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The Psychosomatic Journey of Trauma and Its Healing:

A Comparative Synthesis Between Scientific and Psycho-spiritual Perspectives

Isabel Kelly

In partial fulfillment of a Bachelor of Arts Degree in Religious Studies,

2019-2020 academic year, Pomona College, Claremont, CA

Reader:

Oona Eisenstadt

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### **Abstract**

The purpose of this paper is to create a comparative synthesis between scientific perspectives and spiritual perspectives of understanding the psychosomatic (mind-body) nature of trauma. In order to do so we will consider the works of Dr. Bessel van der Kolk, a world-leading psychiatrist in the field of trauma therapy who advocates for the use of body-oriented approaches to healing, and the works of Carl Jung and Donald Kalsched. Jung is considered one of the founding fathers of the field of Transpersonal Psychology, while Kalsched is a Jungian psychoanalyst who specializes in working with trauma patients. We will see that while Van der Kolk enables us to understand trauma through scientific, diagnostic, and empirical frameworks, Jung and Kalsched illumine the “soulful, mytho-poetic, and imaginal” dimensions of trauma, its healing, and the psychosomatic nature of this process. Though these paradigms address trauma through very different “languages,” we will illumine the parallels between them and demonstrate how they can be considered together in order to create a more holistic, expansive, and wider reaching understanding of trauma and its healing. The harmony between these frameworks confirms that the human experience of trauma is indeed a neurobiological phenomena, as well as a psycho-spiritual one. In the course of our individual and collective evolution towards constructing a better trauma-informed society at large, both of these languages play an essential role.

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## Introduction:

### Framing Our Comparative Synthesis

Today, the word “psyche” is commonly used in reference to the human mind. The field of *psych*-ology, for example, can be defined according to Merriam-Webster Dictionary as “the study of mind and behavior in relation to a particular field of knowledge or activity.”<sup>1</sup>

Traditionally however, the word “psyche” was borrowed directly from Greek lexicon around the 16<sup>th</sup> century and referred to “the soul, mind, spirit; one’s life, the invisible animating principle or entity which occupies and directs the physical body.”<sup>2</sup> In Greek, the word refers to an ancient mythological story involving “Psykhē,” a mortal woman whose beauty was so profound that men began worshipping her over other goddesses. This angered the goddess Aphrodite, who then

tried convincing Eros, the god of love, to make Psykhē fall in love with the most hideous and contemptible of all men.

However, upon meeting Psykhē, Eros himself fell so in love with her mortal beauty that they became lovers. This led the other goddesses into tricking Psykhē to lose the love of Eros, which then sent her into the underworld to complete a series of challenging trials before finally redeeming her love with him. This story is understood as symbolizing the redemption of the soul through love in the

face of devastating life events, as well as the human pursuit of



*Psyche and Cupid-Eros, Greco-Roman mosaic from Samandağı 3rd A.D., Hatay Archeology Museum*

<sup>1</sup> “Psychology.” Merriam-Webster. Merriam-Webster. Accessed April 28, 2020. <https://www.merriam-webster.com/dictionary/psychology>

<sup>2</sup> “Psyche (n).” Index. Accessed April 28, 2020. <https://www.etymonline.com/word/psyche>.

truth, love, and meaning. Ancient Greek art often depicts Psykhē as a butterfly, which is symbolic of the soul's transformation and metamorphoses throughout this process of redemption.

In relation to these etymological roots of *psyche*, fields such as traditional Western *psychology* and *psychiatry* have historically had very little recognition of its soulful nature. Sigmund Freud for example, often considered the founding father of modern Western psychology, believed (until the very end of his life) that religion and spirituality were simply products of collective neuroses, whose psychological roots could be reduced to primitive biological urges.<sup>3</sup> Though his perspectives on religion— specifically in the Jewish faith— began changing before his death, his reductionistic view of the spiritual nature of humanity largely permeated throughout the fields of psychology and psychiatry. Additionally, Freud sought to ground his psychoanalytic theory in the biological instinct of the human mind and body. These scientific and rational perspectives included the belief that our primitive drives of the “unconscious mind”— the portions of our mind which reside out of conscious awareness and consist of behaviors such as human sexuality, rage, and envy— could be reduced to neurological correlates. He drew many sketches which depicted interconnecting neurons and how they might translate to human impulses, behaviors, and psychological defenses.<sup>4</sup> Though he was passionate about the idea of creating a scientific study of psychology, he knew these ideas were ambitious and far ahead of their times given the scientific technology available then, and in relation the common held beliefs of the medical field throughout his career. Nonetheless, Freud's ideas have

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<sup>3</sup> Edmundson, Mark. “Defender of the Faith?” The New York Times. The New York Times, September 9, 2007. <https://www.nytimes.com/2007/09/09/magazine/09wwln-lede-t.html>.

<sup>4</sup> Cozolino, Louis J. *The Neuroscience of Psychotherapy: Healing the Social Brain*. Place of publication not identified: W.W. Norton & Company, 2017.



transformed the ways in which Western psychology is understood and practiced throughout the world.

One of his successors by the name of Carl Gustav Jung, however played an integral role in the field of psychology in rebirthing the idea that the human psyche and its many constituents, is at its core, intrinsically *soulful* and *spiritual* in nature. As opposed to Freud, who largely believed religion to be a product of psychological neuroses and that it was merely used in order to give structure to social groups, Jung believed religion and spirituality could be powerful sources of psychical, emotional, and physical healing that were part of a larger process of the soul's redemption. He believed that mythological stories could be used as maps for the human psyche, and that having a spiritual relationship with life was an essential component to overall health and wellbeing. Rather than *only* being reducible to neuro-anatomical elements and remnants of our primitive psychological nature, Jung believed that spiritual experiences emerged from a component of the unconscious mind called the "collective unconscious," which he considered as being the wellspring of human religiosity. In contrast to the reductionistic views of Freud on religion, Jung firmly believed that "the spiritual realities of myth and religion were where the psyche 'was' before before psychology made it into an object of scientific investigation."<sup>5</sup> In fact, it was this radical disparity between his own beliefs on the religious life and Freud's that would eventually lead to their infamous "split," wherein Jung was outcast from the psychoanalytic community he and Freud established.

Though devastating for Jung, these events encouraged him to go on and establish the field of "analytical psychology," which unlike previous psychological perspectives at the time,

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<sup>5</sup> Kalsched, *Trauma and the Soul*, 10.

took into account the transpersonal and symbolic dimensions of human existence. The field considered them as integral for the psyche's journey to wholeness and redemption, a process Jung called "individuation." Jung is thus often considered one of the founding fathers of the field of Transpersonal Psychology, which integrates the spiritual dimensions of human existence with elements of mainstream psychology. One Jungian psychologist likewise points out that "Jung really didn't care so much about psychology. Psychology for him was a metaphor to talk about the spiritual life."<sup>6</sup> At large, Jung's work has played an important role in reminding the field of psychology that its origins (etymological and historical) are deeply rooted in a spiritual understanding of the human mind, body, *and soul*.

Today however, these two perspectives of understanding the human psyche are appearing to merge in fascinating new ways that are enabling us to uncover the previously unseen harmonies between Freud's physical views of the psyche, and Jung's spiritual views of it. Advents in modern neuroscience for example have enabled researches to peer into the neurobiological correlates of experience and human behavior in ways that Freud could have only idealized the development of his psychoanalytic theories. This work is confirming his at the time controversial idea that the human psyche and its many facets can be correlated to the brain's neuroanatomical correlates. These insights however, have not cast away Jung's notion that the spiritual dimensions of the psyche are intrinsic aspects of human nature, capable of bringing about powerful healing and transformation in humanity's wellbeing. On the contrary, emerging fields such as contemplative neuroscience, consciousness studies, and transpersonal psychology are spanning disciplines ranging from religious studies, science, physics, anthropology, and

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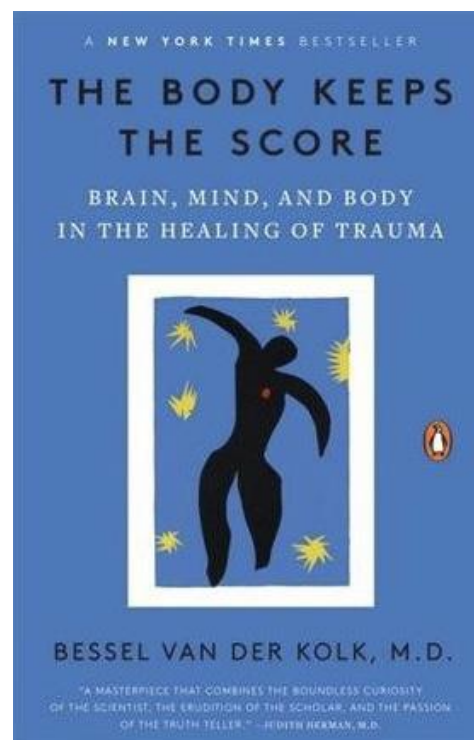
<sup>6</sup> Depth Insights: Soul-Centered Psychology/ Coaching. "The Language of Trauma'— Jungian Michael Conforti in Dialogue with Bonnie Bright PhD." YouTube. Feb 23, 2016. [https://youtu.be/nQ\\_qBYIFIZg](https://youtu.be/nQ_qBYIFIZg)

comparative mysticism in order to understand how humanity's spiritual nature can be understood through scientific endeavor. Though some thinkers in these fields have viewed such findings as means of "explaining away" human religiosity, others have seen these findings as simply another "language" through which to understand the types of spiritual experiences and ideas that have been central to human existence since antiquity. In many regards, this discovery of a "new language" through which to understand and address the spiritual dimensions of life is inviting the human psyche back to the recognition of its own soulful nature; especially for those who have long adopted a primarily materialistic and reductionistic perspective of the human being paralleling those of Freud's. It's important to note that these modern insights are not so much novel "discoveries," but rather can be better considered discoveries of *novel ways of communicating* what has been known since time immemorial about the intimate relationship between the human mind, body, and soul.

Once domain in which this understanding of the human psyche's dual allegiance to both a physical material reality, and a soulful spiritual reality is becoming increasingly prevalent, is in the study of trauma, its lasting impacts, and how to heal. Trauma does not only pertain to traumatic events in and of themselves, but also involves the *process* of human suffering entailed by such events over long periods of time. As such, our definition of the word cannot be confined to terminable life events, but must rather expand to include its lasting and ongoing impacts on the individual and collective, the diversity with which these impacts manifest, and how resilience can be achieved in the face of them. An increasing amount of work emphasizing the psychosomatic (mind-body) nature of trauma has emerged throughout various scientifically-oriented and spiritually-oriented domains of human thought. The disciplines of psychiatry, psychology, and neuroscience for example have found that traumatic experience can leave

profound impacts on the ways in which the human brain and body are wired to process sensory information. It has been found that the lasting impacts of trauma are not only evident as behavioral and psychological conditions, but rather that they can be seen in actual neurobiological and physiological reorganization. Chronic mental and physical health conditions such as depression, anxiety, bipolar disorder, autoimmune diseases, digestive issues, lower back pain, asthma, and more have been found to be significantly more common in individuals with traumatic histories.

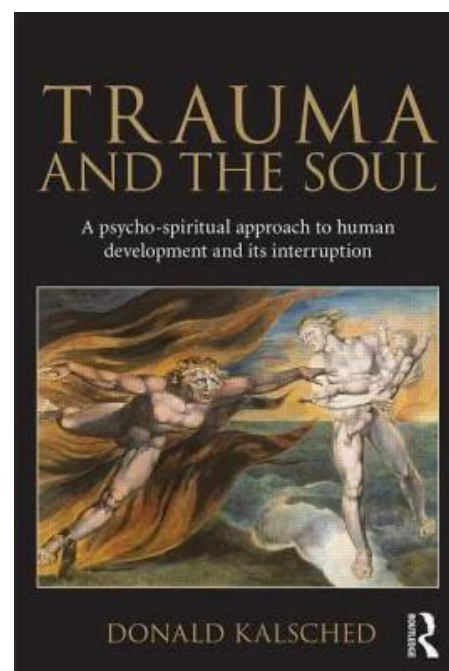
Central to this movement towards establishing a body-focused understanding of trauma is Bessel van der Kolk, M.D., one of the world's leading psychiatrists and trauma experts, and researchers into how trauma can leave lasting impacts on individuals' brains and bodies. He demonstrates how these implications of trauma have been proven through neuroscience research and larger scale case studies, and explains why innovative body-oriented approaches to trauma are the future of treatment. His seminal book *The Body Keeps the Score* summarizes his life's work in the field of trauma therapy by providing detailed explanations of trauma's psychosomatic constituents and why these discoveries point to the essentiality of incorporating the body throughout the trauma healing process. In the context of Freud's idealized "scientific study of psychology," Van der Kolk has helped to firmly establish not only how the functions of the



Cover of Van der Kolk's "*The Body Keeps the Score*." This figure depicted is a painting by Henri Matisse of Icarus, a character in Ancient Greek mythology who symbolizes the fall into human tragedy that comes with encountering devastating and traumatic experiences.

human mind can be reflected in neurobiological correlates, but also how the body is involved in this relationship.

In addition to the budding diversity of scientifically-oriented approaches to understanding trauma, transpersonal perspectives have become increasingly recognized as useful paradigms through which to help trauma patients. In particular, the work of Donald Kalsched, a Jungian psychoanalyst who takes a psycho-spiritual approach to working with trauma patients, demonstrates how the transpersonal therapy of analytical psychology works in practice. His two seminal works, *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit* (1996) and *Trauma and the Soul: A Psycho-spiritual Approach to Human Development and its Interruption* (2013) include numerous clinical vignettes of patients undergoing Jungian psychoanalytic therapy which shed light on their overall transformation processes. He specifically does so through a framework called the “self-care system,” which in short explains why the well-intentioned defenses of the human psyche can become self-persecuting and pathological in the face of trauma. Throughout his work, Kalsched demonstrates how the trauma healing process can unfold as a deeply spiritual and soulful process that is intimately related to the body.



Cover of Kalsched's "Trauma and the Soul," depicting William Blake's painting "The Good and Evil Angels." Portrays the Evil Angel attempting to take the baby (symbolizing the soul's purity) from the Good Angel. A painting that well symbolizes Kalsched's idea of the "self-care system," which will be central throughout this paper.

Though these two approaches may seem to be radically different ways of understanding the psychosomatic nature of trauma, when considering them alongside one another we see that

they parallel each other in many ways. For example, both address how the human being has structured responses to stressful and threatening situations that, in the case of extreme trauma, can become self-degrading forces rather than therapeutic ones. While Van der Kolk's discusses this from the perspective of the human brain and nervous system, Kalsched primarily does so from the perspective of the human soul and psyche. Both thinkers address the topics of reenactment and dissociation in trauma; while Van der Kolk explains this from the perspective neuroscience and longitudinal case studies, Kalsched does so from the perspective of the "self-care system" which the psyche employs in order to protect itself from experiencing further suffering in the world outside of it. Both address the inseparable connection between mind (or psyche) and body, Van der Kolk addressing the point from the perspective of Western science, while Kalsched primarily does so by building upon Jung's assertion that there is essentially no distinction between the vitality of the soul, and that of the body. Their theoretical approaches may be distinct, but the conclusions they provide us with a plethora of fascinating parallels. Though this will not be a primary focus throughout this paper, Kalsched throughout his works also addresses similar neuroscience research referenced throughout Van der Kolk's work. And though Van der Kolk does not make reference to the spiritual dimensions of human trauma but rather focuses on what has been made evident through empirical and scientific research, he does not do so in a reductionistic way that denies the soulful dimensions of trauma. One Jungian scholar recounts his interaction with Van der Kolk at a conference that confirmed this perspective:

"In a conversation at a recent conference, talking about the current field and sharing my own interests and concerns, Bessel said to me, 'Don Kalsched is a wise man.' In this brief yet meaningful conversation, I took this as an acknowledgement that there are dimensions of the human which register trauma which, including the body, involve other dimensions of experience.

The psyche keeps score. And when events, traumatic or not, happen to the human psyche, they “happen” symbolically. They register and are registered according to symbolic processes that involve the body and the full range of human experience.”<sup>7</sup>

Reiterating this interviewer, these perspectives in no way stand in opposition to each other simply because of the different languages through which they use to explain their findings in the complex nature of trauma. Rather than conceiving of these two different frameworks as contradictory, a more illuminating approach would be to consider them as two different “languages” through which to address and explore the topic of trauma. Just as two different languages have distinct words for the same object, and just as one language might have a word for which there is no equivalent in another, the scientific and spiritual languages that Van der Kolk and Kalsched respectively use can help us construct a broader understanding of the subject matter. Kalsched recognized this consistently throughout his work, emphasizing the essentiality that scientifically-oriented approaches of understanding trauma take into consideration the subtlety of the soul that might often “fly by” the investigative approaches of scientific empiricism. He writes:

“... if neuroscience is to realize these possibilities of helping ground our field and make it relevant to the treatment of trauma, it will have to open up to the fact that *for every self-other relational moment in psychotherapy, there is also an inner event*, and I don’t mean an inner in the wiring or sculpting of the brain. I mean an inner event in the sculpting of the soul...”<sup>8</sup>

Though Van der Kolk’s and Kalsched’s paradigms speak in profoundly different languages, they can when carefully (and perhaps even poetically) weaved together, harmonize and bolster one

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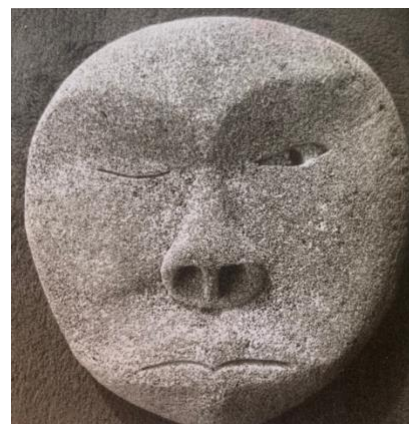
<sup>7</sup> Napack, Mark. Jung Society of Washington - The Psyche Keeps Score: A Jungian View of Trauma, by Mark Napack, LCPC. Accessed April 28, 2020. <https://www.jung.org/blog/7870232>.

<sup>8</sup> Kalsched, *Trauma and the Soul*, 8.

another. This weaving together and dual recognition of these seemingly disparate paradigms is precisely what Kalsched is advocating for. Just as it is futile to assess the “validity” of one language over another, it is likewise unnecessary to do so with the neurobiological and psycho-spiritual perspectives of Van der Kolk and Kalsched. These realities are simultaneous, and we need not place them in a hierarchy. In this vein, Kalsched writes:

“We are left with an important question: Are we *material beings* with occasional intimations of another world of spiritual reality, lying just on the other side of the veil? Or are we *spiritual beings*, suffering through a material existence? The question poses a false dichotomy. Clearly we are both. And that is why we decide to live in that potential space where the true story resides— between the worlds with one eye open, looking out, and one eye closed, looking in.”<sup>9</sup>

The goal of this paper is to explore Kalsched’s assertion that “clearly we are both” material beings and spiritual beings, and to understand how an interdisciplinary study of human trauma can help shed light on this truth. Through considering Van der Kolk’s, Carl Gustav Jung’s and Donald Kalsched’s contributions to understanding the psychosomatic nature of trauma, we can see that trauma is both a neurobiological process and a psycho-spiritual one. The available parallels indicate that for every outer manifestation, there is an inward one and whereas Van der Kolk helps us to understand the former, Jung and Kalsched help illumine the latter. Considering each of these individually would— in the context of constructing a truly holistic and interdisciplinary



*An Inuit whalebone carving called “The Storyteller” made by an artist living on the coast of Alaska. Kalsched includes this piece in Trauma and the Soul (p.6), explaining how it symbolizes the concomitance between trauma as both a preverbal inward reality, and a communicable / material outward reality.*

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<sup>9</sup> Kalsched, *Trauma and the Soul*, 45.



framework of trauma which takes into considerations multiple perspectives— limit our understanding of trauma as being both a physical and spiritual phenomena. However, looking at them alongside one another will allow us to establish a perspective of trauma that is greater than its individual parts. Whereas Van der Kolk’s scientific language of trauma is “translatable” to the domains of institutions, systems, and organizations intended to uphold the healing of trauma patients, and thus encouraging a systemic and societal evolution towards psychosomatic informed trauma care, Kalsched’s psycho-spiritual language of trauma reminds us that the human soul, its healing, and its redemption lie as the oftentimes unspoken substratum of therapeutic care.

The following chapter will explore the backgrounds of Van der Kolk, Jung, and Kalsched, and how they helped influence each thinker’s paradigm. Chapter 2 will draw theoretical parallels between the scientific research of Van der Kolk and the psycho-spiritual perspectives of Jung and Kalsched. In chapters 3 and 4, we will explore how these theoretical parallels appear throughout how each thinker explains the topics of dissociation and reenactment in trauma respectively. We will draw our final parallels in chapter 5, which will explore how each thinker explains the difference between the left and right brain’s manner of processing sensory information, and why this is relevant to the healing modalities each thinker prescribes



*It seems that the process of becoming the self you were intended to be (Jung's definition of individuation) involves the materialization of something spiritual. Some seed of true selfhood needs to make a very perilous journey through very dangerous territory from the world of eternity to the world of time, from spirit to matter, from divine to human in order to become a human soul. Along the way it will face many trials and suffer great disillusionment and it may never be able to make a full commitment to this hopeful journey if its suffering into reality is too great. It may even be forced to split itself into two, sending part of itself back into the imperishable world from which it came, to make sure the soul is not annihilated. Sometimes it will be able to return from this dissociation and enter life once again. Along the way, glimpses of the "light" of its origins (and its true companions) may support it in its suffering. And if, through all the brokenness of the human condition, it finds enough of those sunny days when life seems possible... enough of those resonant images, empathic self-objects and optimal frustrations that make love worth the sacrifice of omnipotence... if it makes it to these shores with some of its original divinity intact and not as a false self... Then, in the language of T.S. Eliot (1971: 59) it will have "arrived when it started, and know the place for the first time."*

—Donald Kalsched, *Trauma and the Soul*, 52.



## **Chapter 1: Exploring the backgrounds of Bessel van der Kolk, Carl G. Jung, and Donald Kalsched**

This chapter will provide some historical background in order to provide context for each of our thinkers' works. We will begin by exploring the works of Dr. Bessel van der Kolk in order to illuminate the conventional therapies of talk therapy and the use of pharmaceuticals which have primarily been used in the fields of Western psychiatry and psychology. In later chapters this will enable us to better understand just how far modern science has come throughout the course of moving towards a more *psychosomatic* awareness of trauma. We will then turn our attention to the relationship between the theories of Sigmund Freud and Carl Jung. Freud's ideas are central to the ways in which Western psychiatry and psychology have understood the psyche and thus treated it throughout the trauma healing process, and exploring the complex personal and professional relationship between Freud and Jung will help us to better understand the overarching conflicts between scientific perspectives and psycho-spiritual perspectives into the mind-body connection of trauma. Finally, we will explore how Kalsched's framework of approaching trauma have been shaped by Jungian psychology, how he has been influenced by modern advances in neuroscience, and what novel ideas he has contributed to the subject.

### Introducing Van der Kolk

Van der Kolk has spent his career studying Post Traumatic Stress Disorder and the multifaceted impacts of trauma from the perspective of psychiatry, pharmacology, and neuroscience. He has been a professor of Psychiatry at the Boston University School of Medicine, is one of the founders of the Boston Trauma Center which specializes in treatments for people with traumatic histories, and has helped establish the National Child Traumatic Stress

Network, which has around 150 centers across the country working to develop effective treatments in a wide array of settings, ranging from juvenile detention centers, tribal agencies, and schools.<sup>10</sup> Currently he conducts research in numerous forms of alternative trauma-healing modalities, including yoga, EMDR, neuro-feedback, and advocates for a wide array of holistic therapies for treating trauma.

Van der Kolk's work can help us understand why conventional treatment methods for psychiatric patients such as talk therapy and the use of pharmaceuticals consistently proved to be insufficient in their abilities to help patients heal from trauma. As we will see, while these approaches have been central to mainstream therapeutic approaches of Western psychiatry and psychology throughout the last century, they do not take into account the psychosomatic implications of trauma such as the profound neurobiological reorganization that occurs, and how this impacts individuals' abilities to meaningfully engage with their traumatic memories, their sensory experiences, and the world outside them at large. Van der Kolk includes many neuroimaging studies conducted with trauma patients which demonstrate the reorganization of different brain structures whose roles are to regulate the input of sensory information from the environment, and to mediate our overall stress response. Additionally, through the use of longitudinal case studies looking at the correlation between early childhood trauma and mental and physical health, he demonstrates how trauma's impacts on the body, brain, and mind manifest over the course of individuals' lives. In addition to showing the psychosomatic impacts of trauma, he also explains why the body must be integrated into the healing process, advocating for alternative therapies such as yoga, massage, martial arts, EMDR, writing groups, theatre, and others, must become the future of trauma treatment. Finally, Van der Kolk discusses the

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<sup>10</sup> "Best-Selling Trauma Research Author." Bessel van der Kolk, MD. Accessed March 29, 2020. <http://besselvanderkolk.net/index.html>

essentiality that systems and institutions such as schools and research funding organizations recognize the complex relationship between past traumatic experience and the mental and physical disorders it can ensue, and proposes practical ways this can be achieved. His work will help us understand how the intimate relationship between mind and body in the face of trauma has become evident within the fields of Western science, psychology, and medicine, and why such fields' recognition of the subject are integral to creating better trauma-informed systems, institutions, and societies at large.

### *Psychiatry at the Start of Van der Kolk's Career*

When Van der Kolk began his career as a psychiatrist in the 1970s, the two most common treatments for psychiatric patients were Freudian psychoanalysis and the use of pharmaceutical drugs. In short, the goal of talk therapy according to Freud is to bring suppressed traumatic memories out of their unconscious and dissociated states, and to eventually assimilate them into patients' autobiographical narratives. Unlike normal memories, which patients can verbally and cognitively retrieve with ease, traumatic memories are not as easily accessible. Rather, they take root in what Freud terms the "unconscious," which will be discussed extensively below. Having no means of verbally accessing such memories, patients reenact them through actions and behaviors: "[The patient] reproduces it not as a memory but as an action; he repeats it, without knowing, of course, that he is repeating, and in the end, we understand that this is his way of remembering."<sup>11</sup> In one of his most famous papers, he describes the results of this "talking cure," his term the therapeutic process of properly integrating past traumatic memories:

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<sup>11</sup> Van der Kolk, Bessel A., *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (NY, NY: Penguin Books, 2015) 183.

“...each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words.”<sup>12</sup>

This emphasis on talk therapy as a therapeutic approach for trauma patients became the primary treatment methodology for much of Western psychiatry and psychology, and was the primary technique used by Van der Kolk at the beginning of his career. As we will see, Jung’s and Kalsched’s approaches to working with patients’ unconscious and suppressed memories likewise incorporate these general premises of Freud’s approach, but do so while incorporating the spiritual dimensions of patients’ experiences— an approach that Freud’s theories would starkly advocate against.

Also around the start of Van der Kolk’s career in psychiatry, the field was experiencing a “pharmacological revolution,” in which doctors began exploring the use of antipsychotic drugs and other pharmaceuticals to treat a wide variety of mental illnesses. Research on the efficacy of emerging pharmaceuticals was slowly shifting the paradigm of psychiatry towards a “brain-disease” model, which held the notion that mental disorders could be fixed through the administration of appropriate chemicals. Van der Kolk openly embraced the pharmacological revolution in its early stages and was one of the leading researchers on various emerging antipsychotic drugs with war veterans and other populations of traumatized individuals. He was part of the first U.S. research team to test the effects of Clozaril, a powerful antipsychotic, on patients living in insane asylums, the first to perform research on the effects of Prozac, one of the most successful antipsychotic drugs ever created (often used to treat chronic depression), and

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<sup>12</sup> Van der Kolk, *The Body Keeps the Score*, 184.

conducted many other studies on the use of new pharmaceuticals to treat patients with chronic mental illness. Van Der Kolk explains that psychiatrists were eager to become ‘real scientists,’ who would now have access to complex forms of experimentation such as animal testing, expensive equipment, and complicated diagnostic tests that were typically used by other fields of medicine.<sup>13</sup>

### *Systematic Failures to Recognize Trauma’s Psychosomatic Nature*

From early on in his career, Van der Kolk was confronted with the shortcomings of his psychiatric training as he saw his patients frequently fail to respond positively to conventionally prescribed treatments. In several therapy groups he organized for former Marines and Vietnam Veterans, he noted that very few of them were open to discussing the challenges of their daily lives; their family relationships, their satisfaction with work, their frequent use of alcohol, and their overall state of wellbeing. However, many were open to speak about their traumatizing war experiences; one’s helicopter crash, another’s paralyzing injury, another’s murdering of a Vietnamese soldier. Through other observations like these, Van der Kolk began witnessing what many other psychiatrists before him had witnessed in veterans returning from war; namely their deeply ingrained inability to experience their current life independently from their traumas of the past:

“Whether the trauma had occurred ten years in the past or more than forty, my patients could not bridge the gap between their war time experiences and their current lives. Somehow the very

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<sup>13</sup> Van der Kolk, *The Body Keeps the Score*, 27.

event that caused them so much pain had also become their sole source of meaning. They felt fully alive only when they were revisiting their traumatic past.”<sup>14</sup>

He was becoming increasingly faced with challenges in working at the VA hospital, noting that it was easy to trigger panic attacks and flashbacks in patients by simply asking them to explain the details of their past traumas. He also began seeing that while the administration of antipsychotic drugs treated some psychiatric patients, it often left veterans emotionally numb and unable to function normally in their daily lives: “Many [patients] dropped out of treatment because [they] were not only failing to help, but also sometimes making things worse.”<sup>15</sup> Furthermore, in the first ever study on the effects of Prozac on PTSD patients that Van der Kolk conducted at his Trauma Clinic, it was found that while the drug had significantly positive impacts on some trauma patients, it showed no effect at all in war veterans.<sup>16</sup> This result was replicated in further studies: “These results have held true for most subsequent pharmacological studies on veterans: While a few have shown modest improvements, most have not benefited at all.” It became increasingly clear to Van der Kolk that treating traumatized patients according to the individual symptoms expressed—substance abuse, manic depression, mood disorder, and schizophrenia—was not sufficient to helping them recover, nor did pharmaceuticals prove to be the most effective treatment for all patients.

Van der Kolk often mentions one of his most influential teachers of psychiatry, Elvin Semrad, throughout his interviews and writings, and how he often warned his students to be skeptical of depending upon psychiatric textbooks for formulating conclusive diagnoses about their patients. He believed the “pseudocertainties of psychiatric diagnoses” often obscured

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<sup>14</sup> Van der Kolk, *The Body Keeps the Score*, 18.

<sup>15</sup> Van der Kolk, *The Body Keeps the Score*, 19.

<sup>16</sup> Van der Kolk, *The Body Keeps the Score*, 35



doctors and psychiatrists from seeing how to best treat their patients. Rather, Semrad believed his students' only "real textbook" was their patients. He advised them to trust only what could be learned from their patients, as well as their own experiences as practitioners.<sup>17</sup> Having been deeply influenced by Semrad's inquisitive approach to understanding the complexities of psychiatric illness, Van der Kolk would hold this open and experimental attitude towards his own patients, which, as we will see, is what enabled him to arrive at such revolutionary understandings of the relationship between trauma and mental illness. His curiosity about how and why trauma left the impacts it did on its victims deepened in 1978 when he was working as a staff psychiatrist at the Boston Veterans hospital. Throughout his time at the hospital, patients received a wide array of diagnoses—alcoholism, substance abuse, depression, mood disorder, schizophrenia—being among the most common. A pivotal moment for Van der Kolk during his time at the Boston VA was when he met a man named Tom who'd been in the Marines doing his service in Vietnam ten years earlier. Tom constantly experienced nightmares of ambushes, his dismembered comrades, and dead Vietnamese children that often led him to drink himself asleep.<sup>18</sup> Interested in treating Tom, Van Der Kolk prescribed him a pharmaceutical he had studied in medical school that was known to reduce severe nightmares. When Tom returned two weeks later for his follow up visit he informed Van der Kolk that he had not taken any of the pills and explained "I realized that if I take the pills and the nightmares go away I will have abandoned my friends, and their deaths will have been in vain. I need to be a living memorial to my friends who died in Vietnam."<sup>19</sup> It was this statement, Van der Kolk has mentioned throughout numerous interviews, that would be the start to his career and "the opening of [his]

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<sup>17</sup> Van der Kolk, *The Body Keeps the Score*, 10, 26.

