

My personal history is a journey of discovering beauty in brokenness. As a Russian woman of North Korean ancestry who was born in the aftermath of Stalin's ethnic cleansing in the Far East, I grew up under the totalitarian regime of the Soviets and was raised in a family wounded by alcohol, suicide, and mental illness. The presence of trauma in my life is pervasive and deep. I spent years trying to hide, heal, and, if at all possible, expunge its painful presence. To no avail. Like metal wire driven into the cambium of a tree, trauma remains forever embedded in the growing layers of my being. My first experience of CPE brought me to the edge of burnout because the particularity of my trauma history made me especially vulnerable in the caregiving context of the clinic. Yet CPE also helped me explore the full range of my story, seeing my woundedness not as a shameful and pain-filled problem but as a paradoxical path to healing. I discovered my own hurt as a birthplace of compassion and resonance with the hurt of others. I became aware that as a trauma survivor I possess extraordinary skills for navigating terrains of injury and fear. I have come to see my brokenness not as evidence of my defectiveness and lack but as a poignant place of beauty; like falling leaves dancing in the autumn sky, my melancholytinged feelings of loss betray the deeper intuition of wholeness.

When students come to CPE, they too arrive with their own history of brokenness. Just like me, when engaged from a place of unawareness, such a history could negatively affect their learning. But when approached with an understanding of the impact of pain on human development, that same history can become a powerful driving force for their growth in selfawareness and pastoral skill. In my theoretical orientation, I resonate with the psychospiritual theory of human development and its interruption developed by Donald Kalsched. Kalsched bears witness to the inherent fragility and incredible resilience of human nature, showing how different layers of body and soul respond to the disruptive presence of pain, using it creatively for survival, development, and transformation. For my critical purchase, I use the narrative identity theory of Dan McAdams. I resonate with McAdams when he states, "We are the stories we tell... Identity is a life story." I find the focused attention of narrative identity theory on the explicit, consciously created, and verbally processed personal story to be an important counterbalance to the somatic, affective, relational, and unconscious dynamics of human becoming, highlighted by Jungian trauma-informed theory. As a CPE educator, I seek to empower my students to engage the entirety of their life story, including the parts of it that are touched by pain, as a resource for their personal and pastoral growth. I believe that by helping them become acquainted with their own unique palette of brokenness and beauty, I am preparing them to recognize that palette in the lives of others and in so doing make a journey towards wholeness and healing—even in the face of pain.

PREPARING THE CANVAS: HUMAN DEVELOPMENT AND THE EXPERIENCE OF PAIN

Kalsched describes being human as the gradual process of the materialization of something spiritual as the "seed of selfhood" makes a journey across a 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." Psychologically, then, human development can be understood as an intricate passage from the darkness of unconsciousness associated with the pure state of being to the gradual dawning of consciousness of the self and of the world that comes from to the labor of being born into a specific time and space. The family of origin is the most powerful force in that journey as our work of becoming consciously incarnated is intricately connected to the quality of our relational experience with our primary caregivers. As the mother helps the child navigate unfamiliar and potentially overwhelming bodily sensations, emotional states, and interpersonal encounters, she helps the child develop the resiliency of self that is necessary for becoming fully incarnated in the world. When this dyadic dance of learning unfolds so that the degree of "suffering" does not exceed the child's level of tolerance and so the mother's unavoidable relational failures are followed by timely relational repairs, gradually—and precisely through these experiences of tolerable, shared-with-the-Other suffering—the child develops an awareness of the particularities of time, space, and human relationality that shape her into who she is in the richness of her unique selfhood.3

Trauma interrupts this intricate process of human becoming. In childhood, it happens when the mother is unavailable or unpredictable for the work of co-regulation or if she herself becomes a source of dysregulation and distress. But trauma can happen at any point of human development, whenever we are confronted by the experience of too much too soon that overwhelms our ability to cope. Following Kalsched, I define trauma as a "wound" (Greek, τραύμα). As with a bodily wound, trauma is a mark left by an injury that, at a particular moment of human development, exceeded the available resources for healing. As such, it can be associated with varying degrees of injury; some wounds leave only places of tenderness, others cause lasting scars, and still others result in permanent disfigurement. I include both small "t" and big "T"

trauma in my understanding, seeing trauma as a spectrum rather than a specific state of woundedness because of the fundamental similarity of the ways the human body and soul respond to the presence of pain.⁴

