

# SEEMORG MATRIX WORK: A NEW TRANSPERSONAL PSYCHOTHERAPY

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*ABSTRACT:* This article introduces Seemorg Matrix Work, a new transpersonal energy psychotherapy that supports and generates healing, development, and illumination by gently removing traumatic symptoms and replacing them with positive beliefs and qualities, spaciousness, and a strengthening connection between ego and center. The article pinpoints trauma, newly redefined, as a primary cause of psychological, physical, and spiritual dysfunction, and describes its gentle removal through the passage down the chakric canals of post-traumatic energy that has been stored both in the chakras and the spiritual, physical, and psychological areas they govern. Utilizing case studies of clients with OCD, Crohn's disease, and spiritual blockage, the article illustrates the value of treating predisposing childhood traumata before their post-traumatic repetitions, and the importance of treating the connections between the two. The results include lasting healing, development, and realization.

## INTRODUCTION

This is a report to the community of transpersonal scholars on Seemorg Matrix Work, a new transpersonal energy psychotherapy. What follows will articulate salient features of its theory and method, its history, name, and basic treatment methods. From my clinical experience I will discuss what the therapy already treats and how, and present three case studies—of OCD, Crohn's Disease, and spiritual blockage—in which Seemorg Matrix Work was the only treatment modality used. This report will also mention research opportunities in this new psychotherapy.

## SOURCES AND METATHEORY

New modalities build on aspects of preceding ones, and Seemorg Matrix Work is no exception. Both theoretically and methodologically, Seemorg's foundation is a synthesis of approaches from Eastern spirituality, Western psychology, and psychoneuroimmunology. Seemorg draws its conception of the human being's Divine inner core from Hinduism (Prahbhavananda & Isherwood, 1991), its notion of archetypal reality and the structure of the psyche from analytical psychology (Edinger, 1991) and Platonic philosophy (Ostenfeld, 1982), and its sense of the interrelatedness of all parts and levels of the human being both from psychoneuroimmunology (Lipton, 2005) and Buddhism (Dockett, Bankart, & Dudley-Grant, 2002). Its conception of Divinity originates in chaos theory, Hinduism, and Buddhism. The universe is understood as the Divine totality; human beings, microcosms to that infinite macrocosm, are both parts of the universe and, in some

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ways, infinitesimal replications of it (Easwaran, 2000; Gleick, 1988; Khan, 1982; Prahbhavananda & Isherwood, 1991).

Psychic structure is derived from analytical psychology; at the center of the human being is the self, as Jung called it, or the center as it is called in Seemorg. This is the spark of Divine essence that is the core of every human being, the part that is capable of offering the peace, joy, wisdom, guidance, and moral compass that human beings require (Edinger, 1991). In its collective aspect the center consists of many archetypes that can enter the personal unconscious and act there (Jung, 1966; Stevens, 2003). Though Jung called them archetypes, many religious traditions have called them deities of various kinds (De La Torre, 2004; Hind, 2004; The Holy Bible, 2001; Mascaro, 1976; Peel, 2000; Prahbhavananda & Isherwood, 1991; Staff of Barnes and Noble, 2002; Yusuf & Ali, 1999). Plato called them forms (Ostenfeld, 1982), and the Sufis, for example, include among them the *wazائف* or ninety-nine Divine qualities (Bayrak, 1985) as well as the masters, saints, and prophets (Bakhtiar, 1997). They are, in fact, represented in various ways in all spiritual and religious cosmologies, where they are also called ancestors, first people, gods, and the like. In some Western psychotherapies archetypes have been conceptualized without their transpersonal aspect and have been named objects (Lewis & Singer, 1982) or introjects (Goldstein, 1996) and perhaps, more recently, alters (Brenner, 2001). Their nature, power, and behavior are conceptualized in different but overlapping ways in each of these traditions.

The ego, defined in terms of both Eastern and Western conceptions, is the psyche's conscious ruler and doer (Gaynor & Fodor, 2003). In that ego wounding hinders the ego's ability to lead and do in accordance with the behests of the center (Edinger, 1991), Seemorg practitioners conceptualize the ego as simultaneously necessary for the optimal functioning of the individual, and often traumatically damaged. Ego damage can present as an inability to carry out ego functions (Von der Kolk, Cook, Spinazzola, & Ford, 2005), a lack of appropriate connection with the center (Almaas, 2004; Edinger, 1991; Khan, 1982), or an inability to accept a secondary role and carry out the center's directives, which are more important than the ego's own desires (Edinger, 1991).

Where childhood is concerned, Seemorg focuses, but certainly not exclusively, on the vicissitudes of symbiosis (Little, 1981; Mahler & Furur, 1993; Mahler, Pine, & Bergman, 2000) and attachment (Bowlby, 1989; Cassidy & Shaver, 2002) that have been analyzed by the object relations school. Equally important, from the Seemorg perspective, is that school's conception of the damaged or wounded object (Buckley, 1986), which strongly undergirds the Seemorg treatment of archetypes, objects, and alters.

Cognitive therapy contributes to Seemorg its focus on the importance of transforming negative cognitions, which is embodied in Seemorg's Core Belief Protocol (Beck, 1993; Beck, 1995; Leahy, 2003). Behaviorism's emphasis on the existence of conditioned responses and the value of extinguishing them (Skinner, 1976; Watson, 1997) has resulted in the development of Seemorg's Habit Extinction Protocol, which utilizes the movement of energy to extinguish conditioned responses.

Psychoneuroimmunology has also informed the development of Seemorg theory and method. Recent research on the nervous, peptide-receptor, and immune systems indicates that they form a complex communication network that causes body, psyche, and spirit to affect each other profoundly (Lipton, 2005; Oschman, 2003, 2005; Pert, 1997; Sompayrac, 2002). This is the basis upon which Seemorg treats psychogenic illness and sensitivities. According to this new research, healing occurs throughout the human system through the movement of energy in, through, and out of it (Oschman, 2003). The memories, cognitions, emotions, sensations, and intuitions human beings experience are themselves composed of energy (Oschman, 2003; Summers-Effler, 2004). This accounts for the usefulness of energy psychology techniques such as Thought Field Therapy (Callahan & Callahan, 2000), Tapas Acupressure Technique (Fleming, 1999), Be Set Free Fast (Nims & Sotkin, 2003), and Energy Diagnostic and Treatment Methods (Gallo, 2000), which all utilize the movement of energy to heal.

#### SEEMORG AND EARLY ENERGY PSYCHOLOGY

These earlier energy techniques are useful, but Seemorg Matrix Work is a further development. What energy psychology produced before Seemorg were wonderful techniques that removed phobias and single incident traumata through contacting specific acupressure points or, in the case of Be Set Free Fast, the center. This contact removed the energy of the issue at hand, but not always permanently, because all its historical antecedents in the client's life were not necessarily discovered and treated. Seemorg removes most issues permanently because it is based on thorough examination and treatment of the past, the present, and their connection.

