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Embodied Imagination for Trauma Treatment: A Narrative Review

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Trauma is any overwhelming experience caused by exposure to a single or repeated life-threatening or distressing event(s) leaving imprints across mind, brain, and body and giving rise to many psychosomatic problems. The objective of this narrative review is to present the dream work method, Embodied Imagination (EI) developed by Jungian psychoanalyst, Robert Bosnak, as a method that can assist in alleviation of the effects of trauma. An overview of the fundamental components and theoretical underpinnings of the EI method are presented herein to demonstrate its suitability for trauma treatment. The neuroscientific findings, dream researches and principal ideas mentioned in the seminal work of Bessel van der Kolk, 'The Body Keeps the Score' forms the bedrock of this review. Relevant literature, both current and past is included to show support for EI, a psychotherapy modality which concentrates on dreams, imagination, physical sensations and emotions. This review calls attention to EI as a method that can facilitate the identification and integration of emotions and sensations, both interoceptive and exteroceptive, as well as the recognition of non-ego perspectives that exist beneath consciousness. The awareness and acknowledgment of new perspectives attained through EI bears significant implications for healing and alleviation of trauma. The implication even extends to the realm of brain plasticity wherein the new perspectives can activate new neural pathways facilitating transformations in emotions, associated thoughts, and memories. It is concluded that attending to dream images/memories through imagination can be efficacious in addressing the somatic and emotional effects of trauma.

Keywords: trauma, dreams, memories, embodied imagination, sensation, emotion

In The Body Keeps the Score, van der Kolk (2014) suggests opening up and exploring the internal world of sensations and emotions to recover from trauma (p.119) because traumatic experience(s) may hinder, wholly or partially, the awareness of our bodily signals and the way our bodies interact with the outer world. Trauma contaminates the present with the dread and distress of the past event(s) and interferes with present functioning; it is a high-impact stressor which is ubiquitous, highly prevalent, and varies in frequency and type, including one-time events that involve a threat to one's life or that of a loved one (Young, 1992). Boyer, Caplan, and Edwards (2022) observed that trauma can involve any actual or threatened serious injury or death, sexual violence, or chronic and repetitive experiences of abuse, neglect, marginalization, homelessness, and disrupted attachment relationships.

van der Kolk (2014) informs us that the traumatic experience may have occurred long ago but it continues to lurk in the present. Instead of being memories of the past, the emotions and physical sensations that were imprinted during the trauma are experienced in the present as disruptive physical reactions (p.244). As all trauma is felt and experienced in the body before comprehension and verbalisation can take place, it becomes a challenge to articulate the felt experiences such as terror, rage, helplessness, and impulse to fight or flee into a well-organized, logical narrative; in the absence of capacity to verbally articulate, images condense and record the experience and return as nightmares and flashbacks (p.51). As a psychiatrist, van der Kolk has been involved in trauma research for over 40 years and recommends that trauma treatment engage the entire organism, body, mind, and brain. He asserts that the only way to regain control over self after experiencing a traumatic event is to revisit the trauma itself. The revisit, however, cannot be done anytime, it is to be performed only when the individual feels safe enough to confront what has occurred. To initiate the revisit, van der Kolk (2014) equips patients with methods to overcome the overwhelming sensations and emotions of the past. He relies on various forms of treatment modalities such as pharmaceutical medications, yoga, meditation, mindfulness, Eye Movement Desensitization and Reprocessing (EMDR), sensory integration therapy, Pesso Boyden System Psychomotor (PBSP) therapy, neurofeedback, psychotherapy such as Internal Family Systems (IFS) therapy, and even theatre in an attempt to find the approach which best suits the patient to recover from the effects of trauma.

