A Window and a Mirror

Somatic Integration and Processing for Case Conceptualization

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Author Note

Somatic Integration and Processing (SIP) was developed at Beyond Healing Institute (BHI) through collaborative clinical practice and teaching with Jennifer Savage, Melissa Benintendi, Caleb Boston, and myself. SIP informs all clinical, consultation, and training work at BHI.

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Abstract

Somatic Integration and Processing (SIP) is a multidimensional case conceptualization framework designed to support clinicians in understanding complex trauma presentations through an integrated lens of attachment and neurodevelopment, somatic psychology, and adaptive information processing. Grounded in intersubjective theory, SIP functions simultaneously as a window into the client's lived experience and a mirror reflecting the therapist's own subjectivity within the therapeutic relationship. This chapter situates SIP as both a clinical map and a relational process, emphasizing the therapist-client relationships as an active site of meaning-making, regulation, and healing. Drawing from attachment theory, affect regulation, somatic psychology, EMDR's Adaptive Information Processing model, and memory reconsolidation research, SIP offers a unifying framework for organizing assessment, treatment planning, and in-session clinical decision-making.

CHAPTER 9

A Window and a Mirror: Somatic Integration and Processing for Case Conceptualization

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Somatic Integration and Processing (SIP) is a case conceptualization model, a foundation, that provides a window into how we can understand our clients and conceptualize their stories. At the same time, it also provides a mirror, as it reflects on our own role in the developing and active connection being formed with our clients. Constructed and refined at Beyond Healing a counseling, personal growth and wellness center by Jennifer Savage, Melissa Sundwall, Caleb Boston and myself, SIP is an underlying core for our work. As Jennifer, Melissa and I have discussed on our popular podcast "Notice That" and in multiple presentations, SIP informs and guides all of the therapeutic work that we do.

The multidimensional framework of SIP empowers clinicians to map and interpret complex clinical presentations through a bio/psycho/social/cultural lens while at the same time paying close attention to the connection between therapist and client. When we combine EMDR with IFS, we want to recognize and appreciate all the parts that are present in the room—both the therapist's parts and the client's parts (see chapter 20 and chapter 21). SIP invites us to witness another level of awareness-- the intersubjective space between therapist and client, as well as the intersubjective spaces between all of the parts that are present and active in the room.

Through the therapist-client relationship, SIP activates this parallel process of the window and mirror, allowing both parties to see each other's inner worlds more deeply while continuously uncovering new dimensions of their own. This intersubjective process becomes a transformative element, where each person is shaped, understood, and invited to heal through the shared space of relational knowing.

Intersubjectivity in Therapy

As we tune into the intersubjective, the active and personal experience clients are having in the therapeutic relationship (Buirski et al., 2020; Stolorow & Atwood, 2002), we can help clients deepen their understanding of the meanings they construct of their life story and the ongoing changes which are occurring during the therapeutic process. This perspective challenges the core of the medical model that many practitioners find themselves in. This framework defines the symptoms clients are struggling with are not disorders, but rather instinctual survival strategies that have been engaged (sometimes consciously, sometimes unconsciously) to endure situations perceived to be unsafe.

In this space, we can strive to have understanding and collaboration of our shared space and mutual experience that is constantly evolving between therapist and client. It's the invisible mosaic connecting two embodied minds, allowing one person to sense, feel, and even intuitively grasp what another is experiencing. Unlike objective knowledge - facts that stand alone, independent of who observes them - intersubjective knowledge is co-created; it's born in the dynamic and reciprocal exchange between people as they actively seek to know and be known

by one another. Opening a window into one another, and the interactions of parts, intersubjectivity create infinite connections and exchanges where the therapist and client become a part of a constant feedback loop. Intersubjectivity is what allows us to see and feel beyond ourselves, drawing us into the world of another person's emotions, thoughts, and inner reality.

In parallel, this shared space also reflects our own inner world back to us. When we open ourselves to another's experience, it brings our assumptions, responses, and hidden biases to light, offering us a clearer view of ourselves if we're willing to see it. This process of witnessing both the other person and our own reactions is fundamental to growth and self-awareness.

From infancy onward, these intersubjective moments of being seen and seeing others constructs our own self-concept and relational framework, informing how we experience connection, security, and identity (Hill & Schore, 2015; Schore, 2021). When we feel understood, we experience a sense of resonance and belonging, affirming that our feelings are both meaningful and shared. When this intersubjective bridge is disrupted or blocked - through misunderstanding, absence, or misattunement – both our sense of self and relational safety are compromised and disintegrated, leaving us to struggle against or away from one another.