Moreover, the early energy techniques did not include specific protocols for the treatment of most disorders that psychotherapists treat, aside from phobias and single incident traumata (Callahan & Trubo, 2002). This meant that psychotherapists who understood the benefits of energy treatment either used only the techniques or had to find idiosyncratic ways of marrying them to the psychodynamic, cognitive, transpersonal, and other modalities they already used, with varying success. In Seemorg the synthesis has already been made in the sense that it includes protocols that treat the psychodynamic, transpersonal, psychogenic physical, cognitive, behavioral, and other levels of a client's issues.

Finally, none of the original techniques were designed to treat the difficult disorders we are often faced within our practices—OCD and the dissociative and personality disorders, for example. Seemorg provides protocols and treatment plans for an increasing number of diagnoses, including these.

#### THEORY: TRAUMA, THE CLINTON-LESHAN METHOD, AND TREATMENT

Seemorg theory hypothesizes that the basic issue psychotherapy must address is the effect on the human being of trauma, redefined as

any occurrence which, when we think of it or it is triggered by some present event, evokes difficult emotions and/or physical symptoms, gives rise to negative

beliefs, desires, fantasies, compulsions, obsessions, addictions, and/or dissociation, prevents or hinders the growth of positive qualities and spiritual connection and development, and fractures human wholeness (Clinton, 2002, p. 99).

From this standpoint, everything that impinges in a hurtful way on a person to the point that it triggers difficult emotions, physical symptoms, negative beliefs, spiritual blockage, and/or dissociation, is trauma, and can be treated as such.

Grounded in the Freudian notion of the primacy of early experience (Nagera, Eissler, Freud, Hartmann, & Kris, 1966), Lawrence LeShan's observation, in the 1970's, that childhood abandonments, followed in adulthood by similar abandonments, often contribute to the development of cancer (LeShan, 1980) clearly applied to most of my early clients who had cancer. As my use of Seemorg developed, I discovered that the same could be said of most of my other clients, but in a more general sense: a significant childhood trauma that was repeated in adulthood often gave rise to physical, psychological, and/or spiritual symptoms. Upon hearing my clients' present-day issues, I began to discover and energetically treat first the traumata that were the earliest origins of what was happening in the present; then I treated the present-day issue, including the symptoms, and finally the connection between the originating early trauma and the present trauma that initiated symptoms. I found that, treated this way, my clients' present-day issues and symptoms usually dissolved without recurrence. This experience became the Clinton-LeShan method. It asserts that most present-day issues and symptoms, called initiating traumata, originate in one or more early traumata, called the originating traumata. When the originating traumata, the initiating trauma, and the connections between them—called the connecting traumata—are all treated, the pattern generated by the originating trauma stops recurring. Seemorg practitioners understand early experience to include not only childhood, but also the historical experience of the client's culture and lineage and, where appropriate, the client's past lives.

#### *The Clinton-LeShan Method: "Butch"*

For example, one of my clients, Butch, fell off a second story balcony as a toddler when his mother's attention was elsewhere. Though a small tree broke his fall, he suffered a broken arm. He was also left with acrophobia, a sense that no one, God included, was there to protect or save him, and a distrust of women. His presenting problem consisted of these and other after effects of the original trauma as well as the belief that he would never be rid of his fear of heights.

Butch and I used the Seemorg Trauma Protocol (Clinton, 2005b) to treat his fall. In this protocol, which is the basis of most Seemorg protocols, Seemorg therapists use kinesiological muscle testing (Frost & Goodheart, 2002) to obtain information from the client's center. After ensuring that the client's neurological system is working well enough to sustain treatment and provide accurate muscle testing, we ask the client briefly to remember the trauma being treated, feel whatever emotions and physical sensations—including numbness and dissociation—he still feels about it in the present and, on a scale from 0 to 10, to rate the level of intensity at which he is experiencing these emotions and sensations. Next, with one hand resting on the chakra that seems most affected by the trauma, the client moves his other hand

slowly down the chakras one by one, beginning at the crown, and repeats at each chakra a brief phrase that describes the trauma factually. He repeats this phrase in order to keep his entire being conscious of which trauma he is treating, thereby notifying it to remove that trauma's particular energy. Butch's first phrase, for example, was "I fell off the balcony and broke my arm."

This process is repeated until no emotions or sensations accompany the memory of the trauma. Since the speed of movement down the chakras can be increased to prevent abreaction, the client's experience tends to be non-retraumatizing and relatively painless. In my clinical experience with fifty clients with a variety of diagnoses that include anxiety, personality, dissociative, and adjustment disorders, the treatment of a simple single-incident trauma often takes less than fifteen minutes and, to date, has not required repetition.

After Butch had treated the main part of his originating trauma, he no longer felt any emotions or physical sensations when he remembered his fall. Next we treated other aspects of the balcony trauma: the fact that his mother was not watching and did not prevent his fall, the pain of breaking his arm, the process of having it set, and his realization that he could have died. Then, moving to the initiating traumata, we treated each present symptom with the trauma protocol—*anxiety, sweating, fear of heights, distrust and hatred of women and of the Divine, and fear when he found himself high up in an office building or when he needed to jump down a few feet—until he had no emotional or physical reaction to any of them.* Subsequently, using the Connection Protocol, which breaks the connection between the traumata from which repetitive patterns originate and their subsequent and future repetitions, we removed the connections between Butch's fall and his resulting symptoms by treating Butch for a number of connections, including the following:

Because Mom didn't protect me from falling off the balcony, I don't trust women. Because I fell off the balcony, I'm afraid of heights and jumping down from them. Because Mom didn't protect me from falling off the balcony, I don't trust God.

I hypothesize that the Clinton-LeShan method breaks the connection between the originating and initiating traumata because, in treating a phrase that expresses their connection by moving the energy of the connection down the body and out of it, Seemorg breaks the energetic connection between them.

We used the Core Belief Protocol next. It first removes a negative cognition by moving its energy down and out of the body as the client moves his hands down his chakras while repeating the negative cognition. Then, when the client moves his hands up the chakras while repeating an alternative positive, realistic cognition, it installs the latter. Butch removed a group of interrelated negative cognitions that had arisen as a result of his fall. For example, "I'll fall and hurt myself if I jump down from somewhere" became "Jumping down will usually not hurt me." And "Neither God nor any person, myself included, can ever protect me from harm" became "God and some people can protect me from harm, and I can too."

Finally, using the Positive Qualities Protocol, in which the hands move energy up the chakras reawakening formerly undeveloped or crushed positive qualities, Butch reawakened the qualities of safety and trust in himself. I showed Butch how to continue to develop these qualities at home with daily practice. The entire treatment required four 45-minute sessions, and has held for the six years that have passed since it was completed.

### *Archetypes*

In Seemorg Matrix Work, the way an archetype behaves in an individual is understood to be dependent only in part on its collective inherited qualities. An individual's life experiences, opportunities, and role models are understood to sculpt the many possible expressions of an archetype's qualities into a particular and idiosyncratic range of manifestation. This is because collective and introjected materials interact to form the particular version of an archetype that lives within an individual's personal unconscious. Seemorg clinicians add to Jungian archetypal method a group of protocols that transform archetypes' traumata and turn negatively constellated archetypes toward the light.