One treatment modality that does not feature in van der Kolk's seminal work but which can be efficacious on trauma patients is the method of Embodied Imagination (EI). It seems plausible that this particular method did not make it in his choices of approaches because his interest lay in the laboratory study of brain activity during sleep and dreaming, and not in the contents of the dream per se from a psychoanalytic, analytical or phenomenological perspective. However, van der Kolk and Bosnak (2007) who is the creator of EI, align in the belief that sensory-emotional awareness can free individuals from the tight grip of traumatic past experience(s). The objective of this narrative review article is to introduce the EI method, briefly summarise its steps, and bring out

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its theoretical underpinnings and fundamental components in an attempt to demonstrate its suitability for trauma treatment. The term trauma in this article is used in a broad sense encompassing any acute and/or chronic distressing event(s) with lasting impact, in a similar manner described by Kalsched (1996, p. 1) where trauma is any experience that causes unbearable psychic pain or anxiety.

The fundamental components which constitute the EI method are 1) body noticing and locating bodily sensations 2) emotions identifying and acknowledging the feelings and 3) imagination engaging with images conjured up from dreams or memories. In the following sections, the method of EI, its steps, its fundamental components, and theoretical underpinnings will be presented along with relevant literature, both past and current, sourced from PubMed and ResearchGate to elucidate why EI can be adopted as a suitable method for alleviating the effects of trauma.

Embodied Imagination

Embodied imagination (EI) is a method that has its roots in the active imagination technique pioneered by Carl Jung. It works with dream/memory images via imagination and engages the whole body to integrate sensations, and emotions and to accommodate new perspectives (Bosnak, 2007). Embodied imagination method of dream/memory work evokes and involves the senses in the same way an actual physical environment does (Bosnak, 2007). The goal of EI is to move beyond habitual, conscious, waking awareness into an augmented awareness. The preferred material to be worked on in EI is dream data, however, in the absence of dreams, autobiographical memory can be equally worked on.

The practice of EI requires an active involvement of both the dreamer and the dreamworker wherein the capacity for imagination is essential to enter and re-immerse in a dream environment or an autobiographical memory in an induced hypnagogic state. The method also relies on integration of exteroception and interoception to create awareness of the sensations and feelings associated with the dream images or the memory (Bosnak, 2007).

Bosnak observed that EI can bring about formal self-organization in the sense-emotion network, inducing healing and giving inner structure to a complexity which otherwise might have been a chaotic concoction He relied on the theory of complexity to build his method of dreamwork. The complexity theory, developed at Santa Fe Institute, posits that on the border between order and chaos, in the in-between realm of disintegration and pre-existing process of patterning, elements would self-organize into relatively stable states on a higher level of complexity than had previously existed, without any external influence. This proposition became the theoretical basis for holding elemental body-states, identified during embodied imagination, simultaneously in awareness, leading to a reorganization of conflicting elements into a more complex pattern creating a more elastic medium (Bosnak, 2007).

Defining Characteristics of EI

There are two defining characteristics of embodied imagination, one is at the physical level, the other at the cognitive level. At the physical level is the conscious simultaneous experience of multiple states of sensations, and emotions occurring in the body. Though attention is given to a variety, even contrasting, sensory, visceral and feeling states, the main focus is on the interaction between them, rather than focusing on an individual state. At the cognitive level, the focus of imagination is primarily on the interactions between the ego-syntonic self and the non-ego (ego-dystonic) perspective represented by the figures or objects in the dream environment or memory. The perspectives other than that of the habitual self (aspect of the ego self) are given importance. Additionally, the emotions and sensations anchored in different locations of the body during the work are followed by rehearsal practice a few times a day to allow the essence of the emotion-infused body-state to become a conditioned reflex the moment one focuses on them (Bosnak, 2007). According to Bosnak, the brief rehearsal practice is necessary for the endogenous healing response to continue to exert its effect upon the suffering physical body.

Purpose and Significance of Embodying Image from Dreams and Memories

Embodying an image involves experiencing the image or the figure in the actual body, not the habitual body (explained in the latter section). An embodied image constitutes the interface between the self (ego) and others (ego-dystonic subjectivities). With reference to complexity theory, an embodied image can be understood as the point between self and other which supports an optimal relationship between forces of the self and forces of the other. When embodied images are experienced with deliberate slowness, a wide array of feelings and physical sensations emerge which can alter the very foundations of awareness. Bosnak argues that meeting with the other, ego-dystonic intelligences can influence our physical body. The main objective of embodied imagination is connecting and networking the self and the other to become aware of one another and eventually weave them into a mutual body and mutual state (Bosnak, 2007).

