



# Responding to Soul Injury

## *Tools for Hope and Healing*

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Soul Injury is defined as a wound that separates a person from their real self, caused by un mourned loss and hurt, unforgiven guilt and shame, and fear of helplessness or loss of control. Tools and interventions have been developed to guide people impacted by Soul Injury. This study assessed the effectiveness of 12 tools and interventions provided during a 4-day Soul Injury Leadership Institute. This 2-part investigation included an online survey of participants who had attended a 4-day Institute training and a post-Institute narrative inquiry conducted as virtual structured interviews. Ninety-one professionals completed the online survey, which inquired about the impact of specific Soul Injury tools and interventions on the respondents' personal and professional life. The Anchor Your Heart tool was the most frequently used tool and had the most enduring utilization across time and settings. Qualitative data collected in virtual interviews with 15 volunteers demonstrated the power of the Write/Tell Your Story technique in which storied narratives permit an individual to integrate powerful experiences such as traumatic events, serious illness, and even death, providing further validation that Soul Injury is an important human phenomenon.

### KEY WORDS

Anchor Your Heart, loss, self-help tools, Soul Injury, trauma

Few people have witnessed the deaths of 10 000 veterans; 1 Veterans Administration (VA) hospice nurse practitioner has. She learned lessons about attaining personal peace, and ironically, these lessons came from people who had been trained for war.<sup>1</sup> Over a 30-year time span, Deborah Grassman collected stories from dying veterans who had gained insight and wisdom as they looked back over their lives. She asked what prompted the veterans to make that courageous journey into the wilderness of their soul to find wisdom. Most commonly, veterans responded with a story of some kind of suffering they had experienced or some burden they had redeemed. As a result of these conversations, Grassman and her team<sup>2</sup> discovered a phenomenon that has become identified as *Soul Injury*.

The word "soul" has religious connotations, and yet, it is commonly used in nonreligious ways: soul mates, soul sisters, soul food, soul of the matter, bare your soul, and so forth. Within a nonreligious context, the Merriam-Webster Dictionary defines soul as "the total self that includes the immaterial animating essence of an individual."<sup>3</sup> The dictionary's definition best captures the meaning of "soul" as it is used in the term "Soul Injury." Soul is the source of our vitality that provides us with a sense of who we really are—our *total self*.

Soul Injury is defined as a wound that separates a person from their real self. There are 3 causative factors:

- Unmourned loss and hurt
- Unforgiven guilt and shame
- Fear of helplessness or loss of control

Grassman and the other founding nurses identified the Soul Injury phenomenon and started a nonprofit organization, Opus Peace ([www.OpusPeace.org](http://www.OpusPeace.org)), that provides training institutes, workshops, and online learning resources ([www.courses.OpusPeace.org](http://www.courses.OpusPeace.org)) for addressing Soul Injury. Tools and interventions have been developed by Opus Peace for personal use as well as professional use by health care providers and other caregivers to guide people impacted by Soul Injury. A 4-day Institute for Soul

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Injury Leadership was then provided on a regular basis to train others in identifying and responding to Soul Injury.

The Soul Injury Self-Awareness Inventory (Soul Injury Inventory) was subsequently developed to identify causative factors that threaten a person's sense of self.<sup>4</sup> The Soul Injury Inventory has been demonstrated to be a psychometrically sound tool with excellent test-retest reliability and strong internal consistency, in which scores less than 23.5 were shown to be indicative of Soul Injury with optimal sensitivity and specificity.<sup>2,5</sup> This brief, 10-item instrument can also be used clinically as a tool to initiate a meaningful conversation that creates a safe emotional environment that enables people to identify factors interfering with their well-being. Self-help tools can then be provided to help people learn how to move from the following:

- Numbing their pain to mourning their pain
- Hiding their guilt to using their guilt to learn how to forgive themselves and others
- Being ashamed of not being “good enough” to releasing their fear of who they are and who they are not
- Trying to control things that are uncontrollable to feeling their helplessness

Tools developed by the Opus Peace team were evaluated to explore their effectiveness when used for personal growth and professional development, and in clinical practice. Twelve tools, interventions, and training experiences presented during the 4-day Institute were assessed: Opus Peace Prayer, Write/Tell Your Story, institute presentations, presenter personal stories, Soul Injury definition, Soul Injury Inventory, Anchor Your Heart tool, veteran ceremonies, caregiver ceremonies, interactive activities, Seven Steps for Living and Dying Healed, and small group discussions. In this study, these tools were evaluated for impact and integration at personal and professional levels across 3 time frames: at the time of the Soul Injury training, immediately after the training, and at the time of the survey.