<sup>18</sup> Van der Kolk, *The Body Keeps the Score*, 8.

<sup>19</sup> Van der Kolk, *The Body Keeps the Score*, 10.

fascination about how people become living testimonials for things that no longer exist, but ... need to hold it in their hearts and minds and bodies and brains.”<sup>20</sup>

Van der Kolk’s acuity of the subtle details of his patients’ behaviors would continue pointing him towards the shortcomings of the conventional therapeutic treatments at the time. When working on his night shifts at the Massachusetts Mental Hospital for example, he noticed that many patients gathered late into the evening to talk with one another about stories from their traumatic pasts; many having been beaten, molested by family members, grown up with aggressive parents, and a wide array of other devastating events.<sup>21</sup> He also observed the somatic impacts that many of his patients experienced. As a recreation leader at the Massachusetts Mental Health Center, he saw that many of his patients seemed to lack basic control over their bodies in simple physical and social activities:

“When we went camping, most of them stood helplessly by as I pitched the tents. We almost capsized... on the Charles River because they huddled rigidly in the lee, unable to grasp that they needed to shift position to balance the boat. In volleyball games the staff members were invariably much better coordinated than the patients.”<sup>22</sup>

Furthermore, he noticed that even their most basic interactions with one another lacked the natural flow of social engagement, with very few of the friendly gestures or facial expressions that are typically inherent in simple human communications. These initial observations would serve as the foundation for his future studies with psychiatric patients in

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<sup>20</sup> “Bessel Van Der Kolk - How Trauma Lodges in the Body.” The On Being Project, December 26, 2019. <https://onbeing.org/programs/bessel-van-der-kolk-how-trauma-lodges-in-the-body/>.

<sup>21</sup> Van der Kolk, *The Body Keeps the Score*, 23.

<sup>22</sup> Van der Kolk, *The Body Keeps the Score*, 26.

understanding how their dissociation from past traumatic experience manifested as both mental disorders, and as somatic symptoms.

In 1980, the American Psychiatric Association finally created post-traumatic stress disorder (PTSD) as a new diagnosis for the wide array of symptoms expressed by traumatized patients in response to the ongoing shortcomings of the individualized symptoms approach. Having seen that the conventional psychoanalytic and pharmaceutical approaches consistently failed to get to the deeper reasons that his patients were stuck in traumatized states, Van der Kolk proposed a study to the APA that would look at the underlying *biological correlates* of traumatic memories, rather than looking at the efficacy of therapeutic approaches like psychoanalysis or antipsychotics.<sup>23</sup> To his disappointment, the grant proposal was rejected explaining that the VA was primarily concerned with incorporating “evidence based” treatments into their research, rather than understanding the underlying biology at play in PTSD. This decision reflected the lack of understanding of why trauma and its impacts on the body are so essential to consider in deciding how to effectively treat patients. Van Der Kolk notes other instances in which the emerging relationship between trauma, mental illness, and physical illness experienced backlash and failed to be recognized by many people across the field of Western psychiatry and psychology. For example, Van der Kolk notes an event in which reporters from a London newsweekly magazine failed to recognize extensive research he provided them explaining how individuals can experience memory loss of overwhelming traumatic events. By this time, traumatic memory was a significant area of Van der Kolk’s research and had been the subject of hundreds of scientific publications over the last century. When the magazine reached out to him in hopes of writing an article about traumatic memory, Van der Kolk referenced numerous

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<sup>23</sup> Van der Kolk, *The Body Keeps the Score*, 19.

studies which demonstrated how commonly memory loss had been reported in traumatized individuals—the underlying mechanisms of which will be more deeply explored in chapter 3. Memory loss of traumatic events has been reported in people who have endured natural disasters, accidents, war trauma, kidnapping, torture, physical, and sexual abuse,<sup>24</sup> and Van der Kolk referenced several significant studies at the time supporting these findings. However in the magazine's final article, none of the evidence Van der Kolk provided supporting the relationship between trauma and memory disturbance was included, telling its readers that “there was no evidence whatsoever that people sometimes lose some or all memory for traumatic events.”<sup>25</sup> He provides another disturbing example which demonstrates just how profound the lack of recognition of both the prevalence of trauma, and the lasting damage it can ensue on its victims was within the fields of psychiatry and psychology at the time. In one textbook published in 1974 called the *Comprehensive Textbook of Psychiatry*, an article on childhood sexual abuse not only strongly underreported the rate of incest, but went on extol the potential benefits of it on the psychological development of its victims:

“...incest is extremely rare, and does not occur in more than 1 out of 1.1 million people... Such incestuous activity diminishes the subject's chance of psychosis and allows for a better adjustment to the external world... The vast majority of them were none the worse for the experience.”<sup>26</sup>

As will be illumined throughout the following chapters, these were devastatingly untrue and miscalculated conclusions to be drawn pertaining to childhood incest and its lasting impacts on the individuals' long term psychological and physical well-being.

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<sup>24</sup> Van der Kolk, *The Body Keeps the Score*, 192.

<sup>25</sup> Van der Kolk, *The Body Keeps the Score*, 191.

<sup>26</sup> Van der Kolk, *The Body Keeps the Score*, 190.

Van der Kolk however continued conducting his own research at the Boston VA hospital on the complex relationship between patients with PTSD and their specific trauma histories. One of his first studies for example, began with systematically asking Vietnam veterans what had happened to them in war. He found it was typically men that had been in combat in their adolescence who would develop PTSD, and that their traumatic experiences were often followed by their own acts of revenge and feelings of "profound lack of control over their destiny." Furthermore, this study found that group therapy proved to be highly effective in allowing veterans to revisit their traumas in a manner that led to therapeutic healing: "The sharing and reliving of common experiences may facilitate entrance into the world of adult relationships, a process that was arrested by the trauma."<sup>27</sup> In a related study, veterans were given Rorschach tests, in which participants were asked to construct a mental image from a blot of ink. While many veterans saw images from their time in combat within the inkblots, some of which resulted in full blown panic attacks, others were not able to derive any kind of creative image from the Rorschach tests, explaining the image was "just a bunch of ink."<sup>28</sup>

These are just a few examples of Van der Kolk's early experiences in his psychiatric career that illumined shortcomings of the conventional therapeutic modalities available at the time. While Van der Kolk became increasingly frustrated with institutions like the APA and other psychiatric facilities which failed to recognize what these studies were revealing both about the relationship between traumatic experience and mental illness, as well as the shortcomings of conventional therapeutic treatments, revolutions in novel brain imaging techniques around the

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<sup>27</sup> A., Van der Kolk Bessel. *Psychological Trauma*. (Washington, DC: American Psychiatric Press, Inc., 1987.), 167.

<sup>28</sup> Van der Kolk, *The Body Keeps the Score*, 16.

1990s would allow scientists to gain deeper understandings of how different brain structures process information and how these processing systems become disturbed as a result of trauma.

Better understanding Van der Kolk's early career enables us to grasp the scant attention paid not only to the potential underlying relationship between past traumatic experiences and patients' current psychological and somatic states of health, but also how the climate of these fields at the time paved new roads to seeking out more viable forms of healing for traumatized patients. The combination Van der Kolk's training with teachers who held strong emphases on the importance of considering individual patients' experiences, his own acuity of the uniqueness of each of his patients, his frustrations with the ways therapeutic institutions were systematically taking care of trauma patients, and the emergence of novel neuroimaging techniques proved to be a perfect storm which eventually enabled Van der Kolk to peer more deeply into the psychosomatic nature of trauma. Though the mind-body connection is a central principle throughout many paradigmatic understandings of the complexity of the human being, the findings that would emerge from this kind of research served to translate these truths to systems and institutions responsible for caring for the psychological and physical wellbeing of trauma patients.

### The Origins of Jungian Theory

It is difficult to separate the origins of Jungian psychology from Jung's early intellectual and personal relationship with neurologist Sigmund Freud. Freud is often considered the founding father of talk therapy and his ideas have transformed the field of Western psychology at large. Since Freud, Western psychology has looked past the ego and through to the "unconscious

mind” in order to understand the roots of psychological suffering.<sup>29</sup> As briefly explained in the previous chapter, the unconscious mind according to Freud is the locus of repressed memories and other psychological material too disturbing and threatening to fully acknowledge in the conscious mind.<sup>30</sup> In addition to memories of painful past events, Freud believed that suppressed sexual impulses and biological instincts also reside in the unconscious mind because our rational and conscious selves deem them as unacceptable and animalistic. The concept of looking into the unconscious mind to bring to light its suppressed contents is central to Freudian psychoanalytic theory, and the therapeutic approach of talk therapy at large. Freud believed this could be done by assessing the contents of dreams, slips of the tongue (hence the term Freudian slip), and through observing patients’ preconscious impulsive actions and behaviors. Regarding religion, Freud believed that myth and spirituality had a common core with neurosis, and that religious rituals and ceremonies ultimately led to neurotic conditions. He contended not only that the religious life of humanity could be reduced and scrutinized under the lens of his own psychoanalytic theories, but also that it was merely a product of the libidinal drive which maintained centrality throughout his whole framework.<sup>31</sup> Though primarily known for the development of psychoanalytic theory, it is difficult to overstate how far-reaching Freud’s ideas have ventured into different domains within Western culture and society at large.<sup>32</sup> Within the scope of this paper, we will not go much further into explaining other specific elements of Freud’s psychoanalytic theory and his beliefs in the domains of religion, spirituality, and

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<sup>29</sup> Cortright, Brant. *Psychotherapy and Spirit*. First edition. Albany New York: State University of New York Press, 1997.

<sup>30</sup> McLeod, S. A. (2015). Unconscious mind. Simply psychology: <https://www.simplypsychology.org/unconscious-mind.html>

<sup>31</sup> Doran, Christine. “Rage and Anxiety in the Split between Freud and Jung.” MDPI. 27 July 2017

<sup>32</sup> Falzeder, Ernst. “Freud and Jung, Freudians and Jungians. *Jung Journal: Culture & Psyche*, Vol. 6, No. 3 (Summer 2012), pp. 24-43.

mythology, but these basic premises are important to consider in looking at the origins of Jung's theories regarding the human psyche and specifically the unconscious mind. It was in their disagreements on the subject, however, that would set Jung apart from the theories of Freud.

Jung was trained in the field of psychiatry and had been a longtime follower of Freud prior to their first meeting. They began corresponding in 1906 when Jung sent him his research in Word Association Testing for review, but the two officially met in March of 1907 when Jung visited Freud's home in Vienna. On this day, Freud ended up canceling all of his scheduled appointments and the two had an infamous thirteen hour long conversation about each of their works and theories. They continued correspondence in a series of letters over the next couple years, throughout which their friendship quickly and intensely deepened. Only a month after officially meeting, Freud was ready to call Jung his apparent heir for leading the future of the psychoanalytic movement.<sup>33</sup> Though their friendship quickly became significant not only to each other, but also to the psychoanalytic movement at large, disagreements between their theoretical frameworks would become the seeds of their well-documented personal and professional split. It is in this split, both looking at its theoretical constituents as well as in considering Jung's response to it, that we can begin developing a better understanding of Jung's theories of the psyche and their relevance to our working development of a psycho-spiritual understanding of trauma and its somatic impacts.

As previously mentioned, while Freud believed that sexual instincts were at the core of the unconscious mind, Jung developed quite a differing perspective. As one scholar notes, "a major cause of dissension could be summed up as sex versus religion."<sup>34</sup> While he agreed with

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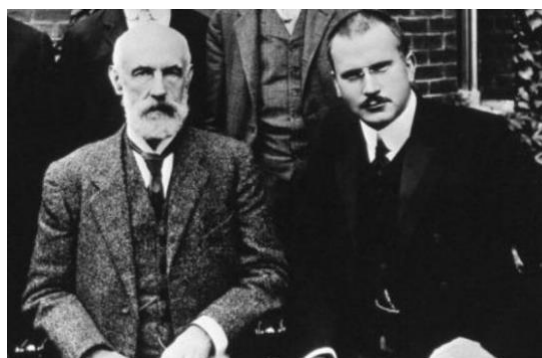
<sup>33</sup> McGuire, William, ed. 1974. *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C.G. Jung*. Edited and Translated by Ralph Manheim and R.F.C. Hull. Princeton: Princeton University Press.

<sup>34</sup> *Ibid.*



Freud that the unconscious mind was the storehouse of difficult and repressed memories of the past, Jung contended that it was also a locus of mythical and spiritual energies that were common throughout all of humanity. From early on in their collaborations, Freud ridiculed Jung for his romanticization of the unconscious mind, and even outwardly addressed that he rather Jung stay away from his mythological and spiritual interpretations of it.<sup>35</sup> It was this very resistance from Freud however, that would further prompt him to undertake the study and continue developing his own ideas on the subject of the unconscious and relationship with mythology and spirituality. As Jung continued constructing and publishing his own ideas on the spiritual dimensions of the unconscious mind, his relationship with Freud dwindled. Eventually their relationship experienced its final split in around 1912, and Freud outcast Jung from the psychoanalytic movement and community that they both helped propagate throughout the first decade of the 20<sup>th</sup> century. Until about 1920, Jung endured the rejection and shaming, not only from the man who'd been his mentor and close companion, but also from men and women who previously held him in such high regard within the psychoanalytic movement.

The complexity of Freud and Jung's relationship has received an overwhelming amount of attention. It has been closely documented, within their own works (Jung makes plentiful remarks throughout his writings jabbing at Freud's theories and their shortcomings), in interviews, and the letters exchanged between them over the years of their split. Their relationship has likely received such extensive attention because it epitomizes



*Sigmund Freud (left) and Carl G. Jung (right). From: <https://www.thevintagenews.com/2017/12/06/carl-jung-and-sigmund-freud/>*

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<sup>35</sup> Ibid.

two radically different understandings of what constitutes the unconscious mind of humanity, the origins of human spirituality, and because its impacts on Jung would lead to the crystallization of his beliefs in the mythological dimensions of the human psyche. He would call his novel theoretical understanding of the psyche “analytical psychology.” Jung’s *Red Book*, one of his most famous works, vividly documents the process of his psyche’s breakdown throughout his time in isolation after his painful split with Freud:

“In the middle of this maelstrom of fear, loneliness, alienation, and humiliation, he did something that took enormous courage. He ‘let himself drop’ into his inner world and into the shameful feelings and fantasies produced by it— trusting that perhaps this act of surrender might lead him back to his more whole and authentic self.”<sup>36</sup>

Jung began having dreams, visions, and fantasies, which at times overwhelmed him. He began noticing themes in the individual characters that appeared to him throughout his dreams specifically, and eventually he learned to engage with these images and figures that were presented to him in a manner that enabled him to receive their “guidance.” Their guidance eventually allowed him to piece himself together, so to speak, and his over all process during this time would become an important foundation for his later theories of the psyche. In order to honor the spiritual experiences he had during this time, as well as those of his patients who had also encountered similar types of spiritual experiences, he divided the unconscious into the “personal unconscious,” which consisted of one’s individual psychic contents that had once been conscious but then forgotten and repressed, and the “collective unconscious.” He believed that the collective unconscious was the wellspring of human religiosity and the source of all spiritual

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<sup>36</sup> Kalsched, Donald. *Trauma and the Soul*, 166.

experiences. He also believed that it was shared by all of humanity and could, if one had the ability to properly access and engage with it, provide guidance through psychological hardship:

“Jung came to believe that all human beings are equipped with a religious instinct that is just as strong and important as the other instincts, and that the ‘objects’ of this instinct are those mysterious numinous experiences at the core of all the living religions of the world.”<sup>37</sup>

The core spiritual elements of what Jung believed to constitute the collective unconscious and the individual’s ability to engage with them are the very reason that Freudian thinkers so vehemently ridiculed Jung and his ideas, but are also what set Jung so far apart from his counterparts during the psychoanalytic movement. Jung’s framework provides us with a perspective not only that the human psyche is deeply spiritual in nature, but also that the recognition of its spiritual dimensions is integral to its overall wellbeing. With a better grasp of the origin’s of Jungian psychology, we can now further break down its basic premises and elaborate on how they shed light on the somatic elements of traumatic experience, and specifically how Kalsched incorporates them into his work. The most relevant concepts within the specific Jungian works we will be looking at to help frame our psycho-spiritual approach to understanding trauma are Jung’s ideas of archetypes of the collective unconscious, and his understanding of the relationship between the human psyche and body.

### Donald Kalsched’s Background in Analytical Psychology

Donald Kalsched has been practicing Jungian analysis for over four decades and specializes in working with early childhood trauma. He received a BA in Philosophy at the University of Wisconsin, went on to receive a Masters in Divinity with a focus in Psychiatry and

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<sup>37</sup> Ibid.

Religion from Union Theological Seminary in New York City, and eventually earned his Ph.D. in Clinical Psychology. Like Van der Kolk, Kalsched worked with combat veterans at the New York VA during his education. Following his graduate studies, he became trained in Jungian analytical psychology at the C.G. Jung Institute in New York and soon after became actively involved as a faculty member and supervisor of the institute. Throughout his academic and professional career, his interests were in early childhood trauma, Jungian perspectives in emerging trauma paradigms, psycho-analytic education, dream interpretation, and the transpersonal and mystical dimensions of psychotherapy. Today he continues to teach at the graduate level, has a private practice of analytical psychology, and continues to write and lecture. His two seminal works, *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit* (1996), and *Trauma and the Soul: A Psycho-Spiritual Approach to Human Development and its Interruption* (2013) explore how Jungian Theory applies to trauma and its healing. Within these two books, Kalsched discusses what he calls “the self-care system,” which consists of the psyche’s self-regulatory processes in the face of overwhelming traumatic experience.

Though the self-care system will be discussed extensively below, he says that the fundamental purpose of it “is to keep an innocent core of the self out of further suffering in reality, by keeping it ‘safe’ in another world.”<sup>38</sup> This other world, Kalsched explains, may initially be valuable for the soul entrapped in a traumatic environment, but has negative consequences in the long run because of the dissociative forces it places upon the soul over time. These forces can take the form of “spiritual” or “numinous” inner voices, figures, and presences which support the individual internally when there is no available support in the world outside them, as in the case of trauma. However, they can also become negative and persecutory voices

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<sup>38</sup> Kalsched, *Trauma and the Soul*, 24.

that continue attacking the individual from within as a result of their vehement attempts to keep them from engaging with the outside world.

Throughout the following chapters, we will explore Jung's theories, Kalsched's self-care system, and the scientific research conducted by Van der Kolk which demonstrate the parallels between these scientific and spiritual approaches to understanding the psychosomatic nature of trauma. Though there may initially seem to be little foundation upon which to draw parallels between Van der Kolk's emphasis of body-focused approaches to the treatment of trauma and Kalsched's psycho-spiritual approaches, we will see that Jung's emphasis on the relationship between the psyche— and most specially on its unconscious elements— are intimately related to the health and wellbeing of the human body. The body and its relationship to trauma is not the primary center of Kalsched's focus, but he mentions its importance extensively throughout his works. In accordance with Jung's theoretical assertion that the psyche and the body are fundamentally impossible to separate, Kalsched provides evidence for this notion throughout his elaboration on the self-care system, as well as through numerous clinical vignettes. Both Van der Kolk's and Kalsched's paradigmatic approaches to trauma and its healing support the notion that the therapeutic process must involve the *felt, living, and sensory* experience of body, mind, and/or soul in the wake of devastating life events. The more this emphasis of each of these thinkers comes into view, the more we can see how the conventional Western therapies of talk therapy and the use of pharmaceuticals are invariably limited in their abilities to address the roots of trauma.



*“... Having a theory that honors the reality of the soul and the depth of the spirit becomes important. This theory can never be systematic or scientific because the soul and spirit are mercurial realities, quixotic, ineffable, and can never be pinned down. As the seat of our subjectivity, the soul can never be an object of investigation and scientific discourse. Like light itself, it lives ‘between worlds’—now particle, now wave—always evanescent, just out of reach, leading us both out into the world and back into the depth of ourselves. If we were wise we would probably keep silent about the soul and learn to listen. But this is impossible. We are compelled to talk about it, and so will.”*

*—Donald Kalsched, Trauma and the Soul, 22.*



## **Chapter 2: Drawing Theoretical Parallels Between Scientific Paradigms of Van der Kolk and Psycho-spiritual Paradigms of Jung and Kalsched**

In the previous chapter we described the backgrounds of Van der Kolk, Jung, and Kalsched. We will now begin identifying important parallels between the empirical and scientific research discussed by Van der Kolk, and the psycho-spiritual forces that analytical psychology sees as an essential component in the relationship between mind and body. To begin, we will explore how each thinker generally defines and addresses trauma throughout their work, and will further explore their reasoning as to *why* trauma is psychosomatic in nature.

### How do Van der Kolk and Kalsched define trauma?

Coming from a background in Western medicine, psychiatry, and psychology, Van der Kolk's theoretical understanding of trauma throughout his seminal work *The Body Keeps the Score* is largely founded on empirical research based evidence in neuroscience and longitudinal case studies. We will see how he explains trauma as being a psychosomatic phenomena through neuroimaging studies, longitudinal case studies, and clinical vignettes, but for now will focus our attention on the general ways he defines trauma throughout his work. "By definition," Van der Kolk asserts, "[trauma] is unbearable and intolerable."<sup>39</sup> Throughout his work, the types of trauma patients he has worked with span a wide diversity and he refers to combat veterans, rape victims, survivors of intense physical injury, plane crash survivors, victims of chronic childhood abuse and neglect, and more. While no trauma victim chooses to be dominated by the impacts of their devastating past experiences, he explains that

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<sup>39</sup> Van der Kolk, *The Body Keeps the Score* 1.

“The part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial. Long after a traumatic experience is over, it may be reactivated at the slightest hint of danger and mobilize disturbed brain circuits and secrete massive amounts of stress hormones. This precipitates unpleasant emotions intense physical sensations, and impulsive and aggressive actions. These post-traumatic reactions feel incomprehensible and overwhelming. Feeling out of control, survivors of trauma often begin to fear that they are damaged to the core and beyond redemption.”<sup>40</sup>

Through the diversity of scientific studies and clinical vignettes he provides throughout his work, he illumines a diversity of ways this intimate relation between trauma and its psychosomatic impacts manifests throughout people’s lives. He includes numerous neuroimaging studies which depict how different brain structures change as a result of trauma, explains how trauma victims can get stuck in different physiological states and why this can wreak havoc on one’s mental and physical health. Given these profound psychosomatic implications of trauma, his work thus emphasizes why the body must be used as an integral tool in any individual’s trauma healing journey and discusses numerous alternative body-oriented healing modalities. Because trauma results in a fundamental reorganization of the way brain, mind, and body manage perceptions, Van der Kolk contends that therapies must work at the level of bringing about reorganization of the neurobiological systems that have been disrupted. Some of the therapies he discusses include yoga, theatre, massage, EMDR, and more. A deeper investigation of these alternative therapies and why they are so effective in healing trauma will be the main focus of chapter 4.

Kalsched’s understanding of trauma on the other hand, is less centered around its psychosomatic constituents but nonetheless refers to this theme numerous times throughout his

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<sup>40</sup> Van der Kolk, *The Body Keeps the Score*, 2.



work. As a Jungian thinker, he adopts a psycho-spiritual understanding of trauma which serves as the essential foundation of the way he works with patients. He uses the word “trauma” in reference to “mean any experience that causes the child [though he refers throughout his works to all ages] unbearable psychic pain or anxiety.”<sup>41</sup> According to his definitions, the magnitude of this trauma can vary from

“the acute, shattering experiences of child abuse... to the more ‘cumulative traumas’ of unmet dependency-needs that mount up to devastating effect in some children’s development, including the more acute deprivations of infancy described... as ‘primitive agonies,’ the experience of which is ‘unthinkable. The distinguishing feature of such trauma... is called ‘disintegration anxiety,’ unnameable dread associated with the threatened dissolution of a coherent self.”<sup>42</sup>

What’s useful about considering Kalsched’s definitions of trauma in our comparative synthesis is that his go beyond the types of intense and acute traumas primarily discussed by Van der Kolk. Rather, he extends his definitions to encompass subtler forms which can either be less acute and cumulative, or even existential in nature. While Kalsched also addresses the “forces” underlying trauma’s psychosomatic nature as being based in the rewiring of the brain, mind, and body, he primarily describes them as being spiritual phenomena: “...the traumatized soul, in its suffering descent between Heaven and Hell in psychotherapy, will sometimes find itself surrounded by powerful dark forces that resist healing, and this is also a spiritual problem.”<sup>43</sup>

Kalsched does not deny the psychosomatic constituents of trauma from a scientific perspective throughout his work (and in fact references them thoroughly in some parts of his

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<sup>41</sup> Kalsched, Donald. *The Inner World of Trauma: Archetypal Defenses of the Personal Spirit*. Hove: Routledge, 1996, 1.

<sup>42</sup> Ibid.

<sup>43</sup> Kalsched, *Trauma and the Soul*, 3.

work), but rather poses that healing trauma must be understood at the level of the soul and spirit in addition to these more materialistic perspectives. He does so from the perspective of Jungian psychology, which was briefly described in the above chapter, and specifically uses a theoretical structure he calls the *archetypal self-care system* to describe why the psyche's well intentioned defensive mechanisms can begin to work against the patient in the case of overwhelming trauma:

“The self-care system performs the self-regulatory and inner/outer mediation allow functions that, under normal conditions, are performed by the person's functioning ego. Here is where a problem arises. Once the trauma defense is organized, all relations with the outer world are ‘screened’ by the self-care system. What was intended to be a defense against further trauma becomes a major resistance to all unguarded spontaneous expression of self in the world.”<sup>44</sup>

Like Jung's idea that archetypes (which will be discussed in depth below) are common across all cultures and humanity at large, Kalsched believes that the self-care system is also a universal construction of the inner psyche. Furthermore, these forces come from the “collective unconscious,” which if we recall from above, Jung considers to be the wellspring of human religiosity and spiritual experience at large. Additionally, he asserts that though these archetypal defenses enable some type of survival in one's daily life, they do so “at the expense individuation...at the expense of personality development.”<sup>45</sup> In so doing, and this is an essential component of Kalsched's psycho-spiritual framework of trauma, victims frequently retreat into a “spiritual world,” which we could essentially equate with a closer relationship with contents of the collective unconscious, that lies alongside everyday reality. As such, the unconscious and suppressed elements resulting from past traumatic experiences can either be persecutory and take

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<sup>44</sup> Kalsched, *The Inner World of Trauma*, 4.

<sup>45</sup> Kalsched, *The Inner World of Trauma*, 38.

the form of inner tormenting voices, or they can be protective which support them internally due to the lack of support in the world outside them. In order for the traumatized individuals to redeem themselves, Kalsched believes patients must engage with the “mythopoetic world” of the unconscious which speaks in the language of dreams, metaphor, art, poetry, and symbolism. As Kalsched explains, this mytho-poetic language

“taps a *daimonic* stratum of the psyche— one typical of those collective patterns that organize the deep layers of the mind. They are impersonal, or rather perhaps pre-personal, layers of the body/mind, and they provide a matrix and resource for the traumatized soul ‘in another world’ before it can return to or enter ‘this one.’”<sup>46</sup>

Here we see a reiteration of Jung’s emphasis on the importance of imagination and symbolism within the process individuation, the individual’s journey to self-realization as they slowly unify the “opposites” of the conscious and unconscious, psyche and soma, divine and human.<sup>47</sup> In sum, we could say that trauma, according to Kalsched, results in the activation of archetypal defenses which impede the process of individuation by in essence self-sabotaging the psyche. An additional outcome of trauma can be one’s opening of and escaping into a side by side spiritual world that can either aid or degrade the psyche in its progression towards individuation. Fundamentally, to redeem the wholeness of the psyche in the wake of trauma, it must engage with a mytho-poetic and symbolic language that enables it to receive guidance for its healing.

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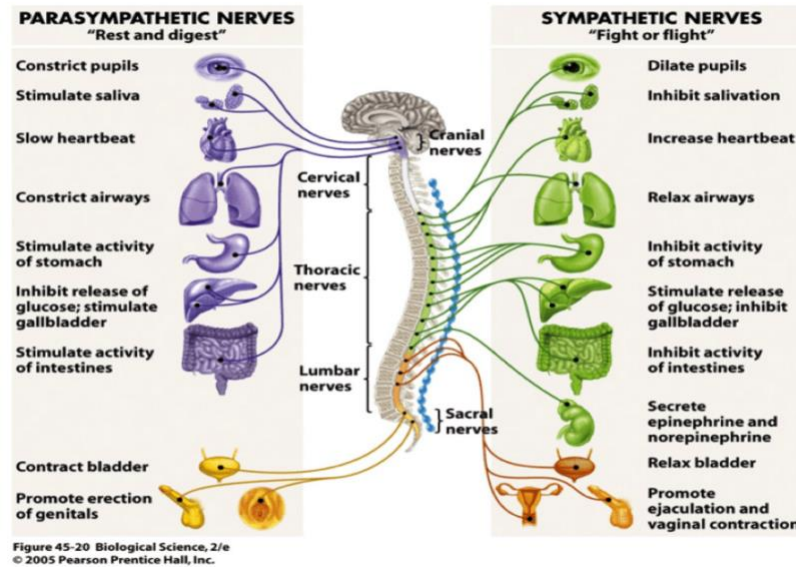
<sup>46</sup> Kalsched, *Trauma and the Soul*, 5.

<sup>47</sup> “Individuation and the Self.” Society of Analytical Psychology. Accessed April 28, 2020. <https://www.thesap.org.uk/resources/articles-on-jungian-psychology-2/about-analysis-and-therapy/individuation/>.

### Van der Kolk's Scientific Perspectives of the Psychosomatic Nature of Trauma

With a better understanding of Van der Kolk's and Kalsched's general definitions and understandings of trauma, we can begin exploring specific parallels throughout their works. A convenient segway into this discussion will be to explore how each thinker explains the mind-body connection within their frameworks. At first, we will answer this question independently of its relationship with trauma, and will look only at the theoretical grounds of each thinkers' understanding of the mind body connection. While Van der Kolk discusses this psychosomatic relationship from the perspective of Western science, primarily through discussing the function of the autonomic nervous system (ANS), the brain structures associated with its regulation, and how they become disrupted as a result of trauma, Kalsched primarily discusses the topic from the perspective of Jungian psychology which holds a strong emphasis on the relationship between psyche and body. We will first summarize the basic scientific principles and theories Van der Kolk addresses throughout his work to demonstrate how the mind, brain, and body are connected via the ANS. We will follow by exploring some of Jung's primary sources which demonstrate what he believed about the connection between psyche and the body, and how Kalsched builds upon these ideas in his own work.

*The Autonomic Nervous System (ANS)*



*Diagram of the ANS, its two branches, and its functions<sup>48</sup>*

In order to gain a better understanding of trauma's impacts on our brains, minds, and bodies, it will be essential to address the role of the autonomic nervous system (ANS), and how it is intended to properly function. The ANS is a division of the nervous system in vertebrates responsible for regulating our over all stress response and physiological state. It can be further divided into two branches known as the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). The SNS is responsible for arousal of the nervous system, and mediates vigilance, activation, and mobilization. Also known as the "fight or flight" system, it is the branch of the ANS that prepares vertebrates to either defend themselves in the face of threat, or to flee from it. In order to prepare one to respond to threat, the body releases

<sup>48</sup> "How Do Healing Modalities Work? Your Autonomic Nervous System Explained -." Four Directions Wellness, July 13, 2017. <https://fourdirectionswellness.com/2016/10/18/healing-modalities-work-autonomic-nervous-system-explained/>.

stress hormones such as adrenaline to divert blood flow from visceral organs and towards muscles, dilates the pupils, and increases heart rate and blood pressure.