Method of EI: Necessary Steps and Processes

Guided Body Scan: The therapist/dreamworker performs a body scan exercise on the client/dreamer before proceeding with embodied imagination. The purpose is to bring attention and awareness to the breath and body. A typical body scan ranges from 5 to 10 minutes and covers all parts such as toes, feet, ankles, calves, knees, thighs, pelvis, lower back, abdomen, fingers, palms, arms, chest (lung, heart), shoulder, neck, throat, cheeks, lips, eyes, ears, nose, forehead, crown of head including breathing.

Hypnagogic State: Hypnagogic state refers to the transitional period between awake state and sleep onset (Bosnak, 2007). Our body naturally attains this state while falling asleep. Vivid imagery, fleeting thoughts/ideas and even hallucinations are common during this state. For practicing EI, a state of dual or hybrid awareness resembling the natural hypnagogic state has to be induced and maintained. This dual state is evoked by entering the dream/memory environment and re-establishing the dream/memory imagery causing the dreamer to be fully absorbed into the image-environment while being completely aware of the fact that he/she is practicing imagination. In other words, in this artificially induced hypnagogic state, the dreamer is immersed and attuned to the image-environment, while knowing at the same time that the dreamer's physical body is in the external, physical world outside of the dream/memory environment. The dual awareness can aid clients with trauma to work with distressing, anxiety-provoking images and their associated sensations and feelings as they are aware of the fact that their physical body is in a safe and supportive environment with the dreamworker (Bosnak, 2007).

Slow Concentration/Zooming-in: Bosnak (2007) states "Embodiment requires intense restraint, or the natural speed of imagination will surf on and on". It is advised against rushing in while working on the images or else embodiment cannot be engendered. By slowing the imagination, one can concentrate and zoom-in on the image being worked on with an intent to magnify its features, and notice even the subtle details of the image. While zooming-in on the image to get a clear view of physical appearance, position, movement, etc, any emergent physical sensation is identified, named, and sensed in the specific location of the body, followed by discerning and naming the feeling or emotion that is associated with the image and physical sensation. Steeping in the feelings and sensations instead of suppressing or avoiding them is crucial in EI (Bosnak, 2007).

Transit and Perspective-taking: The practice of EI requires the dreamer to identify with others the non-ego through empathic observation. The interregnum between one identification to the other is known as transit because it is the in-between space where the dreamer is neither the dream ego nor the 'non-ego'. Transits can be difficult as they involve the delicate process of transiting or entering into the perspective of the other by withdrawing identification with one's dream-ego. The technique used for transiting and perspective taking is mimesis wherein the dreamer is asked to observe the posture, movement or any striking feature of the other and copy the same. The objective of mimesis is to facilitate knowing the other, to identify and merge with the other and to see, sense, feel and experience from the other's perspective. The other's perspective aids the dreamer with a fresh outlook and new ways of approaching unresolved problem(s) (Bosnak, 2007).

Anchoring, Composite and Rehearsal: In the EI practice, discrete embodied states, composed of sensations and emotions, are experienced in multiple locations of the physical body. The locations serve as anchoring points for the emergent sensation and emotion which are then etched into the body through emphasis. Towards the end of the EI practice, the anchored embodied states are recalled, pieced together and combined into a relational network of nodal points known as composite. The goal of the composite is to allow simultaneous experience of the anchored, diverse embodied states. It is suggested not to exceed five simultaneous embodied states so that clarity, order and ease are maintained in the simultaneous experience. The composite acts as a concentrated essence with medicinal value orienting the dreamer towards the emergent pattern of sense-emotion. The EI practice must be followed up by rehearsal of the composite by the dreamer. The aim is to make the image and its emergent sense-emotion network implicit and create the possibility of recalibration of body memory, habitual consciousness, and ego self in the light of the intelligence/new perspective offered by the other, the non-ego.