### *Conditioned Response*

Some frequently repeated post-traumatic behaviors have long ago become conditioned responses, and may not dissipate completely in response to treatment with Seemorg trauma protocols. When such habits additionally require extinction, Seemorg practitioners use the Habit Extinction Protocol (Clinton, 2003b). This protocol utilizes the frequent repetition of an extinguishing phrase coupled with the movement of its energy through the chakras and chakric canals to finish the job.

### *Symbol and Metaphor*

Symbolic and metaphoric communication brings all parts of the human system together. The center communicates messages primarily as symbols or metaphors, e.g., as dream images (Jung, 1990), symptoms (Giannini, 1978; Simmons, 1966), or stories (Von Franz, 1996, 1997), although the success of muscle testing has anecdotally demonstrated to Seemorg therapists that the center understands both metaphoric and literal statements. It is the conscious mind's ability to learn to decode unconscious metaphor that allows two-way communication and, potentially, cooperation and healing (Siegelman, 1993). The metaphoric analysis of unconscious communication through dreams and symptoms is, therefore, an essential part of Seemorg diagnosis and treatment.

### *Psychoneuroimmunology*

The nervous system constantly sends and receives information to and from every part of the system; the glands produce hormones that move information to and from particular body sites; the chakra system moves electromagnetic energy throughout

the body; other sites produce immune system parts such as T-cells that travel and function where they are needed (Pert, 1997). All of these systems function in response to the physical, spiritual, and psychological occurrences, both internal and external, that impact the individual (Oschman, 2000). Indeed, Candace Pert makes a compelling case for the notion that peptides are “molecules of emotion” in the sense that they transmit what we experience as emotion from particular parts of the spirit, psyche, or body to other parts (Pert, 1997). The immune, neurological, electromagnetic, and peptide-receptor systems of the body are intricate communication systems that transmit intellectual, emotional, intuitive, and sensate information everywhere and on every level (Oschman, 2000). This accounts in part for trauma’s broad effect on parts of the human system that seem at first glance totally removed from the site or content of a particular traumatic occurrence. As recent research in psychoneuroimmunology indicates, the psychological, spiritual, and physical aspects of the human being are so interconnected and mutually permeable that what affects one part affects all the others (Oschman, 2000, 2003).

#### METHODOLOGICAL ELEMENTS

##### *The Chakras*

When a Seemorg therapist asks her client to move his hands slowly down the chakras while he repeats a brief phrase that describes the trauma under treatment, the placement of the client’s hands forms a circuit of electromagnetic energy that moves the traumatic emotions, sensations, behaviors, and cognitions that are the post-traumatic effects of that trauma out of the chakras and the areas they govern, down the chakric canals, and out of the root chakra and the chakras in the soles of the feet. Seemorg Matrix Work utilizes the chakra system to remove blocked traumatic energy because of the gentleness and lack of retraumatization that this method confers. Moreover, the chakras are the most powerful energy centers. They exist on all levels of the human system—as nerve ganglia on the biological level (Judith, 1995), as energy centers governing various aspects of the psyche psychologically (Judith, 2004), and as spiritual centers that govern various aspects of the spirit (Johari, 2000). This makes them and the *nadis*, the canals that connect them, appropriate foci for the removal of post-traumatic energy and symptomatology. Seemorg is the first energy psychotherapy to utilize them.

#### MUSCLE TESTING, NEUROLOGICAL DISORGANIZATION, HYDRATION, AND REVERSALS

Seemorg achieves successful treatment by synthesizing a group of methods culled from applied kinesiology, energy psychology, and the Vedic tradition with traditional psychotherapy. From applied kinesiology it inherits muscle testing, a method of discovering unconscious information through the body’s musculature (Durlacher, 1994). It is based on the assumption that contact with what a person experiences negatively such as a lie, an abusive relationship, or a toxic substance weakens a person’s muscles, whereas contact with people or things that are true or life- or health-enhancing strengthens them. Used in chiropractic treatment for more than

fifty years, kinesiological muscle testing offers Seemorg therapists quick and easy access to unconscious information. Muscle testing the client's center affords a broad range of unconscious intellectual, historical, emotional, intuitive, psychological, factual, and spiritual information. Muscle testing the autonomic nervous system provides a broad range of valuable information about the client's body.

We have inherited other methodologies from applied kinesiology and energy medicine (Eden & Feinstein, 2000) that test and, if necessary, treat various subtle neurological issues that can cause therapeutic failure, e.g., neurological disorganization (Durlacher, 1994). Treating such distortions enhances Seemorg treatment's ability to succeed and last. Seemorg therapists also muscle test for hydration before beginning treatment. Since water is the body's electromagnetic energy conductor, and since Seemorg treatment is based on the movement of such energy, we begin treatment by ascertaining that the client's body is sufficiently hydrated. If it is not, we ask the client to drink water before continuing.

Seemorg takes its method for testing and treating reversals, which are forms of resistance to the transformation of particular issues or aspects of issues (Callahan & Trubo, 2002) from energy psychology. Like neurological disorganization and hydration, reversals are addressed in every Seemorg protocol. The reversals that we most commonly treat include:

I don't want to get over (name of issue, symptom, or trauma).

It's not safe if I get over (name of issue, symptom, or trauma).

It's impossible for me to get over (name of issue, symptom, or trauma).

### *Treatment*

Seemorg treatment begins with the development of a connection between client and therapist and the gathering of the client's history. As Seemorg treatment is most often based upon the causal connections between past life, cultural, lineage, and childhood developmental and incidental traumata on the one hand, and present issues and symptoms on the other, the therapist's knowledge of the client's life is crucial to therapeutic success. Equally important, therapeutic presence is the hallmark of the Seemorg clinician. Her full, grounded physical, psychological, and spiritual presence forms a safe container not only for the client's most painful, dark, and disorienting truths, but also for the transformation of his being.

Once trust has been established and history collected, therapeutic treatment begins with the Covenant. By using the movement of energy through the chakras to transform self-sabotaging beliefs about healing and transformation themselves, the Covenant creates an alliance between the client's conscious and unconscious and removes resistance that might obstruct the transformative process. After the Covenant has been completed, the client chooses the theme or issue he wishes to work on first. As he and the therapist explore this theme and its origins, the therapist structures it into originating, initiating, and connecting traumata. These are then treated with the relevant protocols, e.g., the Trauma Protocol, the Traumatic Pattern

Protocol, the Connection Protocol, and the Family Treatment Protocol, which utilizes the movement of energy to treat family issues.

Once the traumata that comprise the theme have all been treated, the therapist muscle tests to see if it is necessary to treat negative cognitions that have developed as a result of the traumata and, if so, treats them with the Core Belief Protocol. The therapist also muscle tests to ascertain whether it is advisable to reawaken any positive qualities (Bayrak, 1985) that have not developed well because of this area of trauma. If it is advisable, he administers the Positive Quality Protocol reawakening such qualities as compassion, love, assertiveness, physical strength, compassion, or closeness to God, and teaches his client how to further develop these qualities at home. The therapist also muscle tests to discover whether it is in the client's best interest to practice any of the Seemorg meditations (Clinton, 2005b) at this point and, if so, does it with the client in session as a preparation for daily practice. When work on the first theme is complete, the client chooses another theme and the same process is followed.