The other branch of the nervous system, the PNS, works in opposition to the SNS and helps to bring the body back into homeostasis after arousal. When the parasympathetic state is active it helps to mediate calmness and restoration, promoting self-preservative functions like digestion, wound healing, and restfulness. When functioning properly, the ANS oscillates between these two states; engaging the SNS in times of arousal and mobilization, and the PNS in times of calmness and restoration. Though the SNS is also known as the “fight or flight,” it is always in synchrony with the PNS throughout our daily lives, even when no threat or stressor is present. During exercise, a lively conversation, and even in the face of subtle perceived threats for example, the activation of the SNS is what enables us to mobilize ourselves during aroused states, while the PNS is what enables us to return to a regulated and restorative state. This synchrony is in constant oscillation, down to the very fluctuation of our breath, with the SNS being activated when inhaling, and the PNS when exhaling.<sup>49</sup>

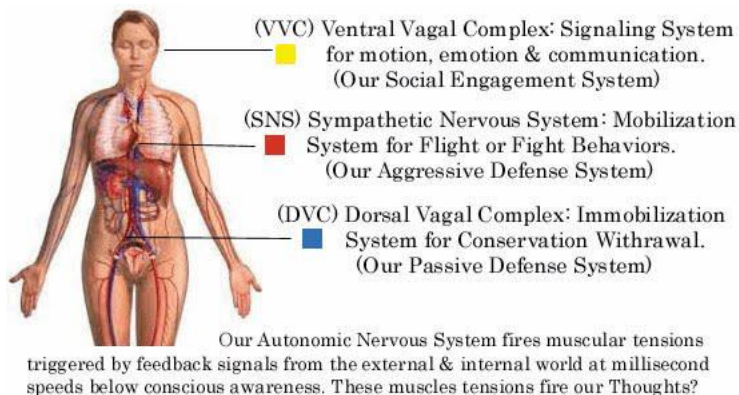
The brain is always processing incoming stimuli from the outer environment and assessing whether or not it poses as a threat or danger. Depending on the level of threat this incoming stimuli places on the individual, either the PNS or SNS system will be activated. As such, the proper functioning of the ANS is dependent upon the brain structures responsible for deciphering whether or not an individual is in a stressful environment. These brain structures and the physiological responses they correlate to can begin breaking down in the case of traumatized individuals. As will be discussed in further detail below, when these structures break down, this can result in perceiving stimuli as threatening when no real danger is present. The chronic firing

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<sup>49</sup> Van der Kolk *The Body Keeps the Score*, 79.

of stress hormones into the body that occurs when this is the case, is the foundation of many stress-related health diseases.

### *The Polyvagal Theory*



*Diagram of the three divisions of the Vagus nerve according to the Polyvagal Theory. They exist in evolutionary hierarchy, with the oldest system being the DVC and the youngest being the VVC.*

To further break down the functioning of the SNS and the PNS and how trauma can result in a fundamental reorganization of the way brain, mind, and body oscillate between these two systems, we can look to the Polyvagal Theory. Developed by Stephen Porges Ph.D., the Polyvagal Theory has become a key component to understanding trauma's psychosomatic impacts. It provides a scientific platform which explains the wide array of different responses individuals can experience as a result of trauma from a neurobiological perspective; ranging from dissociated states, hyper arousal, and difficulties socializing with others. As such, it has helped researchers better understand why the body and its physiological regulation are such essential aspects of any individual's healing process.

The theory is named after the vagus nerve, a many-branched nerve that extends from our brain down into nearly every organ of our body (Poly- Latin for many, and Vaga- Latin for wandering, in reference to the many endings of this nerve throughout the body). Fundamentally

what the Polyvagal Theory explains is why the oscillation and regulation of the SNS and PNS can become disrupted as a result of traumatic experience. This theory helps us understand why this is the case by dividing the PNS into two further sub-systems which are activated at different levels of stress; thus demonstrating three possible physiological responses to stress. Though the PNS has long been considered to function as the body's restorative system after times of arousal, which is the case with one of these systems, it has been demonstrated that overwhelming traumatic experience can activate another branch of the PNS which leads to a complete immobilization response as a final attempt of protecting oneself in the face of danger. (see figure above). It is one of the 12 cranial nerves whose function in the body is to mediate bidirectional communication between the brain and sensory input from our organs and overall internal state. By evolutionary hierarchy, it is meant that each of these three states evolved at different points in our evolutionary history, and that the more primitive states overpower more evolved and refined ones in the face of overwhelming threat. When not in the face of perceived or actual threat, the first of these sub-system activated, and the most recently acquired in our evolutionary history, is known as the "ventral vagal complex," or VVC. This branch of the vagus nerve is responsible for sensory communication between the heart, lungs, and facial muscles and serves to regulate what is called the "social engagement system," which allows us to perceive others' facial expressions and tones of voice as indications of whether or not our environment is safe.<sup>50</sup> Only mammals have this system at their disposal, because of its association with facial expression and societal engagement. It is a branch of the PNS, and thus allows for the mediation of restorative and restful states. As Van der Kolk explains:

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<sup>50</sup> Stephen Porges, *The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe* (W. W. Norton & Company) 31.



“When the VVC runs the show, we smile when others smile at us, we nod our heads when we agree, and we frown when friends tell us of their misfortunes. When the VVC is engaged, it also sends signals down to our heart and lungs, slowing down our heart rate and increasing the depth of breathing. As a result, we feel calm and relaxed, centered, and pleasurable aroused.”<sup>51</sup>

As such, when functioning normally the VVC is what enables us to be attuned to the environment around us; it both informs us of potential threats, while allowing us to engage in harmonious social relationships when safety is perceived. This function of the vagus nerve is often referred to as the “vagal brake,” because it keeps the heart rate from accelerating as in times of sympathetic arousal.

In the face of threat however, as is the case with traumatic experiences which offer no social cues available to indicate whether or not a situation is safe, the engagement of the VVC is turned off and the next evolutionary stress response system is activated. As discussed above, this system is the “fight or flight” response of the SNS and is responsible for preparing an organism to defend itself, either through directly confronting the stressor or fleeing from it. This is the second oldest system to evolve in animals, and therefore only overpowers the social engagement system when activated. When it is activated, the body releases large amounts of stress hormones in order to prepare the organism for protection. While the secretion of these stress hormones plays a vital role in the survival of the organism when these hormones are actually *used* through mobilization and action, they can wreak havoc if they are constantly being released into the body while the individual is unable to use them; as is the case in traumatic situations where one does not have a means of escape.

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<sup>51</sup> Van der Kolk, *The Body Keeps the Score*, 83.

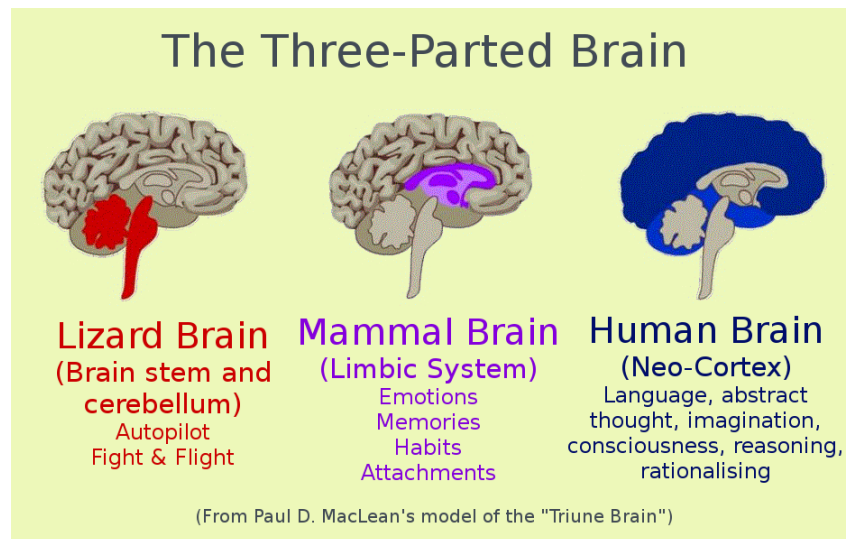
The final possible physiological state our bodies will turn to in the face of extreme threat in which we are unable to defend ourselves or flee from the situation, is called the dorsal vagal complex (DVC) and leads to complete immobilization and shutdown of our bodily systems. It is considered a branch of the PNS because of how drastically it slows our body's metabolisms, but does so to the point of completely immobilizing our bodies; either to the point of dissociation, numbness, or completely passing out. The evolutionary benefit of this type of response is to conserve energy and metabolic resources for a time when the organism would be able to defend itself, as well as to "play dead" so that a predator would lose interest in its prey. This type of response is evident in smaller animals like opossums or mice which frequently turn to "death feigning" in attempts of protecting themselves (hence the term "playing opossum").

Understanding the body's ability to go in and out of these three states in the face of overwhelming experience is integral to understanding the neurobiological facets of trauma and the body's role in the healing process. An important point to consider when understanding the different times in which these three systems are activated is that the organism does not *consciously choose* which state to turn to in the face of perceived or actual threat. It is regulated by one of the brain's most primitive regions known as "limbic system" which is responsible for emotions, monitoring danger, judging what is pleasurable or scary, and deciphering what is essential for survival purposes.<sup>52</sup> This system sits just above the "reptilian brain," composed of the most primitive of our brain structures, and is responsible for the upkeep of our basic bodily functions such as eating, sleeping, breathing, feeling temperature, sensing pain, defecating, and ensuring that all life-sustaining bodily functions are maintained. Van der Kolk calls the combination of the limbic system and reptilian brain the "emotional brain" and explains that it

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<sup>52</sup> Van der Kolk, *The Body Keeps the Score*, 56.

“jumps to conclusions” without the use of rational thought which is mediated by a region of the brain known as the “prefrontal cortex.” The division of these brain structures into an evolutionary hierarchy is known as the “Triune brain.”



*Diagram of the Triune Brain Model<sup>53</sup>*

The cascade of physiological responses the emotional brain can activate throughout the body in the face of real or perceived threat are automatic and are mediated through a process called “neuroception,” wherein the nervous system evaluates risk of one’s environment without requiring cognitive awareness. Additionally, it uses the sensations of bodily experience to gauge whether or not a situation is threatening. Because these systems are attuned to the *perception* of our environment and not the reality of it, it is not uncommon for them to be momentarily activated as a result of faulty threats. A common example used is the activation of the fight or flight response when coming across a snake— jumping back in terror, feeling one’s heart rate increase— only to eventually notice that the “snake” is nothing more than a harmless coiled rope. In one whose stress responses are functioning normally, their physiological arousal to this

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<sup>53</sup> “Triune-Brain.” Quillette, August 28, 2018. <https://quillette.com/2018/08/27/taming-the-lizard-brain/triune-brain/>.

type of perceived threat would quickly return to normal after seeing that no danger is in fact present. In traumatized patients however, the natural regulation of these three systems and the ability to come out of the fight or flight response or immobilization response through the use of higher evolved brain structures which use social cues and rational thinking begins to break down. Like the three stress response systems mediated by the vagus nerve, in which the oldest within their evolutionary hierarchy overpower the newest ones, these three parts of the brain function in a hierarchical fashion wherein older structures overpower younger structures. This means that the more refined structures of the prefrontal cortex which can use rational thought in order to assess the extent of danger in a situation will be overpowered by the stress response of the limbic system. Because these systems exist in an evolutionary hierarchy, as discussed above, in which the more primitive stress responses (the fight or flight response of the SNS, and the immobilization response of the DVC), their activation strongly inhibits the social engagement system which allows us to receive social cues from our environment as an indication of safety. For an individual stuck in fight or flight response of the sympathetic nervous system, they might constantly be hyper vigilant of potential “dangers” in their environment long after a traumatic event has passed, because of their inability to access the social engagement system and or higher functioning processes of the prefrontal cortex. With the brain structures in the prefrontal cortex going offline, individuals can lose access to cues from their environment which indicate a stressor is no longer present, thus leading to the activation of different bodily stress responses. On the contrary, someone who has been a victim of chronic abuse might have a very difficult time exiting the immobilization state mediated by the DVC and often experience feeling numbness and or dissociation from their bodily experiences.<sup>54</sup> Thus, in trauma, individuals can

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<sup>54</sup> Levine, Peter A., and Maté Gabor. *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*. (Berkeley, CA: North Atlantic, 2010), 102.

become stuck in either a hyper-arousal state, as is often the result with victims of single acute traumatic events, or stuck in a immobilization/ shutdown response, as often occurs with victims of chronic and ongoing trauma. In either case, because the organism uses neuroception in order to assess the level of stress in its environment, and thus depends on its internal bodily experience as an indication of the danger in a given environment, the internal bodily state in and of itself becomes enough to traumatize the individual:

“...traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside... The more people try to push away and ignore internal warning signs, the more likely they are to take over and leave them bewildered, confused, and ashamed. People who cannot comfortably notice what is going on inside become vulnerable to any sensory shift either by shutting down or by going into a panic—they develop a fear of fear itself.”<sup>55</sup>

Because these two states involve the brain structures and sub-systems of the ANS that evolved before the higher evolved systems associated with facial expression and cognitive thinking, it makes it very difficult to get out of these states through therapeutic approaches such as talk therapy. Additionally, because trauma responses impact the organism at deeper levels of neurobiological reorganization than just the cognitive and rational brain, this illumines the essentiality of therapies that work at the level of recalibrating the brain’s and body’s ability to process sensory information from its environment, rather than solely at the level of verbal and linguistic communication.

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<sup>55</sup> Van der Kolk, *The Body Keeps the Score*, 99.

*Psychosomatic illness*

We have demonstrated how the brain and body can remain stuck in traumatized states long after the stressors have passed, but the question of how this corresponds to the emergence of psychosomatic illnesses still remains. Neurobiologically speaking, the answer lies in looking at the relationship between stress hormones and the ways in which they impact the body in large and chronic amounts. While stress hormones serve a purpose when they are able to be used for mobilization and defense, they can begin wreaking havoc on various bodily systems when they are released in situations during which they cannot be used. Though traumatized individuals may cognitively feel that they are no longer in a stressful environment, their deeper brain structures and older stress response systems are still firing as if danger is present. This can happen up to years and even decades after a traumatic event has passed:

“Their bodies register the threat, but their conscious minds go on as if nothing has happened. However, even though the mind may learn to ignore the messages from the emotional brain, the alarm signals don’t stop. The emotional brain keeps working, and stress hormones keep sending signals to tense for action or immobilize in collapse. The physical effects on the organs go unabated until they demand until they demand notice when they are expressed as illness.”<sup>56</sup>

The purpose of this release of stress hormones is to mobilize the body in the face of threat or danger. These hormones make available a wide array of metabolic resources that foster vigilance, aggression, and activation in the face of threat, and help to create internal physiological states essential to our survival. However, when these stress hormones remain in the body over long periods of time and in large quantities, as is the case with a traumatized

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<sup>56</sup> Van der Kolk, *The Body Keeps the Score*, 46.

individual whose brain and body is consistently entering the same physiological state they were in at the time of their trauma, they can begin wreaking havoc on a many different bodily systems, including the immune system, digestive system, and cardiovascular system. While decreases in blood flow to visceral organs, suppression of digestion, and increased heart rate serve an important role during activation of the fight or flight response, they begin breaking down these systems if chronically occurring. Throughout *The Body Keeps the Score*, Van der Kolk provides many examples of traumatized patients who experienced unpleasant psychosomatic symptoms. Generalizing on this point, Van der Kolk explains:

“Somatic symptoms for which no clear physical basis can be found are ubiquitous in traumatized children and adults. They can include chronic back and neck pain, fibromyalgia, migraines, digestive problems, spastic colon / irritable bowel syndrome, chronic fatigue, and some forms of asthma.”<sup>57</sup>

In chapter 3, we will look at longitudinal case studies conducted by Van der Kolk which demonstrate the significantly higher prevalence of physical diseases amongst individuals with trauma histories than those without.

### Jung’s and Kalsched’s Psycho-Spiritual Understanding of the Psychosomatic Nature of Trauma

Now that we have explored the basic premises of Van der Kolk’s psychosomatic model of trauma, we will look at how Jung and Kalsched consider the relationship between psyche and

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<sup>57</sup> Van der Kolk, *The Body Keeps the Score*, 100.

body. We will begin by summarizing some important concepts within Jungian theory and will then apply these to how Jung and Kalsched understand the psychosomatic nature of trauma.

*Concepts in Jungian Theory Relevant to Understanding  
the Connection Between Psyche and Body*

One of the most influential aspects of Jung's work is his addition of the collective unconscious to his "map" of the human psyche. As briefly mentioned above, Jung believed that in addition to the conscious and personal unconscious minds, this third psychic system has

"a collective, universal, and impersonal nature which is identical in all individuals. This collective unconscious does not develop individually but is inherited. It consists of pre-existent forms, the archetypes, which can only become conscious secondarily and which give definite form to psychic contents."<sup>58</sup>

Through his extensive studies in mythology and religion, as well as through observing the emergent themes and patterns throughout his own spiritual experiences and those of his patients, Jung saw that there were certain universal forces that seemed to shape psychological experience and the psyche at large. He called these forces the "archetypes," and believed them to be universal forms that could be found across all human cultures. From one of his most popular works about the collective unconscious, he writes:

"From the unconscious there emanate determining influences which, independently of tradition, guarantee in every single individual a similarity and even a sameness of experience, and also of the way it is represented imaginatively. One of the main proofs of this is the almost universal

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<sup>58</sup> Jung, C. G. *The Archetypes and the Collective Unconscious*. Princeton, NJ: Princeton University Press, 1980. 43.



parallelism between mythological motifs, which, on account of their quality as primordial images, I have called *archetypes*.<sup>59</sup>

Though we will briefly explain them now, the way Jungian analysts work with the archetypes will become clearer throughout our discussion of Donald Kalsched's work. Some of these archetypes include "the divine child, the great mother, the maiden, the witch, the warrior, the trickster, the fool, the wounded healer, the king, the queen, the wise old man," and the Self.<sup>60</sup> However, Jung explains that there "are as many archetypes as there are typical situations in life."<sup>61</sup> To the individual, the archetypes do not appear "in the form of images filled with content, but at first only *as forms without content*, representing the mere possibility of a certain type of perception and action."<sup>62</sup> In other words, the archetypes are never evident in their absolute nature, but rather can only be seen in through the ways they were "refracted" within the psyche in the form of religious stories and mythologies, as well as in literature, art, and dreams. The collective unconscious and its archetypes may not be immediately evident or observable in their absolute forms, but they nonetheless communicate with us in the psychological mediums described above.

Jung believed that when an archetype is activated through any of the above mediums, that the individual can gain insights into their own psychic nature so long if one allows their meaning to "move through" the individual:

"When a situation occurs which corresponds to a given archetype, that archetype becomes activated and a compulsiveness appears, which, like an instinctual drive, gains its way against all

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<sup>59</sup> Jung, Carl. *The Archetypes and the Collective Unconscious*, 58.

<sup>60</sup> Cortright, Brant. *Psychotherapy and Spirit*. First edition. Albany New York: State University of New York Press, 1997. 83.

<sup>61</sup> Jung, Carl. *The Archetypes and the Collective Unconscious*, 48.

<sup>62</sup> *Ibid.*

reasons and will, or else produces a conflict of pathological dimensions, that is to say, a neurosis.”<sup>63</sup>

In other words, in order for archetypal contents from the collective unconscious to be of therapeutic value to the individual, one must allow its associated affects (feelings and emotions) to be felt and experienced; the failure to do so, as Jung explains, might result further psychological disarray. As we will see in chapter 4 which considers Kalsched’s clinical vignettes, it’s not uncommon for patients to experience transformative cathartic releases in working with the archetypal figures revealed to them in dreams, visions, and artistic ideas. In the dreams and visions Jung had during his isolation period following his split with Freud for example, the different figures that kept presenting themselves could be considered manifestations of these archetypes that were presenting him with potent spiritual forces that enabled him to continue on the process of individuation. According to Jung, psychological health is considered a product of being able to work with the archetypes in such a way that they are allowed to help shape our psychological experiences by guiding our thoughts, feelings, and actions. If, for example, one has a dream with a particular archetypal figure, Jung would consider this a form of “communication” from the unconscious mind which could inform the individual of their inner, and perhaps until then suppressed, psychological life. He did not, however, believe that dreams were merely a distortion of conflicting tendencies within the psyche that had to be analyzed and reduced to discover the underlying psychological factors they symbolized. Unlike this Freudian perspective, Jung believed that dreams and other manifestations of the unconscious mind were more than just reflections of suppressed unconscious material. Rather, they were in essence forces coming from the collective unconscious whose manifestations and lessons were in and of

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<sup>63</sup> Ibid.

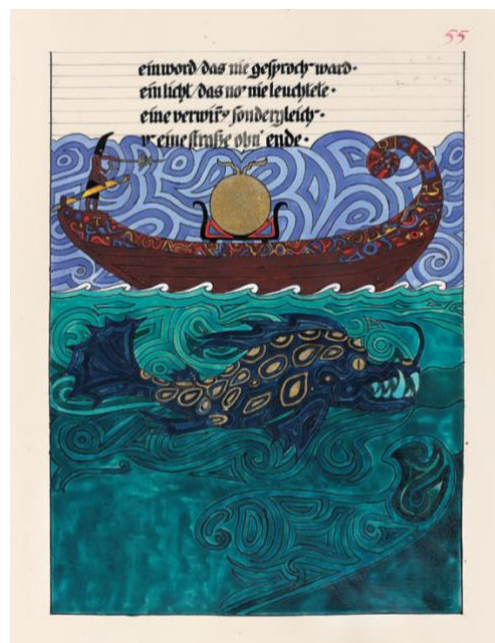
themselves complete. This is why Jung in general held a strong emphasis on the imaginal realms of human life like art, poetry, literature, dreams, and mythology, both throughout his theoretical work and throughout working with his patients. Though their messages often went beyond what could be verbally communicated or expressed, Jung

believed that these irreducible forms of communication were complete in and of themselves, and that they spoke in a “language” that did not require reduction or analysis.<sup>64</sup> This being said, the role of the analyst in analytical work helps guide patients to a deeper understanding of what their dream contents might hold for them in light of their own lives and past experiences.

Though analysis does occur through discussing dreams and through exploring their deeper meaning between the patient and the analyst, it is ultimately to bring the former

to a deeper experience of their own feeling and understanding of what the psychical message of the dream is for *them*. As will be shown in chapter 4, these insight can powerfully transform individuals’ relationships with past traumas.

In sum of Jung’s theories on the collective unconscious, the archetypes, and how the two can be used in a therapeutic manner in psychical healing, it is through being able to work with archetypal signs that emerge from the unconscious that enables psychological health to be restored. Through allowing them to move through and communicate with the individual, giving shape to thoughts, feelings, and actions, psychological experience can open to the archetypal



*One of Jung’s own paintings:  
“Incantations 55”*

<sup>64</sup> Falzeder, Ernst. “Freud and Jung, Freudians and Jungians. *Jung Journal: Culture & Psyche*, Vol. 6, No. 3 (Summer 2012), pp. 24-43.

forces emerging from the collective unconscious. Psychological pain, according to Jung, results when individuals begin stagnating in only one or a few of the archetypes, and when they are unable to embrace the psychical forces being presented.<sup>65</sup> Understanding the role of archetypal forces and their ability to flow through the psyche for psychological health will be helpful when exploring the works of Donald Kalsched, who has specifically developed what he calls *the psyche's archetypal self-care system*, which he describes as the system of archetypal “preservative operations” activated in the human psyche in the face of traumatic events.

Historically, analytical psychology in practice has seen a lack of attention to the body and bodily experience in spite of numerous references made by Jung throughout his works on the relationship between the human psyche and body.<sup>66</sup> This is likely a result of the fact that for Jung, the body-mind problem always seemed to be a philosophical and theoretical matter rather than a clinical one.<sup>67</sup> However, the field is beginning to more commonly acknowledge the essentiality of acknowledging the body into analytical practice as a result of both emerging scientific research on the intimate relation between psychological experience and the human body, and broader paradigmatic shifts within Jungian psychology at large. Luckily there is a budding diversity of the ways in which Jung's ideas on the connection between psyche and soma have been applied to clinical work. Prior to elaborating on clinical examples from the thinkers that bring to life Jung's notions of this psychosomatic connection, we will explore these ideas as they appear throughout some of his primary sources.

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<sup>65</sup> Ibid.

<sup>66</sup> Sassenfield, A. (2008). The body in Jung's work: Basic elements to lay the foundation for a theory of technique. *Journal of Jungian Theory and Practice*, 10(1), 1-13.

<sup>67</sup> Ibid.

*The Psychosomatic Connection Throughout Jung's Primary Works*

Throughout his works, Jung frequently asserts the intimate relationship between mind and body, even at times emphasizing the difficulty in separating the two at all. In one lecture, he writes:

“I start with the conviction that man has also a living body and if something is true for one side, it must be true for the other. For what is the body? The body is merely the visibility of the soul, the psyche; and the soul is the psychological experience of the body. So really it is one and the same thing.”<sup>68</sup>

In considering other dimensions of Jung's theories, such as the shadow, the unconscious, the collective unconscious, and other aspects of the psyche, it may initially be difficult to conceptualize their relation to the body. However, throughout his writings Jung strives to emphasize how all psychic phenomena invariably manifest on the level of the body in some form or another:

“...This whole psychic organism [made up of consciousness, the personal unconscious, and the collective unconscious] corresponds exactly to the body, which always varies individually but which, besides this fact and in all essential features, is always *the* general human body.”<sup>69</sup>

This theme appears quite clearly as he discusses the relationship between the psyche's different parts, and at times was even quite anatomical in his manner of addressing the subject. For example in reference to the collective unconscious, he says despite

“its being everywhere...is located in the body; the sympathetic nervous system of the body is the organ by which you have the possibility of such awareness; therefore you can say the collective unconscious is in the lower centers of the brain and the spinal cord and the sympathetic system.”<sup>70</sup>

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<sup>68</sup> Jung, Carl Gustav, and James Louis Jarrett. *Jung's Seminar on Nietzsches "Zarathustra"*. Princeton, NJ: Princeton Univ. Press, 1998, 99.

<sup>69</sup> Jung, Carl. *The Structure and Dynamics of the Psyche*, 2<sup>nd</sup> edition. New York, New York: Princeton University Press, 175.

<sup>70</sup> Jung, Jarret. *Jung's Seminar on Nietzsches "Zarathustra,"* 175.

These assertions of Jung's pertaining to the relationship between the psyche and the body will help us understand how Kalsched's self-care system has important psychosomatic implications.

In addition to his awareness of the important role that that psychological phenomena has on the body and its nervous system— which clearly reflect the previously discussed scientific principles regarding the regulation of the autonomic nervous system which we now know today are central to our understanding of the mind-body connection and trauma— he also believed that the human psyche still contains archaic yet essential elements that once belonged to our evolutionary ancestors:

“Every civilized human being, whatever his conscious development, is still an archaic man at the deeper levels of his psyche. Just as the human body connects us with the mammals and displays numerous relics of earlier evolutionary stages going back to even the reptilian age, so the human psyche is likewise a product of evolution which, when followed up to its origins, show countless archaic traits.”<sup>71</sup>

If we consider Jung's idea that the psyche and body are in essence one and the same, we can see how this statement of his parallels both the Polyvagal Theory, which explains the evolutionary hierarchy of the three different stress responses to trauma common to all mammals, and the concept of the triune brain, which explains how the brain is structured from “bottom to top,” with the most primitive brain structures and their responses to threat and danger overpowering the more evolved structures and responses. Again, this point is essential to consider when discussing the human brain's, psyche's, and body's response to trauma because it explains why the more archaic counterparts of our psychological and physiological structures can overpower our more evolved and more “intelligent” ones. Clearly, Jung recognizes this as a

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<sup>71</sup> Jung, Carl. *Modern Man in Search of a Soul*. Eastford, CT: Martino Fine Books, 2017, 126.

profound point to acknowledge in considering how the psyche operates at the most fundamental level. In addition to Jung's notion that the collective unconscious is the universal and impersonal wellspring of mythology, spiritual experience, and other inherited psychic contents for humans, he believed that the collective unconscious may also have been shared with animals:

“The collective unconscious...as the ancestral heritage of possibilities of representation, is not individual but common to all [humanity] and perhaps even to all animals, and is the true basis of the individual psyche.”<sup>72</sup>

Jung even believes that if this was the case, it would be possible to directly experience the “psychology” of our primitive ancestors that still lay as a foundational structure of our psyche, through looking beyond its layers most immediately accessible to us:

“In [the psyche's] development and structure it still preserves elements that connect it with the invertebrates and even the protozoa. Theoretically it should be possible to ‘peel’ the collective unconscious, layer by layer, until we came to the psychology of the worm, and even of the amoeba.”<sup>73</sup>

We see here again another parallel between the notion that the human organism maintains its most archaic structures and dynamics at the center of how it functions. Whereas the Polyvagal Theory and the concept of the Triune brain demonstrate the principle that our organisms are still being governed by our most evolutionarily primitive mechanisms from a neurobiological perspective, Jung addresses the subject from the perspective of the psyche and the collective unconscious. Which, if we consider Jung's idea that the psyche and the body are in essence reflections of one another, we can see how these modern scientific frameworks of understanding

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<sup>72</sup> Jung, Carl. *The Collected Works of C.G. Jung: Complete Digital Edition*. Princeton University Press, 152.

<sup>73</sup> Ibid.

the relation between body and mind appear to confirm what Jung felt to be evident prior to the confirmation of such scientific empiricism.

Though not alive during a time when modern advances in neuroscience research were able to illumine the intimate relationship between mind and body in the ways they have today, Jung performed his own clinical research into the psychosomatic nature of emotions using the scientific technology available at the time. Jung looked at bodily processes such as electrical skin conducting and breathing patterns, and how they fluctuated in response to various emotional states, specifically with the activation of complexes,<sup>74</sup> similar to the experiment described by Van der Kolk above, though of course with less advanced technology. This early research further encouraged Jung throughout his work to explore the unitary relationship between the psyche and different bodily processes. As will be shown in the following sections which illumine clearer parallels between Jung's understandings of dynamics and structure of the human psyche and modern research in neuroscience, it is clear that he had a profound awareness of how intimately connected the human psyche and body were connected and that he recognized this throughout his work. He writes:

“I am personally convinced that our mind corresponds with the physiological life of the body, but the way in which it is connected with the body is for obvious reasons unintelligible. To speculate about such unknowable things is mere waste of time.”<sup>75</sup>

Suffice to say, though he did not need further convincing, Jung would likely have found a deep appreciation for the current scientific research that has shed light on just how profoundly the psychosomatic connection goes.

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<sup>74</sup> Sassenfield, A. (2008). The body in Jung's work: Basic elements to lay the foundation for a theory of technique. *Journal of Jungian Theory and Practice*, 10(1), 1-13.

<sup>75</sup> Jung, Carl. *Letters, Volume 2: 1951-1961*. (New York, New York: Princeton University Press, 1976), 159-161.



*Jungian Insights into Psychosomatic Illness*

The connection between mind and body as it pertained to physical illness is a pertinent subject throughout many of Jung's works. In one letter, he writes:

“regarding organic illness it can be stated with certainty that these things do at least have psychological syndromes, i.e., there is a concomitant psychic process which can sometimes also have an aetiological significance, so that it looks as though the illness were a psychic arrangement. At any rate there are numerous cases where the symptoms exhibit, in a positively remarkable way, a symbolic meaning even if no psychological pathogens is present.”<sup>76</sup>

Though he expresses the limitations of carrying applying this perspective to all illnesses, he nonetheless explains that recognizing the potential psychic factors involved in somatic illness are integral to its healing. Furthermore, he contends that confrontation of a physical illness along with its potential psychical counterparts could be integral to the healing process, or individuation process, as he would have called it:

“One cannot say that every symptom is a challenge and that every cure takes place in the intermediate realm between psyche and physis (mind and body). One can only say that it is advisable to approach every illness from the psychological side as well, because this may be extraordinarily important for the healing process. When these two aspects work together, it may easily happen that the cure takes place in the intermediate realm... In this case the illness is in the fullest sense a stage of the individuation process.”<sup>77</sup>

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<sup>76</sup> Jung, Carl. *Letters, Volume 1: 1906-1950*. (New York, New York: Princeton University Press, 1973), 428-29.

<sup>77</sup> Jung, Carl. *Letters, Volume I*, 429.