The Fundamental Components of EI

The Body

Phenomenologically, French philosopher Merleau-Ponty (1908-1961) viewed the body in two ways: the 'objective body' and the 'lived' body. The 'objective body' has a particular size, weight, and height while the 'lived body' enables touch, feelings and movement. He drew attention to the body, not to the physicality but to the animateness of our body the 'lived' body (Nixon, 2020). Merleau-Ponty further differentiated the body into a 'habitual' and 'actual' body. The 'habitual' body refers to the general and pre-reflexive existence whereas the 'actual body' refers to the personal and reflexive existence. He asserted that the 'habitual' and 'actual' body always co-penetrate each other; however, in the behaviours of mentally ill or brain-damaged persons, the nexus between them is broken and loses the ability to readjust the habitual to the actual (Moya, 2015). In case of trauma, a certain kind of 'habitual body' takes over wherein the mind is hypervigilant and the body is easily aroused and startled by the slightest trigger, habitually scanning the environment for signs of threat, focusing energy on defending or escaping and thus inhibiting the rational, analysing capacity of the actual body (van der Kolk, 2014).

Embodied knowledge (Tanaka, 2011) is a way of knowing which precedes cognitive and emotional awareness; the body registers interoceptive/exteroceptive inputs and knows how to respond before conscious, rational comprehension or subjective attribution of pleasantness or unpleasantness to the input can be achieved. Fuchs (2012) opined that memory is stored not only in the mind but in the physical body as well. He asserted, "Memory comprises not only one's explicit recollections of the past, but also the acquired dispositions, skills, and habits that implicitly influence one's present experience and behaviour. This implicit memory is based on the habitual structure of the lived body, which connects us to the world through its operative intentionality". What is collected and stored in our body memory as implicit memory defines our sense of self and identity (Repetto & Riva, 2023). Negative/unsettling body memories and bodily experiences have been found to be primary factors contributing to various mental health illnesses such as trauma, pain, dissociation, and other somatic symptoms (Koch, Caldwell & Fuchs, 2013; Gentsch & Kuehn, 2022).

The EI method focuses on the 'lived' and 'actual' body to identify the sensations and emotions arising from varied locations of the body while imagining an image from a dream/autobiographical memory. Body awareness can put us in touch with our inner world, the landscape of our organism; simply becoming aware and recognising our emotions such as annoyance, nervousness, or anxiety can help to shift our perspective and allows new options to establish other than our automatic habitual reactions (van der Kolk, 2014, p. 249).

Sensation and Interoception

Broadly, sensation or exteroception is the process by which we receive and integrate information from the external environment. Conversely, receiving and making sense of the information from our inner world is interoception. Sensation is a basic state of consciousness, arising immediately after and as a result of the stimulation of a sense organ (Reid, 1938). On the other hand, interoception is the processing of internal bodily stimuli i.e. physiological information by the nervous system, including sensing, interpreting, and integrating internal body signals, 'providing a moment-by-moment mapping of the body's internal landscape across conscious and unconscious levels' (Nord & Garfinkel, 2022). Sugawara, Terasawa, Katsunuma, and Sekiguchi (2020) reported that interoception is the perception of afferent information from the body parts through several pathways including hormonal, immune, and autonomic nervous systems. In comparison, exteroception is more or less a conscious process whereas interoceptive signals rarely manifest in conscious awareness. Interestingly, interoception contributes towards psychosomatic competence to consciously self-

regulate bodily signals, and also mediates non-conscious self-regulation and is linked to health-related behaviour such as body-related cognitive congruence (Fazekas, Avian, Noehrer, Matzer, Vajda, Hannich, & Neubauer, 2022).