At the heart of Kalsched's understanding of trauma is the belief that overwhelming encounters with pain result in internal fragmentation. Through varying degrees of splitting, the pain is distributed to different parts of body and soul so that the personality as a whole can avoid the experience of unbearable suffering.⁵ Such internal divisions of the self are a testament to the tremendous creativity and resilience of the human spirit; they allow growth and development to continue even in the aftermath of injury. Yet, as we partition and seal off pain in the various parts of our body and soul to avoid being overwhelmed by it, we become disconnected from the fullness of our experience. Our "going with the normal life" selves, positioned to the forefront of conscious awareness, continue to progress through the ordinary stages of growing up, going to school, getting a job, raising a family, etc. But our "pain-containing" selves remain, as if frozen in time, at the age of their original suffering. We have learned to keep them unknown by the conscious mind—except in moments of unexpected triggering when the circumstances of the present reawaken old pain out of dormancy. The price of survival is a movement towards self-forgetting.⁶

Jungian trauma-informed theory has had a profound influence on my supervisory practice. It deepens my understanding of how my own personality has been shaped in the face of trauma. It informs how I see the personalities and learning behaviors of my students and how I enter and utilize educational relationships in the service of pastoral formation and growth. Remembering that pain is an unavoidable and necessary part of human development helps me supervise my inclination to "shield" my students from pain and trust the inherent disorientation of the clinical method of learning to call forth their unique strengths as spiritual care clinicians. At the same time, being mindful that "too much too soon" could interfere with the dynamics of human growth, I intentionally titrate the intensity of educational and clinical experience for my students as I plan the day-by-day pattern of orientation, develop the unit's curriculum, and consider the overall design of the program. Drawing on Kalsched's powerful image of the mother as the first and most influential teacher, I seek to be a "good enough mother" to my students, an educator who tracks her students' levels of wellness and distress using the empathic interplay of challenge and support to guide them on their journey into the fullness of their pastoral identity.

I am aware, however, that regardless of how hard I try, I will not always perfectly attend to my students' learning needs, nor do I ever have full control over their reactions. Because each comes with their own history of pain, they can become triggered even if I am a "caring mother," or when I am a "tired and imperfect COVID-19 mother," or when the trigger has nothing to do with me but is related to other aspects of their educational and clinical experience. In those circumstances, mindful of the potential for trauma-induced fragmentation of inner experience, I approach my students' learning along the continuum of self-awareness. Barring a situation that poses a threat to others' safety, I assume that any emotional, behavioral, or relational reactivity is a manifestation of a student's legacy of pain, and thus I focus my educational energy not on trying to undo but to invite compassionate curiosity about the dynamic. According to Kalsched, when the intricacy of human development is interrupted by trauma, the "pockets of pain" and the pattern of learned unawareness in response to it are likely to occur on three levels of experience: body and affect, personality parts, and the psyche's archetypal structures of defense. In my supervisory practice, therefore, I work within this tripartite framework of assessment and intervention as I seek to understand the unique ways in which my students' personal history of brokenness both enriches and limits their pastoral functioning.

BASIC SKETCH: Body and Affect

In the face of a threat, the human body and mind shift into an intensely activated state, preparing to flee or fight danger. Trauma happens when neither defense nor escape is possible, thus leaving in its wake tremendous amounts of emotional and physical energy that becomes "split off" into the body. Since the split-off energy and emotion are by definition not available for conscious processing and integration, they remain forever "alive," showing up in the form of disjointed images, sensations, and affective states. These are the embodied, implicit effects of trauma, often separated from the conscious memory of its event. When people unknowingly stumble into circumstances that force them to remember the forgotten fragments of their embodied emotion, they can become "flooded," unable to differentiate between the present reality and their past pain.⁷

