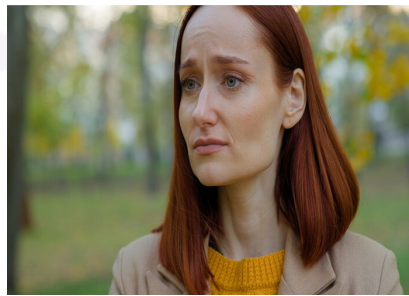


My Body Is a War Zone:  
*Working Somatically with Internal Protectors and Exiles*  
Video Course  
Marcella Cox, LMFT, CEDS-C

Video Course  
CPD hours: 6



Online video access remains available for 1 year or 3 years from the date you receive the video course, depending on the ticket type.

For clients with trauma, the body exists in a paradoxical relationship—simultaneously serving as the repository of wounding and the territory most vigilantly avoided. Therapeutic attempts to facilitate healing may inadvertently override **the very protective mechanisms that have ensured psychological survival—mechanisms that manifest as food restriction, bingeing, compulsive addictive behaviours, affective numbing, dissociative episodes, or rigid hyper-control**. Beneath these adaptive responses, we frequently encounter formative experiences characterised by relational abandonment, chronic emotional invalidation, perfectionist demands, or systemic enmeshment—presentations we now conceptualise within frameworks of developmental trauma and attachment disruption (van der Kolk, 2014; Schore, 2003).

These relational ruptures transcend mere cognitive recollection—they become somatically encoded within the body itself. And these protective parts are often caught in a bind—their strategies cause pain but giving them up feels like risking annihilation.

Research increasingly supports what clinicians observe: trauma alters interoceptive awareness and somatic integration (Mehling et al., 2009); attachment injuries are imprinted in the body (Schore, 2003); and somatic dissociation is a defining feature in both trauma and eating disorders (Fisher, 2021; Ogden et al., 2006).

### The Clinical Dilemma

Clients presenting with trauma and eating disorders often demonstrate highly protective architectures—evolved not for optimal functioning, but for psychological preservation. They may demonstrate exceptional intellectual capacity, articulate their narratives with remarkable insight, and even express genuine curiosity



about therapeutic change. Yet when clinical interventions attempt to engage embodied experience—the somatic terrain where traumatic material resides:

- Protective responses intensify
- Relational contact diminishes
- Respiratory patterns shift
- Dissociative defences emerge

**For many clients, the internal system is governed by protectors who suppress the voices of exiles—parts exiled not by choice, but by necessity. These exiles often hold the somatic memory of trauma: unprocessed grief, terror, or longing that became too dangerous to feel.**

In the IFS model, protectors manage daily functioning and suppress the wounded exiles—those parts that carry the emotional pain of early trauma. But when these exiles are embedded in the body, purely cognitive approaches rarely reach them. This is where Somatic IFS offers a fundamentally different therapeutic approach—not a confrontation of the protective system, but a compassionate invitation for support and understanding.

#### **Why Somatic IFS?**

- Internal Family Systems (IFS) has emerged as a cornerstone approach in contemporary trauma treatment, providing a relationally attuned, non-pathologising framework for engaging internal multiplicity.
- When protective and exiled parts are somatically embedded—residing within muscular tension, respiratory restriction, gastrointestinal disruption, affective numbing or neurological immobilisation—cognitive insight alone proves insufficient for lasting transformation.
- **Somatic IFS, developed by Susan McConnell, integrates the IFS paradigm with embodied therapeutic modalities that specifically address interoceptive awareness, autonomic nervous system regulation, and implicit somatic memory (McConnell, 2020).**
- Through specialised interventions including Somatic Awareness, Conscious Breathing, Radical Resonance, Mindful Movement, and Attuned Touch, clinicians develop the capacity to encounter protective parts within the very sensory domains they inhabit.
- Critically, Somatic IFS acknowledges that trauma and eating disorders do not manifest in relational isolation—they are frequently generated and perpetuated by external systemic forces: familial dynamics, intergenerational trauma, societal pressures or cultural burdens.
- This therapeutic model provides clinicians with frameworks to recognise and skilfully navigate these contextual influences rather than inadvertently replicating their dismissal.

#### **When Protection Becomes Prison: A Case Study**

*“My body is a war zone,” Maya told me in our first session, her words delivered with devastating precision. Behind her composed exterior lay invisible childhood wounds—the kind that create hypervigilance that never sleeps and smiles that never reach the eyes.*

*Maya could track calories to the decimal point but couldn’t tell if she was tired or full. When asked about what her body was experiencing, she visibly shrank. “My body isn’t me,” she said quietly. “It’s the problem.”*



*Over months, Maya's internal world revealed itself: a part that controlled food with military efficiency, convinced perfect control meant safety. Another part that simply disappeared when emotions became overwhelming, leaving Maya blank while a young exile held decades of unspoken grief.*

*Her eating disorder didn't begin in adolescence—it had been whispering in her body since she was five, when no one came to comfort her after the screaming stopped.*

*Everything changed when therapy slowed down—to notice the shift in Maya's breathing when she felt unsafe, to track micro-movements signalling a part stepping forward, to honour the protectors who had kept her alive but were now keeping her from living. Through Radical Resonance—deep, embodied attunement—Maya's parts began to sense they didn't have to fight so hard anymore. Her system began to breathe again.*

### **Where This Model Applies**

If you've worked with clients who:

- Appear high functioning but are emotionally numb or shut down
- Show resistance, somatic withdrawal, or disconnection when asked to check in with the body
- Use eating disorder behaviours to manage overwhelming affect
- Present with dissociative parts that fear embodiment
- Navigate family or cultural systems that reinforce perfectionism or disembodiment
- Carry early trauma histories marked by emotional absence, enmeshment, or shame

... then you've already encountered the kinds of internal systems this training will help you work with.