This same process simultaneously occurs within our internal system as well. In the IFS paradigm, parts also have unique perceptions, assumptions and experiences. In the context of the therapeutic relationship, we can help clients' parts explore the developing relationships, and feel seen by each other. As parts increase their understanding of other parts, our clients' inner system

is able to shift into greater harmony. Similar to the external relationship between people, when intersubjective internal bridges are not formed, precariously constructed or completely destroyed, anxiety and dysregulation dominate the system.

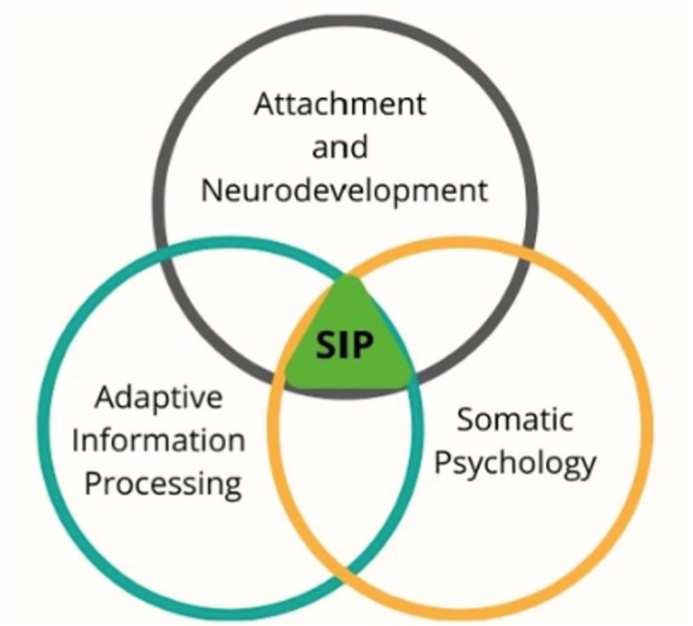
The Valuable Map Which SIP Provides

Somatic Integration and Processing (SIP) emerged as a trauma-informed, nervous system focused framework intending to map the intricate influences of lived experience on the embodied self, including the mind-body connection. Traumatic experiences, such as those that are “too much too soon, too much for too long, or too little for too long” (Duros & Crowley, 2014, p. 238), are conceptualized through SIP to have both immediate and developmental implications for the embodied self and its integration within the mind-body connection, including relationship patterns, self-concept, strategy formation (psychological, affective and emotional, and behavioral), and regulation limits (Fisher, 2017; Ogden et al., 2006).

Strategies for establishing security and safety are internal and external regulation attempts, uniquely emergent from the lived experience of an individual; necessary adaptations created by the nervous system in response to their environment (Cozolino, 2014). For instance, a client may have learned to shut down emotionally, stay vigilant, or avoid vulnerability to survive difficult relational or environmental conditions where vulnerability was complicated or dangerous. SIP conceptualizes these strategies not as ‘symptoms’ to be eliminated but as wise, protective adaptations that were essential at the time of early emotional learning experiences (Ecker et al., 2024).

SIP functions through a Venn diagram that represents *attachment and neurodevelopment, somatic psychology, and adaptive information processing* (Figure 10.1). Used for history taking as well as in-session processing, the Venn diagram's domains are not isolated but intricately overlap, reflecting the reality that our minds, bodies, and relationships are in continuous and parallel interplay.

Figure 1 *Somatic Integration and Processing Venn Diagram*



Through this SIP lens, 'objective reality' disappears and we can grasp a more subjective appreciation if how a therapists contextual framework contributes to how they perceive the client. Accepting this inevitability, our intention is to understand a client's unique history, attachment experiences, and nervous system responses woven through these three domains. In this model we have a sense of how adaptive strategies for survival and self-protection have developed in our clients over time. SIP's Venn diagram provides a visual map for therapists to understand not only the "what" of a client's experiences, but how trauma and relationships have

shaped the client's nervous system, coping strategies, and patterns of relating. Additionally, the Venn diagram reflects a conceptual organizing tool for existing and new research in the field specific to each lens, thus empowering therapists who use the model to integrate their perspectives and various training experiences to see the vivid picture of human nature and functioning that they can create when brought together.