For example, in an interview for a CPE internship, I observed TG, a young African American woman, become increasingly restive as she responded to our questions about her family and childhood. Even as her explicit story remained detached and factual (her neglectful mother, the mother's frequent boyfriends, TG's desire to escape from home), TG herself became

increasingly tense, unsettled, and upset; tears started pooling in her eyes, which she kept hastily wiping, remarking on her "strange sensitivity," and her facial expressions pointed to feelings of unsafety. Having read TG's story, I inferred that a history of trauma was possible. When I noticed that TG started having a hard time making eye contact, I assessed she could be triggered. Informed by my trauma theory, I departed from the scripted CPE interview questions and instead joined TG emotionally. My supervisory intervention consisted of using the interpersonal cues of safety (soft tone of voice, slower pace of speech, direct yet intentionally kind eye contact) to bring her into the here and now, to preemptively interrupt feelings of shame associated with being exposed and vulnerable, and to name threads in her life story that revealed pain not only as a place of breakdown but also as a source of resilience and strength. When I experienced TG come back into the room (her breathing slowed, her pupils decreased in size, her face and body became more relaxed), I invited her to reflect on the ways in which she could minister to others, not despite but because of her painful experiences. TG's face lit up as she connected the pain of her past to her present motivation for ministry and her ability to connect to others in their suffering. My traumainformed theory with its insight into the embodied experience of affect helped me become attuned to TG in the moment, empower her to see her pain as a valuable resource for her pastoral formation, and assess her readiness for CPE learning. This moment in the interview marked an important point in establishing our supervisory alliance.8

Students' disconnection from embodied affect need not always be a consequence of trauma. Trauma-related forgetting is only a more pronounced form of "unconsciousness" that we humans have with regard to our body and emotions. Thus, as an educator, I am always working along the continuum of emotional and bodily awareness as I assess my students' learning and discern my supervisory interventions. With observational powers deepened by my previous medical training, I track my students' physical appearance, facial expressions, and quality of posture, movement, and vocalization and partner with them in developing self-awareness and the skills of listening to their own bodies and emotions. The explicit instructions I offer (e.g., "User-Friendly Guide to Human Emotions" didactic, "My Emotional Autobiography" lab, "Body Scan" exercise, "Moods" game) underscore the tacit message of my supervisory practice: the centrality of the "somatic and emotional narrative" in spiritual care. By becoming more familiar with the voice and vocabulary of their own body and emotions and by learning to consciously attend to the nonverbal layers of communication with people around them, my students begin to recognize

and use the affective power of the body as a resource for clinical ministry. Their pastoral formation and functioning are developed as a result of their journey of becoming more conscious.

FLOATING IN COLOR: Multiplicity of the Self

In the face of threat, the human social system of self-defense becomes highly activated, channeling its energy into the five biological imperatives of survival: flight, fight, freeze, caretake, and attach. While we share these survival responses with animals, they show up in the human interpersonal context as distinct "personality parts," relational habits of defense in search for safety. The flight part appears as ambivalent, avoidant, distancing, and indecisive. The fight comes across as controlling, distrustful, and judgmental. The freeze seems anxious, hiding, and spaced out. The caretake part shows up as deferential, self-sacrificing, self-blaming, and taking care of others. The attach appears clingy, needy, talkative, and craving connection and rescue. Even in the absence of trauma, the multiplicity of self is an ingenious way in which the human personality responds to the inevitable threats and frustrations on the path of its development. As we grow, we begin to favor specific behavioral patterns, the "parts" that were most helpful in ensuring our well-being in the particularity of our family of origin, community, and culture. 9 As an educator, I am always working along the continuum of the multiplicity of the self, paying attention to the various selves my students bring into the classroom and clinic. My curiosity about the gap between their "presented" and "hidden" selves is an invitation to explore and reach for the greater wholeness of their personhood.

This was true with OH, a Syrian American male student in his early twenties with Asperger's syndrome. Early in his extended unit, OH began to dominate IPR with extensive, emotional sharing of his difficulties. As the youngest in his cohort, he frequently referred to himself as the "baby of the group," eliciting much warmth and attention from his peers. In individual supervision, OH's shy, childlike manner also invited special concern. I became curious about the strong caregiving response OH drew both from me and the group. When I invited him to reflect on this dynamic, OH immediately connected it to his relationship with his mother, who treated him with "special care." As OH reflected on his dependence on his mother, I assessed that he had learned to over-rely on the attach part of his personality as a relational path to safety and well-being. I also assessed that OH's attach part, in turn, induced a complementary caretake part in others. Based on that assessment, I chose to resist my pull towards caretaking, deliberately

engaging my fight part in the movement of assertiveness as I set boundaries to OH's extensive sharing, securing space for the voices of others. Initially, OH became frustrated with me, as the female authority in the group, for "betraying" his expectations of care. Yet in so doing, OH discovered other parts within himself, the parts "who knew how to fight . . . or simply ask for help." As the unit unfolded, the language of parts became an important educational modality for OH as he explored the impact of various elements of his identity on his ministry and learning. For example, he accessed his cultural and linguistic competence to provide spiritual care for French-and Hebrew-speaking patients and families; he took initiative in leading a hospital tour for new CPE interns, and he shifted from being a "baby" to a "brainy scholar" in his cohort. OH's ability to name and consciously draw on diverse parts of his personality produced a remarkable shift in his educational and clinical functioning. Jungian trauma-informed theory, in its appreciation of the multiplicity of the human self, empowered me to bring the complexity of my own self into the supervisory relationship with OH to help him recover and use the greater fullness of his personhood in service of care.

