these patterns to be modified (Aposhyan,2015). Neurosciences research (Grand, 2015) shows that the brain can modify itself during learning processes. It may create undo and re-organize neural networks and the connections of these neurons. As the brain is made up of neurons and glial cells that are closely interconnected, learning modifies the strength of the connections between neurons and neural networks by modifying not only

the organization of synapses but also the neurons themselves. This is one of the objectives of somatic psychotherapy which purpose is to heal through learning new postures

The Resurgence of the Trauma

The uprooted' s trauma is transmitted to their descendants, not because of a lack of care, even if it may be an additional cause, but because of the atmosphere of guilt and fear in which the child grows up. Studies (Glenn,2015) show that "a sense of self is already emerging during fetal life" (Hartley, 2004) and as the trauma of uprooted parents is transmitted to their children, and even to the following generations, the sense of self may be dysregulated if the trauma is not integrated. As Johnson (2019) states,

> *The body responds swiftly and strongly to relational threat, and that individuals who experience oppression (the systematic mistreatment of people within a subordinated social identity group) may manifest the somatic symptoms of post-traumatic stress, exhibiting signs of somatic dissociation, body shame, and restricted movement expression*. (p.351)

The trauma may reappear, at best in the form of dysregulated felt sense, or at worst in the form of psychological disorders.

But before studying the causes of the re-apparition of the trauma in the adult life of the uprooted' s descendants, it is worth understanding the concept of subtle body as it explains how trauma is transmitted through generations.

Involuntary Transmission of the Trauma Through Subtle Bodies

The adult who experienced the trauma of exile as a child or uprooted' s descendants has necessarily been impacted and the construction of his/her Self has been affected. However, from what I

have observed in my practice as a coach, the trauma may not be visible for years. There may only be a sense of unease, which usually grows over the years. There may also be somatic consequences. In most cases, these feelings or bodily manifestations can be explained by the loss of reference points and roots, which may lead to a disruption of identity development (Caldwell, 2018). However, the uprooted 's descendants may not be aware of the reasons explaining his/her malaise for various reasons linked to the family context.

Exile and oppression may trigger various feelings in parents who directly lived the traumatic event such as the shame of being exiled, the desire to forget this dramatic period or the need to be socially accepted by a sometimes-hostile local population. Yet the parents barely discuss or explain the situation to the child. The importance for them is to survive and to be assimilated. "Assimilation is one acculturation strategy where a person abandons his or her cultural heritage and adopts the cultural values of the dominant society" (David, 2013, p.120). However, the child perceives the doubt of his/her parents, their lack of self-esteem, and other mental health problems they may have indirectly through what is called the "subtle" body or energy fields. The body captures information through sensory cells located in the entire body. Energy circulates not only within the body but also between the bodies.

This concept has been developed by Ken Wilber who distinguishes three major families of energies: gross, subtle, and causal energies (Wehowsky,2015, p.167). Each level of energy is linked to different levels of consciousness and different brain areas. The uprooted' child capture information from subtle energies existing in his/her environment and propagated through waves or particle event and above his level of normal consciousness. Wilber's theory echoes other research such as the one of Ruppert Sheldrake on morphic fields (2006) or Selvam on affect circuitries (2004). References to subtle

body come from the Indian literature on Ayurvedic medical and Yogic contemplative traditions. Some researchers are now exploring the relationships between subtle body theory, known in occident as the chakras system, and the central nervous system model (Loizzo,2016). These theories remain controversial and need further exploration. However, they may bring some light on how a person feels intuitively unspoken situations, internalized intentions, or another person's state of mind and how the subtle body of the uprooted' s descendants can capture his/her parents' feelings, even if unspoken, to store them and build his/her identity.

The Social Transmission of the Trauma

For the Russian psychologist Lev Vygotsky, children's development is affected by the culture in which they grow up. These influences are internalized by the children through interactions with adults who guide them in their problem-solving. These interactions with others allow for the development of emotional balance and self-esteem, or not. So, the uprooted' s child may encounter another type of trauma in his social environment: schools, or institutions rather than in his/ her family that his/her body may encode. Johnson (2019) identified "embodied microaggressions" as asymmetrical nonverbal relational behaviors that "show up in our everyday interactions as nonverbal interpersonal slights, insults, invalidations, and injuries between members of different social groups (p.355).