Diversity and multiculturalism are foundational to SIP, as the model recognizes that trauma and healing are deeply shaped by cultural context, identity, and personal history. SIP understands that each client brings a unique constellation of cultural experiences, values, and beliefs that inform their perception of self, others, and the world. These cultural nuances shape not only how individuals interpret and respond to their experiences but also how they construct strategies for survival, safety, and connection (see chapter 10 which speaks about racial awareness in IIE).

SIP thus prioritizes an inclusive and culturally attuned lens in case conceptualization, ensuring that therapeutic interventions honor the client and therapist's individual background and worldview. Culture, from this perspective, is not viewed as a single layer to be 'accounted for' but as an integral aspect of a person's identity that deeply influences all three domains.

Attachment and Neurodevelopment

Providing the fabric that holds SIP together, attachment serves as the bedrock of human development, forming the foundation of our self-concept and shaping the architecture of the mind itself. From infancy onward, the developing mind is profoundly shaped by the relational dance between the self and others (Schore, 2021; Siegel, 2020). Through early exchanges with

caregivers, infants not only begin to sense themselves as individuals but also internalize patterns of attunement, safety, and validation that become templates for how they experience relationships and, ultimately, themselves (Trevarthen & Aitken, 2001; Tronick, 2007). This intersubjective process is a primary channel through which we learn to navigate the world, balancing our sense of self with the perspectives and responses of others.

As children, each moment of connection with an attuned caregiver provides a reflective space where emotions are not just felt but understood, validated, and named (Siegel, 2020). This reciprocal experience helps to establish a secure attachment framework, in which emotions become safe, and needs can be trusted as worthy of response. In the absence of this secure mirroring, parts of the self may become fragmented or underdeveloped, relying on adaptive strategies to protect against potential harm or rejection (Cassidy & Shaver, 2016). Thus, the quality of our earliest relationships fundamentally influences the internalized models of self and others, shaping how we perceive ourselves in relation to the word. Through SIP, we view this intersubjective dynamic as an ongoing developmental process, where each relational encounter continues to shape and refine the mind and its embodied expressions.

The self is therefore not a static entity but a constantly evolving intersubjective system, woven together through a myriad of relational experiences that connect, repair, and transform over time. The therapeutic space, when guided by SIP principles, reactivates this foundational process, offering clients a new opportunity to feel seen and known. Here, the therapist's awareness to hidden or neglected parts of the client's internal system while simultaneously recognizing the

therapist's own inner responses as valuable data in the co-created healing process (see chapters 20 and 21).

In SIP, then, the meaning that client's make of their experience and their identity ~~self~~ is not seen as a solitary construct but as a mosaic of intersubjective experiences, continuously shaped and reshaped through relational engagement. By embracing this dynamic, therapists can honor the diversity of each client's inner landscape, understanding that their self-concept and mind are deeply woven into an intricate web of past and present relationships.

Attachment and neurodevelopment are brought together in SIP as reciprocal agents of human development and relational functioning. Built and conditioned throughout the lifespan, this lens of the Venn diagram seeks to illuminate the relational and psychological foundation that each person develops based on early experiences of safety, trust, and connection. We also keep in mind the traumatic counterparts within this section. Our experiences and connections shape the architecture of our minds, and facilitate how we form relationships, respond to others, and experience ourselves in connection throughout the lifespan. SIP uses attachment (Crittenden, 2015) and affect regulation theory (Hill & Schore, 2015) principles to understand how these foundational patterns are expressed and recreated in the therapeutic space, offering an authentic invitation to heal and live an empowered life.

With such an encompassing purview, this lens of the Venn diagram makes space to further explore client strategies and clarify the connection quality and patterns of the therapeutic relationship to examine where these strategies may have come from. SIP views attachment patterns as more

than just a set of strategies (insecure, secure, disorganized), it's the primary means through which individuals have learned to understand relationships and navigate relational dynamics (Tronick & Beeghly, 2011). Leaning on the well-established link between attachment patterns and neurodevelopment process (Schore, 2017; Siegel, 2020), this model recognizes that diversity in attachment experiences, influenced by factors of culture, family norms, and individual personality, results in a range of adaptive regulation strategies.

For example, if the attachment environment of a client's family of origin did not tolerate emotional engagement and attunement to intense affect, the client may internalize a series of beliefs and attunement conditions that make them feel shame for feeling something that might distress someone in the attachment environment[1]. In this example, the client would have to learn various strategies that protect them against the feelings of shame and rejection that the attachment environment may create should the client struggle and express too much of this distressing affect[2].