My knowledge of the multiplicity of the self also extends to my understanding of the systemic dimensions of educational practice, sensitizing me to the challenges to personality development caused by the painful realities of marginalization, inequality, and oppression. I draw on my experience as a biracial, minority, Russian Korean immigrant American educator to offer gentle hospitality to those parts of my students' selves who may have been forced into "inner exile" because of their outer experience of surviving the lifelong realities of discrimination and injustice. By attending to both sides of personality development, the optimal and the potentially traumatic, I teach my students to draw on the whole of their personal history, ethnic heritage, and social location in their work of ministry and learning. Becoming conscious of, and consciously connected to, the greater part of their "braided selves" becomes a path for their pastoral growth.¹⁰

ADDING DEPTH: The Inner World of the Soul Revealed by Trauma

As a bodily injury, when severe enough, can penetrate to the deepest layers of physical tissue, so the pattern of post-traumatic fragmentation and forgetting can reach the deep, unconscious layer of the human soul. When the experience of suffering overwhelms the strengths of the individual ego, it shatters, forming a dyadic personality structure consisting of the regressed and progressed parts. One part of the ego regresses to the innocent and dependent state: the inner child. The

other part progresses, growing up too fast, becoming precociously mature and adapted to the outer world, and beginning to caretake and protect the regressed part from further violation: the inner protector. Thus, the deepest fracture created by trauma is a dyadic fragmentation of consciousness into the protected and protecting sides of self-perception. Unfortunately, the initially life-saving split at the core of the self rarely stays benevolent. Following the pain of repeated relational disappointments, the intense energies of neediness and aggression become directed inward, turning "protectors" into "persecutors" who censure, shame, and attack the very self they set out to protect.¹¹

Because the twofold dynamics of defense unfolds at the edge of the unconscious, it cannot be directly and consciously known. Yet, it can be observed indirectly as the quality of our inner experience is reflected in how safe we feel in the world. As an educator, I believe that safety is paramount to learning. Therefore, I am always working along the continuum of anxiety in supervision, assessing the levels of intrapersonal and interpersonal safety my students manifest in their learning. I listen to the quality of their self-talk, the tone and vocabulary of their "inner critics," the imagery they use to describe their peer-to-peer and supervisory relationships. Knowing that a "safe space" is an illusion, I invite my students to consciously reflect on what safety means to them as we work together to create an environment of trust where they feel safe enough and supported enough to explore the strengths and limitations of their ministerial practice. I pay special attention to the behaviors and emotional responses my students have when they feel threatened by the inherent vulnerability and disorientation of the clinical method. My intentional exploration of safety, trust, and reactivity in the face of threat, in turn, teaches my students compassion, self-awareness, and the skill of tending to the complex interplay of safety and threat in their ministry.

At the same time, my Jungian trauma-informed theory helps me remember that for a small number of students even the normal anxiety and disorientation of the CPE experience is too much. Because pastoral supervision is a relationship of in-depth interpersonal connection, the psyche's inner systems of defense related to relational injuries in students' lives are likely to be reawakened in the formation of the supervisory alliance. A striking example of such a dynamic, and the profound impediment to learning it created, can be seen in my work with JC, a White American male student in his late sixties who was a retired physician. I experienced a strong negative charge early in our relationship. JC likened individual supervision to "being thrown into the lion's den."

JC's learning issues centered on his noncompliance with electronic recording and educational assignments. My supervisory feedback was met with intense interpersonal reactivity as JC alternated between deferential agreement (followed by continued noncompliance) and microaggression towards me (gradually escalating in intensity). Informed by my theory and knowledge of JC's story, I assessed that his reactivity could be due to the inner activation of the protector/persecutor complex. Knowing that this inner dynamic often occurs outside of the person's consciousness, I focused on remaining less anxious and less reactive in my relationship with JC, resisting the role of the "shaming aggressor" he kept assigning to me. I also adjusted my educational stance to allow for a longer opening phase in our supervisory alliance, focusing on building safety while asking for small, concrete improvements in JC's educational functioning. However, his sense of safety remained utterly fragile.