Because Seemorg is theme-centered, therapy can be as short or long as circumstances permit; clients who can only manage short-term therapy can, unless the theme is unusually extensive, often complete much of the work on it in ten sessions or less; the client who is interested in his own development and transformation can utilize Seemorg therapy extensively while he journeys on his path.

### THREE ILLUSTRATIVE CASES

Where psychological disorders are concerned, Seemorg practitioners have had success in treating adjustment disorders, anxiety disorders, personality disorders, dissociative disorders, PTSD, and sexual and addictive disorders. They have used Seemorg to treat a variety of psychogenic physical symptoms and illnesses, e.g., prostate cancer, pre-cancerous cervical cells, inflammatory bowel disease, allergies and sensitivities, infections, and a number of autoimmune disorders. Seemorg has also resolved spiritual blockages such as negative mother projection on the Divine, blocked polarity resolution, traumata suffered in the course of religious training and observance, and the ego's unwillingness to surrender to the center's direction. In order to illustrate Seemorg treatment, brief descriptions of three cases follow. They include a client with obsessive-compulsive disorder, another with Crohn's Disease, and a third with a spiritual blockage.

#### *OCD: Psychological Symptom as Metaphor (Dx = 300.3)*

Alexis, 24, entered Seemorg therapy because her compulsive hand washing threatened to ruin her life. She had just been accepted to law school, but was afraid that she would not be able to sit through classes or study well because her compulsion to wash her hands arose whenever she thought she might have touched something dirty. Every day there seemed to be more things that were too dirty to touch, but objects connected to toilets seemed the filthiest. She rationalized that because they were full of microbes they were the most unclean.

Alexis connected no cause to her compulsion. As we often do in Seemorg Matrix Work, I regarded her symptoms as metaphors that her center was using to try to communicate with her conscious mind; looked at metaphorically, her behavior appeared to say that she was hand washing to cleanse herself of something that had defiled her in some way. I hypothesized that being made dirty and requiring purification was at the heart of the Originating Trauma that was the unknown earliest cause of Alexis' OCD. I verified this with kinesiological muscle testing. I also assumed, following the Seemorg understanding of OCD, that her hand washing functioned as a false solution to her central issue: something required cleansing, but it probably was not her hands.

The first treatment issue, then, was to discover the trauma (or traumata) that had caused her OCD. We used the Forgotten Trauma Protocol (Clinton, 2003a), in which the client sits in a meditative state with one hand on the crown chakra and the second hand on the forehead chakra, and asks her center to show her what she has forgotten. Alexis remembered that her grandfather had abused her sexually when she was six by penetrating her and making Alexis kiss his dirty anus. Muscle testing verified that what Alexis really needed to cleanse was her contact with her grandfather and his anus and penis. The microbes, muscle testing verified, were metaphors for this forgotten defilement; the hand washing was a metaphor for the purification that her being required.

Once she gained confidence in muscle testing because we used it a lot and because she could see that its results were accurate, we began Alexis' OCD treatment with the Safety Protocol. In this protocol, the therapist muscle tests the client's center to ascertain whether each object, behavior, or thought that the client deems unsafe is safe or not. We began each session by muscle testing everything that Alexis suspected was dirty. Responding to the muscle testing, her center quickly showed her that most of the things she was afraid to touch were not dangerous to her. It became easier and easier for her to touch formerly frightening objects, and she began to hand wash less frequently. The Safety Protocol, however, is only a stopgap that allows clients to reduce outward symptoms before the deeper treatment has a chance to succeed.

Following the Clinton-LeShan model, we began trauma treatment by treating every aspect of the Originating Trauma involving Alexis' grandfather until remembering it brought up no dissociation, emotions or physical sensations. Then, turning to Initiating Traumata, we treated as a trauma each present symptom, particularly hand washing and Alexis' fears of toilets and microbes. Next, we treated the various connections between the Originating Trauma and the Initiating Traumata, e.g., "Because Grandpa made me kiss his anus, I feel that anything connected with a toilet is too dirty to touch" and, "Because Grandpa dirtied my body and my soul, I try to wash my hands of what he did." As we treated these connections with the Connection Protocol, they disintegrated.

Then, using the Traumatic Pattern Protocol, we treated a few associated repetitive behavioral patterns that originated in her grandfather trauma, including:

All the times and ways I get involved with abusive people.

All the times and ways I need to wash my hands when anything triggers me.  
All the times and ways I am afraid of being unclean.

In six sessions, the necessary trauma treatment was complete. Alexis was washing her hands ten times a day instead of fifty.

Seemorg Matrix Work therapists often find that there are two components that can drive the patterned repetition of symptoms: trauma and conditioned response. My work with Alexis now focused on extinguishing her conditioned hand washing response by teaching her to use the Habit Extinction Protocol at home. This protocol consists of treating the conditioned response—in Alexis' case the desire to hand wash—frequently as a trauma whether or not the compulsion is present. At first the client performs this protocol ten or more times daily whether he feels triggered to perform his compulsive symptom or not. He uses Quick Seemorg, the at-home version of the Trauma Protocol, to extinguish his compulsion entirely each time. After a few weeks the compulsion usually disappears, as it did in Alexis' case. At that point she performed the protocol four times daily for a week, twice daily for a second week, and once daily for a third week to assure extinction.

While she was doing this at home, we used the Core Belief Protocol in session to treat the negative beliefs that had grown out of her OCD. We found them in the OCD Matrix (Clinton 2005a), a group of sixty interrelated negative cognitions that OCD sufferers frequently believe. Two that we treated appear below, the negative cognition preceding the positive, realistic one:

1. I can't handle being contaminated/If it does happen again, I can handle being contaminated.
2. My fear of contamination is really about the dirt I come in contact with in the present/My fear of contamination is really about what happened to me when Grandpa abused me.

Finally, I asked Alexis which positive quality she might like to develop that had been squashed by her OCD. "Faith," she said and, using the Positive Qualities Protocol, we reawakened this quality in session, and I taught her how to work on its development daily at home. She told me some weeks later that faith is the antidote to terror. Alexis entered law school and passed the bar soon after graduation. She now works at a first tier New York law firm and continues to be asymptomatic.

Although Alexis' case was relatively easy to treat, there are other OCD sufferers who require additional archetypal treatment because there is, within them, a harsh, punitive, perfectionistic, obsessive judge archetype. He prompts symptomatic behavior by terrorizing the client inwardly with his impossible demands for perfection. Seemorg clinicians treat the archetype by using Seemorg archetypal protocols to heal and transform it. Once treated for his traumata, the Judge's harshness softens; he becomes more compassionate and his obsession with perfection disappears.

The work with the Judge is particularly important because, in many OCD sufferers, and especially in clients with obsessive-compulsive personality disorder, he has

taken over the individual's ego functions. Because Seemorg trauma treatment directly strengthens the ego, it is able to slowly take over its own functions while the judge is healing and transforming. In the end, the Turning the Archetype Toward the Light Protocol is utilized to help the Judge discover and begin to implement his true and highest purpose. By this time, OCD symptoms have generally ceased, and the client's transpersonal world has opened to consciousness and begun to develop in relation to it.