## METHOD

This 2-part investigation included an online survey of participants who had attended the 4-day Opus Peace Leadership Institute training followed by a narrative inquiry conducted as virtual structured interviews with volunteer participants. This study was ruled exempt from institutional review board review by the university institutional review board.

### Electronic Survey

An online survey that inquired about the impact of Opus Peace tools, interventions, and training experiences at Opus Peace Leadership Institutes was emailed to 310 previous Institute participants. Responses were anonymous, and data provided to researchers were devoid of any individual identifiers.

### Participants

A total of 91 (29.3% of 310) individuals completed the online survey. Of these 91 participants, 75.8% were female, 22% were male, and 2.2% were nonbinary. Most of the participants (75.8%) were older than 50 years, 19.8% were 40 to 49 years old, and 4.4% were in their 30s. This was a relatively well-educated cohort, with 11% holding a doctoral degree, 52.7% holding a master's degree, and 19.8% holding a bachelor degree. Professionals worked in a variety of practice settings within various occupations: 27.5% were nurses, 17.6% were bereavement coordinators, 16.5% were counselors or social workers, 12.1% were chaplains, 2.2% were physicians, and 24.2% were categorized as “other”; 25.3% of the participants were veterans. Participants reported their client population as predominantly hospice patients (42.9%), followed by veterans (13.2%) and private practice (9.9%). Most of the survey respondents (69.2%) had attended the 4-day in-person training, 30.8% attended the 4-day virtual training, and 86.8% had also attended additional non-Institute Opus Peace events. Nearly all survey participants (96.7%) indicated that they continued to integrate Soul Injury concepts in their personal and professional lives. The survey respondents' past attendance at the Opus Peace Institute training ranged from a remote 10 years previously to as recently as 1 month. All participants were treated ethically in accordance with the standards of the American Psychological Association, including obtaining informed consent from each participant.

### Procedure

The survey consisted of 30 questions that required approximately 10 minutes to complete. In addition to 11 questions soliciting demographic information, the remaining questions requested data pertaining to the impact of specific Soul Injury tools and interventions on the respondents' personal, professional, and community lives during, immediately after, and current to the time of the survey. SPSS software version 27.0 was used to perform extensive descriptive and inferential statistical analyses on the survey data. Inferential statistics included  $\chi^2$  and Pearson correlational analyses. The last survey question inquired whether the respondent was willing to participate in a follow-up interview to share more details about their responses.

### Narrative Inquiry

Narrative inquiry is a form of qualitative research that permits analysis of lived experiences of individuals as recorded in stories, diaries, field notes, conversations, or interviews. For this study, a narrative inquiry was conducted on recorded transcripts with survey respondents who participated in a follow-up virtual interview that focused on the participants' experience using Soul Injury tools with clients.



## Participants

Fifteen survey respondents (6 men, 9 women) agreed to participate in the virtual interview. Their professional identities included pastoral care, social work, nurse, physician, and administrator (all with current or previous direct practice experience).

## Procedure

The interviewers were 2 graduate students in the University of South Florida School of Social Work. Interviews were recorded and supervised by their professor (coauthor L.C.-B). Interviewers followed a structured set of questions that reviewed each Soul Injury tool and intervention and asked the interviewee to describe how they used it with a client and the result. The virtual interview lengths ranged from 30 to 90 minutes, as driven by the interviewee. A thematic analysis of the interview data was conducted by the professor. To identify common themes that emerged during the interviews, the researcher used a narrative inquiry approach, which used thematic content analysis to analyze storied accounts within individual interviews and to compare themes that emerged across interviews. The researcher reviewed each transcript at least twice before identifying narrative data to be used in coding and generating themes. Narrative data included those portions within interviews when participants transitioned away from simply giving information in response to questions and used storied examples to describe the meaning and significance of particular tools, as well as descriptions of interpreted meaning. The themes were defined, reviewed, and edited before being shared with the entire research team.