Nearing mid-unit, JC's learning difficulties had not improved, but the imagery referencing our relationship became increasingly polarized: *Jefa* (Spanish, respected boss) sat in stark contrast with the hard taskmaster, and the bowing plea "Don't beat me, Massa" was followed by the angry outburst "I felt insulted!" Shortly after the mid-unit evaluation, concerned about the safety of patients and the potentially retraumatizing effect of CPE on JC himself, I guided him in his discernment to exit the program. At that point in JC's life, without therapeutic support, the journey of becoming conscious of his frightened, acquiescing inner child and his outraged inner protector was too painful and risky to undertake.

SHIFTING PERSPECTIVE: NARRATIVE IDENTITY THEORY AS CRITICAL PURCHASE

Kalsched's psycho-spiritual theory excels in its ability to draw my attention to the less obvious dimensions of human development and growth: the language of the embodied affect, the diversity of behaviors encoded in the multiplicity of self, and the unconscious patterns of defense in the soul. Yet, there are times when focusing on the inner experience can result in missing the power of a consciously told story. Moreover, for students with significant trauma history such an approach could be problematic. The students themselves might not be ready for the increased awareness of a traumatic memory, previously split off and safely isolated in various parts of their body and soul. For me as an educator, such work would come too close to the therapeutic; I do not have the knowledge or competency necessary to engage in such an in-depth level of encounter, nor is it appropriate for my role, goals, and the educational context of CPE. When my awareness

of the implicit and multilayered nature of human growth and becoming, created by my primary theory, becomes counterproductive in my supervisory practice, I find structure and focus in the explicit and linear account of human development offered by Dan McAdams's narrative identity theory.

At the core of McAdams's theory is the belief that human beings create their identity by integrating their life experiences into a conscious story of becoming. Stories enable us to make sense of who we are and our place in the world. To be human is to develop one's patterns of thinking, feeling, and behavior around a continuously evolving "personal myth" which brings together different parts of one's life and self into a unified, meaningful and purposeful whole. As the *I* tells a story of my self, that story becomes a part of *me*. Human beings are story-makers and story-tellers; the "stories we live by" follow the patterns of literary composition (e.g., setting, characters, plot, denouement) in relation to the key periods of growth (infancy, pre-school, school, etc.), developmental storyline and plot (e.g., comedy, tragedy, irony), and cultural, religious, familial, and other prominent narratives of our lives.¹²

Remembering that human life is a "storied affair" helped me in my work with MBF, a young immigrant woman of Eritrean descent in her thirties. At the beginning of her internship, MBF presented a verbatim in which she was called to minister to a grieving daughter of an African American woman who had passed away at 2 a.m.. Following the visit, the nurse asked the daughter to "hurry up and say goodbye" so that they could clean the room. The daughter, who lived four hours away from the hospital and had just made the trip to be with her dying mother, struggled with the request but nonetheless packed and left the hospital. MBF was deeply disturbed by this turn of events but was unable to voice her concerns to the medical staff.

During her group presentation, MBF cried a lot but, once again, struggled to verbally articulate her thoughts and feelings. Knowing that MBF had suffered several major disruptions in life between the age of pre-school and adolescence (civil war, death of her brother, family separation, and boarding school abroad) and that at that age the key developmental tasks involve the building of personal imagery, sense of agency, and consciousness of one's self as the protagonist in one's story, I assessed that MBF might be having difficulty with accessing her voice and giving expression to her subjective experience. To bypass her "narrative block," I invited her to tell us the story from the perspective of the grieving daughter. This led to a powerful recovery of MBF's voice as she imagined in vivid detail the sense of heartbreak and sorrow the daughter

must have felt when she was asked to leave her mother's body so soon after the loss. As the unit unfolded, MBF continued to return to this story, now using it as a narrative matrix for writing her own story in which the themes of "voicelessness," "needing to pack and leave," and "grief interrupted" became the core threads holding together disjointed fragments of her personal history. In time, MBF started drawing on the vocabulary and imagery of other stories (e.g., the story of Jesus overturning the tables, tales of loss and survival from the surrounding Ethiopian community, Edward Wimberly's *African American Pastoral Care*) to thicken her narrative and amplify her voice. As MBF's story developed, so did her pastoral identity and competence. She became more engaged with patients, more willing to speak up in group with her peers, and less hidden in IS. Her interactions with members of the caregiving team shifted towards an intentional stance of advocacy and justice. In her own words, she went from being "timid and mute MBF" to "flipping tables in pastoral fashion MBF." Her growth in pastoral authority was the outcome of her becoming the author of her own myth.