> *The influence of the social surround continues throughout childhood and during adolescence and adulthood. We are continually influenced, in our sense of self, and in our sense of interaction and emotional expression, by agencies and institutions outside the family of origin, such as schools, religious institutions, peer groups, and the media. the development of the psyche occurs*

throughout the life span, is bodily based, and is continually influenced by, and interacting with, the social surround. (Grand, 2015, p.265)

When adult, the person may be socially integrated despite the traumas as s/he developed strategies for coping with the above-described situations. however, for some of them, an identity fracture may exist, and trauma may reappear.

Causes of the Resurgence of the Trauma

Trauma can resurface at any time in life, sometimes because of a trivial event. But it may also happen in more delicate periods of life during which the person is more fragile. I have observed three such periods: during adolescence, during the mid-life crisis, and finally at the end of one's professional life upon retirement. These are three essential periods of identity construction during which existential questions can arise. Particular attention is then paid to the place of the individual in the world and the meaning of life, as it is incarnated in the here and now. During these moments of transition, the questions of roots and belonging may become predominant. It is also at this time that somatic problems can arise.

Some or all these symptoms related to a past traumatic experience could be reactivated for several reasons: additional trauma, “activities of life review and common losses associated when getting older, feeling of powerlessness and helplessness and cognitive decline” (Fossion and al.,2015). The aim of the psychotherapy will be then to heal this fracture so that the patient can reconnect with her/himself and restore an embodied and balanced sense of self. This will allow him to feel grounded and to find or restore a sense of belonging.

Contribution of Somatic Psychotherapy to the Healing Process of the Uprooted’s Descendants

Somatic psychotherapy is relatively recent in Western countries since it only developed in the last century. This has given rise to numerous empirical experiments which, despite their success, lack scientific validation, and therapy still relies mostly on verbal and cognitive approaches. However, because the advances in neurobiology highlight the holistic and interconnected organization of the human nervous system (Bassal & Heller, 2015), somatic psychology may successfully contribute to the healing of transgenerational traumas. The panel of somatic practices which can be used is very large, especially at the individual level. However, the collective trauma should also be healed as a process for integrating intergenerational and cultural wounds (Hübl, 2020).

Contributions of Somatic Psychology at the Individual Level

Many techniques have been developed to treat PTSD, but little research has been done on therapeutic ways to address the embodied experience of intergenerational trauma. As mentioned before, the challenge is to restore self-confidence and a sense of belonging through reconnection to the implicit memory and change in behavioral patterns. “The goal of direct interventions with the body is to understand and modulate holding patterns and blockages manifesting at different levels of the musculature, in the autonomic nervous system, and in emotional and cognitive patterns” (Schmidt-Zimmermann, 2015, p. 564). For achieving this result, somatic psychotherapy may take different forms and the therapist has at his disposal a wide range of possibilities in terms of therapeutic approaches.

> *Whereas some schools approach defenses and character structure in a systematic fashion, others focus more on the process and exploration of the present moment. Some traditions facilitate increased energetic charge and affective expression, whereas others focus on supporting internal vegetative processes (Schmidt-Zimmermann,2015, p.555).*

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The Importance of a Holistic Anamnesis

As for any medical care, the diagnosis is essential and somatic psychotherapy teaches us the importance of performing a holistic anamnesis including body observation.

> *The therapeutic information gathering in Body Psychotherapy often starts with an exploration of feelings, thoughts, and attitudes as expressed through body awareness and movement. Observational categories include preferences, expression of needs, significant observations regarding any mismatch/incongruence between verbal and nonverbal contents, and behavioral coping strategies (such as adaptation or avoidance)* (Roehricht,2015, p.240).

Therefore, the observation of the client's posture is essential. As previously mentioned, childhood traumas participate in the construction of behavioral patterns and body posture. For example, a low level of energy, exhaustion, low muscle tone, poor digestion or low heart rate may indicate depression, dissociation, or emotional shutdown. From these observations, verbal exchanges may be engaged on the client's significant events and facts, including his/her social environment. The client's belief system should also be explored to understand how the client has constructed meanings. As noticed by Frankl, finding meaning in life is essential for any human being. If not, neurosis may appear (Frankl, 1985).

A holistic approach to the client's psychological problem is then recommended before elaborating a therapeutic plan. Each person is different, so psychotherapy should be adapted not only at the beginning but also throughout the therapy. Evaluation instruments such as the Somatic Post-Encounter Clinical Summary (SPECS), will allow a posteriori measure of the efficiency of the somatic therapy (Freedman et al., 2022).