## RESULTS

### Electronic Survey Findings

The first set of survey questions inquired which 5 activities or interventions impacted the respondent most at the time of the Opus Peace Institute training. The Anchor Your Heart tool was ranked as the intervention that impacted respondents most at the training by 52% of the respondents. Other interventions that were cited as most impactful during the training were ceremonies (endorsed by 49.3% of respondents), the Soul Injury Inventory (endorsed by 46.7%), Seven Steps of Living and Dying Healed (endorsed by 30.7%), the Loss Chart (endorsed by 27.5%), and the Opus Peace Prayer (endorsed by 17.3%). The ceremony that was identified as most impactful was the Veteran Ceremony (endorsed by 51%).

The next set of questions focused on which skills, activities, or interventions the respondent integrated into their life on a personal level immediately after the training. The Anchor Your Heart tool was named 2 to 7 times more than any other. Anchor Your Heart was also cited as the intervention most used currently on a personal level, at rates

2 to 9 times higher than any other intervention. One-third of survey respondents reported that they practiced these skills as needed, 24% reported weekly practice of these skills, and 16% reported daily practice of skills learned at trainings.

With respect to integrating specific skills/activities/interventions into their professional practice, respondents identified the Anchor Your Heart tool as the intervention they used immediately after the Opus Peace Institute training 2 to 6 times more than any other intervention. This trend continued to the present day, with Anchor Your Heart named 1.2 to 3 times more than any other intervention when respondents were asked which intervention they were currently using in their professional practice. Table 1 summarizes the use of the most popular Soul Injury interventions by specific professions. All professions were significantly more likely to use Anchor Your Heart in their professional practice than other interventions,  $\chi^2 = 17.64$ ,  $df = 4$ ,  $P = .0015$ .

Pearson correlational analyses indicated that people who use the Anchor Your Heart tool were significantly likely to also use the Soul Injury Inventory,  $r = 0.409$ ,  $P = .001$ , the Write/Tell Your Story intervention,  $r = 0.433$ ,  $P < .001$ , the Opus Peace Prayer,  $r = 0.330$ ,  $P = .006$ , and the Loss Chart,  $r = 0.304$ ,  $P = .012$ , in their professional practice. Table 2 shows the utilization rates of the most popular interventions across the degrees held by survey respondents. Irrespective of the degree held by respondents, the Anchor Your Heart tool and Soul Injury Inventory were practiced at relatively uniform rates, approximately 53% for Anchor Your Heart and 29% for the Soul Injury Inventory.

### Narrative Inquiry/Virtual Interview Findings

The qualitative data analysis resulted in the identification of 3 themes: (a) personal meaningfulness and transformation, (b) transformation of both practitioner's and client's relationship with their emotional pain, and (c) abiding with helplessness and loss of control.

#### Meaning Theme 1: Personal Meaningfulness and Transformation

The qualitative researcher observed that, although the interviewees were asked about their experiences with clients/patients for each tool, 14 of the 15 participants spontaneously described narratives of using tools with themselves, family, friends, or coworkers. Thus, the personal meaningfulness of Soul Injury concepts and interventions was communicated clearly during the interviews. The narratives were highlighted by affective responses, including wistful smiling, tearfulness, deep sighs, and head nodding. There was a seamless fluidity between personal and professional narratives, with participants spontaneously moving back and forth between the two. One participant remarked, "It's just a part of who I am now." Another

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**TABLE 1** Utilization Rates of Popular Interventions for Chaplains, Nurses, and Mental Health Staff

Opus Peace Intervention	% of Chaplains Who Use the Intervention	% of Nurses Who Use the Intervention	% of Mental Health Staff Who Use the Intervention <sup>a</sup>
Anchor Your Heart	73	56	55
Soul Injury Inventory	36	20	35
Loss Chart	37	4	26

<sup>a</sup>Data for counselors and social workers were combined for this analysis.

stated, “My life changed in 2017 when I found Opus Peace, and that changed my practice completely.” A third interviewee commented, “I never had the words before to make sense of my own experience, so I didn't have the language for my clients. Soul Injury gave us both the words we needed.”