*Crohn's Disease: Physical Symptom as Metaphor Dx = 301.83:  
Borderline Personality Disorder 316: Borderline Personality  
Disorder Affecting Crohns Disease)*

Belle's presenting problem when she entered therapy at 36 was Crohn's disease, which can cause inflammation in any part of the intestines, though it often centers in the small intestine (Pantera & Korelitz, 1996). Her Mom had OCD and spent much of her free time cleaning their home obsessively and compelling Belle to help her, to keep her clothes meticulously clean and neat, and even to enter the house through the basement and take off her shoes and outerwear there before coming upstairs if it was raining or snowing. Belle's mother made many demands on her, but did not give Belle the loving, nurturing parenting children require. Psychologically abandoned by the mother with whom she was symbiotic, Belle did as she was asked in hopes of being nurtured and loved. Most of her decisions were reactions to her mother's attempts to control her.

As a child Belle sought whatever respite she could find from her mother as father's helper, but in doing so suffered the brunt of his excessive and judgmental perfectionism. Reacting against both parents, she became a rebellious adolescent, ran away from home, used alcohol and drugs and acted out sexually, always coming home to provoke another confrontation with her mother. As a young adult Belle became tied to a succession of boyfriends with whom she reenacted her compliant-rebellious maternal symbiosis. Caught in projective identification, they tended to abandon her emotionally when she refused to allow them to control her fully. Belle also manifested other typical borderline characteristics: impulsivity, moodiness, intense anger, and transient paranoid ideation.

Physically healthy as a child and teenager, Belle began experiencing continual intestinal discomfort in her early twenties and discovered that she was lactose intolerant. A diet devoid of dairy did not stop her symptoms, however. At 26 she entered psychotherapy, met her future husband, and began a new job where she had to contend with a controlling boss. By twenty-eight her symptoms had escalated to alternating painful bouts of diarrhea and constipation, and she was diagnosed with Crohn's disease. Her intestines were metaphorically enacting her particular form of rebellion by alternately ceding control through diarrhea and wielding it through constipation.

When she began Seemorg therapy Belle was taking prednisone and mesalamine. Her mother's sister also had Crohn's disease with an onset in her twenties, and had suffered three surgeries as part of her treatment. Because of her aunt, the family

assumed the cause was genetic, but Belle wanted to try Seemorg treatment since her aunt was still ill after thirty years and lived as a semi-invalid. Belle wanted a full and active life.

After connecting easily, we began with the Covenant. Then, since her history suggested that the causes of her Crohn's might be both genetic and psychological, we used the True Origins Protocol, which muscle tests a broad range of possibilities to uncover the multiple causes of a disorder. Muscle testing revealed no genetic causes, but led us to ancestral, past life, and childhood causes. First among them were Belle's mother's intrusiveness, her abandoning Belle emotionally, and her many attempts to control Belle. Other causes included the abandonment, betrayal, and murder of her great-great-grandfather, her not wanting to leave spiritual union and be born, her emotional abandonment by her dad, and her parents' frequent control battles. After muscle testing to determine the optimal order of treatment, we began by treating the theme of her maternal symbiosis and control.

After the first two sessions of treatment Belle's physical symptoms began to recede, diminishing in frequency and intensity after each session. By the eighth session Belle was asymptomatic and, upon consultation with her doctor, slowly weaned herself from her medications. We worked on the causes of her Crohn's disease for five more sessions, however, because Belle wanted to treat every cause we had found.

It is now some months later. Despite a new and very stressful work situation with yet another controlling boss, Belle is free of Crohn's symptoms. Beginning the energetic treatment of the major causes of her borderline personality disorder—emotional abandonment, control, and negative symbiosis—resulted in the remission of her Crohn's disease. As we continue to treat her personality disorder, these issues are slowly disappearing as well.

#### *Healing spiritual blockage (DX = V62.89, Religious or Spiritual Problem)*

From the Seemorg perspective, babies experience their parents as part of the unity into which they are born. They consequently experience the universe or God as acting hurtfully or abusively if their parents do so because they project their parents' negative qualities and actions onto the Divine. This was the case with Vanessa, 46, who came into therapy to heal her inability to connect with the masculine Divine. She had grown up going to Mass weekly, and from an early age had been devoted to the Virgin Mary. However, she felt little connection either to Jesus or to God. As a young adult she had developed deep relationships with the triune goddess as well as Isis and Kwan Yin. In time she came to feel that although her connection with the Divine feminine was wonderful, her spirituality was out of balance.

After the Covenant, muscle testing indicated that Vanessa's early experience of her father had blocked her relationship to the masculine Divine. Vanessa told me that he had been a distant figure in her life who spent long hours at work supporting his large family. When he was home, he either lay on the couch drinking beer and watching

TV or harshly judged and disciplined his seven children. Angry, silent withdrawal often followed. Vanessa remembered his once not speaking to her for a week.

I muscle tested her to see whether there were other Originating Traumata that had caused her distance from the masculine Divine, and there was one that we would discover later. We treated her issue with the Paternal Projections on the Divine Protocol, which removes negative father projections from the client's experience of God. I asked her first what was problematic for her about the masculine Divine. She talked about the harsh Old Testament God, his distance, his lack of caring for her and everyone else, his wrath and vengefulness, and his lack of compassion. She said he played with people as if they were the rats in his lab.

Next, I asked about her father's problematic qualities. There was a pause as she felt this through, and then a flash of surprise and recognition in her eyes. "They are the same as God's," she exclaimed and added, "I've projected the worst of my father on God." In two sessions we energetically treated all her negative experiences of her father as Originating Traumata. We treated her projective negative experiences of the Judeo-Christian God as Initiating Traumata during the next session. In the fourth session we treated all the connections between Vanessa's negative experiences of her father and God. Then I sent her home with the suggestion that she open herself to a spiritual experience that would involve masculine divinity before our next session.

She was smiling softly when we next sat down together. "I knew I couldn't go back to my old church," she said. "Too many bad memories. So I went with my sister Jill to the church she goes to. Sunlight was shining through the stained glass right onto Jesus, and I felt his love pouring right into me. It was awesome. No vengeance; just love."

Vanessa was soon able to expand her spiritual connection into ongoing dialogue with and devotion of the Christ. After some weeks she felt ready to confront the Old Testament God. Muscle testing indicated that it was time for us to use the Protocol for Treating Trauma-Based Conceptions of God. Following the steps of the protocol, Vanessa responded to a number of questions, e.g., "How has God hurt you?" "How have God's intentions affected you?" And "How does God interact with you?" For each question I wrote down Vanessa's trauma-based responses. Then we treated each of them as a trauma or traumatic pattern, including "All the times and ways God has judged and punished me unfairly" and "All the times and ways God abandoned me and didn't protect me." By the time we finished Vanessa said,

I feel very different now. For me the Old Testament God is just a part of the whole God. So are my wonderful goddesses, and Jesus too. The real God is way beyond masculine and feminine, bigger than everything.