CONCLUSION

My ability to shift between Jungian trauma-informed theory and narrative identity theory as conceptual frameworks for understanding human nature and growth is a powerful asset in my educational practice. My primary theory deepens my awareness of my students' bodies and emotions, multiplicity of the self, and dynamics of the unconscious. My critical purchase helps me listen to the explicit actuality of their stories. As in my own life, as in my students' learning, as in the experience of suffering others, things do not always turn out as planned. But as I ground myself in the knowledge that our growth is not extinguished by our encounters with pain—and at times is deepened and enriched by it—I enter pastoral supervision with the commitment to discern beauty in brokenness, to honor the healing power and wholeness of the human soul, and to invite others on a wondrous journey of discovering that our fragility is a source of our greatest strength.

The image featured on the title page of my Personality Theory paper is a photograph of my painting $\underline{\text{To Dance is To Live}}$. Watercolor on Arches 140-lb. cold-pressed paper, $22'' \times 30''$.

NOTES

¹ Donald Kalsched is a contemporary Jungian psychoanalyst and teaching supervisor in the field of depth psychology. He is a member of the Maine Jung Center, the C. G. Jung Institute of New England, and the Inter-Regional Society of Jungian Analysts. His special area of interest and expertise is trauma and dissociation and their manifestations in the mythic and religious iconography of different cultures. See his website (http://www.donaldkalsched.com). I came to see Kalsched's work as foundational for my understanding of the interplay between traumatic memory and the educational process as I searched for a way to connect my appreciation of contemporary trauma-informed theory (as represented in the works of Judith Herman, Bessel van der Kolk, Peter Levine, Marsha Linehan, Pat Ogden, Janina Fisher, Stephen Porges, and Robert Schwartz) and my growing pull towards the depth psychology of Carl G. Jung. Kalsched's psychospiritual theory of human development and its interruption offers me a conceptual framework for integrating the relational neurobiology of trauma with the mytho-poetic dynamics of the human soul. I am grateful for Dr. Kalsched's reading and feedback on this paper (personal correspondence with Kalsched, March–May 2022).

² Dan P. McAdams, *The Stories We Live By: Personal Myths and the Making of the Self* (New York: Guilford Press, 1993), 5. Dan McAdams is a contemporary clinical psychologist specializing in the field of narrative psychology. Since the 1980s, when he proposed a life-story model of human identity, his interest has centered on narrative identity formation and issues of generativity, power, intimacy, and redemption in human life. McAdams directs the Study of Lives Research Group at Northwestern University, influenced by the works of Erik Erikson and Henry Murray, which seeks to study the whole person in biographical and cultural context. McAdams's recent works explore the narrative dynamics of personality development in his nuanced analysis of American narrative culture and the lives of George Bush and Donald Trump (https://sites.northwestern.edu/thestudyoflivesresearchgroup/).

- ³ Kalsched understands human development as the process of becoming the self we are intended to be, connecting it to Jung's definition of individuation. See Donald Kalsched, *Trauma and the Soul: A Psycho-Spiritual Approach to Human Development and Its Interruption* (London: Routledge, 2013), 23–52.
- ⁴ At the heart of Kalsched's understanding of trauma is the paradoxical insight that a traumatic injury both wounds us and opens us up to the numinous dimension of the psyche and life. He offers a beautiful and illuminating example of this dual effect of trauma on the human soul when he explores the parallels between the life of C. G. Jung and the story told in Antoine de Saint-Exupéry's *The Little Prince*. Kalsched, *Trauma and the Soul*, 2–22, 243–81.
 ⁵ Kalsched, *Trauma and the Soul*, 11.
- ⁶ Kalsched likens the human psyche to a crystal, the basic structure of which is best understood by examining the places where it is broken. The "broken places" represent the instances of self-forgetting that take place in response to pain. Kalsched, *Trauma and the Soul*, 23–24. This understanding of post-traumatic dissociation is strongly mirrored in the contemporary neurobiological understanding of trauma. See, for example, Onno Van der Hart, Ellert R. S. Nijenhuis, and Kathy Steele, *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization* (New York: Norton, 2006); Bonnie Badenoch, *Being a Brain-Wise Therapist* (New York: W. W. Norton., 2008); Janina Fisher, *Healing the*

Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation (New York: Routledge, 2017).