Additionally Jung contends that the suppression of difficult emotions within oneself invariably leads to illness, but on the contrary, that the recognition of pressing psychic contents could, in the presence of another, have great therapeutic value:

“To cherish secrets [of suffering] and to restrain restrain emotions are psychic misdemeanors for which nature finally visits us with sickness— that is, when when we do these things in private. But when they are done in communion with others they satisfy nature and may even count as useful virtues.”<sup>78</sup>

We see here a reflection of the overarching idea throughout the therapies Van der Kolk’s prescribes; namely, that integral to any individual’s trauma healing process is the *felt* recognition of devastating past events, the feelings, emotions, and sensations that they yield, and their associated somatic counterparts. Recall that Jung believes overall health of the psyche comes from the ability for the collective unconscious to communicate through mytho-poetic and symbolic languages, perhaps in the form of dreams, fantasy, or even religions and spiritual symbolism. At moments, it is clear that Jung views these imaginal and mythical constituents of the psyche to be deep reservoirs of healing, and that failing to engage with them can often lead to some form of illness. Regarding his own patients, he writes:

“Among all my patients in the second half of life...every one of them fell ill because he had lost what the living religions of every age have given their followers, and none of them has been really healed who did not regain his religious outlook.”<sup>79</sup>

As such, it is clear that Jung views the psychosomatic nature of the human being, and especially as it pertains to psychical and physical illness, to be a deeply spiritual phenomena.

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<sup>78</sup> Jung, Carl, *Modern Man in Search of a Soul*, 39.

<sup>79</sup> Jung, C.G. Letter dated November 12<sup>th</sup>, 1959. Published in the New York Times under the title “Crazy Times,” November 19<sup>th</sup>, 1993.

*Impacts of Trauma on the Soul According to Kalsched*

Now that we have created a better understanding of Jung's beliefs regarding the intimate connection between psyche and body and how psychical distress can often lead to physical illness, we will explore how these notions are likewise reflected throughout Kalsched's work. Numerous times throughout his works, he references the frequency with which his patients suffer from chronic psychosomatic symptoms in adulthood as a result of their childhood trauma. While he primarily does so from the perspective of the oftentimes demonic "inner voices" that trauma survivors experience as a result of their devastating past life events, he also addresses these concepts from a more scientific perspective. His concept of the self-care system is in many ways described as being a deeply psychosomatic phenomenon due to its involvement with the collective unconscious, and the collective unconscious' relationship with the body. Addressing the topic from a psycho-spiritual perspective, he explains:

"the slowly in dwelling soul can no longer afford to risk its descent into the body... The unfolding process of the soul's incarnation is temporarily suspended, and a second world is pressed into service to provide a mytho-poetic matrix for the soul."<sup>80</sup>

Here he is referencing the creation of archetypal psychical defense systems which serve to prevent the individual from confronting the devastating truth of his or her traumatic past. When this occurs, the painful-to-confront aspects of oneself and past traumatic experiences become preserved in the unconscious mind where they may be later revisited for proper processing and integration, but until then are accessible only through "implicit knowing;" that is, through nonverbal and non conscious phenomena which might appear in dreams or fantasies.<sup>81</sup> While

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<sup>80</sup> Kalsched, *Trauma and the Soul*, 309.

<sup>81</sup> Sassenfield, A. (2008). The body in Jung's work: Basic elements to lay the foundation for a theory of technique. *Journal of Jungian Theory and Practice*, 10(1), 1-13.

these painful aspects of oneself are cut out from consciousness through such dissociative mechanisms, which again Kalsched would call an extension of the self-care system, this allows life to go on for the trauma survivor, but at a great cost. If we recall Jung's notion of the equivalence between the unconscious and the body, we see how the suppression of psychical phenomena in the unconscious mind would equate to the suppression of such material in the body. Accordingly, Kalsched writes:

“the unbearable affect is distributed to the psyche/soma... [life goes on] albeit at a terrible price—loss of the animation and vitality that have always been associated with ensouled living. So, ironically, dissociative defenses save a vital core of the self while simultaneously losing it.”<sup>82</sup>

Thus, when these types of defense mechanisms of the self-care system are activated as a result of trauma, the soul's relationship to the world is compromised. On the one hand, because the victim's suffering does not remain at the center of consciousness but rather becomes stored in the unconscious (and thus the body) which is the only mechanism that it enables the soul to keep living, these unconscious contents become pressing psychical phenomena. While they can take the form of numinous and friendly spiritual presences in either dreams or visions, this often leads to a loss of the spirit— “the animating principle of psychological life—” because of its inability to grasp the devastating reality of its past experiences. Or, these can go on to take the form of demonic and persecuting inner entities that continue re-traumatizing the victim from within so long as they remain unconscious.<sup>83</sup> This type of psychical reorganization, regardless of the temporary relief and solace it brings to the experience of the suffering soul on some levels, is fundamentally disarranging. As Kalsched explains, this occurs because of the psyche-body split that is central to the process of psychic contents becoming unconscious:

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<sup>82</sup> Kalsched, *Trauma and the Soul*, 11.

<sup>83</sup> Kalsched, *Trauma and the Soul*, 25.

“When the personality is forced to disintegrate in this way, it is hard on the soul. The soul cannot thrive and grow in the fragmented personality. Its preferred medium is the psychosomatic integrate, where all the capacities of the self are represented as parts of a whole. With the psyche fragmented, it cannot set up residence as a divine/human principle of inner sustainment. Perhaps it visits occasionally as an unbidden guest, but with only this flickering ghost-like presence of the soul, the person’s sense of animation and aliveness is mostly gone. This is because the soul *is* by definition, this very animation and aliveness—the center of our God-given spirit—the vital spark in us that ‘wants to incarnate in the empirical personality but needs help from supportive persons in the environment to do so—help that is often not available.’<sup>84</sup>

As such, it is clear that Kalsched considers the psyche’s fragmentation as a result of trauma to be inseparable from individuals’ bodily experiences. The psychosomatic cohesion of the individual is dependent on the soul’s ability to simultaneously recognize its Divine nature, as well as its human nature; both of which pertain intimately to the experience of the body. Yet, in the case of trauma, the psyche’s recognition of its dual allegiance to these two worlds is profoundly disrupted. This is because the psyche, soul, and body do not exist in vacuums unto themselves; rather they are complexly interwoven into the relationships and environments of which they are a part. When these relationships or environments threaten the safety and existence of the individual, these threats cannot help but to permeate into the psyche, the soul, and the body; for as we have previously discussed, the divisions between them are arbitrary. Though Van der Kolk explains this psychosomatic nature of trauma from modern scientific perspectives, Kalsched helps us to further see how it is also a profoundly spiritual phenomena. Like Jung and Van der Kolk, Kalsched also notes how frequently his traumatized patients exhibited an

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<sup>84</sup> Kalsched, *Trauma and the Soul*, 20.

oftentimes wide array of psychosomatic symptoms. As we will see in later sections, he at times uses rather scientific language in order to explain the subject alongside his mytho-poetic rhetoric:

“a traumatic self-state from the past, triggered by an inner ‘voice,’ or somatic reaction, will bring back a dissociated memory as if it were happening in the present moment, and with all the attendant fear, panic, and activation of the sympathetic nervous system that accompanied the original wounding in early life. Such trauma is often encoded in the body or various forms of behavioral ent, and not in explicit [or cognitively aware] memory. Sometimes patients will report feelings of vacuous emptiness inside, as if their bodies have been hollowed out like a shell. Often they are full of tension and fear, held in their bodies— chronic back problems, incapacitating menstrual cramps, migraine headaches, anorexia, bulimia—in short, the full spectrum of ‘psychosomatic disorders.’”<sup>85</sup>

In describing the general paradigmatic orientations of Van der Kolk, Jung, and Kalsched in their understandings of the psychosomatic nature of trauma, we see important parallels between their assertions. Both explain that the mind and body have an intimate connection, that trauma can become “entrapped” in the mind and body, and that when it does can lead to a wide array of psychosomatic illness. Van der Kolk does so from the perspective of modern scientific research in neuroscience and stress physiology, while Jung and Kalsched primarily do so from a spiritual perspective which emphasizes the intimate relationship between the unconscious and how it interacts with the body. In considering Jung’s assertions about the likeness between psyche and soma in the context of Kalsched’s self-care system which is activated during trauma, we can see that these resulting psychological traumatic defense mechanisms are inherently psychosomatic. Though Kalsched acknowledges that these forces are simultaneously physiological and spiritual in nature, his emphasis on the role of the collective unconscious and

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<sup>85</sup> Kalsched, *Trauma and the Soul*, 286.

the spiritual forces that emerge from it demonstrates how symbolic powers that can often appear in dreams, visions, fantasies, etc., have profound healing capacities when effectively used.

In the following chapter, we will explore the concepts of reenactment and dissociation in trauma, how each thinker describes the causes of these phenomena in trauma patients, and will elaborate on the parallels between their scientific and psycho-spiritual perspectives on the subjects.



*“The body is not so much an obstacle to life, but an instrument to life, or, as Aristotle rightly put it, a potential for the soul... but indeed life and soul are more than the body and its functions. Soul transcends body and makes one even forget the body. It is the meaning of the body to be transcended and forgotten in the life for which it serves. It is the most essential characteristic of the body that it disappears as an independent thing the more it fulfills its service and that we get aware of the body as such only if something is wrong, if some part does not serve, that is sickness or tiredness”*

—*Martin Foss, Symbol and Metaphor in Human Experience, 83.*





### **Chapter 3: Drawing Further Scientific and Psycho-spiritual Parallels between the Topics of Dissociation in Trauma**

The previous chapter compared the theoretical frameworks of Van der Kolk, Jung, and Kalsched, how each thinker understands the connection between mind, body, and soul, and how these perspectives give way to a psychosomatic understanding of trauma. To further explore these types scientific and psycho-spiritual parallels, this chapter will specifically explore how each thinker discusses the topic of dissociation throughout their works. Dissociation is another central theme in trauma covered throughout Van der Kolk and Kalsched's work. In the context of both their works, an overarching definition of dissociation as it pertains to trauma is the tendency for individuals to suppress and depersonalize from traumatic memories of their past. While Van der Kolk describes this phenomena from the perspective of Western science through referencing neuroimaging studies as well as longitudinal case studies, Kalsched explains this as being a psycho-spiritual process of the self-care system.

#### *The Scientific Basis of Trauma and Dissociation According to Van der Kolk*

Van der Kolk calls dissociation the “essence of trauma,” explaining that patients can simultaneously become depersonalized from their own past devastating life experiences and their lasting impacts, while also becoming “overtaken” by the split off fragments of sensory and emotional material:

“The overwhelming experience of trauma is split off and fragmented, so that the emotions, sounds, images, thoughts, and physical sensations related to the trauma take on a life of their own.”<sup>86</sup>

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<sup>86</sup> Van der Kolk, *The Body Keeps the Score*, 66.

In the case of dissociation, this might lead to a complete or near-complete separation between one's inner sensory experiences and one's ability to understand that such phenomena are products of past traumas "reliving" themselves. In some patients, these dissociative mechanisms are so strong that they can entirely forget a past traumatic event from their memory, while still being haunted by sensory experiences and "remembrances" of these events. In cases of dissociation, a common response of patients might be to turn off their inner sensory capacities at large, but in so doing, shut off their ability to feel pleasure and engagement with the world as well. As Van der Kolk writes:

"I see depersonalization regularly in my office when patients tell me horrendous stories without any feeling... With nearly every part of their brains tuned out, they obviously cannot think, feel deeply, remember, or make sense of what is going on."<sup>87</sup>

These responses to traumatic experience however, are seldom voluntary or consciously chosen by the individual but rather are products of their mind's, brain's and body's final attempts to save themselves in the face of overwhelming threat. To help us better understand this, we can refer back to the three physiological stress responses mediated by the vagus nerve and how each of these impacts individuals in the case of trauma. These potential responses to trauma, neurobiologically speaking, can be products of the activation of the DVC's immobilization response of the vagus nerve, which if we recall often leads to individuals passing out and going numb in the face of overwhelming threat. While this immobilization response is intended to help the victim reserve their metabolic resources for a time when they can escape, play dead, and numb them from pain, it is often difficult for humans to exit this response once it has been activated; this is especially the case with chronic and recurring types of trauma like ongoing

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<sup>87</sup> Van der Kolk, *The Body Keeps the Score*, 72.

sexual abuse, as will be described in an example below. On the other hand, it can also result from neurobiological reorganizations that occur as a means of dissociating from the influx of painful sensory memories and stress hormones which keep firing when an individual is stuck in the fight or flight response of the SNS.

Though many researchers in the fields of psychiatry and psychology have made observations similar to what Van der Kolk saw in his own patients, advances in neuroscience and other scientific fields in the late 20<sup>th</sup> century allowed him and other researchers to gain deeper insights into the neurobiological mechanisms underlying trauma and its lasting impacts. For the first time, technologies like positron emission tomography (PET scans) and functional magnetic resonance imaging (fMRI) enabled researchers to watch the brain in real-time as it processed memories, sensations, and emotions; allowing for the construction of mental and neurological circuits playing an important role in trauma and sensory processing.<sup>88</sup> Throughout *The Body Keeps the Score*, Van der Kolk provides numerous neuroimaging studies which demonstrate trauma's impacts on brain structures responsible for processing sensory information, while including research involving measurements of different physiological stress variables including heart rate, blood pressure, and hormone levels, and how they differed in trauma patients. Furthermore, this emerging research was monumental because it was finally able to communicate the complex impacts of trauma as well as their psychosomatic constituents to larger systems and institutions whose roles are to provide efficacious therapies to both treat and prevent trauma. Some of these institutions include the American Psychological Association (APA), schooling systems, correctional facilities, trauma centers, and more. Van der Kolk also supports these studies by addressing clinical vignettes and other personal accounts of his patients

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<sup>88</sup> Van der Kolk, *The Body Keeps the Score*, 38.

which demonstrate how the impact of trauma manifested in their day to day lives, behaviors, relationships, overall levels of wellbeing, and ability to meaningfully engage with life. We will look at specific examples of these studies, how they illumine crucial points regarding trauma's impacts on the human mind, brain, and body, and how Van der Kolk brings them to life by referencing examples of his own patients.

Van der Kolk cites significant neuroimaging studies which revealed that patients stuck in dissociated states (often a result from being trapped in the immobilization and shut down stress response) often experience profound alterations in the brain regions responsible for self-sensing, leaving patients feeling numbed from their emotions, feelings, and physical sensations. In one study he explains the actual neurobiological reorganization underlying these types of dissociative responses. In this study, sixteen "normal" patients were recruited, as well as eighteen who had been victims of severe chronic childhood abuse. When in the scanner, participants were asked to focus their attention on nothing in particular, which in normal participants activated what is called the "default state network" (DSN). Van der Kolk describes the DSN as being the "Mohawk of self awareness," explaining that its associated brain structures run down the centerline of the brain. In the study, the interruption of this network in trauma patients was profound:<sup>89</sup> "

The difference in activation of these brain regions in normal participants in comparison to traumatized one's were staggering. Whereas the former showed normal activation of all brain structures through the DSN, the latter showed essentially no activation of these regions; with one exception of the posterior cingulate, responsible for basic spacial orientation."

Interpreting these results, Van der Kolk explains:

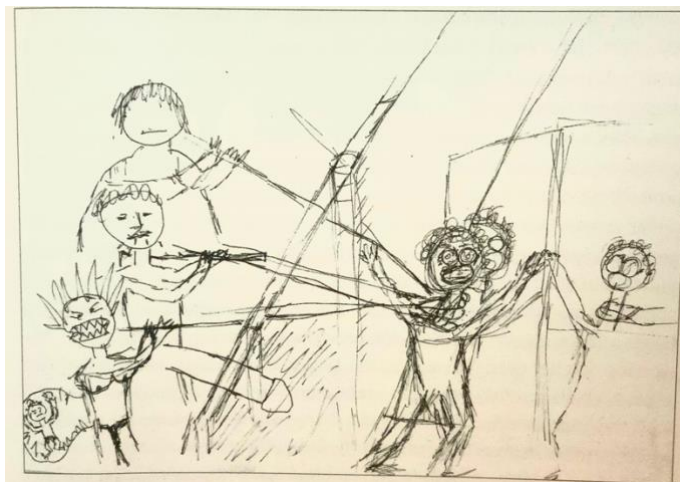
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<sup>89</sup> Van der Kolk, *The Body Keeps the Score*, 92.

“There could only be one explanation for such results: In response to the trauma itself, and in coping with the dread that persisted long afterward, these patients had learned to shut down the brain areas that transmits the visceral feelings and emotions that accompany and define terror. Yet in everyday life, those same brain areas are responsible for registering the entire range of emotions and sensations that form the foundation of our self awareness, our sense of who we are. What we witnessed here was a tragic adaptation: In an effort to shut off terrifying sensations, they also demanded their capacity to feel fully alive.”<sup>90</sup>

Van der Kolk provides many examples of patients who largely lost their self sensing capacities. He gives an example of an exercise he’d often do with patients, asking them to close their eyes and hold and identify different small objects he placed in their hand. Whether he gave them a car key, a quarter, or a can opener, some patients were so sensorily out of touch with their bodies they could not even tell him what the object was. Some of his patients even had a difficult time recognizing themselves in the mirror because of how dissociated they became from their bodies, their appearances, and their sense of self.<sup>91</sup>

He gives the example of a patient named Marilyn, whose story captures a wide range of common dissociative responses for victims of chronic trauma. Marilyn had approached Van der



<sup>90</sup> Van der Kolk, *The Body Keeps the Score*, 94.

<sup>91</sup> Van der Kolk, *The Body Keeps the Score*, 14.

Kolk after recurring instances of feeling overwhelmingly uptight and uncomfortable around romantic partners, sometimes even to the point of becoming aggressive with them. She often felt as if she was just “going through the motions” of life, and at times tried relieving her numbness by cutting herself with a razor blade or through alcohol. She also played tennis fanatically as it “made her feel alive.” When asked about her past, she told Van der Kolk that she “must have had” a happy childhood, but that she had very few memories from before the age of twelve. Yet, when Van der Kolk asked her to draw a family portrait of her childhood, Marilyn drew an image of a terrified child being strangled in front of a mirror, with three nightmarish figures looming in the background, one of which with a large erect penis protruding into her space:<sup>92</sup>

Van der Kolk recommended the Marilyn join a therapy group so she could begin further exploring the source of her painful relationships with men, and her past traumatic history. In the group, Marilyn slowly began opening about the details of her love life after so long of repressing them, explaining that she was deeply untrustworthy and suspicious of people and their motives from a very early age. She was convinced that men cared nothing for other people’s feelings, and that women were too weak to take care of themselves or the women around them. Regarding herself, she believed she was “a fundamentally toxic person who made bad things happen to those around her.”<sup>93</sup> Three months into Marilyn’s attendance to group therapy, she informed the group that she kept stumbling while walking on the sidewalk, and that she had been missing more tennis balls than normal recently; she became concerned that her eyesight was beginning to fail. Van der Kolk wondered if this may have been a physical reaction to the suppressed contents that began emerging during her group sessions:

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<sup>92</sup> Van der Kolk, *The Body Keeps the Score*, 127

<sup>93</sup> Van der Kolk, *The Body Keeps the Score*, 130.

“Was this some sort of ‘conversion reaction,’ in which patients express their conflicts by losing function in some part of their body... As a physician I wasn’t about to conclude without further assessment that this was ‘all in her head.’<sup>94</sup>

However, when her results came back from extensive testing with an eye and ear infirmary, the tests showed that Marilyn had an autoimmune disease called lupus erythematosus in her retina, which was slowly degrading her vision. This was the third patient that year who contracted an autoimmune disease that Van der Kolk suspected of having a past incest history. Though her body began responding to what Van der Kolk believed might be a reaction to the influx of memories of her past trauma, she still had no cognitive awareness or remembrance of any specific past events.

About a year into Marilyn’s group session, following another woman’s sharing of her devastating past experiences in being raped by her brother and his friends, Marilyn finally opened about her own past incest history: “‘Hearing that story, I wonder if I may have been sexually abused myself.’” Van der Kolk was shocked:

“Based on her family drawing, I had always assumed that she was aware, at least on some level, that this was the case... Yet even though she’d drawn a girl who was being sexually molested, she—or at least her cognitive, verbal self,— had no idea what had actually happened to her. Her immune system, her muscles, and her fear system all had kept the score, but her conscious mind lacked a story that could communicate the experience.”<sup>95</sup>

Following Marilyn’s insight in group therapy, she began having intense waves of fear and terror, nightmares, and eventually actual remembrances of her youth’s sexual abuse. She had flashbacks of the wallpaper in her childhood bedroom which is what she focused on during these painful

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<sup>94</sup> Van der Kolk, *The Body Keeps the Score*, 128.

<sup>95</sup> Van der Kolk, *The Body Keeps the Score*, 132.

experiences. She remembered seeking to be consoled by her mother following these events but was often met with little attention, or was even beaten and scolded for having “made Daddy so angry.” With this influx of new memories, she began working with Van der Kolk more frequently to explore the defeat and powerlessness she so often experienced as a child. She recalled how she used to shut herself down and dissociate from her body whenever she heard her father’s footsteps coming towards her bedroom. When her father began molesting her, she would put her head in the clouds, floating up to the ceiling, and was “looking down on some other little girl in the bed. She was glad it was not really her— it was some other girl who was being molested.”<sup>96</sup>



(An illustration by another one of Van der Kolk’s patients who explained a similar phenomena to Marilyn’s).<sup>97</sup>

The impacts Marilyn endured as a result of her early childhood trauma were not out of the ordinary for patients going through similar experiences. The neuroimaging study above helps us understand how the neurobiological reorganization ensued by past traumas, specifically in the

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<sup>96</sup> Van der Kolk, *The Body Keeps the Score*, 134.

<sup>97</sup> *Ibid.*



brain regions responsible for self-sensing, would lead Marilyn to feeling numb and lifeless as she was growing up. She nonetheless grew up having developed deeply unhealthy relationships with romance, while having completely forgotten the details of her painful past. This phenomena of memory loss in the face of traumatic experience has been well documented throughout the history of psychiatry, and Van der Kolk includes many clinical studies demonstrating this. He cites a case study wherein one of his colleagues interviewed 206 ten to twelve year old girls who had been admitted to the hospital as a result of being sexually abused.<sup>98</sup> Seventeen years after these initial interviews, 136 of these girls were able to be tracked down and were given detailed follow-up interviews. A staggering 38% of girls reported that they did not recall the abuse documented in their records, and 12% claimed they had never been abused as children.

Marilyn's substance abuse and self-mutilation tendencies were also not uncommon for victims of trauma suffering from numbness and dissociation. In the case of someone often being revisited by visceral somatic experiences reminiscent of past traumas, they might turn to drugs and alcohol in order to black out such sensations, as Van der Kolk frequently observed in many combat veterans he worked with at the Boston VA. Longitudinal studies also demonstrated that the likelihood for someone with a history of childhood trauma was exceedingly more likely to develop a substance abuse problem than someone without traumatic histories. On the other hand, patients who were stuck in numbness, as in the above mentioned example, might turn to self-mutilating tendencies in order to regain a sense of sensory experience.<sup>99</sup>

Her ability to separate her mind and body was also a commonly observed phenomena during moments of acute and intense traumatic suffering; recall that this response is a product of the immobilization and shutdown response of the autonomic nervous system and that it is the last

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<sup>98</sup> Ibid.

<sup>99</sup> Van der Kolk, *The Body Keeps the Score*, 122.

defensive mechanism individuals can use in the face of overwhelming experience. He cites a significant study that was conducted by a group of neuroscientists who were able to induce out-of-body experiences in participants through delivering mild electrical currents to a part of the brain responsible for assimilating incoming sensory information largely to orient our bodies specially within our environments. The study found that similar out of body experiences were induced in patients as a result of the experimentation, and Van der Kolk explains: This research confirms what our patients tell us: that the self can be detached from the body and live a phantom existence on its own.”<sup>100</sup>

We discussed in chapter 2 how and why the prevalence of physical and mental health disorders was much higher amongst trauma patients. Autoimmune diseases, wherein the body begins attacking itself, have been proven to be more common with people who have had histories of childhood trauma, and especially those who have been victims of incest. Marilyn’s case encouraged Van der Kolk to organize a study that would assess the correlation between autoimmune markers and trauma histories involving incest. One group involved twelve women which incest histories and twelve without. The study showed great abnormalities in an autoimmune marker known as the CD45 RA-to-RO ratio for the women with trauma histories. CD45 cells function as the “memory cells” of the immune system, and while the RA cells have already been activated and are ready to respond to environmental threats that have been perceived before, the RO cells are reserved for the presentation of new challenges. Participants with incest histories showed much higher levels of RA cells, indicating that their immune systems were much more sensitive to incoming environmental threats and stresses than normal. This led to their immune systems becoming prone to activating defenses in response to threat,

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<sup>100</sup> Van der Kolk, *The Body Keeps the Score*, 102.

and because these “threats” were coming from the interiority of their own bodies’ stress response, their immune systems began attacking the body’s own cells: “Our study showed,” Van der Kolk explains,

“that on a deep level, the bodies of incest victims have trouble distinguishing between danger and safety. This means that the imprint of past trauma does not consist only of distorted perceptions of information coming from the outside; the organism itself also has a problem knowing how to feel safe. The past is impressed not only on their minds, and in misinterpretations of innocuous events, but also on the very core of their beings: in the safety of their bodies.”<sup>101</sup>

Marilyn’s case helps to bring alive a significant portion of the research cited by Van der Kolk throughout his work related to trauma and dissociation. As we have seen, it’s not uncommon for trauma patients to lose the sensory of experiences of their bodies due to the painful influx of sensory stimuli that can often last long after traumatic events have occurred. Nor is it uncommon to have one’s memory of past traumatic events to be profoundly altered, misconstrued, and at times forgotten completely. Van der Kolk helps us see the underlying neurobiological mechanisms at play in this process, and how pervasive these impacts have been found to be within traumatized patients.

### *Kalsched, Dissociation, and the Self-Care System*

In discussing Kalsched’s descriptions of dissociative responses to trauma from a psycho-spiritual perspective, we will see that there are many parallels between Van der Kolk’s neuroscientific descriptions of the subject. Like Van der Kolk, Kalsched addresses dissociative tendencies such as numbness, autoimmune diseases, nightmares, physical health disorders, and

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<sup>101</sup> Van der Kolk, *The Body Keeps the Score*, 129.

out of body experiences that he has observed in his patients, but does so from perspective of the self-care system. According to Kalsched, dissociation's role within the self-care system is to preserve the

“psychosomatic unity of the personality... that ‘vital spark’ of the person so crucial for the experience of aliveness and so central to... ‘feeling real’” that is often vehemently threatened in the face of unbearable traumatic experience.<sup>102</sup>

This trick played by the psyche enables it to continue living in the world by “dividing up the unbearable experience and distributing it into different compartments of the mind and body, especially the ‘unconscious’ aspects of the mind and body.”<sup>103</sup> As such, while he primarily explains the process of dissociation from a psycho-spiritual perspective, he acknowledges that this is an inherently psychosomatic phenomena. While these self-divisive mechanisms enable trauma survivors to continue living in the world by ensuring that they do not fully recognize the extent of their suffering and inner disarray resulting from trauma, these tactics fundamentally prevent them from integrating their painful life experiences into a meaningful and cohesive whole. This invariably leads to the psyche's loss of vitality and ability to actively engage with the world around them. He frequently refers to this vital spark of life and its loss as being inseparable from the soul:

“Because the soul seems to represent an animating essence or true self at the center of every person, loss of the soul left my [patients] in suspended animation, feeling only half-alive, numb or frozen, unable to live from a center of aliveness and creativity, alienated fragmented, and depressed.”<sup>104</sup>

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<sup>102</sup> Kalsched, *Trauma and the Soul*, 11.

<sup>103</sup> Kalsched, *The Inner World of Trauma*, 13.

<sup>104</sup> Kalsched, *Trauma and the Soul*, 34.

We see here how this general description reflects the neuroimaging studies referenced by Vander Kolk above, which demonstrate how brain structures integral to self-sensing and self-awareness can be shut off as a result of overwhelmingly traumatizing events.

An important aspect of dissociation in trauma patients Kalsched frequently mentions is the presence of inner persecutory voices that constantly attack the individual and its pursuits to engage in the outer world. Kalsched uses Dante's *Inferno* and specifically the three-headed monster in the story named "Dis" to refer to this archetypal force of the self-care system that keeps individuals in a perpetual cycle of inwardly dividing themselves and negating life alongside:

<sup>105</sup>“Dante’s poetic insight that the violent monster at the center of Hell is psychologically equivalent to the dis-integrating energies of the ‘other world’ (unconscious) helps us to relate the poem’s medieval Christian imagery to the clinical situation where we are very familiar with ‘Dis’ as *dissociation*, ... *disconnection*, *disease*, even *disaster*, which means to become separated from your stars. Trauma is just such a disaster and the loss of one’s guiding star is equivalent to the loss of one’s soul or God-given spirit— one’s true, spontaneous self.”<sup>106</sup>

As such, Dis can be considered the archetypal epitome of the inner persecutory voice that keeps individuals in a perpetual cycle of disintegration and disarray. Additionally, Kalsched’s elaborations on the personality of Dis throughout the story of Dante’s *Inferno* and his emphasis on how it is capable of shedding light on archetypal defenses to trauma is a perfect



Depiction of Dis from Dante's *Inferno*.

From:

[https://villains.fandom.com/wiki/The\\_De\\_vil\\_\(Dante%27s\\_Divine\\_Comey\)](https://villains.fandom.com/wiki/The_De_vil_(Dante%27s_Divine_Comey))

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<sup>106</sup> Kalsched, *Trauma and the Soul*, 87.

example of Jung's belief in how archetypes, especially those appearing throughout literature and mythological stories, are capable of illuminating the universal ways in which the psyche<sup>107</sup> operates— especially in its self-oppressive states. While this persecutory voice does so as a means of keeping it from becoming a participant in the very life that once so devastatingly traumatized it, it does so at the cost of one: not being able to engage in the world in a meaningful way, and two: of pushing the psyche's traumatized contents into the unconscious mind. As we've noted several times previously throughout this paper, suppressed psychic contents stored in the unconscious can present themselves to individuals as dreams, visions, or other mytho-poetic forms, are destined to appear in one's external environment "as fate," and will inevitably manifest to some capacity in the individuals physical body.

Let us consider the case of Van der Kolk's patient Marilyn above to demonstrate how the self-destructive tendencies she had as a result of her trauma, which Van der Kolk elaborates on through from the lens of Western psychology and empirical scientific research, can simultaneously be understood from the psycho-spiritual perspectives of Jung and Kalsched. Specifically, through the archetypal dissociative force of Dis. Recall that that Marilyn had no support systems outside of her growing up throughout her abusive childhood. Even when Marilyn ran to her mother for solace following her father's rape and abuse, she was given no attention and was even scolded; a response that invariably contributed to her growing traumatization at this young age. Because she had no consolation following such devastating events, her affects (feelings and emotions) had no way of being processed or regulated by an external supportive figure. The psychological dissociative force of Dis, in this case enters in order to

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ensure that she would not have to bear the harsh reality of the world outside her. According to Kalsched,

“Another way to think about this is that the primal affects of infancy [or childhood in this case] are unmediated by the mother, who fails in her mediating role of ‘introducing and re-introducing the baby’s body and psyche to each other’ thus giving rise to unbearable pain and anxiety. Dis emerges to make sure this unbearable affect is not experienced. He *refuses* embodiment.”<sup>108</sup>

With Marilyn’s mother and social support system at large being essentially non-existent during a time of such intense horror, the self-preserving yet persecutory voice of Dis emerged in order to divide her in such a way that she was unable to experience the horror of her past; and after a certain point, remember it at all. Also recall that at the beginning of her work with Van der Kolk, she had no recollection of her family life from before the age of twelve. Growing up, her body had maintained somatic memories of having been molested; being unable to engage romantically with others without having outbursts of rage and terror, constantly feeling numb and lifeless (to the point of self-mutilation), often feeling uptight, having a difficult time trusting other men and women, and even despising herself. At this point, if considered within the context of the evolution of Kalsched’s self-care system’s defensive mechanisms and its striving to keep the victim from facing the travesties of their outer world, Dis’s role is to further fragment their experiences and push them even further out of consciousness. At this point, “Affect is split from image, body from mind, innocence from experience. Life goes on into experience.”<sup>109</sup> Similarly, Marilyn was being overwhelmed by the somatic remembrances and consequences of what had occurred so long ago while having no cognitive recognition of why; she was being ruled by overwhelming, “tyrannical,” and all too real inner experiences on the one hand, while she could

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<sup>108</sup> Kalsched, *Trauma and the Soul*, 89.