Vanessa was quickly developing a relationship to the spiritual masculine and had begun to transform her understanding of Divinity as well, but she realized that she still suffered from many spiritual traumata from her childhood. Muscle testing indicated that it was time to work with the Religious Wounds Protocol. First I asked

her to remember the spiritual traumata she had experienced as a child, and she listed several, including the harsh and rigid attitudes of two clergy who had taught her in Sunday school as a child. One had excoriated her for sexual activity before she had experienced any. Another, aware of some adolescent acting out, had told her that she was too sinful to be saved. We treated these and, in subsequent sessions explored and treated their repercussions in her life; they included sexual fears, a lack of self-confidence, and an inability to value herself. Finally we delineated and treated the connections between these Originating and Initiating Traumata, and Vanessa realized that her childhood experiences with male clerics were another origin of her disavowal of masculine divinity. We treated this as well.

I suggested to Vanessa that she revisit her childhood church to see whether anything she experienced there would trigger more traumatic memories that we might treat. She chose to visit during Mass and entered her next session in a very vibrant state. She told me that she had not been triggered and, though she had no intention of returning to worship there, she now felt at peace with her childhood church and its clerics.

From the beginning of Vanessa's therapy I had suggested that she practice various Seemorg meditations on a daily basis, and she had happily complied. Her reportage indicated to me that she had an intermittent connection with her center. I suggested to her that she work with the Seemorg Centering Meditation. She did so and found her connection to her center strengthening. Once it is considerably stronger, we plan to work with the Ego Surrender Protocol, which uses energy movement to reduce the ego's resistance to surrendering to the center.

#### A BRIEF HISTORY OF SEEMORG MATRIX WORK

Faced with a new group of traumatized, dissociative, and personality disordered clients and dissatisfied with the results I was getting with the methods available to me in the mid-'90's, I again began to look for additional training, discovered energy psychology, and became trained in its basic techniques. I found that they resolved single-incident traumata more quickly and with less retraumatization than anything I had tried before, but I still lacked a way to structure the complex interconnections among traumatic incidents, life patterns, character structures, the resulting disorders and symptoms, and energy, something that integrated the psychotherapeutic tradition with this new energetic method. Also, I yearned for a consistent and replicable way to integrate energy psychology into the rich transpersonal and depth psychological stew I was accustomed to simmering. At that point energy psychology consisted of a group of techniques—methods not integrated with psychological metatheory and theory. I waited for someone to develop an integrative energy therapy that was transpersonal, psychodynamic, and body-centered so that I could become trained in it.

One Sunday morning during March 1999, while in the tub, I was alternately reading Tony Hillerman's *Dance Hall of the Dead* and dozing. I awoke in the cooling water and realized that the metatheoretical and theoretical foundations and two

basic protocols of such a therapy were dancing in my consciousness. Since that morning I have written down many such gifts as they made themselves known. They have become the components of Seemorg Matrix Work.

Since 1999, I have used Seemorg Matrix Work for an average of 25 client-hours per week, a total of 6,875 client-hours. The first 3-day seminar in Seemorg Basics was taught in San Francisco in 1999. Since then Basics has been taught 41 times. As Seemorg has developed, more protocols—90 at the time of this writing—have been added. These have been organized into ten seminars that cover such topics as dissociation, personality disorders, OCD, chronically stuck clients, psychogenic illness, archetypal transformation, and spiritual blockage. The advanced seminars have been taught 33 times. Approximately 700 clinicians have begun training in this new modality in the US and Canada.

Through humanitarian aid projects, sixty more are being trained in Guatemala and El Salvador, and thirty on the Navajo Reservation, where Dine therapists and medicine people are recasting Seemorg to make it fully congruent with Dine culture. Ten teaching manuals have been published, as well as a chapter on Seemorg in *Energy Psychology in Psychotherapy*, edited by Fred Gallo (2002), and sections in three books in Stephanie Marohn's series of Natural Medicine Guides, respectively, on the Seemorg treatment of depression, anxiety, and addiction (Marohn, 2003a, 2003b, 2004).

#### THE THERAPY'S NAME

Seemorg Matrix Work's name symbolizes its transpersonal nature. Masculine in some myths, feminine in others, the Seemorg, a mythological bird in Persian mythology, denotes the Divine, especially its nurturing, protective, healing, and transformative aspects. It appears in the medieval Sufi epic poem, *The Conference of the Birds* where, through its ability to mirror the Divine in thirty avian pilgrims who have traveled through seven valleys looking for God, it illuminates them all (Attar, 1984).

#### *Purpose*

The first purpose of Seemorg Matrix Work is the removal of the aftereffects of damage and the individual's resulting optimal physical, psychological and spiritual development. Like other transpersonal therapies, Seemorg utilizes meditation, visualization, creative artistic expression, and ecumenical spiritual practice to heal and transform. However, it relies most strongly upon the energetic removal from the entire human system, through contact by the client's hands with his chakras, of traumatic emotion, sensation, cognition, and other symptomology. Seemorg's second goal is development; toward this end it utilizes special protocols as well as the energetic installation of realistic positive cognitions and qualities, coaching, modeling, and ecumenical spiritual practice (Clinton, 2002, 2004, 2005b).

## WHAT SEEMORG TREATS SO FAR

Anecdotal feedback from Seemorg practitioners indicates that Seemorg works quickly and successfully with the anxiety disorders, non-psychotic depression (Marohn, 2003b) and anxiety (Marohn, 2003a), the personality disorders, the healing, transformation, and development of archetypes, the dissociative disorders and PTSD, adjustment disorders, spiritual blockage and development, addiction (Marohn, 2004), and psychogenic disease and sensitivities. The therapy includes many protocols for the treatment of specific diagnoses or issues, e.g., OCD, phobias, symbiosis, the resolution of psychospiritual polarities, releasing past life karma, character structure transformation, the energetic treatment of transference and countertransference, immune system mobilization, ego syntonicity, and the treatment of historical trauma. It has not yet been utilized with the psychoses.

## SEEMORG TRAINING

Seemorg Matrix Work is taught in a series of ten three-day seminars in three tracks: the psychological, physical, and spiritual. The psychological seminars focus on basic theory and method, dissociation, OCD, personality disorders, archetypal treatment, dream analysis, and chronic disorders. The physical seminars target the treatment of psychogenic disorders, drainage and detox, and sensitivities. The spiritual seminars offer training in intuition, the treatment of supernatural traumata, spiritual wounding, and ecumenical energetic methods for spiritual development. Additional seminars are in development.

Practitioners discuss cases on an as-needed basis on the Seemorg listserv. Some participate in practice groups led locally by Seemorg trainers and teachers and in case consultation groups by telebridge. A case consultation group is offered after every seminar to help practitioners interpolate the new materials learned in that seminar into their practices. These teleconsultations often focus on analyzing the client who is presented and then developing a treatment plan for him that focuses on the protocols taught in the seminar. Seemorg teachers offer both group and individual supervision.