⁷ Kalsched, *Trauma and the Soul*, 86–126. Kalsched's theory bears witness to the important shift in the contemporary neurobiological understanding of trauma. The recovery from trauma is no longer linked to the conscious retelling of the "event" but rather to the interpersonal work of healing its somatic and affective "effects." See, for example, Peter A. Levine, *Waking the Tiger: Healing Trauma* (Berkeley: North Atlantic Books, 1997); Peter A. Levine, *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body* (Boulder: Sounds True, 2005); Pat Ogden, Kekuni Minton, and Clare Pain, *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* (New York: W. W. Norton, 2006); Janina Fisher, *Transforming the Living Legacy of Trauma: A Workbook for Survivors and Therapists* (Eau Claire, WI: PESI Publishing, 2021).

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⁸ This vignette also illustrates the intentional sequencing of my supervisory interventions ("regulate/relate/reason") and its important ramifications for the CPE clinical method of action/reflection/action. This heuristic of interpersonal engagement was first defined by Bruce Perry. Bruce Perry, *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook* (New York: Basic Books, 2017).

⁹ Kalsched's understanding of personality parts centers on the dynamics of "dis-memberment and re-memberment," connected to Jung's view of "splinter-psyches," as the feeling-toned complexes split off from consciousness to the degree that they acquire psychic autonomy. Kalsched, *Trauma and the Soul*, 282–315. Although the language of "parts" is still a controversial term in the mental health world, there is growing evidence from neuroscientific and attachment studies of brain pathways encoding distinct emotional and behavioral aspects of human personality. See, for example, S. W. Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication and Self-Regulation* (New York: W. W. Norton, 2011); Allan N. Schore, *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development* (New York: Routledge, 2016); Richard C. Schwartz, *No Bad Parts: Healing Trauma and Restoring Wholeness with the Internal Family Systems Model* (Boulder: Sounds True, 2021). I have adapted the terminology of the structural dissociation model from Fisher, *Healing the Fragmented Selves of Trauma Survivors*, 65–102.

¹⁰ The psychological language of parts has found resonance with a number of contemporary pastoral theologians. I especially appreciate the work of Pamela Cooper-White, who connects the multiplicity of the human self to the multiplicity in God's own being. Pamela Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling* (Minneapolis: Fortress Press, 2004); Pamela Cooper-White, *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective* (Minneapolis: Fortress Press, 2006); Pamela Cooper-White, *Braided Selves: Collected Essays on Multiplicity, God, and Persons* (Eugene, OR: Cascade Books, 2011).

¹¹ Kalsched refers to this dyadic personality structure as the "archetypal self-care system." Donald Kalsched, *The Inner World of Trauma*: *Archetypal Defenses of the Personal Spirit* (London: Routledge, 1996). His unique insight into the self-attacking dynamics of personality is that the inner persecutory figures are not merely the internalized versions of the failed attachment figures or actual perpetrators of abuse but the universal "powers" within the psyche itself that are unleashed by traumatic pain. Because the inner persecutory figures are potentiated by the energy of the collective unconscious, the traumatized psyche becomes self-traumatizing.

¹² Dan P. McAdams, Ruthellen Josselson, and Amia Lieblich, *Identity and Story: Creating Self in Narrative*, 1st ed. (Washington, DC: American Psychological Association, 2006); Dan P. McAdams, *The Person: An Introduction to the Science of Personality Psychology* (Hoboken, NJ: Wiley, 2009); Dan P. McAdams, *Art and Science of Personality Development* (New York: Guilford Press, 2018). In my use of narrative identity theory in the context of supervisory practice, I have also been influenced by the work of my Emory teacher, Rev. Dr. Karen Scheib, and the Australian family therapist Michael White. For the latter, see Michael White and David Epston, *Narrative Means to Therapeutic Ends*, 1st ed. (New York: Norton, 1990); Michael White, *Maps of Narrative Practice* (New York: Norton, 2007).