Considering the role that interoception plays in self-regulation, it becomes a crucial focal point for both existing and novel mental health treatments (Nord & Garfinkel, 2022). Improving the interoceptive awareness of our subtle sensory, body-based feelings has implications for enhancing the potential to control our lives and lead a life with agency (van der Kolk, 2014, p. 112). According to Moscarello and LeDoux (2013), interoception activates the medial prefrontal cortex (MPFC)-the centre of self-awareness-which is connected to amygdala, to notice and feel the internal experiences in all its variety.

Emotion

Emotion is a process, a particular kind of automatic appraisal influenced by our evolutionary and personal past (Ekman, 2003, p. 30). A study by Lerner, Li, Valdesolo, and Kassam (2015) reports that emotions are multifaceted, biologically mediated, concomitant reactions (experiential, cognitive, behavioural, expressive) regarding survival-relevant events

Darwin (1998) made the observation: "Intense emotions involve not only the mind but also the gut and the heart: 'Heart, guts, and brain communicate intimately via the "pneumogastric" nerve, the critical nerve involved in the expression and management of emotions in both humans and animals. When the mind is strongly excited, it instantly affects the state of the viscera; so that under excitement there will be much mutual action and reaction between these, the two most important organs of the body." Darwin's observation is supported by James-Lange's theory of emotion and by recent findings which links interoception with emotional experiences (Sugawara, 2020).

Cultivating bodily awareness can aid in recognizing emotions when they are triggered; becoming aware of the sensations, and the bodily feelings that distinguish each emotion can help to focus our attentiveness towards those emotional states (Ekman, 2003, p. 92). Likewise, van der Kolk (2014, p. 284) states that being able to perceive visceral sensations (interoception) is the very foundation of emotional awareness. Correspondingly, it has been found that moment-by-moment estimation of bodily state enabled by interoceptive accuracy facilitates the downregulation of unpleasant bodily or emotional states (Nord & Garfinkel, 2022).

Imagination

Imagination is one of the earliest human abilities which preceded language (Asma, 2023). It refers to the cognitive faculty of forming mental images or representations of physical objects or events. It is the capacity to mentally transcend time, place, and/or circumstance to invite thoughts around alternative scenarios and outcomes, plan and predict the future (Taylor, 2013). Similarly, Agnati, Guidolin, Battistin, Pagnoni, and Fuxe (2013) asserted the crucial importance of imagination in the critical analysis of virtual scenarios, apart from its role in enabling self-awareness through inner speech. Another study (Finn, Torrejon Capurro, Bennett, & Wylie, 2023) highlighted the component of resilience in imagination, making it essential for survival, as it enables escape from the tribulations of lived realities, and originate ideas, competencies, and strategies to counter oppressive or challenging conditions.

More complex forms of human imagination such as dreaming or autobiographical narratives or fantasizing or fictional constructs or moral reflection, according to Carroll (2020), involves three core processes with distinct features and discrete neurological locations: 1) simulation which can either take the form of embodied simulation that uses mirror neurons to activate sensations or constructive, recombinatory activity of the default mode network (DMN)-the neurological locus of imagination; 2) mental time travel which be either episodic memory or future thinking; and 3) perspective taking which can be either affective or cognitive process mediating awareness of other's needs, thoughts, and beliefs.

The profoundness of imagination can be found in Carl Jung's Red Book which is a product of his imagination technique - Active Imagination. He developed and applied this technique to himself and his patients to access, confront and engage with the unconscious in waking life. It involves focusing on an image (a dream image or any image that is significant or meaningful for the individual) and notice any changes or wait for a narrative to unfold on its own by allowing the unconscious to emerge while withholding the ego's desire to control or censor the activity. This technique serves as an effective way to get familiar with different aspects of ourselves and become more aware of the unconscious dynamics determining our thoughts and actions. Active imagination is the most powerful Jungian tool for attaining wholeness and is the “via regia” to individuation (Shamdasani, 2015). The fundamental difference between active imagination and embodied imagination is that in active imagination there is room for constant unfolding and deviation from the initial image by dialoguing and engaging with it whereas embodied imagination is a much-restrained imaginal activity which is centred around the dream image/memory it explores (Bosnak, 2007).