To become a fully trained Seemorg Matrix Worker, a therapist takes each of the Seemorg seminars and the 5-hour telebridge consultation class that follows it. After taking the first two seminars, Basics and Presence, their teleconsultation classes, and with the recommendation of their teachers, the therapist is certified at the basic level and listed as such on the Seemorg website's practitioner list. After taking the rest of the seminars and their teleconsultation classes, and again with teachers' recommendations, practitioners are certified as advanced Seemorg therapists and are listed on the Seemorg website as such. Some therapists prefer to specialize in only one of the three Seemorg tracks and, upon completing the relevant seminars and teleconsultation classes, are certified and listed as such.

Anecdotal reportage indicates that Seemorg therapists commonly treat most simple anxiety disorders that are not aspects of a personality or dissociative disorder within three months; OCD treatment often requires four months of 90-minute

weekly sessions to achieve at least a 90% remission of symptoms. Personality disorders vary widely in length of treatment but at this writing, successful treatment seems to require five to eight years rather than the ten to fifteen that are common in the analytic community. The treatment of PTSD is rapid since the treatment of a simple trauma requires little time; treating complex traumata and their aspects takes longer.

## RESEARCH

Seemorg works well, but we do not yet know why. Seemorg research began in 1999 with the development of the Trauma and Core Belief Protocols. Presently, a few members of the Seemorg community are working on research projects. The one quantitative project, a study of trauma resolution with a population of 300 subjects in Guatemala City, is in the data collection stage. There are also a number of qualitative research studies underway. For example, Glenn Soberman, Ph.D., and I are working on developing Seemorg couple therapy. The method includes the discovery of the childhood traumata that underlie each couple member's present relationship issues and their energetic treatment with the Clinton-LeShan method.

Although Seemorg already has a general treatment for personality disorders, research continues on the development of more protocols that target specific issues, e.g., shattering in borderline personality disorder, with the goal of developing a protocol for each specific symptom characteristic of each personality disorder. Tony Roffers, Ph.D., and I are now testing a new method for treating food intolerances, e.g., of dairy, wheat, and gluten. The method involves the discovery and energetic treatment of all the psychological, physical, and spiritual causes of the food intolerance. Other research focuses on the development of a method for mobilizing the immune system to more effectively fight infection and neoplasms by energetically improving the functioning of its parts.

Seemorg Matrix Work is still in development. It would benefit from quantitative research that evaluates and explores its power to heal and transform. Some of the projects that might be most useful to the psychotherapeutic community include:

- A controlled double blind study of Seemorg single incident trauma treatment utilizing MRI,
- A controlled double blind study comparing the results of Seemorg trauma treatment with and without the Clinton-LeShan method.
- A controlled double blind study of simple OCD.

## CONCLUSION

Seemorg Matrix Work opens up many healing possibilities because it marries the use of energy movement with psychodynamic, transpersonal, cognitive, and behavioral understanding. Anecdotal evidence indicates that it removes or transforms traumata and traumatic patterns, negative beliefs and qualities, and complexes and negative archetypal constellations that are the seeds from which individual and

then collective negativity and violence grow. Each person who has experienced Seemorg therapy has, to the degree that they have removed past emotion, physical sensation, belief, distorted fantasies, and pathological behavior, reached a fuller state of presence; the past's toxicity need no longer be the lens through which the individual primarily experiences the present.

We usually feel peaceful and content to the degree that we are present. In such a state we are far less likely to commit war, rape, or abuse, less likely to beat our spouses or children because, being present, we feel peaceful enough to follow inner guidance toward more positive ways of filling our needs and accomplishing our ends. Being content means being detached from both suffering and pleasure.

When the Buddha arose from the meditation that enlightened him, he offered four noble truths. The first three:

All is suffering.

Suffering is caused by desire and attachment.

If one can eliminate desire and attachment, one can eliminate suffering.

The non-retraumatizing, thorough removal of traumatic aftereffects is of great spiritual importance. Its most far-reaching consequences are the healing of desire and attachment, the opening and development of the ego-center connection, and the hegemony of the center. Integrative energy treatment takes the client past desire and attachment. In combination with spiritual practice and the development of positive qualities, it makes feasible the achievement of a state of presence and, ultimately, the possibility, before death, of spiritual union. This is the purpose of Seemorg Matrix Work.

## REFERENCES

- ALMAAS, A. (2004). *The inner journey home: The soul's realization of the unity of reality*. Boulder, CO: Shambhala Publications.
- ATTAR, F. (1984). *The conference of the birds*. (D. Davis & A. Darbandi, Trans.). New York: Penguin Group.
- BAKHTIAR, L. (1997). *Sufi: Expressions of the mystic quest*. London: Thames and Hudson.
- BAYRAK, T. (1985). *The most beautiful names*. Putney, Vermont: Threshold Books.
- BECK, A. (1993, April). Cognitive therapy: Past, present, and future. *Journal of consulting and clinical psychology*, 61(2), 194–198.
- BECK, J. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Publications, Inc.
- BOWLBY, J. (1989). *Attachment*. Jackson, TN: Perseus Publishing.
- BRENNER, I. (2001). *Dissociation of trauma: Theory, phenomenology, and technique*. Guilford, CT: International Universities Press.
- BUCKLEY, P. (1986). *Essential papers on object relations*. New York: New York University Press.
- CALLAHAN, R., & CALLAHAN, J. (2000). *Stop the nightmares of trauma: Thought field therapy—the power of therapy for the 21<sup>st</sup> century*. Chapel Hill, NC: Professional Press.