**Meaning Theme 2: Concept of Soul Injury Transforms Both the Practitioner's and Client's Relationship With Their Emotional Pain**

Understanding the concept of Soul Injury helped both patients/clients and practitioners change their relationship to feeling their pain and also to understand the “source” of their painful feelings. The Anchor Your Heart tool and Soul Injury Inventory were both cited as assisting people to understand the “roots of their pain.” Practitioners taught their patients how to use the tools, and a few noteworthy statements include the following:

- “I really saw the things I was holding onto.” (Patient X)
- “I don't need to be so afraid of my pain anymore.” (Patient Y)
- “My doing days are finally over. I can just be.” (Hospice patient Z [who died peacefully without heavy medication 3 days later]).

**Meaning Theme 3: Abiding With Helplessness and Loss of Control**

Interviewees described narratives of patients and their loved ones struggling against feelings of helplessness and loss of control. One significant finding was that patients no longer felt the need to fight against feeling helpless in the face of uncontrollable circumstances. One patient observed, “I stopped fighting against the powerlessness I felt, and found peace.” A hospice practitioner related this narrative: “He was not at peace, thrashing, fighting, hysterical. But after using Anchor Your Heart, he calmed almost immediately. He was able to reconcile things with his kids at bedside, and he died at peace the next day.”

**Vertical and Horizontal Findings**

One of the most significant findings revealed in the narrative inquiry interviews was that all but one of the participants explicitly addressed specific ways in which the tools and techniques had changed their own perceptions related to the meaning themes. They identified how this perceptual shift had sparked change, growth, and/or transformation for them individually and interpersonally. This finding was supported by the interweaving of personal and professional narratives throughout the interviews. Furthermore, all but one of the participants addressed the ways in which their own

**TABLE 2** Utilization Rates for Popular Opus Peace Interventions Based on Respondent's Academic Degree

Opus Peace Intervention	% Use by Degree			
	Associate	Bachelor	Master's	Doctoral
Anchor Your Heart	50	50	56	56
Soul Injury Inventory	30	25	31	29
Write/Tell Your Story	30	25	31	57
Opus Peace Prayer	20	17	22	29
Loss Chart	0	25	24	15

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**Box 1. Anchor Your Heart**

One of the secrets for preventing hardships from turning into burdens is to learn how to let emotional pain and peace coexist without fear. It starts with helping people “get real” with whatever they are experiencing. Its purpose is to help people let down the façade that often separates them from their real self so that their feelings don’t get numbed into unconsciousness, subtly sabotaging their well-being. Anchor Your Heart is a grounding tool that only takes one minute to do, needs no special equipment, costs no money, and can be implemented anywhere and at any time.

**Three Steps to Anchor Your Heart**

1. Anchor your hand(s) FIRMLY & tenderly on your heart & breathe deeply.
2. Get REAL: Open your heart to whatever you are feeling or trying not to feel (the good, bad, ugly, beautiful).
3. Be CURIOUS about the brave place inside you that is strong enough to hold your pain without fear.

The narrative stories recounted in the interviews demonstrated that Step 2 allows the “real self” to become known. The qualitative research also revealed that the transcendent experience occurring in Step 3 is often minimized or overlooked by practitioners. However, those who did allow for this transcendent encounter during Step 3 experienced a paradigm shift. Practitioners who practiced Step 3 fully described transformed relationships with their own pain which then allowed them to relate to their patient’s pain with greater depth and empathy. One participant said: “I have used Anchor Your Heart many times. I place my hand on my heart and breathe when I’m distressed, but what makes it so powerful now is step 3 – considering the place inside me that is strong enough to hold whatever it is that I fear. Wow!”