Clients may come from a history of secure attachment experiences, where for the most part relationships felt safe and nurturing for a wide range of affective experiences, or they may come with strategies shaped by a vast majority of their attachment experiences being insecure and threatened. These strategies are not deficits, they are simply adaptations to the specific relational contexts they encountered, representing ways they learned to protect themselves, seek

[1] In IFS language, a client's part that has intense affect is exiled by another part who is holding shame, and does not want this part to negatively impact others in the environment.

[2] In this case, this part appears to be a manager, wanting to remain connected to family members.

connection where available, and develop some sense of autonomy and stability, even in traumatic circumstances. This can be integrated well into an understanding of IFS, where clients 'parts' all hold positive intentions, centering around safety and survival (attachment being essential for this).

From an SIP perspective, the therapist's attunement to the client will activate the client's attachment strategies and provide opportunity for a series of disconfirming experiences (Ecker et al., 2024)[3]. For example, if a client appears emotionally guarded, SIP encourages the therapist to view this as a meaningful strategy that helped the client navigate past relationship dynamics and face present circumstances that may feel equally threatening. With active engagement and explicit acknowledgement of these strategies, the therapeutic relationship might be able to uncover the origin of these strategies and remodel their authentic expression toward empowerment, autonomy, and wellness. Additionally, SIP acknowledges that attachment and neurodevelopmental patterns influence not only the client, but also the therapist (see chapter 21 for 'parts' of the therapist). Both parties bring their relational histories and attachment styles into the therapeutic space, which can enhance and challenge therapeutic attunement and progress (Maroda, 2021).

Take for instance a therapeutic rupture in which a client mentioned they had "ghosted" a recent love interest by blocking their number without clearly communicating their uncertainty about the relationship and their fears of being rejected or abandoned. From the client's perspective, this is

[3] This is similar to therapists being in their own Self-energy (see chapter 2, chapter 6 and chapter 20) and then holding space for parts in clients, until clients can access their own Self-energy.

an expression of avoidant strategies, potentially long built by insecure attachments and fear of emotional vulnerability. However, if the therapist's own attachment history is filled with an anxious insecurity, they may be activated to the degree they're pushed out of their own window of tolerance and are thus unable to see their client's strategies as an expression of insecurity and fear, and will likely be unable to thoroughly and authentically attune to the needs of their client. Both parties of the therapeutic alliance are bringing in their self-concept and attachment strategies built throughout their lifetime, whether we name it or not.

Somatic Psychology

In Western culture, a majority of psychotherapy approaches lean on conscious and spoken language as the primary access point to the healing process, subjugating other communication sources and embodied languages as insufficient (Damasio, 2005; Descartes, 1641/1996). SIP diverges immediately from these dualistic approaches by recognizing and honoring a holistic perspective of human beings in which equal attention is given to our bodies, affects and emotions, and cognitions. Each of these sources has a *native language* that we must learn to understand together as a therapeutic alliance, as well as how they integrate into spoken language. From this perspective SIP recognizes that trauma is much more than a mental experience - it is deeply embodied, with stress and survival responses encoded within and throughout the extended nervous system and physical structures of the body (van der Kolk, 2015; Ogden & Fisher, 2015). In this way, the body provides a powerful, direct pathway to understanding and shifting adaptive patterns that words alone cannot reach. Through SIP's emphasis on embodied awareness, the therapist and client co-discover a somatic space that fosters mutual regulation, deepened

connection, and a felt sense of safety. This again aligns beautifully with IIE. When we do 'parts mapping' with clients (see chapter 2) this process encourages clients to move out of their thoughts and mind, and into their hearts, emotions, and body sensations, so that there could be space for them to notice their parts longing to communicate.

Mutual regulation then builds into co-regulation rhythms between the client and therapist, where they both influence one another and work together to build security and a greater tolerance for rupture and repair (Porges & Porges, 2023). For example, if a client becomes anxious, the therapist may intentionally slow their own breathing or soften their posture, intending to create a calming presence that supports the client in regulating their own body. This dynamic interplay of cues and responses establishes a shared somatic rhythm, inviting the client to feel safe and held, while the therapist remains attuned and present (Dana & Porges, 2018; Porges, 2021). This body-based awareness can foster a relational depth that spoken language cannot convey or capture, helping both the therapist and client experience a more embodied sense of connection and safety. This wisdom can be applied to IIE, as it develops and clarifies what is meant when therapists are taught: "Therapists must access their Self-energy in IIE, so clients can connect to this, until the time when they are able to discover their own Self-energy" (see chapter 7).