Among the variety of approaches proposed by somatic psychotherapies, I selected three theory-based therapies which, to my opinion, may help the traumas of uprooted' s descendants: the therapies based on the recovery of a felt sense, the ones based on the nervous system and the work on energies.

Recovering Felt Sense

For Grand (2015), the trauma or the psychological fracture is sedimented in the body. It influences body postures, the construction of interpersonal space, the establishment of personal rhythm, and a sense of proper timing (p.266). And it may come up in the form of negative emotions or disturbing felt sense (Gendlin,2015). For Gendlin, felt sense is about the inner panorama of sensations and is almost unlimited, unlike emotions. In front of a complex situation such as the reactivation of childhood trauma, working on the client's felt sense may give to the therapist more information than in a verbal exchange, especially after a long asymptomatic period. "By means of the perceptive concentration on the "felt sense," an experience that can be localized in the body, a search for meaning can begin that leads to a "felt shift" as soon as an accurate interpretation is found" (Wehowky,2015, p.328).

Gendlin has developed a technique based on felt sense called Focusing. This approach has been adopted by other researchers (Weiss,2015) for developing sensory awareness (Selver, Gindler), but also consciousness. The client's attention is directed to the body and the observation of emotions, perceptions, and thoughts to "access, reveal and interpret unconscious experience" (Weiss,2015, p. 404).

Working With the Nervous System

Healing traumas while working from the nervous system can take two directions: either bottom-up, from the brain stem to the limbic system and then to the cortex, or top-down, from the cortex to the limbic system and then the brain stem.

We saw that trauma impacts the nervous system and the cells. However, neuroscientific research shows that one of the characteristics of the brain is its plasticity. “There is a growing awareness that neuroplasticity is a lifelong trait… Neuroplasticity (…) is embedded to the very foundation of our nervous systems “(Aposhyan, 2015, pp.362).

> *Currently, we have bits of evidence of neuroplasticity as it relates to psychotherapy and mental health (Baxter, 1992). A body of research that relates therapeutic change to adult development is growing. Over time, linking the concepts of Developmental Psychotherapy to neuroplasticity research will allow us to study the intricate dance of plasticity and pattern that forms the very basis of psychotherapy.* (Aposhyan, 2015, pp.362-363)

So, the neuronal patterns which have been formed in childhood may be changed. The role of the somatic psychotherapist is then to help the client to reorganize his/her “neural maps for relationship, safety, and interactional movement” (Aposhyan, 2015, p.363). Researchers have proposed different means for achieving this result. In the polyvagal theory, Porges (2011) describes how the different neural branches of the nervous system become activated. When the client is stressed, the sympathetic nervous system is activated, and the heart is stimulated. Exercise on respiration, “an involuntary process controlled by the medulla in the brainstem, …closely connected with cardiac activity,” may then restore a normal cardiac rhythm (Bhat and Carleton, 2015, p.621).

Based on brain plasticity, Perry (2009) has developed a Neurosequential Model of Therapeutics that “incorporates a functional assessment of the brain and the individual’s developmental experience that sculpted it, which leads to a set of approaches for the treatment of areas of brain dysfunction that distort the individual’s meaning-making.” (Tronick & Perry, 2015, p.345).

For Macnaughton & Levine (2015), working on breath awareness may have valuable effects which may result in a shift of consciousness (Bhat & Carleton, 2015, p.628).

These are a few theories and practices which may be used when working with the nervous system. Other approaches use body energy.

Working With Energies

Somatic psychology may also work with life force and the energies of the person. The brain, the human body, and life, in general, are made of energy (Wehowsky,2015). The brain has the capacity to form representations from sensations through perceptions of sensory information transmitted by electrochemical and energetic vibrations (Fogel,2009). This electrochemical energy can be observed at the surface of the brain as coordinated brain wave rhythms (Fogel,2009). Trauma may then be considered as a blockage of energy, a concept that I used in coaching sessions for restoring the circulation of energy.

The concept is not new. Chinese medicine, for example, is based on Qi, the primordial energy or vital energy (Marlock,2015). These blockages translate into tensions in the body **(**Wehowsky,2015) that signal where the defense structures are in the individual, what Reich called "body armoring". This approach is based on the concept of subtle energy. The founding principle is that subtle body energies function as a regulatory system for emotions and health (Boadella, 2015). The validation of this theory

remains to be scientifically proven, but the experiences show the importance of working with energy in psychotherapy. It is also important to notice that energy is not only internal but that the therapist transmits energy to his client and conversely. I noted that after a coaching session, I am tired as I gave energy to the person. It is also important to note that each person's energy level, or vitality, is different according to their personality (Külh, 2000).