<sup>109</sup> *Ibid.*

not cognitively gather *why* this was the case. It was only decades after Marilyn's horrible experiences when she finally sought psychological help that she began experiencing strange somatic symptoms which Van der Kolk postulated were associated with the emergence of new memories and with her growing openness to confronting her painful past which for so long had been stored deep in her unconscious. She began experiencing intense nightmares and overwhelming somatic remembrances of her father's molestation, and she even considered stopping therapy with Van der Kolk because of how intense these experiences were. According to Kalsched, this response likely resulted from Dis's striving to keep the individual divided through vehemently opposing the arising of somatic and sensory elements related to the past event:

“But when healing begins and the unbearable memories of psychic pain— now encoded in somatic representation and represented symbolically as the ‘child—’ reemerge to be integrated, Dis appears as a powerful mental factor of repression and resistance.”<sup>110</sup>

As such, though the psyche may come to a point wherein it's unconscious contents begin coming to consciousness for healing, it is precisely the fact that these contents contain elements of the original trauma, and because this process would invariably enable the individual to more harmoniously engage with their external world without being dominated by these inner tyrannical forces, that the force of Dis is activated. Dis's activation refuses the individual the liberty of participating in the external world through the creation of a “living hell” within, while refusing to let it experience the psychosomatic arisings necessary when the healing process unfolds.

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<sup>110</sup> Ibid.



Thus, the dissociative tendencies encouraged by Dis are two sided: on the one hand, the individual is kept from being an active participant in their reality outside, and on the other hand, they have lost the capacity to connect with their sensations within that are products of the healing processes' unfolding:

“The inner child that Dis loves and hates usually carries the split-off affects in the body—affects that are now just removed from consciousness and encapsulated in what Jung calls the ‘somatic unconscious,’ Dis seems to direct his aggression and contempt at this child because he desperately wants to keep the child *out of further suffering in reality*, suffering which has almost ‘killed’ this child in the past (and therefore killed him too). To avoid (to him) disastrous consequence, he creates an inner world of suffering—an inner Hell—with himself as the tyrannical ‘voice’ within. This dis-integration creates a world of repetitive suffering that is chronic rather than acute and is thus preferred by the fragile ego.”<sup>111</sup>

In other words, though it is in the natural evolution of the psyche's healing—or individuation as Jung would call it—to embrace and re-experience the devastating *reality* of past hardships, Dis perpetuates an inner *imaginal* torment which keeps the process from coming to fruition. In considering Van der Kolk's elaborations of Marilyn's case as she progressed through their work together, we see how his descriptions closely parallel Kalsched's descriptions of Dis's “personality.” Recall that Marilyn began having nightmares when memories of her past became more accessible, and that she began experiencing new health abnormalities. In response to this, Van der Kolk writes: “Was this some sort of ‘conversion reaction,’ in which patients express their conflicts by losing function in some part of their body?” Even Van der Kolk was aware that the arising of such phenomena must have been related to Marilyn's remembrances of her past childhood traumas. In the context of Dis, we could say that Marilyn's psychosomatic troubles

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<sup>111</sup> Ibid.

were manifestations of “the unbearable memories of psychic pain” which were “now encoded in somatic representation” (quoted from above) that were presenting themselves in the natural course the healing process. Interestingly, it seems that Jung was also aware that psychosomatic phenomena presented itself in times when suppressed contents of the unconscious presented themselves to the conscious mind to be healed. In Jung’s words, “A man is ill, but the illness is nature's attempt to heal him.”<sup>112</sup> Likewise, we can see that her nightmares and immediate inclinations of stopping her work with Van der Kolk were embodiments of Dis’ attempts to keep Marilyn in her inner world of suffering; an attempt to keep “nature” from running its course in the healing process.

Another interesting parallel we can draw between Van der Kolk’s descriptions of the neurobiological aspects of trauma’s psychosomatic nature and Kalsched’s psycho-spiritual framing of the subject is the prevalence of auto-immune diseases. While Van der Kolk explains them from the biological mechanisms involved, Kalsched makes the comparison of the self-care system to the body’s immune system itself. In Kalsched’s words,

“Like the immune system of the body, the self-care system carries out its functions by actively attacking what it takes to be ‘foreign’ or ‘dangerous’ elements. Vulnerable parts of the self’s experience in reality are seen as just such ‘dangerous’ elements and are attacked accordingly. These attacks serve to undermine the hope in real object-relations and to drive the patient more deeply into fantasy. And just as the immune system can be tricked into attacking the very life it is trying to protect (auto-immune disease), so the self-care system can turn into a ‘self-destruct system’ which turns the inner world into a nightmare of persecution and self-attack.”<sup>113</sup>

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<sup>112</sup> Jung, Carl Gustav., and Richard Francis Carrington. Hull. *The Collected Works of C.G. Jung*. Princeton: Princeton Univ. Press, 1977, paragraph 361.

<sup>113</sup> Kalsched, *Trauma and the Soul*, 24.

While it seems that Kalsched here is only drawing a metaphor between the biological immune system and the psychological self-care system, we can see how these conventional frameworks in actuality really may be manifestations of the same phenomena. The neurobiological correlates of dissociation appear as a silencing of the brain regions responsible for self-sensing and sensory awareness, which though is done as an attempt to dissociate the individual from the inner turmoil of their profoundly aggravated stress responses, actually “requires an enormous amount of energy to keep the system under control”<sup>114</sup> as well as keeps undermining the individual from living in the world outside them: the world of “object-relations.” The hyper-aroused stress responses are still going off, but because the individual’s neurobiology has been reorganized to no longer identify with them, another bodily system, the immune system, is activated in order to attack what is now a perceived invader; hence, the body and its intended life-sustaining processes begin attacking itself. Van der Kolk even provides us with a study that demonstrates how the physiological correlates of a hypersensitive autoimmune response are significantly higher in people who have been victims of chronic trauma as a child, demonstrating that this leads to lasting and empirical alterations in individuals physiology. However, if we interpret this “outward manifestation” of this response to trauma, that is, as it appears from the perspective of scientific empiricism, to its inner psychological and archetypal facets, we can easily see how these neurobiological forces mirror the psycho-spiritual forces of Dis. We could say that the inward psycho-spiritual force that keeps the individual from identifying with their unbearable and painful physiological reactions which thus manifests as a profoundly reorganized nervous system *is* Dis in and of itself. Likewise, the “fantasy” that Dis is continuously driving the individual into, is not only a psychological state but is reflected in a physiological and neurobiological state that

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<sup>114</sup> Van der Kolk, *The Body Keeps the Score*, 289.

keeps the individual simultaneously terrified from feeling the reality of their own inner torment, while also terrified from engaging with the world outside of them, the locus of the original trauma.

Kalsched also includes examples of patients who experienced “leaving their bodies” during overwhelmingly traumatic moments. He had one young female patient who was in analysis with Kalsched for about two years, who had been a victim of incest. Throughout her youth, every time her mother went to church on Sunday, her father would beat her and molest her in their house’s basement. The patient noticed that her memories of these events came ““from above,” from “a part of her that had previously been dissociated, looking down at her body being violated.” Kalsched asked her one day in session where she “went” during these experiences when she left her body. Bursting into tears, the patient explained “I was in the arms of the Blessed Mother.” She went on to describe the Blessed Mother, who was always dressed in blue and who had always been her sole inner refuge throughout her traumatizing youth. Kalsched explained that

“whatever was left of my patient’s personal spirit felt a kind of safety and containment that eluded her in her actual life with her real mother. This Blessed Mother was a daimonic (angelic) figure, numinous, her guardian angel, part of the mytho-poetic psyche’s ground of personified ‘presences.’ She received my patient’s prayers and held her together during times of crisis— a trans-personal container in the absence of a personal one.”<sup>115</sup>

Here we see an event very similar to the one described by Van der Kolk above wherein his patient began remembering the ways she would dissociate from her father’s molestation by “putting her head in the clouds, and looked down at some other little girl in the bed” as if it

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<sup>115</sup> Kalsched, *Trauma and the Soul*, 42.

wasn't her. For Kalsched's patient, this was experienced mystically as a gift of grace from the Divine Mother who enabled her to find inner refuge during a time when it was not available for her in the world outside. Van der Kolk's patient did not explain this as a spiritual experience, but nonetheless conveyed that her ability to leave her body brought her much solace in moments where her external fate was utterly out of control. Furthermore, Van der Kolk's neuroimaging studies of this phenomena helped us understand the underlying neurobiological correlates of this response.

In comparing Van der Kolk's and Kalsched's works in trauma and dissociation, we have seen that the relationship between the two can be understood as being both neurobiological and psycho-spiritual in nature. Marilyn's case demonstrates a perfect example as to how the painful elements of her past trauma's and their resulting effects can be understood through both neurobiologically and psycho-spiritually oriented frameworks, and that these perspectives quite closely parallel one another. In comparing these two perspectives alongside one another, it seems that we could rightfully call the perceivable neurobiological shifts experienced by Marilyn outward reflections of the inner psychological force of Dis. We could also say that the experience of Dis arises from the neurobiological reorganizations ensued by trauma which the individual must then live out in their own mind and bodies. Deciphering which of these interpretations is correct, as Kalsched rightfully has said, "poses us with a false dichotomy. Clearly we are both."



*“My belief is in the blood and flesh as being wiser than the intellect. The body-unconscious is where life bubbles up in us. It is how we know that we are alive, alive to the depths of our souls and in touch somewhere with the vivid reaches of the cosmos.”*

*—D.H. Lawrence*



#### Chapter 4: Drawing Further Scientific and Psycho-Spiritual Parallels Between the Topic of of Reenactment in Trauma

Like dissociation, the concept of reenactment is a common theme throughout both Van der Kolk's and Kalsched's works. Both thinkers use the term in reference to the reenactments of inner and traumatized states, Van der Kolk describing this as a physiological and behavioral process while Kalsched describes this as a psycho-spiritual process mediated by persecutory spiritual forces. Additionally, both agree that these types of inner and outer reenactments of trauma are oftentimes worse than the traumatic stressors themselves. As Van der Kolk explains:

“Flashbacks and reliving are in some ways worse than the trauma itself. A traumatic event has a beginning and an end— at some point it is over. But for people with PTSD a flashback can occur at any time, whether they are awake or asleep. There is no knowing when it is going to occur again or how long it is going to last.”<sup>116</sup>

While Van der Kolk explains this as being a neurobiological process resulting from the ways in which the brain and body are rewired as a result of trauma, Kalsched explains this from the perspective of pressing psychological forces that burden the individual as a result of such devastating life events:

“The diabolical inner figure is often far more sadistic and brutal than any outer perpetrator, indicating that we are dealing here with a *psychological* factor set loose in the inner world by trauma— an archetypal traumatogenic agency within the psyche itself... Trauma doesn't end with the cessation of our outer violation, but continues unabated in the inner world of the trauma victim.”<sup>117</sup>

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<sup>116</sup> Van der Kolk, *The Body Keeps the Score*, 66.

<sup>117</sup> Kalsched, *The Inner World of Trauma*, 4.

As such, both thinkers recognize that trauma can often lead to reenactments of “inner” events, whether they be physiological or spiritual in nature, that can further traumatize individuals internally long after a traumatic event has passed. We will look first to Van der Kolk’s research which will help us understand why and in what ways trauma victims are likely to suffer from neurobiological and behavioral reenactments of their past traumas, and will then compare these to Kalsched’s explanations of the subject.

### Reenactment according to Van der Kolk

In 1994 at Harvard Medical School, Van der Kolk and his colleagues conducted groundbreaking work which provided scientific evidence for how the brain processes traumatic memories. One study<sup>118</sup> involved participants who suffered from intense flashbacks of past traumatic experiences, and had them create a spoken script describing the details of the event. Several days later, participants came back to the lab and were placed in a scanner that measured brain activity in specific regions, and were attached to monitors tracking physiological changes while their scripts were read back to them. The researchers found that the same brain regions and physiological states that were activated during the time of the trauma many years prior were being reactivated in simply remembering these past traumatic events:

“Our study clearly showed that when traumatized people are presented with images, sounds, or thoughts related to a particular experience, the amygdala [whose function is explained below] reacts with alarm—even [for example] thirteen years after the event.

Activation of this fear center triggers the cascade of stress hormones and nerve impulses

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<sup>118</sup> Van der Kolk, *The Body Keeps the Score*, 40.



that drive up blood pressure, heart rate, and oxygen intake— preparing the body for fight or flight. The monitors...showed this physiological state of frantic arousal, even though [participants] never totally lost track that they [were] resting quietly in the scanner.”<sup>119</sup>

These studies and others like it provide neurobiological evidence for why trauma victims are likely to enter the same physiological states as when a traumatic event was occurring, even long after a traumatic event has passed. Though participants were cognitively aware of their safety in the scanner, their brains and bodies responded as if the trauma were occurring all over again. Additionally, these neuroimaging studies demonstrate why the amygdala, the “fear center” in the brain responsible for perceiving whether or not incoming stimuli was safe or dangerous, was so quick to process memories of the past trauma as threatening even long after the event had passed. Scans showed that traumatized patients’ brains experienced a significant reduction in activity in the frontal lobes (part of the higher brain regions of the neocortex discussed above), and specifically in a region called the medial prefrontal cortex (MPFC) which Van der Kolk describes as the “watchtower” of the amygdala and provides inhibitory capacities that enable it to discern whether or not incoming stimulus is a real threat to safety. Without the monitoring of the brain’s fear center by the MPFC, the reading back of events related to their past trauma was enough to trigger the cascade of stress hormones, along with a full blown stress response. Similarly, another brain function which showed significant deactivation in their neuroimaging studies was the thalamus, which serves as a relay station that integrates sensory information into a cohesive autobiographical narrative when functioning properly.<sup>120</sup> Deactivation of the thalamus however, as was experienced by patients in the scanners scripts of their past traumatic experiences were read back to them, disabled sensory information from being contextualized

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<sup>119</sup> Van der Kolk, *The Body Keeps the Score*, 42.

<sup>120</sup> Van der Kolk, *The Body Keeps the Score*, 60.

within the autobiographical narrative which explained why patients were often overtaken by remembrances of the sensory elements of their trauma, as if their brain and body had no recognition that the traumatic experience had passed long ago. “As a result,” Van der Kolk explains, “the imprints of traumatic experiences are organized not as coherent logical narratives but in fragmented sensory and emotional traces: images, sounds, and physical sensations.”<sup>121</sup>

Van der Kolk notes one woman who participated in the study who had been in a devastating car accident wherein she lost her five year old daughter and seven month old fetus. In the study, her scan showed activation of the amygdala during the reading of her script, while the measurements of her physiological markers tracked rapid increases in heart rate and blood pressure.<sup>122</sup> When she emerged from the scanner, Van der Kolk explains, this woman

“looked defeated, drawn out, and frozen. Her breathing was shallow, her eyes were opened wide, and her shoulders were hunched—the very image of vulnerability and defenselessness. We tried to comfort her, but I wondered if wherever we discovered would be worth the price of her distress.”<sup>123</sup> (Van der Kolk would end up treating this woman successfully with a therapy called EMDR, which will be discussed in the following chapter.)

Van der Kolk includes many examples throughout his work demonstrating how these types of neurobiological reorganizations manifested in the actual lives of his patients. He gives the example of war veterans being easily enraged and triggered by cues reminding them of combat; a child yelling at a birthday party, or hitting a bump in the road while driving could easily send them into an emotional fit due to the sensory similarities of these events to these past traumas, yet they would be unable to realize the actual events their brains and bodies were being

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<sup>121</sup> Van der Kolk, *The Body Keeps the Score*, 178.

<sup>122</sup> Van der Kolk, *The Body Keeps the Score*, 43.

<sup>123</sup> Van der Kolk, *The Body Keeps the Score*, 42.

reminded of.<sup>124</sup> Furthermore, in addition to explaining the topic of reenactment as being an inner neurobiological phenomena, he also demonstrates how manifests behaviorally and societally. He elaborates on one hypothesis which explains how the pain and fear evoked during a traumatic experience can, through some perverse ways, become sources of pleasure its victims. Because trauma victims are so often left in internal disarray— psychological and neurobiological— following a traumatic event, they can become overwhelmingly preoccupied with how to escape these entrenching states. He gives the example of drug addicts, who after a certain period of time become more fearful of experiencing withdrawal than with the activity of doing drugs itself. When this occurs, a cycle develops of craving an activity in order to escape the feeling of withdrawal, even if it will eventually lead to further pain and suffering. In the case of trauma, this manifests as victims continuously returning to the very stressors that initially caused an overwhelming amount of fear and emotion in order to shut off the painful internal traumatized state. He provides an example of a patient named Julia who found herself entrapped in many situations similar to the ones she experienced in her youth. At only age sixteen, Julia was brutally raped at gunpoint. Not long after this event, she got involved with a pimp who prostituted her and frequently beat her up. Even after getting arrested for prostitution, she returned to him after getting out of prison. Her family members intervened, sending her to an intense rehab program, and she eventually enrolled in her local community college and in one class. She gradually dropped all her courses, and eventually found herself in a relationship with an addict who beat her and eventually began stalking her. Only after being severely beaten once again did she return to seek treatment with Van der Kolk.

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<sup>124</sup>Van der Kolk, *The Body Keeps the Score*, 67.

Longitudinal Case Studies Reveal the Societal Prevalence  
of Childhood Trauma and its Impacts

These types of devastating impacts of early life traumatic experiences were also evident in larger longitudinal case studies. He notes one study conducted in 1986 by researchers at the National Institute of Mental Health that looked at impacts of sexual abuse on female development.<sup>125</sup> It was the first study of its kind to follow sexually abused girls as they matured in order to see how their early life traumas might impact different aspects of their life. For their research, 84 female victims of sexual assault referred to the study by the District of Columbia Department of Social Services, were recruited and assessed over the course of 20 years. In comparison to the control group consisting of 84 girls of the same socioeconomic class, age, and race who had not been abused, the results were staggering. The sexually abused girls suffered from a wide array of negative effects, ranging from cognitive deficits, depression, dissociative symptoms, troubled sexual development, high rates of obesity, self-mutilation, higher high school drop out rates, more abnormalities in their stress hormone responses, and many other complications.<sup>126</sup> Similar types of longitudinal case studies helped Van der Kolk and other researchers see how trauma's multifaceted impacts manifested at the level of mental and physical health disorders.

The Adverse Childhood Experiences (ACE) Study was a monumental study which surveyed over 17,000 patients about a wide array of different types of early childhood trauma; ranging from physical and sexual abuse, physical and emotional neglect, family dysfunctions, or having parents who were mentally ill, divorced, addicted, or in prison.<sup>127</sup> The study additionally

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<sup>125</sup> Van der Kolk, *The Body Keeps the Score*, 394.

<sup>126</sup> Van der Kolk, *The Body Keeps the Score*, 164.

<sup>127</sup> Van der Kolk, *The Body Keeps the Score*, 146.

looked at the relationship between the frequency of these types of early childhood trauma, and the likelihood of mental, physical, and behavioral health disorders later in life. One correlation the study found was that women who had higher ACE scores (a higher ACE score correlated with more traumatic stressors early in life) were significantly more likely to be raped in adulthood than those with generally lower scores: “At an Ace score of zero, the prevalence of rape was 5 percent; at a score of four or more it was 33 percent.”<sup>128</sup> Van der Kolk explains, however, that the implications of these findings go far beyond rape. For example, numerous other studies have found that girls who witness domestic violence during childhood are at significantly higher risks of finding themselves in abusive relationships as well.

Overall, the conclusions of this study regarding the frequency of childhood trauma, and the extent to which it left lasting impacts on its victims were staggering. Van der Kolk provides examples of some of the questions that were asked in the study, and how individuals responded:

- One out of ten individuals responded yes to the question “Did a parent or other adult in the household often or very often swear at you, insult you, or put you down?”
- More than a quarter responded yes to the questions “Did one of your parents often or very often push, grab, slap, or throw something at you?” and “Did one of your parents often or very often hit you so hard that you had marks or were injured?” In other words, more than a quarter of the U.S. is likely to have been repeatedly physically abused as a child.
- To the questions “Did an adult or person at least 5 years or older ever have you touch their body in a sexual way?” And “Did an adult or person at least 5 years older ever attempt oral, anal, or vaginal intercourse with you?” 28 percent of women and 16 percent of men responded affirmatively.

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<sup>128</sup> Van der Kolk, *The Body Keeps the Score*, 148.

- One in eight people responded positively to the questions: “As a child did you witness your mother sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?” “As a child, did you witness your mother sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?”<sup>129</sup>

Individuals were given an “ACE score” out of ten, each yes answer being recorded as one point, which allowed for larger comparative analyses of all respondents. These longitudinal analyses showed that early childhood trauma was far more common than had been previously expected; of the participants who had reported adverse experiences, 87% had an ACE score of two or more, and almost 17% scored four or more. Additionally, the researchers of this study showed that childhood traumas were often interrelated; in other words, one type of trauma such as growing up in an abusive family was often times accompanied by having parents in and out of prison, or who had substance abuse problems. The study also demonstrated the correlation between early adverse childhood experiences and how the effects manifested later in life in seemingly unrelated ways:

“More than half of those with ACE scores of four or higher reported having learning or behavioral problems, compared with 3 percent of those with a score of zero...” Additionally, “the study revealed that the impact of trauma pervaded these patients’ adult lives. For example, high ACE scores turned out to correlate with higher workplace absenteeism, financial problems, and lower life-time income.”<sup>130</sup>

Likelihood of depression also correlated with higher ACE scores: for participants who had scores of four or more, 66 percent of women and 35 percent of men had been diagnosed with depression, in comparison to an overall rate of only 12 percent with an ACE score of zero.

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<sup>129</sup> Van der Kolk, *The Body Keeps the Score*, 147.

<sup>130</sup> Van der Kolk, *The Body Keeps the Score*, 148.

Suicide attempts were also exceedingly more common with people who had higher ACE scores, with a 5000 percent increased likelihood from people scoring zero, to people scoring six. Those with an ACE score of four had a seven times higher likelihood of being alcoholics than those with a score of zero, and the likelihood of IV drug use was 4600 percent higher for those with a score of six than those with one of zero. There was also a significant correlation between one's likelihood of suffering life-threatening physical illness and a higher ACE score:

“Those with an ACE score of six or above had a 15 percent or greater chance than those with an ACE score of zero of currently suffering from any of the ten leading causes of death in the United States, including chronic pulmonary disease (COPD), ischemic heart disease, and liver disease.

They were twice as likely to suffer from cancer, and four times as likely to have emphysema.”<sup>131</sup>

This study enabled researchers to see how the impacts of traumatic experience on the human body, brain, and mind manifested on a larger societal scale, and supported the notion that a wide array of psychological and physical health disorders may be more closely linked to histories of past trauma than had previously been believed. Once again we see how Van der Kolk's methods of shedding light on trauma's far-reaching impacts enable us to grasp the magnitude of these issues from a scientific and societal perspective. As will be discussed further in the next chapter, this type of research provides integral evidence to the systems and institutions that are intended to uphold the health and wellbeing of traumatized individuals. Numerous times throughout *The Body Keeps the Score*, Van der Kolk describes the challenges he and his colleagues have faced in striving to change these systems and institutions to be better trauma informed. Though frequently met with failure in their attempts, this type of convincing research is slowly encouraging diagnostic models to shift towards recognizing the pervasive and long

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<sup>131</sup> Van der Kolk, *The Body Keeps the Score*, 149.

lasting impacts of childhood trauma on individuals physical, psychological, and emotional wellbeing. While this research is conveyed empirically and scientifically, it is essential to recognize that behind the statistical data of this research dwells the actual lived human experiences of traumatized individuals. Reiterating Kalsched, these “outer events” invariably have inward and unspoken constituents which though communicated in a radically different language than the scientific one of Van der Kolk, illumine aspects of trauma’s many facets that are essential to recognize. Jung’s and Kalsched’s works will enable us to better understand these inner elements of trauma more clearly.

#### Jung’s Concept of the “Shadow” and Its Parallels with Reenactment

A clear parallel between the neurobiological reenactments depicted in this neuroimaging study is Jung’s understanding of the “shadow.” He believes that working with a patients’ shadow— which can be explained as being the suppressed aspects of oneself that refuse to be acknowledged due to their incompatibility with the conscious mind’s and ego’s preferences— is closely connected with working with patients’ bodily experiences. As such, the shadow consists of painful past memories, experiences, ideas, and overarching difficult psychological relations with themselves, others, and the world at large. Jung believes that the more one left the body aside, the easier it is be for these types of suppressed psychological tendencies within the shadow to take a patient over:

“We do not like to look at the shadow side of ourselves... therefore there are many people in our civilized society who have lost their shadow altogether, they have gotten rid of it. They are only two-dimensional; they have lost the third dimension, and with it they have usually lost the body. The body is a most doubtful friend because it produces things we do not like; there are too many



things about the body which cannot be mentioned. The body is very often the personification of this shadow of the ego.”<sup>132</sup>

Given how intimately connected the shadow and body are in this way, Jung and other scholars have asserted that working with the shadow in clinical practice can be considered *equivalent* with working with the body.<sup>133</sup> It’s important to note that the shadow, according to Jung, can dwell both in the conscious and unconscious mind. While it is *likely* to remain in the unconscious mind due to the psychological defenses constructed in order to keep one from acknowledging the reality of one’s painful past memories, thoughts, and experiences, Jung believes that its can slowly be brought to the conscious mind and addressed in a therapeutic manner. However, the more a patient persists in avoiding and dissociating with the painful contents of the shadow by keeping it in the unconscious mind, the more one sees the effects of their shadow in their physical life. As Jung explains, “Everyone carries a shadow, and the less it is embodied in the individual’s conscious life, the blacker and denser it is. At all counts, it forms an unconscious snag, thwarting our most well-meant intentions.”<sup>134</sup> More specifically, he explains that

“the psychological rule says that when an inner situation is not made conscious, it happens outside as fate. That is to say, when the individual remains undivided and does not become conscious of his inner opposite, the world must perforce act out the conflict and be torn into opposing halves.”<sup>135</sup>

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<sup>132</sup> Greene, A. (2001). “Conscious Mind—Conscious Body.” *Journal of Analytical Psychology*, 46, 565–590.

<sup>133</sup> Sassenfield, A. (2008). The body in Jung’s work: Basic elements to lay the foundation for a theory of technique. *Journal of Jungian Theory and Practice*, 10(1), 1-13.

<sup>134</sup> Jung, Carl G. *Psychology and Religion: West and East*. (New York: Pantheon Books, 1958), NA.

<sup>135</sup> Jung, C. G. *Aion: Researches into the Phenomenology of the Self*. (London: Routledge, 2015), 126.

*Reenactment throughout Kalsched's work*

The concept of trauma reenactment is also a theme that appears throughout Kalsched's work, which he largely explains through the persecutory mechanisms of the self-care system. As Kalsched explains,

“the traumatized psyche is self-traumatizing... Trauma doesn't end with the cessation of our outer violation, but continues unabated in the inner world of the trauma victim, whose dreams are often haunted by persecutory inner figures.”<sup>136</sup>

(Take note of how this echoes Van der Kolk's above-mentioned neuroimaging study which confirmed that the mere remembrance of a past trauma was enough to evoke the same cascade of physiological reactions as if the original trauma were occurring.) Between the two voices of the self-care system, the persecutory voice plays more of a role in causing the traumatized individual to reenact past traumatic experiences. Recall that the persecutory voice's “intention” is to protect the psyche from feeling the unimpeded pain of a devastating past experience. It is ambivalent about the process of the psyche's proper indwelling within the body, about the process of individuation, and about the process of confronting the reality of one's devastating past.

Personifying this persecutory voice, Kalsched writes:

“Never again will the traumatized personal spirit of this child suffer this badly! Never again will it be this helpless in the face of cruel reality... before this happens I will... persecute it to keep it from hoping in life in this world [depression]... In this way I will preserve what is left of this prematurely amputated childhood— of an innocence that has suffered too much too soon!”<sup>137</sup>

Though in theory the “intention” of this voice and is to protect the psyche from further inner disarray, it ends up rather burdening the psyche to a great degree. While the individual is able to

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<sup>136</sup> Kalsched, *Trauma and the Soul*, 5.

<sup>137</sup> Kalsched, *The Inner World of Trauma*, 5.

live in the world due to the dissociation from the trauma and its resulting impacts that the self-care system enables, it does so at the cost of storing these psychic contents into the unconscious, which we must remember is equivalent to the body according to Jungian theory, as well as by disconnecting it from truly engaging with the world it inhabits. Though Kalsched does not specifically associate this tendency of the psyche with the shadow's tendency to escape into the unconscious, we can see that the Persecutor's voraciousness to avoid suffering inherently leads to these psychic contents' placement in the shadow. Furthermore, as the Persecutor continuously strives to keep these psychic contents unseen amidst the continuation of novel events that trigger the original trauma— be they memories or external life events— they continuously merge deeper into the shadow. Combining Jung's and Kalsched's notions of the shadow and Persecutor respectively, we could say that the Persecutor is the instigator of transferring traumatic psychic contents into the shadow so that acute pain is not experienced. This oftentimes becomes the crux of traumatized individual's issues. Though it may no longer be in a stressful or traumatizing environment, it does not have the ability to recognize this fact because the Persecutor keeps it so closed off from the outside world:

“This incipient tragedy results from the fact that the Protector/Persecutor is not educable. The primitive defense does not learn anything about realistic danger as the child grows up. It functions on the magical level of consciousness with the same level of awareness it had when the original trauma or traumas occurred. Each new life opportunity is mistakenly seen as a dangerous threat of re-traumatization and is therefore attacked. In this way, the archaic defenses become anti-life forces.”<sup>138</sup>

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<sup>138</sup> Kalsched, *The Inner World of Trauma*, 5.

Furthermore, just as Jung asserts the “psychological rule” that inner situations not made conscious will inevitably manifest as external life events, Kalsched emphasizes that these inner psychical reenactments also manifest as actions and behaviors outside them:

“The second finding is the seemingly perverse fact that *the victim of psychological trauma continually finds himself or herself in the life situations where he or she is re-traumatized*. As much as he or she wants to change, as hard or he or she tries to improve life or relationships, something more powerful than the ego continually undermines progress and destroys hope. It is as though the persecutory inner world somehow finds its outer mirror in repeated self-defeating ‘reenactments’—almost as if the individual were *possessed* by some diabolical power or pursued by a malignant fate.”<sup>139</sup>

It appears that Van der Kolk’s above mentioned neuroimaging study reflects this notion that an “inner situation” will manifest “outside as fate” if not brought to consciousness. Though the participants of the study clearly knew on a logical level that they were safe inside the scanner when their scripts were being read back to them, their bodies nonetheless reacted as if the traumatic event was still occurring. In this case, the “inner situation,” in Jung’s terms, could be considered the persisting fear still present in the patients’ psyches following their traumatic experiences, and due to their painful and distressing experiential qualities, became a part of the “shadow” wherein they could ignore and suppress these memories at all costs. However, these memories which on the surface appear only to be mental phenomena manifested “outside” their inner worlds and rather within their own bodies. In the case of this neuroimaging study, the outward manifestation of these difficult past experiences that now dwelt in patient’s shadows appeared as changes in stress hormones, heart rate, and the visibly defeated appearances of patients who had just internally endured a psychosomatic reenactment of a devastating past life

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<sup>139</sup> Kalsched, *The Inner World of Trauma*, 5.

event. Additionally, the example of Van der Kolk's patient who continuously became involved with the same types of traumatic stressors that she'd had experienced from an early age, and the ACE study which showed the increased likelihood of sexually abused victims to have similar experiences later in life reflect Jung's notion that suppressed psychical phenomena will inevitably manifest outside as fate. In the case of trauma this "psychological rule" described by Jung is accentuated to a great extent. Again, we can see how these patients' psychological states are continuously reenacting themselves, and thus having lasting impacts on the overall wellbeing of their minds, brains, and bodies. Whether we consider the source of reenactment to be neurobiological in nature, as Van der Kolk's work contends, or consider them as daimonic inner voices as Kalsched explains, it is clear that trauma leaves lasting impacts on its victims which not only continue traumatizing the individual from within, neurobiologically or spiritually, but which are also likely to manifest in the outer world through behavior and action.