- CALLAHAN, R., & TRUBO, R. (2002). *Tapping the healer within: Using thought-field therapy to instantly conquer your fears, anxieties, and emotional distress*. New York: McGraw-Hill Companies.
- CASSIDY, J., & SHAVER, P. (Eds.) (2002). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Publications, Inc.
- CLINTON, A. (2002). Seemorg Matrix Work: The transpersonal energy psychotherapy. In F. Gallo (Ed.), *Energy psychology in psychotherapy* (pp. 93-115). New York: W. W. Norton.
- CLINTON, A. (2003a). *Presence manual*. Great Barrington, MA: Energy Revolution, Inc.
- CLINTON, A. (2003b). *Finally! Easy OCD treatment with Seemorg Matrix work manual*. Great Barrington, MA: Energy Revolution, Inc.
- CLINTON, A. (2005a). *Almost all the cognitions you'll ever need with work with*. Great Barrington, MA: Seemorg LLC.
- CLINTON, A. (2005b). *Basics manual* (5<sup>th</sup> ed.). Great Barrington, MA: Seemorg LLC.
- DE LA TORRE, M. (2004). *Santeria: The beliefs and rituals of a growing religion in America*. Grand Rapids, MI: William B. Eerdmans Publishing Company
- DOCKETT, K., BANKART, C., & DUDLEY-GRANT, G. (2002). *Psychology and Buddhism: From individual to global community*. New York: Da Capo Press.
- DURLACHER, J. (1994). *Freedom from fear forever*. Tempe, AZ: Van Ness Publishing Co.
- EASWARAN, E. (Trans.) (2000). *Bhagavad gita*. New York: Knopf Publishing Group.
- EDEN, D., & FEINSTEIN, D. (2000). *Energy medicine: Balance your body's energies for optimum health, joy, and vitality*. New York: Penguin Group.
- EDINGER, E. (1991). *Ego and archetype*. Boulder, CO: Shambhala Publications.
- FLEMING, T. (1999). *You can heal now: The Tapas acupuncture techniques (TAT)*. Los Angeles, CA: TAT International.
- FROST, R., & GOODHEART, G. (2002). *Applied kinesiology: A training manual and reference book of basic principles and practices* (2<sup>nd</sup> ed.). Berkeley, CA: North Atlantic Books.
- GALLO, F. (2000). *Energy diagnostic and treatment methods*. New York: W. W. Norton and Co., Inc.
- GALLO, F. (Ed.) (2002). *Energy psychology in psychotherapy: A comprehensive source book*. New York: W. W. Norton and Co.
- GAYNOR, F., & FODOR, N. (Eds.) (2003). *Freud: Dictionary of psychoanalysis*. New York: Barnes and Noble Books.
- GIANNINI, J. (1978). *Psychiatric, psychogenic, and somatopsychic disorders handbook*. Stamford, CT: Appleton and Lange.
- GLEICK, J. (1988). *Chaos: Making a new science*. New York: Penguin Book.
- GOLDSTEIN, W. (1996). *Dynamic psychotherapy with the borderline patient*. New York: Jason Aronson Publishers.
- HIND, R. (2004). *1000 faces of God*. New York: Barnes and Noble Books.
- The Holy Bible containing the old and new testaments: New King James version*. (2001). New York: American Bible Society.
- JOHARI, H. (2000). *Chakras: Energy centers of transformation*. Rochester, VT: Destiny Books.
- JUDITH, A. (1995). *The truth about chakras*. London, England: Llewellyn Worldwide, Ltd.
- JUDITH, A. (2004). *Eastern body, Western mind: Psychology and the chakra system as a path to the self*. Berkeley, CA: Ten Speed Press.
- JUNG, C. (1966). *Two essays in analytical psychology*. Princeton, NJ: Princeton University Press.
- JUNG, C. (1990). *The undiscovered self*. Princeton, NJ: Princeton University Press.
- JUNG, C. (1997). *Jung on active imagination*. Princeton, NJ: Princeton University Press.
- KHAN, I. (1982). *The vision of God and man*. Katwijk, Holland: Servire.

- LEAHY, R. (2003). *Cognitive therapy techniques: A practitioner's guide*. New York: Guilford Publications, Inc.
- LESHAN, L. (1980). *You can fight for your life: Emotional factors in the causation of cancer*. New York: M. Evans.
- LEWIS, P., & SINGER, D. (1982). *Choreography of object relations*. Vermont: Antioch New England Graduate School.
- LIPTON, B. (2005). *The biology of belief: Unleashing the power of consciousness, matter, and miracles*. Santa Rosa, CA: Mountain of Love/Elite Books.
- LITTLE, M. (1981). *Transference neurosis and transference psychosis*. New York: Jason Aronson.
- MAHLER, M., & FURER, M. (1993). *On human symbiosis and the vicissitudes of individuation: infantile psychoses*. Guilford, CT: International Universities Press, Inc.
- MAHLER, M., PINE, F., & BERGMAN, A. (2000). *Psychological birth of the human infant: Symbiosis and individuation*. New York: Basic Books.
- MAROHN, S. (2003a). *The natural medicine guide to anxiety*. Charlottesville, VA: Hampton Roads Publishing Company.
- MAROHN, S. (2003b). *The natural medicine guide to depression*. Charlottesville, VA: Hampton Roads Publishing Company.
- MAROHN, S. (2004). *The natural medicine guide to addiction*. Charlottesville, VA: Hampton Roads Publishing Company.
- MASCARO, J. (Trans.) (1976). *The Upanishads*. New York: The Penguin Group.
- MISHRA, P. (2004). *An end to suffering: The Buddha in the world*. New York: Farrar, Straus and Giroux.
- NAGERA, H., EISSLER, R., FREUD, A., HARTMANN, H., & KRIS, M. (Eds.) (1966). *Early childhood disturbances, the infantile neurosis, and the adulthood disturbances: Problems of a developmental psychoanalytic psychology*. Guilford, CT: International Universities Press, Inc.
- NIMS, L., & SOTKIN, J. (2003). *Be set free fast!: A revolutionary new way to eliminate discomforts*. Santa Fe, NM: Prosperity Place, Inc.
- OSCHMAN, J. (2000). *Energy medicine: The scientific basis*. New York: Churchill Livingstone.
- OSCHMAN, J. (2003). *Energy medicine in therapeutics and human performance*. New York: Butterworth Heinemann.
- OSTENFELD, E. (1982). *Forms, matter and mind: Three strands in Plato's metaphysics*. Dordrecht, The Netherlands: Kluwer Academic Publishers.
- PANTERA, C., & KORELITZ, B. (Eds.) (1996). *Crohn's disease, volume 1*. New York: Marcel Dekker.
- PEEL, J. (2000). *Religious encounter and the making of the Yoruba*. Bloomington, IN: Indiana University Press.
- PERT, C. (1997). *Molecules of emotion*. New York: Scribner.
- PRAHBHAVANANDA, S., & ISHERWOOD, C. (Trans.) (1991). *How to know God: The yoga aphorisms of Patanjali*. Hollywood, CA: Vedanta Press.
- ROFFERS, T. (2004). *Chronicity II manual*. Oakland, CA: Author.
- SIEGELMAN, E. (1993). *Metaphor and meaning in psychotherapy*. New York: Guilford Publications.
- SIMMONS, H. (1966). *Psychogenic theory of disease: A new approach to cancer research*. New York: General Welfare Publications.
- SINGER, J. (1971). *The boundaries of the soul*. Garden City, New York: Anchor Books.
- SKINNER, B. (1976). *About behaviorism*. New York: Random House, Inc.
- SOMPAYRAC, L. (2002). *How the immune system works*. Ames, IA: Blackwell Publishers.
- STAFF OF BARNES AND NOBLE (Eds.). (2002). *First bible stories*. New York: Barnes and Noble Book.

- STEVENS, A. (2003). *Archetype revisited: An updated natural history of the self*. Toronto: Inner City Books.
- SUMMERS-EFFLER, E. (2004). A theory of the self, emotion, and culture. *Advances in Group Processes*, 21, 273–308.
- VON DER KOLK, B., COOK, J., SPINAZZOLA, J., & FORD, J. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390–398.
- VON FRANZ, M. (1979). *Alchemical active imagination*. Zurich: Spring Publications.
- VON FRANZ, M. (1996). *Interpretation of fairy tales*. Boulder, CO: Shambhala Publications.
- VON FRANZ, M. (1997). *Archetypal patterns in fairy tales*. Toronto, Canada: Inner City Books.
- WATSON, J. (1997). *Behaviorism*. Somerset, NJ: Transaction Publishers.
- WILBER, K. (2000). *Sex, ecology, spirituality: The spirit of evolution*. Boulder, CO: Shambhala Publications, Inc.
- YUSUF A., & ALI, A. (Trans.) (1990). *The holy Qur'an: Text, translation, and commentary*. New York: Tahrike Tarsile Quran, Inc.

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