Despite Western culture's objectification and domination of the body, SIP honors the diversity of somatic experience and expression intertwined in human nature, recognizing that each client's somatic experience and expression are shaped by their cultural background, personal history, and developmental environment (Galdos & Warren, 2022; Ma-Kellams, 2014). Different cultures, for example, have unique approaches to bodily expression, ranging from highly expressive to rigidly

restrained. These cultural norms influence how trauma and stress are ingrained, embodied, and expressed. A client from a culture that teaches emotional restraint may internalize distress, resulting in hypertension or rigidity in their own somatic experience. Another client, perhaps from a culture that values and nurtures open expression, may embody their emotions more visibly, with expansive gestures and changes in vocal tone. From an SIP perspective, the therapist approaches these differences with humility and courage, honoring their client's unique experience and expression, seeking to explore these somatic experiences and expressions without pathologizing them; understanding them as adaptive responses to the client's specific relational and cultural context.

The somatic psychology lens of SIP's Venn diagram deepens intersubjectivity into an embodied experience of subconscious interrelating in which the majority of regulated material is subverbal. While the therapist and their client are co-constructing their unique therapeutic space, their embodied minds (body, affects and emotions, cognitions) are beginning to dance with each other (Gendlin, 1998). As an equal participant in this choreography, SIP empowers therapists to monitor and lean in to their own physical sensations, posture, and breath as indicators of what may be arising within the intersubjective space. This awareness of embodied response allows therapists to notice when they are feeling tense, relaxed, open, or closed off, and to consider how these responses may relate to their process with the client. For instance, if a therapist notices their own extremities tightening during a session, they may take a moment to explore this sensation, considering whether it reflects a reaction to the client's material or their own history. Perhaps the therapist's body is responding to the client's unspoken tension, or it could be a mirror for their own challenges to presence in the session (Maroda, 2021). (See further discussion in chapter 20).

By recognizing these somatic cues, the therapist can make more conscious choices about how to respond, fostering a greater sensitivity to the client's needs and enhancing the safety and authenticity of the therapeutic relationship. Additionally, committed practice in cultivating this somatic awareness can support the therapist's own growth, inviting them to explore how their somatic responses reflect their unique attachment patterns, cultural background, and personal history (Geller & Greenberg, 2011). Through this process, the therapist honors their somatic experience and expression as a source for both reflection and connection, creating a therapeutic environment that is simultaneously attuned, present, and mutually regulated. From this perspective, the intersubjective space and the therapeutic relationship that resides in it become a fully embodied experience, where both client and therapist are invited to reconnect with themselves and each other in a space that respects the wisdom of the body. Through SIP, clients are supported in reclaiming their body as a source of safety and self-knowledge and discovery, learning to experience their embodied responses as meaningful and adaptive. This somatic framework invites both client and therapist into a shared journey of exploration, regulation, and healing that is as diverse and unique as the individuals who come to participate.

AIP and Memory Reconsolidation

Francine Shapiro's Adaptive Information Processing (AIP) model and Bruce Ecker's work in Memory Reconsolidation (MR) are brought together in the third lens of the Venn diagram to explore the nature of embodied memory in presence and regulation. From this perspective, memory is understood as a fluid relational experience that shapes, and is reshaped by the therapeutic process. SIP holds that memory is not a static record or a collection of newspaper

clippings, but a dynamic narrative, influenced by present experiences and relationships. Experiences of trauma can fragment or rigidify memories, forcing the client to hold them in ways that can constrain their sense of agency, understanding, and self-worth (Ecker et al., 2024; Shapiro, 2017). By using AIP and MR together, SIP invites both therapist and client into a transformative process where these memories can be accessed, explored, and integrated within a safe, attuned relationship.

From an SIP perspective, memory is conceptualized as inherently relational and adaptive, constantly evolving with the interplay of interpersonal experiences. Our memories reflect not only past events but also the context of our attachments, interactions, and internalized beliefs about ourselves and others. Memory Reconsolidation (MR; Ecker et al., 2024) within the SIP framework seeks to uncover the relational roots of our embodied memory in a way that allows clients to access previously unavailable perspectives and emotional resources, empowering present authenticity and autonomy. Adaptive Information Processing (AIP; Shapiro, 2017) embeds the MR process in the context of a mind-body connection that organically and incessantly attempts to integrate and resolve experiences, especially within a supportive relational environment. Together, these concepts suggest that memories, even painful ones, have the potential to be reorganized into more adaptive, flexible self-narratives, where resources and autonomous resiliency abound. Within the safe, attuned relationship between client and therapist, memories that have been long-held and static are conceptually unlocked and thus open to reorganization and reprocessing, allowing the client to experience the memory as a part of a new and coherent self-narrative. SIP practitioners navigate within this relational space to support memory reconsolidation, where clients can process past experiences not only with insight but

with felt shifts in the emotional and physical imprints of those memories. For instance, a client may hold a series of memories of abandonment that, over time, has hardened into a self-narrative of unworthiness.