*“To put it in scientific terms: instinctive defense mechanisms have been developed which automatically intervene when the danger is greatest,” i.e., in the case of trauma, “and their coming into action is represented in fantasy by helpful images which are ineradicably fixed in the human psyche. These mechanisms come into play whenever the need is great. Science can only establish the existence of these psychic factors and attempt a rational explanation by offering an hypothesis as to their sources. This, however, only thrusts the problem a stage back and in no way answers the riddle. We thus come to those ultimate questions: Whence does consciousness come? What is the psyche? And at this point all science ends. It is as though, at the culmination of the illness, the destructive powers were converted into healing forces. This is brought about by the fact that the archetypes come to independent life and serve as spiritual guides for the personality, thus supplanting the inadequate ego with its futile willing and striving. As the religious minded person would say, guidance has come from God.”*

*Carl G. Jung, Modern Man in Search of a Soul, 279.*



## Chapter 5

### **Trauma and its Healing: Van der Kolk's Body-Oriented Therapies, Kalsched's Psycho-spiritual Approach, and the Importance of the "Right Brain"**

In the last three chapters, we illuminated various parallels between Van der Kolk's scientific descriptions and studies which demonstrated the psychosomatic nature of trauma with the psycho-spiritual interpretations of Kalsched. We drew comparisons along the themes of how the mind-body connection is understood within each paradigm, how this translates over to psycho-somatic illness, tendencies of reenactment and dissociation, and autoimmune diseases. We considered specific neuroimaging studies along with longitudinal case studies conducted by Van der Kolk and considered them in light of Kalsched's framework. In sum, we addressed how the psychosomatic nature of trauma can be understood through both scientific and psycho-spiritual perspectives. In this chapter, we will explore how Van der Kolk and Kalsched consider the psychosomatic nature of trauma and apply it to the process of its healing. We will see that the fundamental commonality between the methods and approaches each describes in order to help trauma patients heal is the ability to engage with the contents of one's devastating past in a *felt* manner that goes beyond the reach of mere language and rational thinking. As we have shown, because trauma is so deeply rooted in individuals' psychological, emotional, and bodily experiences, both Van der Kolk and Kalsched advocate that therapies must work on these *sensory* levels rather than on solely a cognitive and rational level. Van der Kolk's prescribed therapeutic approaches include yoga therapy, martial arts, and massage therapy, and EMDR. On the other hand, Kalsched's work emphasizes the importance of accessing the living and felt

reality of one's psychological experience through the "mytho-poetic" language of the collective unconscious.

If we recall the concept of archetypes and that psychological health according to Jungian Theory is dependent on one's ability of allowing the archetypes to "move through you" we will see that Kalsched's approach to treating trauma is very much geared towards facilitating this type of felt experience, and does so through considering their dreams, visions, other moving psychological contents that arise during therapy. We will begin this chapter by considering one more neuroimaging study conducted by Van der Kolk which demonstrates the essentiality of therapies that work beyond the level of verbal communication by showing the activation of the brain's right hemisphere, which communicates via feeling, sensation, and preverbal mechanisms, and the shutdown of the left hemisphere, which communicates in the language of words, intellect, and rational thinking. We will consider these studies in light of research that has been done in Jungian theory that suggests the type of archetypal work done in Jungian psychoanalysis, while on the surface just appears to be a form of "spiritualized talk therapy," is actually functioning at the level of the right brain because of how deeply it touches the soul and psyche's felt experiences. Our discussion will proceed with exploring specific examples of these therapies in practice and which will give us a better understanding of how they aid patients throughout the trauma healing process.

### Van der Kolk's Proposed Roads to Healing

Neuroimaging studies have enabled Van der Kolk and other researchers to understand the role of language in trauma, and why the use of language and cognitive thinking is oftentimes insufficient in helping trauma patients address its psychosomatic constituents. In one study,



another brain region that showed a significant decrease in blood flow when scripts of past traumas were being read to participants in the scanner was called Broca's area, one of the speech centers in the brain responsible for putting thoughts and feelings into words.<sup>140</sup> The deactivation of this region was accompanied by activation of another called Brodmann's area 19, a region in the visual cortex responsible for registering images when they first enter the brain.<sup>141</sup> These details of the scan explained not only why so many traumatized victims have a difficult time putting their internal experiences into words, but also why memories of past traumatic events can often be experienced as visceral sensory experiences:

“Their bodies reexperience terror, rage, and helplessness, as well as the impulse to fight or flee, but these feelings are almost impossible to articulate. Trauma by nature drives us to the edge of comprehension, cutting us off from language based on common experience or an imaginable past.”<sup>142</sup>

Along this theme, Van der Kolk cites other studies showing differences in how the left and right hemispheres of the brain process sensory information following trauma. While the right hemisphere is “intuitive, emotional, spatial, and tactual, the left is linguistic, sequential, and analytical.”<sup>143</sup> The right hemisphere receives input through facial expressions, body language, somatosensory information, and other unspoken forms of communication. It is the first to develop in infants, and carries the nonverbal communication between them and their mother in the womb.<sup>144</sup> The left hemisphere on the other hand begins developing as children begin using language, and serves the purpose of communicating one's experience verbally and descriptively. In remembering past experiences, it uses facts, statistics, and vocabulary to recall past events,

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<sup>140</sup> Van der Kolk, *The Body Keeps the Score*, 44

<sup>141</sup> Ibid.

<sup>142</sup> Van der Kolk, *The Body Keeps the Score*, 43.

<sup>143</sup> Van der Kolk, *The Body Keeps the Score*, 44.

<sup>144</sup> Ibid.

and pulls from a cohesive autobiographical narrative of memory. In contrast, the right hemisphere communicates with the language of experience; its memories are stored in sound, touch, smell, and other felt emotions.<sup>145</sup> Normally the two sides of the brain have a bidirectional communication which allows for sensory information to be integrated into one's autobiographical narrative, and for verbal language to inform and interpret incoming sensory information. However, Van der Kolk and his fellow researchers were able to show that this bidirectional interpretation breaks down in the case of traumatized individuals. Neuroimaging scans showed that when traumatized patients' scripts were read back to them, the language-oriented left hemispheres became deactivated while the sensory-oriented right hemispheres became activated. These findings were monumental for understanding the complexities of how traumatic experience can manifest in the form of dissociation, loss of memory of a past traumatic event, difficulties in verbalizing one's emotional traumas, and why physiological stress reactions often accompany these types of remembrances. Furthermore, it served as valuable evidence for why conventional modalities like talk therapy were oftentimes limited in their abilities to address the core of trauma, which according to Van der Kolk, tends to involve profound reorganizations of how the mind, brain, and body manage its perceptions:

“For a hundred years or more, every textbook of psychology and psychotherapy has advised that some method of talking about distressing feelings can resolve them. However, as we've seen, the experience of trauma itself gets in the way of being able to do that. No matter how much insight and understanding we develop, the rational brain is basically impotent to talk the emotional brain out of its own reality.”<sup>146</sup>

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<sup>145</sup> Van der Kolk, *The Body Keeps the Score*, 45.

<sup>146</sup> Van der Kolk, *The Body Keeps the Score*, 47.

As such, the therapies Van der Kolk supports throughout his work focus specifically on helping patients restore the normal functioning of various brain structures responsible for sensory awareness and processing, which in turn enable the regulation of physiological states which become disrupted in the case of trauma:

“We must most of all help our patients to live fully and securely in the present. In order to do that, we need to help bring those brain structures that deserted them when they were overwhelmed by trauma back.”<sup>147</sup>

Discovering the importance of trauma’s impacts on the brain and body, has made apparent the essential role of therapies that work at the level of neurobiological reorganization and physiological regulation. These findings have enabled researchers to better understand the oftentimes limited therapeutic value of pharmaceutical drugs, which often seek to dampen traumatic symptoms, rather than actually bringing about lasting changes in victims’ nervous systems. Van der Kolk writes:

“...drugs cannot ‘cure’ trauma; they can only dampen the expression of a disturbed physiology. And they do not teach the lasting lessons of self-regulation. They can help to control and regulate feelings and behavior, but always at a price—because they work by blocking the chemical systems that regulate engagement, motivation, pain, and pleasure.”<sup>148</sup>

While he acknowledges that pharmaceutical drugs have a place in the field of trauma therapy, he also asserts the downfalls of assuming them to be the ultimate means of truly addressing patients underlying conditions. In one interview he explains:

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<sup>147</sup> Van der Kolk, *The Body Keeps the Score*, 73.

<sup>148</sup> Van der Kolk, *The Body Keeps the Score*, 226.

“Drugs can be helpful— I would be the last person to say never use pharmaceutical agents. They have their place. But what happens is that our culture changed. We forgot about human beings.”<sup>149</sup>

*The “Language of Trauma” According to Van der Kolk*

Van der Kolk addresses that humans possess two distinct systems that facilitate our self-awareness. In many ways, we see how this echoes Kalsched’s metaphor involving the Inuit maskType equation here. which has one eye open, looking out, and one eye open, looking in (in introduction). While one of these systems— what we might call the outward looking eye of the left brain— keeps track of oneself across time and assembles memories and sensory experiences into an autobiographical and larger life story, the second system— the inward looking eye of the right brain— deals with physical and emotional sensations. Though it is more difficult to put experiences involving this system into words, it can be done, Van der Kolk explains, if handled with care. Additionally, it is only this second system that is capable of changing the emotional brain he describes as being overpowering to the rational and cognitive mind. Summarizing these two different systems and how they can be worked with to help trauma patients, Van der Kolk explains:

“One system creates a story for public consumption, and if we tell that story often enough, we are likely to to start believing that it contains the whole truth. But the other system registers a different truth: how we experience the situation deep inside. It is this second system that needs to be accessed, befriended, and reconciled.”<sup>150</sup>

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<sup>149</sup> CenterScene. “The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.” *YouTube video*, 140:27. May 22, 2015. <https://www.youtube.com/watch?v=53RX2ESIqsM>.

<sup>150</sup> Van der Kolk, *The Body Keeps the Score*, 238.

Thus, language can be a therapeutic tool if it works at the level of addressing the bodily experiences associated with this emotionally and physically sensing system. He gives the example of writing groups, which can enable individuals to “verbally” address their innermost experiences in a manner that is not so closely managed by the judgment or understanding of others. Additionally, he describes art, music, and dance as being powerful tools that enable individuals to get past the slipperiness of words and instead to more deeply engage with the sensory, emotional, and experiential qualities of their traumatic pasts. He makes the point that around the world, cultures have long turned to these types of expressive practices in order to “circumvent the speechlessness that comes with terror.” He cites one study conducted by a dance and movement therapists in San Francisco which involved a group of sixty-four participants who were asked to perform expressive body movements which “spoke” to a past traumatic experience for ten minutes for three consecutive days. While half of the group was asked to journal about their experience for another ten minutes, the other group was only required to dance. The study found that the former group who addressed their expressive experiences through words showed longer term increases in their wellbeing and emotional health over the next three months than the group who only danced. The researchers of the study concluded that “the mere expression of trauma is not sufficient. Health does appear to require translating experiences into language.”<sup>151</sup>

We will turn our discussion now to more body-focused therapies throughout Van der Kolk’s work.

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<sup>151</sup> Van der Kolk, *The Body Keeps the Score*, 245.

*Martial Arts, Yoga, and Massage for Trauma Patients*

The use of martial arts, yoga, and other embodied practices are mentioned extensively throughout *The Body Keeps the Score* for their efficacy in helping patients overcome trauma. These types of body-oriented practices work on many levels of traumatized individuals' symptoms— from helping to regulate traumatized individuals' nervous systems, to guiding them towards a deeper experience of their bodies, emotions, and sensations, and to helping them regain ownership of their bodily control and competence— the holistic therapeutic benefits of these alternative practices have often proven to be more effective than conventional approaches such as talk therapy and the use of pharmaceuticals. Van der Kolk asserts:

“Mainstream Western psychiatric and psychological healing traditions have paid scant attention to self-management. In contrast to the Western reliance on drugs and verbal therapies, other traditions from around the world rely on mindfulness, movement, rhythms, and action. Yoga in India, tai chi and qigong in China, and rhythmical drumming throughout Africa are just a few examples. The cultures of Japan and the Korean Peninsula have spawned martial arts, which focus on the cultivation of purposeful movement and being centered in the present, abilities that are damaged in traumatized individuals.”<sup>152</sup>

While yoga has long been known for its therapeutic benefits, Van der Kolk was on the first team of researchers to publish a scientific study looking at the effects of yoga on PTSD patients. If we recall the relationship between the parasympathetic and sympathetic nervous systems discussed in the previous chapter, we know that their synchrony is a crucial component to maintaining a regulated physiological state and that trauma can often interrupt this balance. The use of controlled breathing in yoga, known as *pranayama*, is known to help balance the

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<sup>152</sup> Van der Kolk, *The Body Keeps the Score*, 210.

sympathetic and parasympathetic states, making it an effective practice for trauma patients whose regulation of these states is often disrupted. Additionally, holding awareness on various parts of the body for prolonged periods of time makes it an effective practice for trauma patients as it enables them to cultivate a deeper awareness of their bodies' sensory experiences. Van der Kolk even cites one neuroimaging study demonstrating the increased functioning in brain structures responsible for self-regulation and self-processing for trauma patients who participated in longterm yoga training.<sup>153</sup> As such, it works for both patients whose nervous systems are in hyper-aroused states, as well as for those who have largely lost the capacity to feel their bodies' sensory experiences.

Van der Kolk explains that his first yoga studies had about a 50% dropout rate, many patients experiencing that pelvis-focused stretches often precipitated flashbacks to past events of sexual assault. Once researchers slowed down the pace of their studies however, they eventually saw great improvements in their participants' PTSD symptoms. Van der Kolk worked with a severely traumatized rape victim named Annie for example, who had previously been given many antipsychotic drugs and who had self-mutilated herself for years. When she began practicing yoga, her relationship with her body and its physical sensations shifted radically: "After Annie had been practicing yoga three times a week for about a year, she noticed that she was able to talk much more freely about what had happened to her. She thought this almost miraculous."<sup>154</sup> In another message Annie sent to Van der Kolk about one of her experiences in her yoga practice, describing how she was able to navigate a feeling of panic that came over her in a difficult pose, she writes:

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<sup>153</sup> Van der Kolk, *The Body Keeps the Score*, 276.

<sup>154</sup> Van der Kolk, *The Body Keeps the Score*, 277.

“I felt the beginning of panic...like oh no that’s not a part of my body I want to feel. But then I was able to stop myself and just say, notice that this part of your body is holding experiences and just let it go. You don’t have to stay there, but you don’t have to leave either, just use it as information. I don’t know that I have ever been able to do that in such a conscious way before.”<sup>155</sup>

Unlike talk therapy— which seldom engages the body’s somatic experiences and memories— and unlike pharmaceutical drugs— which dampen patients’ stress reactions while also dampening their emotional and sensory experiences— yoga enables patients like Annie to establish a closer relationship with the reality of their emotional and bodily experiences, making room for their fearful associations with painful somatic experiences to be slowly resolved. Studies across many groups of traumatized individuals, ranging from war veterans, marines, and rape victims, demonstrated significant improvements in PTSD symptoms as this research progressed. Today, there is a growing number of organizations geared towards bringing yoga to at-risk trauma communities as a results of this therapy’s proven benefits.

In addition to yoga, he also cites several examples of how martial arts and self-defense have been used in order to help trauma victims, and at risk-populations. He provides the example of a model mugging program which started in Oakland in 1971 which taught women self-defense to protect themselves in the face of physical assault or threat. Participants learned to recondition the typical freeze and



Photo from [prisonyoga.org](http://prisonyoga.org). The mission of the Prison Yoga Project is to bring trauma-informed yoga to incarcerated individuals around the globe as a path for rehabilitation.

<sup>155</sup> Van der Kolk, *The Body Keeps the Score*, 278.



immobilization response which might have otherwise occurred, and instead use their self defensive skills to fight back; giving the example of one of his patients who recently after graduating the program was confronted by three men who attempted to rob her, but was able to fend them off with her newly acquired self-defense skills.<sup>156</sup> He includes another example of an after school Brazilian capoeira program that some of his students began running in a high crime area of Boston to demonstrate the alternative ways such alternative body-oriented practices could be incorporated into high-trauma environments.<sup>157</sup>

Another body-oriented therapy mentioned several times throughout his work is massage. He mentions several patients throughout *The Body Keeps the Score* who greatly benefited from incorporating massage therapy as a supplement to their trauma healing regimens, which enabled them to more fully engage with other elements of their therapy. This type body-oriented therapy enabled victims of trauma to start regaining a sense of not only feeling safe within their bodies, but also feeling *pleasure* within their bodies. Which, as is often the case with trauma patients, can be a revelatory experience. “Touch,” Van der Kolk explains, [is] the most elementary tool that we have to calm down, [and] is prescribed from most therapeutic practices. You can’t fully recover if you don’t feel safe in your skin.”<sup>158</sup> Van der Kolk gives the example of a patient named Sherry, whose mother had run a foster home all throughout her life. Though Sherry was heavily involved in taking care of the children who came through the home, her own mother often told her that wasn’t wanted as a daughter. She explains to Van der Kolk,

“I’m not sure when I first realized that, but I’ve thought about things that my mother said to me, and the signs were always there. She’d tell me, ‘You know, I don’t think you belong in this

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<sup>156</sup> Van der Kolk, *The Body Keeps the Score*, 221.

<sup>157</sup> Van der Kolk, *The Body Keeps the Score*, 357.

<sup>158</sup> Van der Kolk, *The Body Keeps the Score*, 216.

family. I think they gave us the wrong baby.’ And she’d say it with a smile on her face. But, of course, people often pretend to joke when they say something serious.”<sup>159</sup>

Van der Kolk asserts that research has found chronic emotional abuse, as Sherry endured in her youth, can be just as traumatizing as physical abuse. Later in life, Sherry often found herself depressed, with no close friends, and the only “romantic” relationship she’d ever been in involved a man who’d kidnapped her and raped her repeatedly until she was finally able to escape to safety. She eventually began self-mutilating herself by picking at and cutting her skin. She felt simultaneously ashamed of these tendencies, while also feeling addicted to them. She confronted many health professionals about these self-destructive and suicidal behaviors, and at one point was even forcefully hospitalized by a psychiatrist who said they refused to treat her unless she stopped picking at her skin. However, Van der Kolk explains, these self-mutilating tendencies are not so simple to treat in the case of traumatized patients:

“In my experience, he explains, patients who cut themselves or pick at their skin like Sherry, are seldom suicidal but are trying to make themselves feel better in the only way they know. This is a difficult concept for many people to understand... If no one has ever looked at you with loving eyes, or broken out in a smile when [seeing you]; if no one has rushed to help you (but instead said stop crying or I’ll give you something to cry about), then you need to discover other ways of taking care of yourself. You are likely to experiment with anything— drugs, alcohol, binge eating, or cutting— that offers some kind of relief.”<sup>160</sup>

Well into therapy appointments together, Van der Kolk noticed that Sherry was not making as much progress as either of them would have hoped. He then recommended that she

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<sup>159</sup> Van der Kolk, *The Body Keeps the Score*, 89.

<sup>160</sup> Van der Kolk, *The Body Keeps the Score*, 90.

begin working with a massage therapist so that she could learn to more deeply engage with her bodily experiences in hopes that this would reduce her self-mutilating tendencies. While at first it was difficult for Sherry to benefit from her massage sessions— often going into a panic when she lost track of where the therapist was in relation to her body— she eventually began experiencing profound benefits from this therapeutic work. Over time, Sherry began feeling much more relaxed and energized not only in her therapy sessions with Van der Kolk, but also throughout her every day life. As Van der Kolk explains,

“she became truly involved in her therapy and was genuinely curious about her behavior, thoughts, and feelings. She stopped picking at her skin, and when summer came she started to spend evenings sitting outside on her stoop, chatting with her neighbors. She even joined a church choir, a wonderful experience of group synchrony.”<sup>161</sup>

Sherry’s case shows us how teaching patients to establish a healthy relationship with their bodily experiences can help them replace self-destructive habits such as self-mutilation. If the body begins seeking out ways of “feeling itself” after so long of being numb and or dissociated, these can often be unhealthy. However, if replaced with practices that help patients experience harmless and pleasurable sensations in the body, this can allow for profound healing.

### *Theatre as Therapy*

One of the most fascinating alternative trauma therapies Van der Kolk advocates for throughout his work is the use theatre and communal rhythms. Throughout his research, he had the ability of studying three theatre programs in particular which sought to bring acting and

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<sup>161</sup> Van der Kolk, *The Body Keeps the Score*, 94.

improv to at risk trauma populations: The Trauma Drama, a program working in Boston public schools and residential centers, Shakespeare and Company which ran theatre programs for juvenile offenders, and the Possibility Project based in New York City which brought theatre to communities in order to spread awareness about suicide, domestic violence, and educational inequity. The commonality of these three programs was that they facilitated communal confrontation of individual and collective traumas, enabling participants to find ways of conveying the reality of their feelings and emotions, rather than suppressing them:



“Trauma is about trying to forget, hiding how scared, enraged, or helpless you are. Theatre is about finding ways of telling the truth and conveying deep truths to your audience. This requires pushing through blockages to discover your own truth, exploring and examining your own internal experiences so that it can emerge in your own voice and body on the stage.”<sup>162</sup>

In the Possibility Project for example, which often worked with foster-care youth, it enabled participants to share painful life stories in a way that helped them feel seen, and in a manner that fostered powerful community

*Participants of the Possibility Project in New York during a group performance. Photo from [chroniclesofsocialchange.org](http://chroniclesofsocialchange.org)*

connectivity. He notes one example of a participant named Edward in Shakespeare and Company who had a visceral memory of his early childhood during one of their rehearsals. Having been born premature, he recalled spending time in oxygen tents in the hospital and often rushing to the emergency room with his family. As he explained further details of his childhood, one of the

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<sup>162</sup> Van der Kolk, *The Body Keeps the Score*, 337.

class instructors asked him “was it painful when the doctors stuck all those needles in you?”

Edward describes his response:

“At that moment, I just started screaming. I tried to leave the room, but two of the other actors—really big guys—held me down. They finally got me to sit in a chair, and I was trembling and shaking. Then [the instructor] said ‘You’re your mother and you’re going to do this speech. You’re your mother and you’re giving birth to yourself. And you’re telling yourself that you’re going to make it. You’re not going to die. You must convince yourself. You must convince that little newborn you’re not going to die.’” After delivering the speech, Edward goes on to explain: “It was like megatons of energy and tension just left my body. Pathways opened up for expression that had been blocked by this baby holding his breath and being so afraid that it was going to die... It was like going back and changing the story. Being reassured that someday I would feel safe enough to express my pain made it a precious part of my life. That night I had the first orgasm I’d ever had in the presence of another person. And I know it’s because I released something—some tension in my body—that allowed me to be more in the world.”<sup>163</sup>

In addition to inviting patients to more fully embody the realities of their emotional experiences, a significant therapeutic benefit of theatre groups is that they invite practices of communal rhythms and social engagement. These types of programs invited participants to engage not only with themselves, but with one another; helping to strengthen relationship-building skills and the ability to synchronize with others. A significant portion of youth in the Possibility Project for example had grown up in the foster care system, and largely lost their abilities to feel safe in social environments. Many had grown accustomed to suppressing their difficult life stories moving from family to family, and had few experiences with cultivating

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<sup>163</sup> Van der Kolk, *The Body Keeps the Score*, 348.

longterm and accountable relationships. However, as they engaged with exercises like mirroring one another, learned to theatrically express their stories, and gained skills of how to perform in groups, slowly these deeply ingrained beliefs and patterns began shifting. They were able to better embrace their difficult pasts, learned to work in group dynamics, and perhaps most importantly, were able to cultivate a sense of agency and competence amidst their past traumas:

“...Competence is the best defense against the helplessness of trauma. This is, of course, true for all of us... Inner-city schools and psychiatric programs often lose sight of this. They want kids to behave ‘normally’— without building the competencies that will make them feel normal.”<sup>164</sup>

Additionally, the founder of the Possibility Project explains,

“You cannot help, fix, or save the young people you are working with. What you can do is work side by side with them, help them to understand their vision, and realize it within them. By doing that, we’re giving them back control. We’re healing trauma without anyone ever mentioning the word.”<sup>165</sup>

### *Eye Movement Desensitization and Reprocessing Therapy*

#### *(EMDR) for Trauma Patients*

Eye movement desensitization and reprocessing therapy (EMDR) is another alternative approach to helping patients recover from past traumatic experience that Van der Kolk gives specific attention to throughout his work. The therapist’s role in this therapy is to move his or her fingers back and forth in front of the patient’s face, asking them to follow the movement with

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<sup>164</sup> Van der Kolk, *The Body Keeps the Score*, 343.

<sup>165</sup> Van der Kolk, *The Body Keeps the Score*, 344.

their eyes. Though scientists do not yet exactly understand why this therapy is so effective (but is considered to be related to a phase of sleep known as “rapid eye movement,” or REM, in which memories are reshaped and assimilated into the brain) it has been found that this state of rapid eye movement enables patients to re-experience and reintegrate past traumatic events in a deeply transformative manner. When Van der Kolk first learned of EMDR, he thought it was just “another of the crazes that have always plagued psychiatry,” but after learning more about it and experiencing it for himself more in depth, he arrived at three particular conclusions that fascinated him:

- “EMDR loosens up something in the mind/brain that gives people rapid access to loosely associated memories and images from the past. This seems to help them put the traumatic experience into a larger context or perspective.
- “People may be able to heal from trauma without talking about it. EMDR enables them to observe their experiences in a new way, without verbal give-and-take with another person.
- “EMDR can help even if the patient and the therapist do not have a trusting relationship. This was particularly intriguing because trauma, understandable, rarely leaves people with an open, trusting heart.”<sup>166</sup>

Though Van der Kolk addresses the need for further clinical research in alternative therapies in order for them to be recognized by larger systems and institutions, studies in EMDR on patients with traumatic symptoms have become increasingly common and continue to show positive results. In one study with eighty-eight subjects, thirty received EMDR, twenty-eight Prozac (a pharmaceutical often used for panic disorders), and the rest were given a placebo.

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<sup>166</sup> Van der Kolk, *The Body Keeps the Score*, 255.

While the Prozac group saw slightly better improvements than the placebo, the EMDR group saw remarkable short term and long term improvements in their PTSD symptoms. After EMDR, one in four participants were completely cured, whereas only one in ten were cured in the Prozac group. After eight months however, 60% of those in the EMDR group remained completely cured, whereas all those in the Prozac group relapsed after being off the drug.<sup>167</sup>

He includes the story of one of his patient's stories with EMDR, which encouraged him to learn the therapy himself. This patient, named Maggie, had been raped by her father twice in her youth and had had a life with many difficulties; she often used drugs, found herself in violent romantic relationships, and seldom got along with bosses and roommates. She was referred to a therapy group Van der Kolk started for women with similar issues, where she shared the details of her painful experience. One day, Maggie came to the therapy group and shared experiences she'd had with EMDR the previous weekend:

“Maggie told us that during her EMDR session she had vividly remembered her father's rape when she was seven— remembered it from inside her child's body. She could feel how physically small she was; she could feel her father's huge body on top of her and could smell the alcohol on his breath. And yet, she told us, even as she relived the incidence she was able to observe it from the point of view from her twenty-nine year old self... she cried for a while and then said ‘It's over now. I now know what happened. It wasn't my fault. I was a little girl and there was nothing I could do to keep him from molesting me.’”<sup>168</sup>

Maggie continued with her EMDR therapy, long enough for Van der Kolk and the rest of the group to witness her transformation. Eventually she left the group, explaining that she felt her

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<sup>167</sup> Van der Kolk, *The Body Keeps the Score*, 256.

<sup>168</sup> Van der Kolk, *The Body Keeps the Score*, 152.



trauma had been resolved. Van der Kolk includes many other specific accounts of patients which demonstrate the transformative capacity of EMDR. While unlike the above mentioned body-oriented therapies, it parallels the overarching themes present throughout the alternative approaches to trauma addressed by Van der Kolk in that it causes patients to viscerally experience the emotional and somatic elements related to their past events, rather than repressing them.

### *Conclusion of Van der Kolk's therapies*

The importance of engaging the sensory experience of traumatized individuals, both psychologically and somatically is consistently emphasized by Van der Kolk throughout his prescribed therapies; whether they facilitated the relaxation and reorganization of patients' nervous systems and brain structures, allow patients to feel comfort, pleasure, and agency over their bodily experiences, or encourage them to embrace the reality of their devastating past experiences, they all in some form or another have been proven to be effective therapies for wide ranges of traumatized patients. Other alternative therapies Van der Kolk addresses throughout his work include, the use of psychotropic drugs, neurofeedback, sensorimotor approaches, animal therapy, and internal family systems therapy (IFS). We can see how these types of "alternative therapies" work on a deeper level than the cognitive and rational faculties of the left brain. On the contrary, these therapies bring patients into deeper experiences of the realities of their minds and bodies in a manner that eventually allows for shifts in one's internal relationships with the lasting impacts of past trauma. In so doing, this also allows their previously hyper-sensitized or desensitized physiological states to reorganize, thus allowing them to be more comfortable within their own skin and within the world at large. Seeing the depth at which these kinds of

therapies function helps us to better understand the limitations of talk therapy and pharmaceuticals, the two main psychiatric treatments at the beginning of Van der Kolk's career. Because talk therapy primarily utilizes rational language as a means of creating behavioral shifts as well as shifts in patients' cognitive relationships with their past traumas, it only worked on the level of the left brain but not that of the right brain, which speaks the language of sensation, experience, and feeling. Pharmaceuticals on the other hand, often serve to suppress the emotional and energetic responses experienced by trauma patients following their devastating experiences, which as we can better see following the alternative therapies discussed above, can be powerful avenues of healing if they are worked with in a therapeutic manner.

*Van der Kolk's Proposals for the Future of Trauma Therapy*

In concluding *The Body Keeps the Score*, Van der Kolk provides us with various essential points to consider not only for the future of trauma therapy, but for the future of creating a better trauma-informed society at large. He advocates the importance of recognizing emerging research into the psychosomatic nature of trauma, explaining that these revolutionary insights “demand a radical shift in our therapeutic assumptions,”<sup>169</sup> and believes one way to do so is to conduct further clinical research in alternative therapies that are increasingly being found to effective ways of healing trauma patients. This type of research would enable such therapies to be better recognized by wider systems and institutions as potential systematic avenues of healing. However, he explains that validating such treatments through empirical research can oftentimes

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<sup>169</sup> Van der Kolk, *The Body Keeps the Score*, 88.

take decades to carry out, and that support for research tends to go towards therapies that are already recognized by traditional Western psychiatry.<sup>170</sup>

In addition to advocating for further research on alternative trauma healing modalities, he proposes various solutions at political and institutional levels, explaining that these domains of human life are intimately related to the ways society is able to help treat trauma patients:

“When I give presentation on trauma and trauma treatment, participants sometimes ask me to leave out the politics and confine myself to talking about neuroscience and therapy. I wish I could separate trauma from politics, but as long as we continue to live and treat only trauma while denying its origins, we are bound to fail.”<sup>171</sup>

While a significant portion of Van der Kolk’s work focuses on exploring trauma’s neurobiological dimensions as well as alternative therapies, he also recognizes that many societal factors play a role in one’s likelihood to be impacted by devastating life events. “In today’s world” he explains, “your ZIP code even more than your genetic code, determines whether you will lead a safe and healthy life.” Disparities between income, family structure, housing, employment, and educational opportunities not only dictate one’s likelihood of safety and developing traumatic stress, but also dictates one’s ability to find solutions of properly addressing it.<sup>172</sup> In response to these pressing factors of trauma at the societal level, Van der Kolk delineates several ideas for the allocation resources within different institutions to help create better trauma informed communities, many of which have been carried out by programs he helped start with the founding of the National Child Traumatic Stress Network. He explains that basic trauma-informed interventions, when properly applied, have the potential to transform

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<sup>170</sup> Van der Kolk, *The Body Keeps the Score*, 264.

<sup>171</sup> Van der Kolk, *The Body Keeps the Score*, 350.