**FIGURE.** Anchor Your Heart.

personal growth had influenced their perceptions and interactions with clients related to reconciling emotional or spiritual pain and trauma. This finding demonstrates the interaction between vertical and horizontal learning, which encompasses the internal transformation of the practitioner (vertical) and the facilitation of transformation with the client/patient (horizontal). The paradigm of vertical and horizontal learning provides nomenclature for the simultaneous process of skill building and experiential growth occurring in both the clinician and the patient/client when learning and integrating an intervention such as Anchor Your Heart.<sup>6</sup> It is highly significant that although all interviewees clearly identified concrete behavioral benefits for patients/clients when using the Anchor Your Heart tool during periods of high stress and anxiety related to specific clinical indicators, 14 of 15 of the respondents gave narrative accounts consistent with the theme of transformation or a generalized paradigm shift in both themselves and their patients/clients as a result of regular practice of this tool.

**DISCUSSION**

This study identified the Soul Injury tools and interventions that were identified as most useful and effective for clinical

practice and professional and personal growth. The Anchor Your Heart tool was the most frequently used and had the most enduring utilization across time and settings. (The Figure describes the Anchor Your Heart tool.) Most often, the Soul Injury Inventory was used concurrently with Anchor Your Heart, although the use of other tools such as Write/Tell Your Story, the Opus Peace Prayer, and the Loss Chart was also found to be significantly correlated with the use of Anchor Your Heart. In addition, qualitative data collected in virtual interviews demonstrated the power of the Write/Tell Your Story technique in which storied narratives permit an individual to integrate powerful experiences such as traumatic events, loss, serious illness, and deaths of loved ones. Narratives give expression to the deepest parts of our conscious and unconscious functioning. These findings support recent evidence that addressing spirituality is an important aspect of providing person-centered care that improves patient outcomes and is an integral component of quality palliative care.<sup>7,8</sup>

Current research is now being reported about how emotional distress gets stored in the body, whether we are aware of it or not.<sup>6,9,10</sup> According to van der Kolk,<sup>10</sup> there are 3 ways that the traumatized brain can be changed: (a) medication to shut down inappropriate alarm

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systems in the amygdala (fight/flight/freeze part of the brain), (b) using the frontal cerebral cortex to process the trauma and connect with others, and (c) helping the body feel safe with experiences that contradict the helplessness of trauma. van der Kolk<sup>10</sup> suggests that this third method is the best (but most overlooked) way to respond to trauma. His research supports the use of grounding techniques (such as Anchor Your Heart). In fact, he wrote that it is unethical to ask someone to tell their story of trauma without first teaching them a grounding technique so that, when they are triggered, they can stay grounded and not disconnect from their body. Although brain imaging research (such as functional magnetic resonance imaging) is needed on this topic, we believe that Anchor Your Heart helps tone down the amygdala and also stimulates the central corridor of brain structures (anterior and posterior cingulate, insula, medial and orbital prefrontal cortex) that registers bodily sensations and prevents the creation of a Soul Injury.

One limitation of this study is that some participants had been trained many years ago, and some had been trained as recently as 1 month before the study. The Soul Injury tools and techniques were revised over time based on formative evaluations, and different participant cohorts may have integrated them differently. More research on the evolving tools and techniques will be required to further elucidate efficacy. This study focused primarily on health care providers. However, the Soul Injury model is expanding beyond health care. Further research will determine the effectiveness of these tools for the general population.

### Study Implications and Recommendations

Soul Injury, a wound that separates a person from their real self, caused by unmourned loss/hurt, unforgiven guilt/shame, and fear of helplessness/loss of control, describes an important human phenomenon and experience. Tools and interventions have been developed by Opus Peace for personal use as well as professional use by health care providers and other caregivers to guide persons impacted by Soul Injury. What is noteworthy about using Soul Injury tools and interventions with a professional audience is the simultaneous vertical (within the person) and horizontal (professional use with clients/patients) integration of these

concepts, tools, and techniques. Typical professional training in clinical skills is uniformly horizontal, that is, intended for the practitioner to apply that skill for the benefit of the client.<sup>11</sup> Personal or insight development training is predominantly vertical, intended for the benefit of the practitioner to better themselves, or support their inner life, to be a better person and indirectly improve clinical care. This research has identified that study participants experienced both vertical and horizontal integration and benefit.

As 1 practitioner self-reported, “If I don't know what to do with my own pain, what could I be able to do with your pain when you share it with me? Soul Injury helped me come to terms with my own pain first, and it's made all the difference in my work with patients.”

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