van der Kolk's (2014) choice of trauma treatment methods such as EMDR and PBSP reflects his understanding of the healing capacity of imagination. EMDR relies on imagination to integrate memories of trauma and arrive at a sense of completion and control (p. 310) while PBSP therapy aims at rescripting inner narratives using imagination to visualize what was seen, say what was unsaid, express what was felt and create a different outcome in a group therapy setting which provides sensory experiences of feeling seen, held, cradled and supported (p. 369). In the case of EI, imaginative capacity is harnessed to explore the dream environment or memory to engender a state of consciousness different from habitual consciousness.

Dreams and Memories

It has been established that complete cessation of or deficit in dreaming can occur as a result of brain injury; global cessation of dreaming occurs after damage in or near the temporo-parieto-occipital junction (Solms, 2000), this particular region around the Brodmann's Area 40 supports various cognitive processes that are essential for mental imagery (Kosslyn, 1994). Damage in this brain region shows a parallel decline in waking visuo-spatial abilities (Nir & Tononi, 2010). These results strongly indicate that mental imagery is the cognitive ability related to dreaming which is a spatial experience involving simultaneous patterns (Bosnak, 2007). Nir and Tononi (2010) also suggested that dreaming may be more closely related to imagination than to perception. Similarly, Bosnak (2007) maintains that dreaming is a paradigm for creative imagination; the dream worlds are nothing less real than the outer lived world and are

comprised of embodied images that behave much like natural ecosystems in which each element is predicated upon the other and exists in a simultaneous network with all other elements. Hobson's (1999) dream laboratory research suggested that dream emotion may be a primary shaper of dream plots rather than playing a secondary role, implying that dreaming may contain emotional intelligence (Bosnak, 2007) the dream image contextualizes (supplies a picture-context for) the underlying emotion, ranging from dominant emotion (fear, helplessness, guilt, etc.) to a number of relatively mild emotional concerns of the dreamer (Hartmann, 1999). Application of EI in trauma treatment was prompted and guided by Hartmann's findings that post-traumatic dreams of healthy individuals (not suffering from PTSD) slowly change representation of the traumatic event while in post-traumatic stress disorder, more stereotyped, repetitive dreams are seen than ones with changes or imaginal distortion. Bosnak (2007) reported clinical improvements when EI on post-traumatic dreams concentrate on dream elements which are different from the actual, consciously remembered traumatic event. Hartmann's findings also brought about the inclusion of artificial flashbacks instead of waiting for dreams to work on using EI. Artificial flashback is a careful and voluntary recollection of the traumatic environment in which the individual maintains a dual state of consciousness of being in a flashback and simultaneously sitting in a room with a therapist. Bosnak argues that a flashback, either artificial or spontaneous, shares many similar characteristics with a dream; both are quasi-physical, directly experienced embodied environments; therefore, work on a flashback is very similar to work on a dream. Introducing change in one single element in the flashback has the potential to alter the future (Bosnak, 2007) in the same way even strongly consolidated memories such as fear memory when recalled can be made unstable and readily open to change due to synaptic plasticity (Nader, Schafe, & LeDoux, 2000). As the human brain is capable of rewiring due to neuroplasticity (Albert, 2019; Kays, Hurley, & Taber, 2012; Appelbaum, Shenasa, Stolz, & Daskalakis, 2023) the component of perspective-taking (Ganter-Argast, Schipper, Shamsrizi, Stein, & Khalil, 2024) and rehearsal of diverse embodied states embedded in EI can create possibilities of activating different neural circuits leading to short-term and/or long-term brain changes.