<sup>172</sup> Ibid.

environments such as schools, juvenile justice systems, child welfare agencies, homeless shelters, military facilities, and residential group homes. Schools in particular Van der Kolk asserts, due to the prevalence of childhood trauma and its lasting impacts, can become “islands of safety in a chaotic world” which provide children with powerful social engagement opportunities, and even the ability of cultivating self-awareness skills. While traumatizing home environments may be more difficult to address at more systematic level, schools have the ability of becoming “the places where children are taught self-leadership and an internal locus of control.”<sup>173</sup> He asserts the importance of funding to school programs that encourage relationship building and social engagement ranging from chorus and theatre programs, physical education, athletics, marching bands, and many other forms of engaging and agency promoting activities. In addition to providing these types of opportunities to students, other effective approaches might be training children from an early age to become increasingly aware of their emotional states:

“Just as we teach history and geography, we need to teach children how their brains and bodies work... We teach them how their brains and bodies are built, what emotions are for, and where they are registered in their bodies, and how they can communicate their feelings to the people around them.”<sup>174</sup>

Teachers could also be taught how to conduct their classrooms in more trauma informed manners; asking children to talk about their feelings in moments of tantrums or upheaval rather than punishing and silencing them. Other considerations Van der Kolk proposes throughout *The Body Keeps the Score* for bringing about trauma-informed changes to modern health care and other sectors of human life are reallocation of research funding to preventative rather than

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<sup>173</sup> Van der Kolk, *The Body Keeps the Score*, 354.

<sup>174</sup> Van der Kolk, *The Body Keeps the Score*, 356.

curative treatment, new diagnostic criteria for trauma related illnesses, and health care coverage for alternative trauma healing modalities.

Another significant proposal Van der Kolk makes for the future of trauma therapy is the American Psychiatric Association's (APA's) recognition of "Developmental Trauma Disorder" as a viable diagnosis for victims of childhood trauma, arguing that this would enable greater allocations of research funding for how to better treat the complex and oftentimes intertwined psychosomatic impacts of early life trauma. He uses the example of the DSM III's (often considered to be the "bible" of psychiatric diagnoses for treatment) recognition of PTSD as a diagnoses which enabled clinicians to classify the wide-ranging symptoms of veterans returning from war.

"The adoption of the PTSD diagnosis by the DSM III in 1980 led to extensive scientific studies and to the development of effective trauma treatments, which turned out to be relevant not only to combat veterans but also to victims of a wide range of traumatic events, including rape, assault, and motor vehicle accidents."<sup>175</sup>

The PTSD diagnosis clearly delineated that PTSD could be classified as exposure to an event involving "actual or threatened death or serious injury, or a threat to the physical integrity of self or others" which left the individual experiencing a wide variety of impacts; ranging from flashbacks, nightmares, persistent avoidance of elements associated with the trauma, or increased arousal and agitation. Fundamentally, Van der Kolk explains, this diagnosis allowed clinicians wider options to work with patients whose minds, brains, and bodies had been chronically and negatively impacted as a result of devastating past life events.

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<sup>175</sup> Van der Kolk, *The Body Keeps the Score*, 158.

While this diagnosis greatly expanded the diversity of treatment for many patients, it did not prove to be effective for the treatment of victims of childhood trauma. Van der Kolk asserts that this was largely because abused children who showed up at clinics, hospitals, and police stations seldom spoke about the traumatic events they experienced in their home environments thus making them less eligible to qualify for a PTSD diagnosis. As an example, Van der Kolk mentions that “eighty two percent of the traumatized children seen in the National Child Traumatic Stress Network do not meet diagnostic criteria for PTSD.”<sup>176</sup> This leads children to acquire a wide range of what Van der Kolk terms “pseudoscientific diagnoses” throughout their lives that then lead them to receiving smorgasbords of treatments such as medications and behavioral or exposure therapies which rarely work and even might cause more damage.

In response to what Van der Kolk’s and his colleagues were finding throughout their research, it became clear that they were in need of a new diagnoses which accurately captured the complexity of children’s evolving conditions in the wake of traumatizing early life experiences. After extensive research involving a database of about twenty thousand children who were in treatment for early life abuse and neglect, and 130 studies that reported on over one hundred thousand adolescents worldwide, Van der Kolk and a group of childhood trauma experts drafted a proposal for what they called “Developmental Trauma Disorder.”<sup>177</sup> If this proposal could be passed this would enable a single diagnostic label to address the wide range of symptoms that victims of childhood trauma experienced throughout their lives, rather than requiring multiple co-morbid diagnostic labels and thus a variety of treatments.

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<sup>176</sup> Van der Kolk, *The Body Keeps the Score*, 159.

<sup>177</sup> Van der Kolk, *The Body Keeps the Score*, 160.

Van der Kolk and his colleagues submitted their diagnostic proposal for DTD to the APA in 2009. When Van der Kolk gave a talk to a group of nationwide mental health commissioners, they greatly encouraged the initiative by writing a letter to the APA that read:

“We urge the APA to add developmental trauma to its list of priority areas to clarify and better characterize its course and clinical sequelae and to emphasize the strong need to address developmental trauma in the assessment of patients.”<sup>178</sup>

Amidst Van der Kolk’s confidence that the APA would approve this submission for a new diagnostic label which would better address the overwhelming prevalence of childhood trauma and its treatment, the proposal was shutdown. Justifying their response, the APA wrote:

“The notion that early childhood adverse experiences lead to substantial developmental disruption is more clinical intuition than a research-based fact. This statement is commonly made but cannot be backed up by prospective studies.”<sup>179</sup>

Suffice to say, Van der Kolk and his fellow researchers were devastated by these final conclusions. Within their proposals, they had even listed studies such as the ACE study which clearly showed a correlation between early childhood trauma and the prevalence of mental and physical health disorders later in life. Amidst the APA’s rejection, thousands of clinicians from around the country showed their support for the research of Van der Kolk’s Trauma Center by sending thousands of small contributions to continue conducting larger scientific research on the topic of developmental trauma. Such financial support has enabled hundreds of interviews with children, parents, foster parents, and mental health workers, and the results of these studies are continuing to be published.

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<sup>178</sup> Van der Kolk, *The Body Keeps the Score*, 161.

<sup>179</sup> Ibid.

### Trauma and Language According to Jung and Kalsched

In further discussing the therapies advocated for by Van der Kolk, we've established a better understanding of the diversity of "right-brain" approaches available for helping trauma patients. Many of these are focused on the physical movement of the body and attention to its sensory experience, while others like theater and EMDR work at the level of deeply engaging with one's sensory experience, strong emotions, and memories of past traumatic events. In considering Jungian analytical psychology in light of these, and specifically the archetypal work of Donald Kalsched involving the self-care system, one might feel inclined to ask how this type of therapy—which at face value may merely appear as a form of "spiritualized talk therapy"—is capable of bringing about profound therapeutic transformations for trauma patients at the levels of psyche *and body*. As opposed to Van der Kolk's proposed alternative therapies, Jungian analytical work has less focus on the *psychosomatic* elements of trauma and more on the *psycho-spiritual*. While a shallow interpretation of the distinctions between these therapies might arrive at such a conclusion, we have likewise demonstrated throughout this paper that fundamental to all of Jungian theory is the notion that the psyche and the body are "one and the same thing," and that "the whole psychic organism corresponds exactly to the body." Furthermore however, though analytical psychology may appear to be a left-brain therapy in that it focuses on the archetypal experiences of patients in dreams, visions, and other in other cases, and are then discussed with an analyst, there is an increasing amount of work that demonstrates how this imaginal and archetypal work actually functions at the level of the right-brain. In order to understand why this is the case, beyond just Jung's assertion that the psyche and the body are equivalent, we must extend our understandings of how the left and right brain differ in the ways



they process sensory information, how the psyche is constantly seeking to find a balance between these two different processing systems, and why archetypal work is capable of facilitating their balance.

*Left and Right Brain “Languages” of Trauma*

In the previous section we briefly described the right-brain’s language of feeling, sensation, and emotion, and how different forms of expressive therapies are capable of restoring the “communication” the right and left brain processing systems. Kalsched helps us to understand just how profound and complex its language really is, and why contents in dreams for example can have similar types of therapeutically transforming benefits as the expressive therapies described by Van der Kolk. He extensively cites the work of a psychiatrist named Iain McGilchrist whose neuroscience research demonstrates the different ways in which the left and right hemispheres of the brain process the world. According to McGilchrist, the right brain veers towards integration and towards seeing the world in wholes rather than parts:

“It mediates an understanding of the world based on empathy, inter-subjectivity, and metaphor,” and is always involved in the process of perceiving non-literal meaning in things like irony, humor, art, music, and poetry, and “sees things in context—in relationship to everything surrounding them, and hence in holistic gestalts [something that is made of many parts and yet is somehow more than or different from the combination of its parts].”<sup>180/181</sup>

In contrast the left-brain has a tendency to reduce experience to a “knowable thing” and “removes things from context and analyzes them in ‘bits,’ assigning words to these bits and organizing them into categories, describable, in denotative language,” and is more concerned

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<sup>180</sup> Kalsched, *Trauma and the Soul*, 172.

<sup>181</sup> “Gestalt.” Merriam-Webster. Merriam-Webster. Accessed April 29, 2020. <https://www.merriam-webster.com/dictionary/gestalt>.

with the “conscious elements of our mental life.”<sup>182</sup> The right-brain also maintains a closer affinity than the left-brain to emotional and bodily experience, which come together to create one’s body-image and “self-concept” as it has also been called. Neuroanatomically speaking, the right hemisphere is better connected to our more ancient brain regions (such as the reptilian brain and limbic system which together Van der Kolk calls our “emotional brain” and are responsible for mediating the bidirectional communication of the body and its emotional experience. Furthermore, the body-oriented nature of its sensory processing gives it a bigger role in remembering early life experiences:

“Because the right hemisphere is so richly connected to the...body, as well as to the unconscious, it is the right hemisphere that connects the growing child to emotionally salient experiences and serves as the ‘glue’ holding together the implicit self-system—‘the biological substrate of the human unconscious.’ Without the glue provided by the integrative functions of the right hemisphere,” as in the case of trauma, “a coherent sense of oneself dissolves.”<sup>183</sup>

Furthermore, for about the first 18 months of life, “early attachment experiences between infant and caregiver shape the actual development of the brain— especially the right hemisphere” making children at this time in life remarkably vulnerable to both embodied parental care, as well as the traumas ensued by when this care is not available.<sup>184</sup> As such, early life traumas deeply impact the development of the right brain and thus the individual’s ability to create meaningful, embodied, and felt relations with the world outside them and those in it. This simultaneously makes it the more important hemisphere to work with in the case of trauma patients:

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<sup>182</sup> Kalsched, *Trauma and the Soul*, 172.

<sup>183</sup> Kalsched, *Trauma and the Soul*, 177.

<sup>184</sup> Kalsched, *Trauma and the Soul*, 177.

“Unlike the left hemisphere, which seems to specialize in denial, the right hemisphere is more emotionally ‘competent’ and involved in the suffering and working through of real emotional pain— an essential part of the working through of trauma.”<sup>185</sup>

Because our self-sensing capacities are so important for a healthy psychical relationship with oneself, one’s body, and the world at large, injuries done to the right hemisphere as a result of early trauma can lead to “a variety of psychopathologies involving rigidified self-schemas and inner fragmentation.”<sup>186</sup> Kalsched provides the example of body-image disturbances to demonstrate psychosomatic impacts that can result from damaging the right-hemisphere:

“Body image disturbances lead to disturbing illnesses such as body dysmorphia and anorexia nervosa. The ‘lack of capacity to recognize parts of the embodied self is always associated with right-hemisphere damage’ (McGilchrist, 2009: 66).”<sup>187</sup>

Additionally, McGilchrist asserts that these forms of psychopathologies resulting from right hemispheric damage, are always accompanied by a damage to the capacity for communication *between* the left and right brain. When the brain is functioning properly, the bidirectional communication of its two hemispheres are engaged in almost all mental processes, “and each makes its absolutely essential contribution to our whole experience, providing that there is adequate communication between them.”<sup>188</sup> When the balance between the two hemispheres breaks down, this fundamentally results in psychopathology. On the one hand, Kalsched discusses patients with early childhood histories who were “catapulted out of their emotional and embodied selves into a precocious reliance upon ‘higher’ rational mental functions (left hemisphere) where they can control and/or deny the full impact of their traumatic experience or

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<sup>185</sup> Kalsched, *Trauma and the Soul*, 176.

<sup>186</sup> Kalsched, *Trauma and the Soul*, 176.

<sup>187</sup> Kalsched, *Trauma and the Soul*, 176.

<sup>188</sup> Kalsched, *Trauma and the Soul*, 172.

give it alternative ‘interpretations,’” resulting in patients’ dissociations from their felt and living experiences related to past traumas.<sup>189</sup> On the other hand however, McGilchrist asserts that psychopathologies such as serious depression have been shown to be associated with asymmetry between hemispheres, with the right side being favored, indicating the lack of ability to put one’s experiences into words.<sup>190</sup> Because the right hemisphere is the first online in early childhood, and because it is connected to our most primitive centers of the brain— which, as we have discussed, can override our higher rational brain— it can rightfully be considered the “real master hemisphere, with the left hemisphere its emissary.”<sup>191</sup> Historically however, the last 400 years have seen an an increasing dependence on the faculties of the left-brain, likely as a result of the profound influence of science. In so doing, “while claiming its vision of the world as its only ‘truth,’” it has forgotten the essentiality of the right hemisphere and its ability to construct living, felt, and experiential truths of the world rather than intellectual, rationalistic, and reductionistic ones.

What is truly being sought by the psyche, Kalsched explains, is not the dominance of either hemisphere’s processing of the world; neither finding itself in a world of two-dimensional interpretations of the left hemisphere, nor solely in the unspoken experiential three-dimensional interpretations of the right. Rather, what it is looking for is the balance between the two which enables information to be harmoniously exchanged; an oscillating dance between them wherein

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<sup>189</sup> Kalsched, *Trauma and the Soul*, 178.

<sup>190</sup> Kalsched, *Trauma and the Soul*, 176.

<sup>191</sup> Kalsched, *Trauma and the Soul*, 172.

“the right hemisphere’s holistic experience-world is ‘sent’ to the left hemisphere’s world for processing, but must be ‘returned’ to the world of the right hemisphere where a new synthesis can be made.”<sup>192</sup>

When this bi-directional communication completes its full course, from right brain to left and back to right— from wholeness, to fragmented parts, and back to wholeness again, experience is infused again with a renewed sense of meaning. Jung frequently referred to the concept of “longing for wholeness” throughout his works, but even he recognized that this wholeness came not solely through absolute and unifying ‘right-brain’ experiences (though he did not use such terminology) but rather that it came from *returning* from a state of psychical inner division.

With a better understanding of the complexity of these two different processing systems, we can begin exploring their relevance to analytical and archetypal psychology, and more specifically the approaches used by Kalsched. In the context of the self-care system, Kalsched explains that a lack in balance between the communication of the left and right brain often gives rise to the oppressive and dissociative forces that are often seen in traumatized patients. For example, the tyrannical inner voices so often experienced by trauma patients could be considered “negatively valenced left-hemispheric inner objects” which oppress the psyche with “shaming interpretations of the child’s experience,” and in so doing intensifies their dissociation from inner sensory experiences.<sup>193</sup> In other words, the traumatized individual faces an overwhelming amount of inner emotion, turmoil, and distress, but the cognitive left-hemispheric voices disable the psyche from embracing them. On the other hand, Kalsched explains that the self-care’s persecutory voices can be right-hemispheric inner voices that attack the individual *through* their

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<sup>192</sup> McGilchrist, Iain. *Master and His Emissary: the Divided Brain and the Making of the Western World*. (Place of publication not identified: Yale University Press, 2019), 195,

<sup>193</sup> Kalsched, *Trauma and the Soul*, 178.

felt sensory experience, as is observed in patients who feel numb, lifeless, or internally restricted as a result of their trauma: “This might account for the daimonic nature of the inner objects that either haunt or hallow the inner world of the self-care system as [Kalsched has] conceived it.”<sup>194</sup>

In either of these cases, the cessation of the brain’s bilateral communication is likely to be involved in the psyche’s dissociative tendencies as a result of extreme trauma, and what is needed is a restoration in the balance between the right and left processing systems.

According to Kalsched, the mytho-poetic language of the unconscious mind has a profound capacity of restoring this balance within the psyche than the rationalistic and reductionistic language of the left: “affects-in-the-body— encoded as the implicit memories of early trauma—will be more available through the mytho-poetic image-language of *dreams, metaphor, and poetry* than through the rational-interpretive language of insight (left brain).”

Once again however, the therapeutic value of mytho-poetic language lies not in its ability to *overpower* the left-brain’s faculties, but in its ability to harmonize it with the right:

“Such mytho-poetic language taps a *daimonic* or *collective* stratum of the psyche— one descriptive of those ‘intermediate’ beings and processes described as ... ‘half-way’ between human and divine; halfway between the ego and the unconscious; half-way between the left and right hemispheres; half way between the inner and outer worlds where the real truth of all stories resides... This intermediate space between mind and body is also uniquely where the human soul needs to ‘live.’ In trauma work, therefore, we must learn to speak a soulful language, because it is uniquely the human soul that is threatened with annihilation by early trauma in a child’s life.”<sup>195</sup>

In addition to the premises of Jungian theory which theoretically delineate the intimate relationship between psyche and body, these findings help us understand why the mind *and body*

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<sup>194</sup> Ibid.

<sup>195</sup> Kalsched, *Trauma and the Soul*, 117.

are capable of being so deeply transformed by engaging with a mytho-poetic language. This “soulful language” serves as the foundation of analytical work conducted by Kalsched and other Jungian analysts and must be used both by the patient and the therapist in the form of a “right brain to right brain” dialogue. The plasticity of the brain, body, and soul make it possible for the psyche to heal itself after the fragmentation of trauma, but the approaches that enable it to do that depend “less on technical vocabulary, more on metaphor... less on the patient’s explicit memories and more on his/her implicit experience in dreams and other imaginal products; less on the patient’s separate psyche and more on the paradoxical ‘potential space’ that emerges ‘between’ the psychoanalytic partners.”<sup>196</sup> We have included some examples about what this psychoanalytic space and relationship looks like in practice, and will provide several more examples to gain a better understanding.

*Clinical Vignettes of Kalsched’s Patients and Their Healing*

Kalsched gives the example of a patient named “Cynthia,” who began Jungian analysis after discovering that her husband had an affair with another woman. She felt as if she had some responsibility for his infidelity, because of sexual constrictions she had long experiences, and felt encouraged to explore their potential origins. She first worked with an analyst who helped her release many of the rigid defenses she developed early in life against her healthy pleasurable sensations. He specialized in bio-energetic analyses, which specifically focused on how her feelings and emotions were reflected in her bodily tension and stature. She continued working with her analyst, but when he finally passed away she recalled feeling a strange sense of relief which reminded her of similar feelings she had when her father died. This strange combination

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<sup>196</sup> Kalsched, *Trauma and the Soul*, 179.

of feelings encouraged her to continue analysis, which led her to working with Kalsched. In their early work together, Kalsched had Cynthia gather a personal history, asked her to start writing down her dreams, and to record reflections of “feeling-reactions” that arose in their work together. Surprisingly, throughout all her previous analysis, she had never worked exclusively with her dreams. One year into their work together, she had the following dream:

“A former lover and I [Cynthia] are in bed, hungrily kissing, and I notice a purple vapor appears to be escaping from a ceiling lamp. We prepare to leave. Then I’m in a car driving in the general vicinity of my childhood farmhome where we lived when I was between 7 and 17 years old. I can’t find the steering wheel but the car seems to be driving itself and it goes directly to my old home, slows down, and pulls into the driveway. Another car follows behind us. Suddenly a bunch of men dressed in black pour out of the car. They shoot sharp darts at me and appear to be jeering menacingly at me. They surround the car so I can’t get out. It appears in one way or another that they’ll get me.”<sup>197</sup>

Initially Cynthia seemed to have few associations with this dream until she began exploring its deeper meaning with Kalsched. They both felt that the co-incidence of passionate sexuality and the fear of something lethal was symbolic of her sexual restriction, though they did not fully comprehend why the two constellated one another. She also had no initial association with the men who got out of the car, but they wondered if their presence in the dream might be related to some type of danger in becoming conscious of something sexual. In pondering the fact that the car was driving on auto-pilot, Kalsched noted that it

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<sup>197</sup> Kalsched, *Trauma and the Soul*, 180.



“appeared... as if it was in possession of some *intention* or direction unknown to her ego but important to the unconscious and possibly to some potential wholeness that might involve the recovery of a lost part of her own childhood.”<sup>198</sup>

When Kalsched shared these thoughts with Cynthia, she initially showed little resonance, but he then posed the question in the mytho-poetic context of the dream: “*What, if anything,*” he asked her, “*had gone on in that house that a part of her would not want her to tell me?*” Kalsched describes her response and the following story she told him:

“Starting when she was 10 or 11, with her mother off at church on Sundays, her father would come into her room and remind her of some bad behavior of hers from the past week. Then he would pull down her pants, and spank her, a ritual that obviously aroused him. This went on for years, even after her menses, until she finally stopped it. As she talked about this in session she realized that she never really let herself feel the impact of what this meant to her... this started to happen as she felt the safety and containment of her analysis and then her ‘vehicle’ in the dream, on automatic pilot, took her right back to the scene of the crime. This integrative activity was too much for the men in black, who, as ‘dis-integrative’ forces in the psyche, tried to prevent further linking.”<sup>199</sup>

She went on to explain that he asked her at times to spank him which she vehemently refused. Shortly before his death, he brought up the spankings and asked her if she enjoyed them as he did, and though she didn’t show it, felt furious and disgusted at his question. Following this session, and for quite some time after, Cynthia reported becoming overwhelmed by anxiety at night, feeling “unprotected, vulnerable, and very young.” She oscillated between feeling like a hurt little girl again, feeling filled with self-disgust, and furious with her father as she remembered the specificities of their relationship growing up. While she and her father’s

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<sup>198</sup> Ibid.

<sup>199</sup> Ibid.

relationship was otherwise healthy, the impacts of this secret aspect of their relationship permeated into many domains of her life:

“A major rupture had occurred in the continuity of her whole existence as a person. She now housed a major interruption of her life... ‘girl interrupted’ she said. Their sessions increased with frequency during this phase of her remembrances, and she continued experiencing grief and sadness as well as “a newfound aggression towards a firmer resolve to live her whole life.”<sup>200</sup>

Eventually however, Cynthia’s angry and depressive states dwindled away and made way for new feelings of freedom.

This dream demonstrates how the archetypal defenses of the psyche can communicate themselves in a mytho-poetic language in dreams by bypassing the cognitive, ego-centered, and verbal language of left-brain faculties. What was once betrayal in her outer life (her father’s abuse), became inner forces of self-betrayal depicted by the suited men in her dreams who would not let her out of the car and into the farmhouse of her youth. The house represented the painful memories of her youth in being abused by her father, and the men as the dissociative forces of the self-care system that

“negotiated an *unconscious* pact with Cynthia’s ego around the issue of suffering... They had agreed, in effect, to protect her from this full impact of her experience, if she would just agree to suspend her awareness; i.e., not feel the feelings connected to what went on in that house.”<sup>201</sup>

This happened, however, at the cost of her own individuation; of her ability to embrace the harsh reality of her past. Because the psychological pain that would result in a full recognition of these experiences was too great, this “real” suffering was substituted for an ongoing interior suffering

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<sup>200</sup> Ibid.

<sup>201</sup> Kalsched, *Trauma and the Soul*, 183.

that kept Cynthia from recalling her youth, as well as leaving her with intense feelings of sexual rigidity.

Through this dream, Cynthia saw that the self-destructive forces within it— which were reflections of the self-destructive forces in her psyche— were in actuality nothing to be afraid of. Rather, “they were just her disowned aggression turned back on herself. They were not her fault, just her responsibility.” She ended up having another significant dream a few months later which reflected how her internal relationship with these previously suppressed aspects of her childhood began to shift through her work with Kalsched:

“I’m in a car on a street with three lanes. The car is a vintage 1940s DeSoto Roadster similar to my mother’s old car but with beautiful interior— all red. The top is down and I’m the only one in the car. I’m supposed to be driving but I’m rolled up in a comforter...the car’s moving very well on its own. I decide this won’t do. I extricate myself from the comforter and put my hands on the steering wheel and my foot on the gas pedal.”<sup>202</sup>

Cynthia immediately knew that this dream symbolized the movement towards taking a more active role in her life in the process of becoming more conscious of her long-suppressed painful youth. She felt the comforter symbolized the “comforting illusions of her ‘happy childhood’ which conveniently left out the traumatic violation by her father,” and which was no longer necessary as she began showing herself that she was capable of reclaiming agency and control over her life. The last dream Kalsched references throughout his work with Cynthia seems to capture her psyche’s true return to wholeness following its long endured inner division, and more specifically, which brought her to a healthier relationship with her own father. The dream was in

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<sup>202</sup> Kalsched, *Trauma and the Soul*, 183.

French, which she had spoken in her youth, but claimed to have forgotten most of the language. Clearly, part of her had not:

“I am facing a man—younger than I am. I introduce myself: Je m’appelle Cynthia [my name is Cynthia]. I am not fully dressed. My genital are is glowing. I then say—in French—J’ai oublié mon père. [I have forgotten my father]. We are looking into one another’s eyes. He responds: Je connais votre père. [I know your father.] There is a sexual overtone to our communication. He is interested, and I find him interesting. The scene shifts to the outdoors and a field of flowers. They are gold with lots of blue. I am trying to express the unusualness and beauty of the flowers to the people who are with me. It is difficult in French, but I am succeeding.”<sup>203</sup>

This dream was immensely moving for Cynthia and it seemed to point her towards a deeper spiritual reconciliation of her past events with her father. The father she had “forgotten” in the dream was not just her personal father, but rather was symbolic of the connection she knew she lost with “the Father who stands behind the personal father, the “Great Father” as American Indians called him, or in Jung’s language the central archetype of the Self (in its patriarchal form). Her relationship with her birth father had ruptured this “relationship” with the father archetype, and the man in the dream was there to remind her that this relationship was in the process of being restored. Furthermore, it suggested to her that the restoration of this relationship could mend a healthy relationship with her sexuality which no longer needed to be associated with what her father did to her in childhood. In her final reflections, she felt that the figure in this dream did not symbolize any male in her life outside of her, but rather that it stood for a new inner partner that “animated her from within,” both in her conscious and unconscious life. Jung would have called this symbolism a representation of the “Animus archetype,” the unconscious masculine side of a woman (with Anima representing the unconscious feminine side

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<sup>203</sup> Kalsched, *Trauma and the Soul*, 184.

of men). Its presence in the dream, Kalsched explains, seemed to “unite both her sexuality (body) and spirit (mind).” Furthermore, the presence of the beautiful field of flowers reminded her of feelings she had in her youth when on the farm, “touching a ‘dimension of life [she] used to experience as a child... the essence of life that we have access to as children and then lose— yet here it is. It feels whole— like coming home.’”<sup>204</sup>

Though we have spent more time throughout this paper discussing the persecutory and tormenting voices that the self-care system can impose on the psyche as an attempt of “protecting it,” here we see an example of supportive voices that can reveal themselves in order to remind the psyche of its wholeness, its connection to something greater, and fundamentally the latent forces within which *truly* strive to facilitate the embracing of past devastating events in order to fulfill the process of individuation, rather than the persecuting forces of the self-care system which serve to dissociate the individual from the world outside them. As Kalsched explains, these archetypal emanations from the collective unconscious are fundamentally indispensable throughout the trauma healing journey:

“This discovery of a larger presence— something ineffable, yet personally intimate— can make all the difference in the healing of trauma. In finding the courage to embrace her darkest secret and surrender to feelings that were heretofore unbearable, Cynthia had constellated something in the deep unconscious with a vast repertoire of archetypal images at its disposal, something that said to her in a dream ‘I can see your wholeness. And in order to convince you of this, I’m going to present my awareness of your wholeness in universal imagery of the Father-experience with all its beauty and aliveness and sensuality. And I’m going to pour this into your dreaming sleep through exactly the father-wound you were so hurt by.’”<sup>205</sup>

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<sup>204</sup> Kalsched, *Trauma and the Soul*, 185.

<sup>205</sup> *Ibid.*

The evolution of Cynthia's dreams demonstrates the power of mytho-poetic language and its ability to bypass the limitations of the rational and cognitive left brain in order to arrive at a deeper place of *felt* and *visceral* healing. She was not aware of how deeply her life had been impacted by her early childhood experiences with her father, even throughout her extensive analytical therapy prior to working with Kalsched, and it was revealed to her through opening up a line of right-brain communication that leaned into the unconscious contents that was revealed to her through dreams. Furthermore, through the "right brain to right brain" dialogue between her and Kalsched, more and more elements of the dream revealed themselves and slowly Cynthia was able to "put the broken pieces of her back together," so to speak. On the surface, their interactions may have appeared to be "verbal," but the substance of their communication was speaking to something living, real, and embodied within Cynthia's psyche. Furthermore, we can see how their therapeutic interaction at large involved the crucial oscillation between left-brain faculties and right-brain faculties: a movement that is fundamentally integral, as we explained above, to arriving at the psyche's wholeness following its dissociative splits after trauma. In some dreams Cynthia could grasp the "psychical lessons" they were providing her, but in others this type of comprehension only emerged through her collaboration with Kalsched. In the case of her first dream for example, Kalsched's questions, though posed verbally, adhered to the mytho-poetic language of the dream she explained and thus was able to guide Cynthia's initially right-brain understanding of the dream to a left-brain one; thus allowing her to recognize what parts of her auto-biographical life had been lost as a result of trauma.

In light of Van der Kolk's example of the theatre participant named Edward who experienced a sudden insight into his traumatizing early childhood experiences in the hospital, we see that Cynthia experienced a similar influx of memory of painful past traumas. In the

former case when the facilitator asked Edward “was it painful when the doctors stuck all those needles in you?” the question moved him the way it did precisely because it spoke to the feeling and sensory right-brain, which clearly had a profound remembrance of how threatening these moments felt to him as a child. Edward experienced an immediate overload of anxiety and memories associated with the pain he endured as a child in his frequent visits to the hospitals; not only the physical pain of having needles forcefully stuck in him, but the (in many regards) deeper pain of constantly fearing his own unassailable death. It was through his performance piece— in which he was able to *fully embody* the emotion that welled up in this experience— that he was able to release the tension and stored energy in his body that eventually gave him such a profound sense of freedom.

In Cynthia’s case, the right-brain question Kalsched posed provided her with a similar influx of painful past memories which was received in the mytho-poetic language of her dream. Their dialogue together was able to bring what initially appeared to Cynthia to be quite an unusual dream with which she had little association, to understanding how it symbolized long-forgotten aspects of her youth. Like Edward, she also experienced an intense influx of new anxiety, painful memories, as well as accentuated feelings of self-disgust, and yet over a prolonged period of time she was able to find resilience in the face of them; eventually leading her to a newfound sense of wholeness and healing that came through to her dream state. The comparative synthesis of these two examples demonstrates how powerful and diverse right-brain therapies can be, why it is essential that they oscillate with their left-brain explorations, and the diversity with which they arise.

The following example demonstrates another clinical vignette of Kalsched’s patients which points to the profound ways in which this type of archetypal work is capable of bringing

back the soul's spark of vitality *into the body* after it has been lost through trauma and dissociation. Kalsched gives the example of one of his patients named Patricia who'd endured a chronically traumatic childhood. She grew up in poverty for most of her life moving in and out of trailer parks and motels with her mother almost always being drunk while her father was off at war. When her father returned, he had frequent alcoholic rages and frequently beat their mother in front of the family— on one occasion almost strangling her to death. As such, Patricia's entire childhood was spent in fear. Early on she learned to behave as another "adult" in the house: cooking family meals, cleaning the home, and often having to rescue her mother out of bars. Early on throughout these pressing childhood experiences, around the age of 4 or 5, she eventually gave up:

“At some point in this process... this valiant little girl who was later my patient, simply gave up. Her spirit just left. All the color went out of her life. The rest of her childhood, she said, was literally in black in white.”<sup>206</sup>

From the beginning of her and Kalsched's therapy together, they worked with a symbol that Patricia had seen in a vision quest she had during an active imagination workshop, as she thought it could bring her some insight into how to restore her life following her traumatic childhood. In the vision, a male presence guided her into a temple which had a female child made of stone lying on an alter in a darkened room. The child slowly came to life as Patricia approached the child and she eventually opened her hand, showing a sparkled and golden star. After a few moments however, the star turned into the shape of a hardened sheriff's badge. Patricia knew the stone girl in the temple was her, who had been frozen in her body as a result of her early childhood trauma and who for so long had been "split off from her emotions, her sexuality, and

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<sup>206</sup> Kalsched, *The Inner World of Trauma*, 59.



she was depressed.” She also knew the sheriff’s badge was connected to her earlier career in which she had worked at a center neglected children which frequently handled adoption cases. Whenever a birth-mother came to leave a child for adoption, a sheriff was always required to be present to ensure that the mother was giving up all rights to the child. Suffice to say, Patricia always hated this process. The symbolisms of this dream, and her hunch that they were related to her own early childhood, became the foundation of her and Kalsched’s therapeutic work together.