### **Meet Your Trainer**

Marcella Cox, LMFT, CEDS-C, Certified Internal Family Systems Therapist, Approved IFS Clinical Consultant, and Certified Eating Disorder Specialist & Supervisor is on the Somatic IFS teaching staff of Susan McConnell, founder of Somatic IFS, and brings two decades of experience working at the intersection of trauma, embodiment, and disordered eating.

Marcella's teaching is deeply experiential. She is internationally recognised for her clarity, clinical precision, and ability to help therapists embody the very principles they aim to offer their clients. As founder of Kindful Body, she has supported hundreds of clients and supervised therapists in building embodied, relationally attuned clinical practice.

***"In Somatic IFS, we don't push clients into their bodies. We accompany them—with patience, presence, and deep listening—until their parts begin to trust that safety is possible."***

### **What You'll Learn**

Across two intensive clinical immersion sessions, participants will develop competency in:



- ◆ Identifying and therapeutically engaging with somatically-avoidant protective systems, while skilfully supporting the system's need for safety and trust
- ◆ **Achieving clinical understanding of Somatic IFS's five foundational therapeutic modalities: Somatic Awareness, Conscious Breathing, Radical Resonance, Mindful Movement, and Attuned Touch**—each calibrated for trauma-informed parts work
- ◆ Developing expanded capacity to recognise and work with dissociative part-states, identify sensory aversion patterns, and therapeutically approach somatic forbidden territories that signal unintegrated traumatic material
- ◆ **Understanding the manifestations of attachment disruption and developmental trauma, while learning intervention approaches that prevent inadvertent retraumatisation** during embodied therapeutic work
- ◆ Engaging in structured experiential learning processes designed to enhance your capacity for accessing Self energy—the inherently regulating, compassionate presence that serves as the therapeutic foundation within IFS methodology
- ◆ **Cultivating clinical skill in somatic tracking and assessment**—from respiratory patterns to subtle kinaesthetic shifts—and utilising these observations as therapeutic entry points into the client's internal system
- ◆ Integrating external systems (familial dynamics, cultural messaging, institutional forces) into clinical formulation, recognising how these systems generate and maintain protective part configurations
- ◆ Understanding how protective parts navigate the bind between safety and healing—and learning to work with these survival strategies, not against them

### Workshop Structure

This live online workshop takes place over two evening sessions, blending clinical insight with deep experiential learning. You'll engage in guided somatic practices, recorded demonstrations, structured reflection, and skills-based integration—all tailored to your work with trauma and eating disorders.

### Who This Is For

This specialised clinical training is designed for:

- ✓ Licensed therapists, clinical psychologists, and mental health practitioners specialising in trauma treatment, eating disorder intervention, or attachment-focused therapeutic modalities
- ✓ IFS-informed or IFS-trained clinicians seeking advanced training in somatic integration approaches and embodied parts work
- ✓ Experienced practitioners encountering complex presentations involving somatic shutdown, dissociative defences, or systematic embodied avoidance within their clinical caseloads
- ✓ Clinical supervisors and team leaders supporting therapeutic teams engaged with high-acuity, trauma-informed clinical populations

No prerequisite training in Somatic IFS methodology is required – participants need only demonstrate foundational competency in therapeutic process and readiness for intensive experiential learning.

### Why This Training Matters Now

Contemporary clinical practice increasingly encounters clients presenting with complex trauma organisations, profound somatic dissociation, and systematic mistrust of their own internal experience. Mental health



professionals require more than technique acquisition – we need comprehensive therapeutic frameworks that honour survival-based adaptations, systematically build neurobiological safety, and operate from principles of internal self-organisation rather than external intervention.

This intensive workshop provides precisely such a framework – and the opportunity to embody it. **Whether you're supporting clients with trauma, eating disorders, or navigating subtle disembodiment with your clients, this approach will change the way you see and support the internal system.**

#### About the speaker

**Marcella Cox, LMFT, CEDS-C**, is a therapist, speaker, author, Level 3 Certified Internal Family Systems Therapist, Approved IFS Clinical Consultant, and Certified Eating Disorder Specialist & Supervisor. She is also on the teaching staff of Susan McConnell, developer of Somatic IFS—a modality that integrates IFS with somatic therapy. Marcella contributed the chapter on IFS and disordered eating in *Altogether Us: Integrating the IFS Model with Key Modalities, Communities, and Trends* (Pivotal Press, 2023).

Marcella has dedicated her career to the treatment of eating disorders and trauma. She supports therapists in bringing Somatic IFS into their clinical practice through professional consultation, workshops, trainings, and retreats. She is known for her deeply experiential teaching style and her ability to help clinicians embody the principles they offer their clients.

Marcella is the founder of Kindful Body, an online therapy and nutrition counseling practice in California for individuals struggling with eating and body-related concerns. She is also co-founder of the IFS Consultation Collective, a weekly group consultation service led by IFS Senior Lead Trainers for IFS-trained and IFS-informed mental health professionals.

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