Furthermore, it is found that dreams tend to play a role in the consolidation (Stickgold, 2005) and reconsolidation (Walker, Liston, Hobson, & Stickgold, 2002) of memories leading to changes or forging new relationships within a dream. Theta waves during dreaming free up the mind from the conscious demand to be logical and rational at all times and thus enhances the potential for making novel connections and associations (van der Kolk, 2014, p. 386). Van der Kolk relies on neurofeedback to give alpha/theta training to PTSD patients to achieve a state of focused relaxation in order to break away from frozen associations and enable new learning. Dreams possess the ability for reorganization, recombination, and reintegration of certain segments of recent events with varied past experiences to prepare for the future (Hoss, 2018). Even the repetitive post-traumatic dreams are creative products, they are involved in making new connections and are not simple replays of waking events (Hartmann, 2010). Dreaming therefore appears to be crucial for healing due to its role in memory consolidation and creative capacity.

Historically, ancient Greek civilization as well as primitive cultures around the world relied on dreams to cure physical and mental ailments. The sanctuaries of Asklepios at Epidauros, Kos and Pergamon (Patton, 2004) are evidence of how the past generations valued dreams for their healing capacity. Even in the present day, the Meiteis of Manipur still preserve their tradition of consulting Amaibis (priestess of shamanic order) who are experts in healing and amelioration of diverse problems through the medium of dreams (Yumlembam, 2017). In the 19th century, the clinical application of dreams was revived with the discovery of dreams as the portal to the unconscious, first by Freud and later by Jung. Freud saw dreams as an unconscious means of wish fulfilment while Carl Jung viewed dreams as the symbolic representations of unconscious psychic situations. In Memories, Dreams, and Reflections, Jung (1989) emphasised the dynamic nature of the psyche stating that the unconscious is a process which gets transformed or developed by the transactions and connection between the ego and the contents of the unconscious. Through dreams and fantasies of individuals, the unconscious reveals the transpiring transformations. Jung (2014) also observed that dreams are natural phenomena which do not deceive, distort or disguise. Invariably, dreams reveal, through the symbolic content, what the ego is not aware of or has not yet fully apprehended. The self-regulatory nature of psyche can present compensatory dreams wherein there is disclosure of unconscious aspects of the dreamer such as unconscious motives operating in relationships as well as offering of new points of view to ameliorate conflict situations (Sharp, 2022). To aid in the healing process, trauma-linked dreams take advantage of the symbolizing capacity inherent in the unconscious to present a self-portrait of its own archaic defensive operations, associated effects and fragments of personal experiences that have been heretofore unrepresentable to consciousness (Kalsched, 1997, p. 2).

Limitations of EI

EI may be unsuitable and ineffective for those with alexithymia as it is associated with impaired interoceptive accuracy and difficulties with identifying and detecting feelings (Nord & Garfinkel, 2022).

EI is not confabulation-proof. One must guard against confabulation which generates a disembodied feeling of distance, and a controlling, grasping attitude of habitual consciousness to reconfirm pre-existing notions of self, holding otherness at bay (Bosnak, 2007).

Conclusion

In psychotherapy, the exploration of conscious material is often insufficient to make sense of the client's problems and maladaptive tendencies. This is where the unconscious material contained in dreams serves as an invaluable resource to not only reveal the afflictions of the psyche but also the ways to negotiate and transcend them. The method of EI optimizes dream/memory images by using imagination (McFarland, Primosch, Maxson, & Stewart, 2017; Reddan, Wager, & Schiller, 2018; Marshall, 2018; Park, 2022); to observe oneself (ego) and other non-ego entities in the dream/memory environment; to access body memory (Koch, Caldwell, & Fuchs, 2013); gain bodily awareness (Ekman, 2003); to sense, name and identify (van der Kolk, 2014, p. 79); the sensory experiences and emotions; and to achieve conscious integration of the emergent, somatically anchored sense-emotion network in order to activate the endogenous healing response (Bosnak, 2007) towards alleviating the sensory and emotional traces left behind by trauma. EI mediates the emergence of new perspectives and seeing novel

connections, which is the cardinal feature of creativity and also of healing (van der Kolk, 2014, p. 312), to challenge and possibly overcome the restricting/maladaptive tendencies of habitual consciousness determined by trauma.

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