Within the intersubjective space of the therapeutic alliance, this memory is brought into an empathic, accepting space where it can be re-experienced in a new context, inviting the client to feel witnessed and validated in a way that was missing from the original experience. This relational work does more than provide insight - it allows for corrective emotional experiences, new learning, that can shift the meaning of past events into a new and coherent self-narrative of autonomous resilience (Cozolino, 2024; Fonagy & Allison, 2014). By integrating AIP and MR, SIP empowers clients to evolve their once isolating memories of abandonment and self-blame into an honest and self-compassionate narrative held within the context of relational safety.

Within the client, this AIP and MR lens gives therapists a window into the origin of their client's self-concept and their attachment and regulation strategies through implicit and explicit memory discovery and activation. This process, deepened throughout the therapeutic process, reveals glimpses of the adaptive ways clients have organized their past to make sense of and survive their experiences. Clients often arrive with memories that feel "stuck" or fragmented, causing them to relive the emotional and somatic weight of the past as though it were the present. SIP's approach offers a semi-structured, compassionate, and empowering space for clients to revisit these memories, understanding them as key components of their survival strategies. For instance, a client may carry a fragmented memory of feeling powerless in a traumatic experience. SIP can help to facilitate an exploration that not only acknowledges the emotional reality of the

experience but also reveals the adaptive strategies that arose from it, such as vigilance or avoidance, which once served to protect the client in surviving or adapting to their experience in context. By holding these memories in the Venn diagram, the therapist helps the client to contextualize these responses, viewing them as intelligent adaptations rather than sources of shame or confusion. This process, within the attunement of the intersubjective space, allows clients to access adaptive information that their nervous system may have stored as isolated fragments, moving toward a more coherent and empowered view of their story.

Additionally, the AIP and MR lens of the SIP Venn diagram serves as a mirror for therapist growth, encouraging therapists to reflect on their own relational histories, biases, and areas for growth. Witnessing clients' processes of memory integration often invites therapists to examine their assumptions about vulnerability, attachment, and resilience, using these reflections to deepen empathy and presence (Maroda, 2021). As therapists engage deeply with a client's therapeutic process, they may encounter moments that resonate with their own experiences or relational wounds. A therapist working with a client who revisits a memory of rejection may notice their own feelings of vulnerability arising. SIP encourages therapists to explore these responses, not as distractions but as mirrors that reveal their own growth areas. By maintaining this awareness, therapists can recognize and attend to their own adaptive strategies, which can enrich the therapeutic alliance by promoting authenticity and humility.

This reflective practice can benefit both therapist and client. Clients are supported in accessing, understanding, and transforming memories that have defined their lives, reclaiming these memories as part of an empowered narrative. Simultaneously, therapists engage in a parallel

process of self-reflection, using their own responses to enhance empathy, authenticity, and attunement. This dynamic interplay allows the therapeutic relationship itself to become a transformative space, where past experiences are integrated, and new possibilities are embraced.

A Final Encouragement

It's important to remember that healing is not a path walked alone, nor is it found solely in insight or technique. SIP invites both therapist and client into a dynamic, relational space - a space where past experiences can be revisited, reclaimed, and woven into a cohesive, resilient self-narrative. By viewing each lens of the SIP Venn diagram as an interconnected part of a larger whole, SIP honors the unique and complex ways that each individual adapts, survives, and ultimately thrives. Through the compassionate presence of the therapeutic alliance, clients can see themselves more clearly, discovering their own strength and agency within the context of authentic connection. For therapists, this journey is equally transformative, revealing that growth, empathy, and self-awareness deepen in tandem with the healing of those they serve. In SIP, the therapeutic relationship becomes both a mirror and a window, illuminating the power of human connection as a source of wisdom, resilience, and hope. Together, therapist and client share in a journey that transcends trauma, embracing a shared commitment to healing, empowerment, and the ongoing discovery of their fullest selves.

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