In this case, a significant portion of Patricia’s working through of her past trauma emerged in the therapeutic relationship with Kalsched. A voice in her kept saying that the appreciation she felt for Kalsched, as well as the environment of transparency and vulnerability he fostered for her during the healing process, was somehow an illusion. This led to connecting and disconnecting several times over with Kalsched and their therapeutic work, as her “daimonic voices” kept taunting her, saying “See I told you so — he doesn’t care — you’re just another case.” Though she decided to stop their work together on numerous occasions, their connection would restore itself and their work would proceed. Every time this happened, there seemed to be a strengthening of the therapeutic relationship: “Each time she opened up her feeling in this way she betrayed her daimonic and released herself into the relationship and into her true self.”<sup>207</sup> Furthermore, Patricia recognized that the uneasiness she had with trusting Kalsched as her analyst was part of the therapeutic process that was unfolding, and knew that it played an integral role in restoring her relationship with her inner life and the external world at large. Kalsched explains that slowly but surely, Patricia was experiencing powerful internal shifts: “During this difficult time, something began to happen which I can only describe as her spirit returning to her

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<sup>207</sup> Kalsched, *The Inner World of Trauma*, 60.

body.”<sup>208</sup> Later on in this process, Patricia had a dream which demonstrated this re-enlivening of her body (shortened for convenience, and told in the first-person as Patricia told Kalsched):

“I am in a house where a little girl apparently lives and all kinds of lawyers are present. A case is being developed to get this little girl out of a traumatic environment with her parents... terminating parental rights... Nearby is the child’s grandmother and she loves the child incredibly and is there for its protection from the mother and father. I’m the case worker in this situation. I see that the grandmother will let the child up. She’s not letting on how terrible she feels. She has to be tough and unfeeling to create the appearance that there is no feeling for this child in this family, because she wants the head lawyer to get this child out. I take the grandmother outside and hold her very tightly in a full body hug, in order to draw out her feelings. We both start to cry. I know she must feel all of her grief. She’s willing to lost this little girl because she knows it’s the only way to save the child. Then I look up and see the little girl looking down from an upper window and at this point I realize the child is also me. I/she am about 4 or 5 years old. I motion for her to come down and as she does this I realize she’s not a real child, but a kind of ghost-child. She’s all ethereal and sort of floats down to us. I put her in her grandmother’s arms so she can feel all the love we have for her as she is released into safety.”<sup>209</sup>

As she shared the dream, she felt waves of intense emotion and sadness. In discussing the dream, they both came to the understanding that it was symbolic of the time in her life wherein she had finally felt herself “give up” in the face of her overwhelming childhood experiences. She had lost a part of herself that “split off” from her spirit during these devastating times, and had lost her wholeness— her unity of mind and body— in so doing. She had not been able to grieve this loss until it became clearer to her conscious mind through dreaming and through her therapeutic work with Kalsched. The symbolisms in the dream, however, allowed her to see, and

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<sup>208</sup> Kalsched, *Trauma and the Soul*, 61.

<sup>209</sup> Kalsched, *The Inner World of Trauma*, 61.

more importantly *feel* how her relationship with her childhood self had evolved. In her vision prior to the dream, the child (who was also an aspect of Patricia) in the temple was made of stone, and though she became lighter as Patricia approached her, even offering her a golden star, she was eventually shown a symbol that reminded her of a devastating process which involved handing over the rights to another of one's own child; a link that demonstrated that her soul's "spark of vitality" was being diminished by an unconscious force that had something to do with a split between children and their parental figures. Later in her dream however, she encounters the grandmother who is ready to give up the child to Patricia, the case-worker, in order to protect her from her traumatic parents. The grandmother, who is also a reflection of Patricia, is hesitant to show how deeply hurt she feels by having to let the child go, which points to the final standing defenses of the self-care system trying to keep Patricia from recognizing the extent of her childhood pain. However when Patricia and the grandmother finally embraced this pain together, crying and holding each other tightly, the 4 to 5 year old little girl from her vision— who Patricia also realizes is her— reveals herself in a window up above the scene. Patricia's final release of the defense mechanisms she'd built around looking at her past was synonymous with the strength she'd cultivated to allow herself not only to feel the full impact of her loss, but also to feel that it truly *meant* something. Her presence "above" demonstrates the part of Patricia's spirit that had dissociated itself during that specific time in her youth, after which in her words, she saw the world only in black and white. Through her newfound embodiment in recognizing her past, and how emotionally latent it was, this spark that had left her was now returning to her body.

Here we see another example of how the mytho-poetic language of dreams and visions is capable of bypassing the egoic defenses of left-brain thinking employed by the self-care system to keep the psyche out of further suffering in the physical world. Patricia had sufficient insight

on what the contents of her vision could have been pointing to prior to working with Kalsched, and through continuing their archetypal work together was able gain deeper insight into the suppressed and unconscious affects she held around the subject. As a result, in the final dream Kalsched includes of their work together, Patricia experienced what seemed to be the innocent vitality of a child “returning to her body” after being separated for so long. She was able to “exchange” the self-destructive and continuous suffering her psyche’s self-care system had created for her as a result of trauma, for a truly embodied suffering which allowed her to integrate it into the broader context of her life story. Kalsched describes this example at large as

“an example of how, when the psyche is ready, a dream can bring together affect and image [right-brain feelings and left-brain interpretation] to create *meaning*, which in turn makes further suffering possible — this time meaningful suffering—suffering that can be incorporated into the deep narrative history of an individual’s life. Here is the transcendent function, the capacity for imagination restored, the renewed possibility of a symbolic life.”<sup>210</sup>

As such, this example supports the previously described notion that a return to wholeness is not only achieved through the experience of affects [right-brain perceptions] related to one’s past experiences, but rather by being able to place it into a harmonious relationship between it *and* the left-brain’s perceptions.

We will provide one more example of how the use of the right-brain’s mytho-poetic language can bypass the cognitive faculties of the left-brain through the use of art. The following clinical vignette is not one of Kalsched’s patients, but does involve the proactive of analytical psychology. Cedrus Monte, a Jungian analyst who specializes in analytical body-centered work recounts a patient who made a painting at the beginning of their work together. The painting was

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<sup>210</sup> Kalsched, *The Inner World of Trauma*, 62.

of “a female torso standing on a surging sea of fang-like waves. Streaming out of a pelvic area was a large arc of dark red paint.”<sup>211</sup> The patient claimed not to know what the painting could have been about, but just felt that she “had to paint it.” Later in their analysis, Monte asked if she wanted to try re-exploring the painting once again “through her own body.” Though hesitant, the patient agreed and was guided to lie on the floor with a blanket and a pillow while she turned her attention inwards to the subtleties of her somatic experience centered around her womb. She began crying and did so for very long, without saying anything to Monte. After collecting herself, the patient shared that she had realized the painting was about an abortion she’d had long ago. Monte explains that through the patient allowing herself to be guided by her own unspoken sensations which were “prompted from the image of the unconscious in the form of her spontaneous painting, she was able to *viscerally* connect with her pain and grief. She was able to mourn the loss of her child and begin to release the oppressive shame and guilt that had engulfed her as a result. She had never told anyone before, holding the experience down, deep in her body for many years.” She had painted an image she saw, out of what seemed to be a necessity not quite her own, and initially could not recognize what it symbolized. It was only through her therapeutic work with Monte, who encouraged her to engage with the *felt* and *living* experience of the body as it pertained to her painting, that she was able to recognize the psychical and unconscious origin of the painting.

Though this type of mytho-poetic work may initially seem to be a more spiritualized form of talk therapy, we must remind ourselves of two important ideas that demonstrate how this therapy works beyond the level of the left brain’s cognitive and rational faculties. First, we must

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<sup>211</sup> Monte, Cedrus. *Corpus Anima: Reflections from the Unity of Body and Soul*. Asheville: Chiron Publications, 2016, 114.

remember that fundamental to Jungian archetypal psychology is the indivisibility of the psyche and soul. Mentioned earlier in this paper, Jung writes on this topic:

“I start with the conviction that man has also a living body and if something is true for one side, it must be true for the other. For what is the body? The body is merely the visibility of the soul, the psyche; and the soul is the psychological experience of the body. So really it is one and the same thing.”<sup>212</sup>

These theoretical assertions of Jung’s are integral to consider in our discussion of how the mytho-poetic and soulful dimensions of human trauma have parallel impacts on the soul *as well as the body*. Though such aspects of the psychosomatic nature of trauma might be difficult to prove empirically— as was more easily done with Van der Kolk’s methods of treatment— Kalsched’s clinical vignettes enable us to see the subtlety with which this process can occur. Additionally, through better understanding the language of the complex language of the right brain— which speaks through the body, creativity, imagination, and more— we can better understand the likeness of somatic experiences and mytho-poetic ones such as dreaming. For example, the dreams of his patient Patricia indicated her soul’s “return to her body” after so long of having been dissociated with it. Van der Kolk’s work enables us to understand the underlying neurobiological mechanisms at play in the case of dissociation, but what these examples of Kalsched illumine to us are what the internal processes and experiences of such phenomena feel like at the level of the soul. It is important to mention once again that neither Van der Kolk’s scientific understanding nor Kalsched’s psycho-spiritual understandings are superior to the other. Rather, we could rightfully say that the two exist simultaneously, and that trauma and its healing are concomitantly physical and spiritual processes. In the same way one could say that the return of Patricia’s soul to her body is merely the experience of a reorganizing of different brain structures, one could also say that a change in her brain structures is the mere physical visibility of the reunification of her soul and body. To conceive of the

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<sup>212</sup> Jung, Carl Gustav, and James Louis Jarrett. *Jung’s Seminar on Nietzsches "Zarathustra"*. Princeton, NJ: Princeton Univ. Press, 1998, 99.

superiority of one interpretation of the matter over the other creates the very conundrum, the “false dichotomy,” that Kalsched warned us of at the beginning of this paper.

*A Comparative Synthesis Between Van der Kolk and  
Kalsched's Proposed Methods of Healing*

In this chapter we have explored how the left and right hemispheres of the brain process sensory information differently, and why this concept is essential to consider in the context of psychosomatic approaches to healing trauma. Understanding the “language” of the right brain, which consists of preverbal feeling, sensation, emotion, metaphor, imagination, creation, and bodily experience, enables us to recognize why traumatic memories are more often held within this language, and thus why they must be approached as such rather than in the language of the left-brain which is cognitive, intellectual, and verbal. It is not that left-brain approaches offer no therapeutic value in the trauma healing process. On the contrary, as both Van der Kolk and Kalsched have demonstrated, healing calls for an “oscillating dance” between *viscerally feeling and experiencing* the reality of one’s past trauma, and contextualizing these memories within their larger auto-biographical narratives through verbal language. However, because the language of the body is deeply sensory and preverbal, and because the language of the soul is deeply mytho-poetic and metaphoric, these languages must be the avenues through which healing in the wake of trauma is cultivated. Van der Kolk beautifully illustrates the therapeutic value of body-centered approaches which consider patients’ living and somatic experiences—whether through movement, through touch, or through allowing oneself to deeply engage with the powerful emotions associated with past traumas— as the most essential “languages” of healing. He supports this by showing how profoundly trauma rewires the nervous system and thus the body, often to patients’ psychological and physical disarray, but also shows how these

traumatic constituents can be used as the stepping stones to healing *so long as they are recognized, embraced, and felt*, rather than suppressed, ignored, or dissociated from.

Additionally, Van der Kolk explains the importance of establishing diagnostic systems that acknowledge the complexity of developmental trauma, and thus the necessary diversity of ways with which to heal it. Logistically speaking, Van der Kolk explains that this would require systems and institutions to conduct further research on the topic of developmental trauma and on the efficacious of alternative treatments.

Kalsched on the other hand demonstrates how the use of mytho-poetic language is capable of bringing about deeper levels of psychical *and somatic* healing than just the use of cognitive and rational thinking. Because the mytho-poetic is the “language of the unconscious,” and because the unconscious is so closely related to the experience of the body, it enables individual’s somatic realities to be accessed through the contents that appear in dreams, visions, and artistic inspiration. However, just as Van der Kolk asserts the importance of one’s *relationship* with the lasting impacts of their past traumas, and that they must be transformed to become tools within the therapeutic process rather than impediments to it, Kalsched emphasizes the importance of one’s relationship with the pressing psychical forces of the self-care system. In suppressive and dissociative states, the persecutory inner voices that the self-care system imposes upon the psyche ensure that it stays out of its own suffering in the outer world by keeping it preoccupied with a cyclical self-traumatizing state within. Yet, as we saw in the cases of Cynthia, Patricia, and Monte’s patient, when these archetypal voices were allowed to “move through” their experiences, when they allowed themselves to be guided towards embracing the realities of their devastating pasts rather than suppressing them as they had done for so long, these voices became the guiding lights to their own individuation, their own reclamations of



wholeness, and the therapeutic rewriting of their traumatic past life experiences. Once again, though Van der Kolk's and Kalsched's trauma healing paradigms may seem to be quite different, they do in fact complement and harmonize with one another in a powerful way. For example, though not emphasized throughout his work as much as Kalsched's, Van der Kolk also recognizes the essentiality of the faculty of creative imagination in the trauma healing process:

“Imagination is absolutely critical to the quality of our lives... [It] gives us the opportunity to to envision new possibilities— it is an essential launchpad for making our hopes come true... When people are constantly pulled back into the past, to the last time they felt intense involvement and deep emotions, they suffer from a failure of imagination, a loss of mental flexibility. Without imagination there is no hope, no chance to envision a better future, no place to go, no goal to reach.”<sup>213</sup>

He gives one example of a 5 year old named Noam who on 9/11 witnessed the the first airplane collide into the World Trade Center, less than 1,500 feet away in his first-grade classroom. The class quickly evacuated the building and ran for their lives. Ten days after the terrorist attacks, Van der Kolk who was good friends with Noam's family was visiting their home when he saw a drawing the child had made the day after the attacks on September 12<sup>th</sup>. The drawing showed the airplane colliding into the tower, fire, rescue workers rushing to the scene, and people jumping out of the tower's windows. What caught Van der Kolk's eye however, was a small black circle which Noam told Van der Kolk was a trampoline, “So that the next time when people have to jump they will be safe.”<sup>214</sup> Van der Kolk was stunned by the imaginative creations Noam was able to come up with in order to process the horror he'd seen the day prior. Noam had been able to flee the traumatic scene and arrive in the safety of his parents and his home. With his nervous

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<sup>213</sup> Van der Kolk, *The Body Keeps the Score*, 17.

<sup>214</sup> Van der Kolk, *The Body Keeps the Score*, 52.

system no longer in a traumatized state, “this freed his mind to make some sense of what had happened and even to imagine a creative alternative to what he had seen— a lifesaving trampoline.” Had Kalsched interpreted such beautiful creativity on behalf of the child, he might have said this was a perfect demonstration of how the “life-giving” forces of the self-care system can intervene through mytho-poetic imagination in the face of overwhelming threat in order to support one internally in the wake of external trauma. However we choose to contextualize and theorize the underlying psychological mechanisms of this behavior however, it’s clear that the creative mind identified with the pursuit of wholeness, healing, and restoration, was able to “move through” Noam in service of creating a better and more hopeful relationship with these devastating life events.

Furthermore, just as Van der Kolk’s trauma healing paradigm holds space for the psyche’s imaginative faculties central to Kalsched’s paradigm, so does Kalsched hold room for the body oriented approaches of Van der Kolk. Throughout his work Kalsched recognizes the essentiality of incorporating the body in working with trauma at the archetypal level, and though he does not practice specifically body oriented modalities, he references several fields of practice, both in and outside of the Jungian arena, which incorporate body-sensitive work to help patients and the somatic rigidity resulting from trauma. He does so, however, while recognizing that an essential foundation of this type of body work is the recognition that the human soul and spirit is the central organizing principle. In reference to individuals who endure psycho-somatic splits as a result of their traumas, he writes:

“... Closer examination reveals that there is something missing in these people’s body-experience, and this we can only vaguely describe as a missing personal spirit, a sense of animation, intimacy, and vulnerability that leaves them compulsively unsatisfied and wanting more and more stimulation. What these individuals are really looking for is psyche, or soul— the

place where the body meets the mind and the two fall in love. If this tension could be held, a true birth of the personal spirit would be possible, but psyche, or soul, *is necessary first.*”<sup>215</sup>

As such, what Kalsched’s perspective provides us with is the understanding that the trauma healing process at large is an intrinsically spiritual process. Van der Kolk never explicitly states that there is no room for spirituality in trauma, and in fact recognizes the place of it in his work. He recognizes that the adapted practices of ancient Chinese and Indian spiritual traditions such as meditation, yoga, and martial arts have been found to have very positive benefits on helping traumatized patients. (Though he doesn’t recognize that these practices traditionally evolved with deeply spiritual origins, this is an interesting point to consider.) Additionally, he says in one interview that while he “tends to stay away from” questions pertaining to the relationship between trauma, resilience, and “the human spirit,” he also mentions that “some of the most spiritual people [he knows] are exactly traumatized people, because they have seen the dark side.”<sup>216</sup> Though Van der Kolk essentially does not mention the role of spirituality throughout his work, Kalsched’s work and his emphasis on the intimate relationship between spirit and soma helps us see how and why the psychosomatic nature of trauma is a deeply spiritual phenomena. Whether we conceive of this from a neurobiological perspective, and describe it as a matter of balancing the two hemispheres, or a psycho-spiritual one, and describe it as a regulation of the self-care system and the tormenting inner voices that keep re-traumatizing the patient, is an arbitrary distinction. Once again, the works of Van der Kolk and Kalsched help us to see that “both are true.”

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<sup>215</sup> Kalsched, *Trauma and the Soul*, 65.

<sup>216</sup> “Bessel Van Der Kolk - How Trauma Lodges in the Body.” The On Being Project, December 26, 2019. <https://onbeing.org/programs/bessel-van-der-kolk-how-trauma-lodges-in-the-body/>.



*“Healing has been hindered by a nomenclature and a paradigm that, in separating the healer from the wounded, denies the universality of our responses to terror and horror. The aspiration to reinvigorate a contemporary approach to healing trauma requires each of us to connect to our biological commonality as instinctual beings; thus, we are linked not only by our common vulnerability to fright but by our innate capacity to transform such experiences. In pursuing this link, we can learn much from mythology and from our animal brethren. It is this weaving together of heroic myth and biology (‘mytho-biology’) that will help us comprehend the roots and mysterious tremendous of trauma.”*

—Peter Levine, *In an Unspoken Voice*, 35.



**Conclusion: Why is a synthesis between Western scientific approaches and psycho-spiritual approaches to trauma necessary?**

The goal of this paper was to construct a comparative synthesis between Van der Kolk's scientific insights into the psychosomatic nature of trauma, and Jung and Kalsched's psycho-spiritual perspectives into the subject. We demonstrated this by contextualizing Van der Kolk's work within the history of psychiatry over the last several decades and how the conventional modalities at the time of talk therapy and the administration of pharmaceutical drugs did not take into account the profound psychosomatic impacts of trauma that occur at a neurobiological level. Van der Kolk's consistent observations of how these therapies failed to address the deeper elements of trauma, coupled with advents in neuroimaging techniques, enabled Van der Kolk and other researchers to discover that trauma is not just a "psychological condition," but rather that it correlates to lasting reorganizations in different brain structures and functions, which can have direct impacts on individuals' physical health and wellbeing. Throughout the paper, this was demonstrated by explaining central scientific principles to understanding trauma's psychosomatic impacts (such as the autonomic nervous system, the Polyvagal Theory, and the Triune Brain), referencing actual neuroimaging studies which showed the alteration of specific brain regions resulting from trauma, by looking at clinical vignettes of Van der Kolk's patients, and by looking at longitudinal case studies which explored the longterm and societal effects of childhood trauma. These case studies demonstrated the prevalence of childhood trauma throughout the United States, and how victims of childhood trauma are significantly more likely to experience psychosomatic illnesses later in life.

We also contextualized the history of Jung's analytical psychology around his complex relationship with Sigmund Freud. In many ways this relationship epitomizes the dichotomy

between materialistic views of the psyche seeking to reduce it to mere physiological and neurological correlates, and those that understand the psyche to be deeply spiritual and soulful in nature. However, hopefully the parallels drawn throughout this paper have to some capacity enabled a rectification of certain elements of their conflicting beliefs. Freud's notion that the psyche correlates to neuroanatomical structures and functions has been confirmed by modern scientific research, while Jung's notions that the psyche can greatly benefit from identifying with its spiritual nature is also true. Regarding Freud's hypotheses on the possibility of creating a biological map of the human mind, it is essential to recognize that the discoveries of the psyche's *correlation* with a material reality is not equivalent with its *reduction* to a material reality. Such discoveries, especially as they've appeared throughout Van der Kolk's work in the context of trauma, do not eradicate the fact that the psyche is *experientially* felt to be a deeply spiritual phenomena, and that working with it as such can allow for significant therapeutic healing at both the level of the psyche and soma. We turned to Jung and Kalsched to help us to explore this truth, the former of which provided us with strong theoretical foundations to explain the intrinsic psychosomatic nature of humanity from a spiritual perspective, and the latter providing us with illuminating clinical vignettes demonstrating the evolution of trauma patients' healing journeys throughout the course of analytical work.

On one level this relationship was additionally important to address because many principles of Freud's psychoanalytic theory have gone on to shape modern psychiatric practices, such as those used by Van der Kolk at the start of his career. While Freud wanted to demonstrate how his psychoanalytic theory was translatable to a neurobiological model, the technology to do so was not yet available at the time of his career. Emergent scientific insights however, have demonstrated that the human mind and its functions share an intimate relationship with the

neuroanatomy of the brain. Furthermore, what researchers like Van der Kolk have confirmed is that the relationship between the human mind and brain, specifically in the context of trauma, extends to the body as well. Extending the understanding of this relationship has enabled us to see why the body plays an integral role in the healing process of trauma and why effective healing practices often entail physiological regulation to restore its disruption. This ability to peer into how the human psyche correlates to various neurobiological structures and processes does not, however, eradicate the psyche's intrinsically soulful and spiritual nature. Kalsched's clinical work demonstrates the types of psychological transformations that psycho-spiritual approaches can facilitate, and have confirmed Jung's ideas regarding the spiritual dimensions of life and the integral role they can play in the overall health and wellbeing of the psyche. In exploring Jung's theoretical understanding of the intimate relationship between psyche—especially its unconscious elements—and the body, we have seen how the spiritual and mythopoetic language of dreams, art, and visions can have profound impacts on the psyche's and soul's indwelling in the body.

We specifically explored the topics of dissociation and reenactment in trauma patients, and how these phenomena experientially manifest throughout patients' lives. Through specifically exploring these topics, and how each thinker elaborates on them in the context of their psychosomatic understandings of trauma, we have seen that these phenomena can be understood through both scientific and psycho-spiritual perspectives. Regarding dissociation, Van der Kolk explains this as a neurobiological process in which the brain's self-sensing systems shut down in order to keep the individual from experiencing the pain and suffering of a continuously traumatized inner state. This can even result in patients forgetting about their past traumas entirely and can result in out of body experiences wherein a patient is able to separate

their mind from their body— both of which were demonstrated in the case of Van der Kolk's patient Marilyn. Kalsched explains dissociation from the perspective of the self-care system in which “protective” inner voices continue traumatizing the individual from within so that they do not engage with the external world which at one point was the very locus of their trauma. As for reenactment, Van der Kolk describes specific disruptions of brain regions that lead to the replication of inner traumatized physiological states as if the original trauma were still occurring. Additionally, he provides longitudinal case studies demonstrating the higher likelihood of trauma victims to experience further abuse later in life; thus showing how reenactment of past traumas manifest at larger scales and over longer periods of time. Supporting a psycho-spiritual understanding of reenactment of trauma, Kalsched explains this as being an effect of inner persecutory voices of the self-care system which continue traumatizing the individual from within.

In describing these topics in the different “languages” of Van der Kolk and Kalsched, we can see that they both pose viable ways of understanding the underlying mechanisms of traumatic experience. Though Van der Kolk describes them from a scientific perspective and Kalsched a psycho-spiritual one, in no way do they contradict each other. On the contrary, they pose two illuminating perspectives into understanding the psychosomatic nature of trauma which when considered together provide us with an expansive framework of the subject matter. With regards to treatment, what Van der Kolk's work helps us to see is the essentiality of approaching trauma in a body-focused and trauma-informed manner, both at the level of the individual and that of the collective. The healing modalities he recommends go beyond the language of the left brain and instead speak to the felt, living, and embodied experiences of trauma patients' realities. He carefully explains how therapies such as yoga, martial arts, massage, theatre, and EMDR



serve to regulate the physiological arousal of patients, as well as how they encourage patients to more deeply engage with the sensory elements of their traumatic pasts in order to heal them. Whether through encouraging deeper sensory relationships between victims and their bodies, making patients feel competent over their own lives, allowing for profound emotional releases, or bringing back long suppressed memories of devastating past events, these therapies work to bring *visceral experiences of healing* to the individuals that use them. Furthermore, Van der Kolk addresses integral points regarding how to make these therapies more accessible to wider populations. For example, his proposals for how to make systems and institutions into better trauma-informed environments demonstrate the simplicity with which body-oriented approaches to trauma can be incorporated into the education of young children. Furthermore, his references to longitudinal case studies demonstrate the prevalence of childhood trauma and its far reaching impacts, pointing to the essentiality of investing greater resources in its preventions rather than solely in its treatments.

Kalsched on the other hand describes to us how the the spiritual faculties of the psyche enable it to experience similar therapeutic transformations at the level of psyche as well as the soma. The mytho-poetic language of the psyche, though a “silent” inner language, is capable of creating the same felt, sensory, and living experiences of healing because of their communication with the right brain. Spoken through the mediums of dreams, visions, and artistic inspiration as we saw in patients undergoing analytical work, this soulful and mytho-poetic language was able to guide patients to emotional and psychical insights that led to profound healing in the wakes of their traumatic pasts. Through the therapeutic relationship between analyst and analysand, patients are able to communicate these right brain insights in such a way that they become contextualized within the autobiographical narrative of the left brain. This oscillation from right

brain communication, to left brain, and back to right, as Kalsched and McGilchrist described, is what is truly necessary for healing to occur.

Between the scientific and materialist views illuminated by Van der Kolk of what trauma ensues on its victims, and the psycho-spiritual views discussed by Kalsched however, lie the realities of patients' lives and how profoundly trauma can disrupt them. By looking to the lived experiences of patients like Marilyn, Cynthia, Edward, Noam, and others, we saw how the theoretical aspects of our trauma's psychosomatic nature— both scientific and psycho-spiritual— actually manifest in the lives of trauma victims. Each patient's journey proved to be notably unique; while one patient experienced profound benefits from massage, another from yoga, another from theatre, another from dream interpretation, and another from artistic inspiration, the commonality between them is that their processes were *experiential, living, and viscerally and emotionally felt*.

The guiding conviction of this paper is that both the scientific perspectives of Van der Kolk and the psycho-spiritual ones of Kalsched on the psychosomatic nature of trauma are true. This crucial point is what enables the harmonious concomitance between the Freud's previous reductionistic views of the human psyche to neurobiological correlates, and Jung's assertion of the psyche's intrinsically spiritual nature. Furthermore, the marriage of these two perspectives in many ways leads to a bolstering of both paradigms. In other words, we live in a world which on the one hand depends upon left-brain language and communication in order to shift systematically and logistically. Van der Kolk demonstrates this for example when emphasizing the importance of reallocating research funding towards emerging therapies such as yoga, EMDR, and more, so that these modalities become more widely accepted and available to trauma patients. We also see this in his proposal for approving Developmental Trauma Disorder as a

diagnostic label, which if approved could enable wider arrays of treatments for victims of trauma.

On the other hand however, we also live in a world in which the human beings and souls within it depend upon the right-brain language of experience, sensation, and feeling in order to arrive at visceral tastes of reality, rather than just intellectual tastes of it. Reiterating Kalsched's point from the introduction,

“... if neuroscience is to realize these possibilities of helping ground our field and make it relevant to the treatment of trauma, it will have to open up to the fact that *for every self-other relational moment in psychotherapy, there is also an inner event*, and I don't mean an inner in the wiring or sculpting of the brain. I mean an inner event in the sculpting of the soul...”<sup>217</sup>

It goes without saying that such a statement would, for obvious reasons, seem fairly out of place in a scientific study, research proposal, or any other form of empirical endeavor to better understand the mechanisms underlying trauma and its healing. With regards to a systematic and institutional evolution towards a better trauma-informed societies and institutions, Van der Kolk's “language” of trauma is undoubtedly necessary to create shifts at systematic and institutional levels. Even amidst increasing amounts of scientific and empirical evidence confirming the essentiality of acknowledging the psychosomatic nature of trauma, researchers like Van der Kolk still endure significant pushback from systems and institutions who are responsible for upholding the health and wellbeing of trauma victims. As such, it is ambitious (though not at all ill-fated) to conceive of the possibility that psycho-spiritual perspectives of trauma could be widely accepted within these specific environments due to the fact that they typically practice more conventional and commonly accepted treatments at a systematized level.

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<sup>217</sup> Kalsched, *Trauma and the Soul*, 8.

However, the role of a psycho-spiritual language through which to address trauma undoubtedly has its place within the collective evolution towards creating better trauma-informed individuals and societies at large. Though addressing trauma and its healing at the institutional level is necessary in order to create lasting changes that will dictate how entire therapeutic systems are governed, what is just as important in its own right is the ability for individuals to approximate themselves with the painful realities that linger in the human experience as a result of life's traumatic events. As Kalsched has explained, this is oftentimes an unspoken and internal process, and can be mediated by psychical phenomena such as dreams, visions, and artistic inspiration. The roads to healing that Jung and Kalsched point towards are not only confined to the formal practice of analytical psychology; in other words, the truths their approaches illumine are applicable to approaches and environments beyond just the therapeutic relationship between analyst and analysand. In this vein, what their psycho-spiritual perspectives of trauma do illumine is the potential therapeutic value of engaging with the mytho-poetic contents of one's human experience, not only for psychical wellbeing, but likewise as they have shown for physical wellbeing. Whether this be through paying closer attention to one's dreams, visions, day dreams, artistic inspirations, emotional moments in reading poetry or literature—however these moments might grace the individual, to open to the possibility that healing may furtively find its way through the cracks of these tender moments could indeed allow for profound therapeutic healing. Describing the versatility of the soul's healing in this regard, Kalsched writes:

“This resonance will come from sources beyond the interpersonal— the beauties of nature, the awesome realities of the cosmos, the soulful eyes of an animal, inspiring music, elevating ideas—

even psychological descriptions in a book! Therapy for the soul comes in many forms and from many places...”<sup>218</sup>

Such moments of resonance can indeed come from as many places as there are individuals alive to receive them. This is not only true for the mytho-poetic approaches discussed by Jung and Kalsched, but also for those of Van der Kolk. We have seen how these moments can arise through the body— its movements, its emotions, its creativity— as well as through the mytho-poetic domains of life— dreams, art, and much more. The more we learn about the wide array of available avenues for the redemption of the body and the soul, the more we are encouraged not only to find our very own, but to humbly, gratefully, and lovingly walk it. Just as the archetypal trauma healing process calls for at large, an idyllic world would strive to establish a balance between “left-brain” approaches of understanding trauma— that is, from the perspectives of science and empiricism— and “right-brain” approaches— through the felt and living experience of the body, mind, and soul, and all their mytho-poetic and psychosomatic beauty.

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<sup>218</sup> Kalsched, *Trauma and the Soul*, 22.

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