

SOMATIC TRANSFORMATION

A lecture & workshop given by:

Sharon Stanley, Phd

February 6 - 8, 2009

Somatic transformation of trauma seeks to restore the aliveness of embodiment with a deep sense of resilience and meaning. The primary context for this work is a carefully developed intersubjective, somatic, empathic relationship. Working primarily in the right hemisphere of the brain, the physiological substrate of trauma, the disrupted autonomic nervous system, is gently invited and guided into regulation through somatic awareness, inquiry, interventions and reflection.

The lecture and workshop will cover the following: the somatic elements necessary for re-negotiation of neurological patterns of trauma, then move into the intriguing dynamics of the psyche, including emotions, imagination, archetypes and reflection. Somatic awareness of the symbolic forms allows for the integration of the body with the mind and spirit. In each person, and for each trauma, these elements emerge in creative, life-giving ways within the containment of an attuned, resonant and empathic intersubjective relationship. We will explore these topics over the weekend with pertinent research, group processes, demonstrations, personal experience and reflection.

Somatic Transformation is a constructivist, neurobiological and developmental approach to the healing of trauma. This model focuses on restoring regulation of the autonomic nervous system as a foundational stage for further healing in the body, mind and psyche.

WHERE: Vancouver School of Theology at the University of British Columbia
6000 Iona Drive Vancouver, BC V6T 1L4
Student accommodation is available. Phone: 1 866 822 9031

WHEN: Friday, February 6, 7-9:00 PM Saturday and Sunday, February 7 & 8, 9:30-5 PM
Beverages and light snacks will be provided.

REGISTER: Workshop Fee is \$395 CND If registered by January 16, the fee is \$365
We regret that we do not accept credit cards. Refunds available if notification is received within 10 days in advance of February 6, 09, minus a \$50 administrative fee.

Name: _____
Address: _____
Phone and email: _____

Please mail check payable to: Debi Hartwell 406 - 3 Renaissance Square, New Westminster, B.C. V3M 6K4

For more information please contact:

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