Contributions of Somatic Psychology at the Collective Level

However, even if necessary, healing an individual is not enough to restore peace in a society, and recovery services should also be provided at a collective level. It is the absence of such engagement that fuels polarization and festering social conflict.

The therapist in charge of an uprooted' s descendant needs to be aware of the importance of the environment's influence on his client's behavioral pattern because there may be an internal conflict of values. The patient may be torn between the moral obligation to be faithful to his community of origin and the need to be socially integrated. This fracture may be even greater if the values of the society are different from those of the community. The latter may feel rejection and anger which may be felt by the uprooted' s child.

> *Some of the main emotions the traumatized mind (both individual and collective) seeks to isolate and avoid are shame and humiliation; these emotions seem to be an integral part of a traumatic experience. It is understandable that we are prone to feeling ashamed and humiliated when we are traumatized because such overwhelming experiences expose our deepest vulnerability*. (Koh, 2021 p.120)

Thus, if individuals must be taken care of psychologically, it is also essential to address collective healing to heal the guilt or anger that this situation may have provoked. And the techniques are not identical to the ones used with individuals. The main difficulty is to create a safe and supportive environment where not only the uprooted community but also the local population can speak out. Face-to-face dialogs help to understand each other when pain and fear are expressed in the same environment. It is not only based on exchanged words but communication between subtle bodies through sharing emotions. Creating space for memorization and discussion will also allow giving meaning to past events, through the answers to questions such as “why”. It is also an opportunity for acknowledging the pain and suffering of the uprooted social body.

Various projects have been initiated after traumatic events. In Africa, I witnessed the creation of a commission on Truth and Reconciliation, on the initiative of political authorities or the United Nations. I shared Johnson’s observation (2012) when he wrote:

> *People who were ideologically in conflict would find themselves interested in each other if given the chance to work silently and simply with one another, breathing, touching, and moving. Learning to stay connected with the 'Other's' facial responses, or maintaining a gentle tactile contact, or listening to each other's breathing, reduced the charge provoked by abstract preconceived differences, and allowed people to settle into a more primal level of shared values about the grief of the world and focus more on how to ameliorate it than on differences of opinion*. (p.40)

Other effective practices have been developed in somatic psychotherapy such as sociodrama or drama therapy (Leveton, 2010, p.154):

> *In brief, a performance place functions simultaneously as a catalyst, metaphor, and mnemonic for a society and its culture. In creating the place, participants take stock and reflect about their context, their values, and their particular perspective. In essence, it serves as an illuminating portrait, a working microcosm of one's world—how it is ordered and functions—identifying and affirming an individual's relationship and place within their worldview. At the core of the methodology is the action of locating and articulating a human body in relation to space.*

Psychodrama is one of the ways to externalize and distance oneself from suffering. Another therapeutic approach is to work with children and parents in schools (Saul, 2013) with somatic tools such as touch, theater, or dance. These therapies aim to help an individual but also a community to find their place, and for their body to be recognized and respected, individually and as a community. Generative Somatics creator, Staci Haines, argued that we would better get involved in "social movements that change policy work, that mobilize hundreds and hundreds of people to demand a certain change, that really look for alternatives" (Game Changer Intensive, 2016, 5:39). Whatever techniques are used, voicing and taking action are essential to recovering from intergenerational trauma. In both cases, the body in motion, individually or collectively, may heal the wound.

Conclusion

Because of the never-ending wars and disasters, the number of uprooted people is very high. Although the literature on traumas directly suffered is extensive, there is very little research on intergenerational trauma and the contribution of somatic psychology. However, trauma is transmitted to the uprooted 's descendants. This transmission is not only verbal and may occur through the subtle

bodies or energy fields. Patterns are then created in their nervous system, especially when these descendants are young. However, the traumatic memory may then be apparently forgotten and may resurface years later under circumstances that reactivate the pattern.

The latest discoveries in neurosciences on the cells show that somatic psychology may help to understand the formation of these schemata but also how to respond to intergenerational traumas. This approach may restore access to the 'forgotten' or participative memory and then the capacity for resilience of the patient thanks to brain plasticity. Life energy can start circulating again in the body and between bodies. Different methods are possible to help the client to recover a balanced felt sense such as working on the nervous system or with energies.

Somatic psychotherapy offers healing methods not only at an individual level but also at a collective level that allows for the unraveling of these inherited traumas, healing then not only physical but also social bodies.

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