

**Traumatic Reactivation:
A Personal Exploration From Typological,
Archetypal, and Somatic Perspectives**

**by
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Abstract

Traumatic Reactivation: A Personal Exploration From Typological, Archetypal, and Somatic Perspectives

by Daniel Siuba

Clinical terminology and definitions regarding trauma, retraumatization, and their residual symptoms are numerous and sometimes conflictual. This thesis uses a heuristic and hermeneutic methodology to explore the author's experiences of what he has termed *traumatic reactivation*, due to the inconsistency and inaccuracy of the available clinical terminology. These traumatic reactivations are examined through various psychological lenses. The techniques of association and amplification are used regarding the experiences to identify archetypal dynamics that may have been present. The experience of traumatic reactivation is also explored with C. G. Jung's theory of psychological types, as well as with specific connections between psyche and soma. The thesis eventually posits that these experiences, although initially shocking and overwhelming, have a purposive function and are in the service of healing, rather than a destructive reexperiencing of traumatic material.

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Dedication

This thesis is dedicated primarily to the woman whose work brought me to Pacifica Graduate Institute and furthered my interests in depth psychology and the connection between spirit, soul, body, and psyche: Marion Woodman. Without her firm and loving voice, I do not know if I would have ever trusted myself enough to delve this deeply into the processes of my inner life. Her embodied presence in my own dreams explicitly encouraged me to follow the inner path of dreams, guaranteeing nothing other than continual psychological changes through an endless series of deaths and births. Her commitment to her own inner images, intuitions, and body responses served as a railing for me as I scaled the mountains of academic reading and writing, seeing clients, and completing this thesis. Regardless of the path I choose to take in the future, I will forever be indebted to her work for helping me rediscover the experience of being an embodied, inspired, and passionately alive human being.

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Chapter I Introduction

Area of Interest

This thesis incorporates different aspects of depth psychology to explore and analyze several different experiences for which I have no psychological understanding. These experiences, which I initially identified as retraumatizations, were physically, mentally, and emotionally overwhelming, but seemed to have no clinical explanation or previously existing conception. As I explored these experiences over time, they seemed to coincide with several different concepts from depth psychology in which I am interested, including theories of trauma (Breuer & Freud, 1895/1955; Kalsched, 2013), archetypes (Hillman, 1997; Jung, 1943/1973, 1948/1969), psychological types (Franz & Hillman, 2010; Jung, 1921/1990), and the psyche-soma connection (Woodman, 1980, 1985, 1993; Woodman & Dickson, 1996). I also explored contemporary conceptualizations of trauma and trauma-related diagnostic categories (American Psychiatric Association, 2013; “Retraumatization,” 2013; “Trauma, Definitions of,” 2012). Another reoccurring aspect of these experiences is different forms of dissociation (Godbout & Briere, 2012).

I have a deep affinity for psychological ideas and concepts, not as philosophical abstraction or diagnostic categories, but as reference points for actual lived experiences. The work of the above authors has given me concepts and theories for experiences that otherwise would have been much more difficult to describe. Their conceptual language

and personal psychological explorations have added depth to my life, my relationships, and my own clinical work. In this thesis, however, I apply their work to describe psychological experiences that, as far as I am aware, these authors have not described. Language, especially in the clinical setting, is a powerful tool. It can be immensely reassuring to have words and ideas to frame a seemingly confusing or terrifying experience. It can also be equally demoralizing to stamp clients with a label based on a cluster of symptoms and a short period of clinical observation. Initially, I used the word *retraumatization* to describe my experiences, but upon further research, found that this term was not applicable. I even discovered that the usage of the term itself has been problematic, and some have even suggested that it should be taken out of the lexicon of trauma entirely (“Retraumatization,” 2012).

Guiding Purpose

My guiding purpose is to explore these experiences, which in some way resemble retraumatizations, from various lenses in depth psychology. In doing so, I aim to show that the enormity of any person’s experience cannot be encapsulated in a single term or diagnostic category. The variety and multitude of human experiences are beyond the scope of any field, which is why I am not aiming to conclude my exploration in any way with a final meaning or interpretation. Memories and ideas about experiences change over time, so I do not anticipate this thesis will be the last word on any of my experiences. The impermanent nature of reality and the fluidity of lived experience constantly alter and change the perception of memories in the present moment. That being said, this thesis is like a snapshot of my current understanding of these experiences at this moment in time.

Rationale

My rationale for exploring this topic and mode of exploration is that, based on the universality of many human experiences, I cannot be the only person to have these types of experiences. My experience, as a client and as a student, was that my experiences were often not treated with the weight that I felt they warranted. They were often dismissed as “only retraumatizations,” and I rarely felt like these experiences were taken seriously. Whether it was due to a lack of vocabulary or just a simple inability to convey their overwhelming nature, the lack of empathy or genuine consideration I was met with often compounded my confusion and sense of aloneness. By sharing and exploring these experiences, I am honoring them in addition to exploring them and hope to encourage others to do the same, regardless of the reactions with which they are met.

Methodology

Research problem and research question. Although internal reactions to trauma have been conceptualized from a depth perspective (Kalsched, 2013), little has been written about so-called retraumatizations, or the reactivation of traumatic material, especially from a depth psychological perspective. Little has been said about trauma and psychological types, specifically about the relationship between the reactivation of trauma and the inferior function of consciousness (Jung, 1921/1990). There is also a gap in the literature about how the reactivation of traumatic material might occur as the result of a corresponding archetype from either Swiss psychologist and founder of analytical psychology Carl Jung’s (1948/1969) or founder of archetypal psychology James Hillman’s (1997) perspectives. My research question is: How can the reactivation of traumatic material be conceptualized through typological, archetypal, and somatic lenses?

Methodology. The methodology in this thesis is qualitative, and there is no attempt to prove a hypothesis. The thesis writing process is driven by a desire to explore without needing an evidence-based conclusion. Both hermeneutic and heuristic methodologies are used, as a result of which this thesis will incorporate both scholarly research and personal experience. The combination of psychological inquiry and hermeneutics, which is not limited by observable behaviors or linear causal laws, “points toward research that can illuminate the lived experience of the psyche in a fuller sense” (Coppin & Nelson, 2005, p. 37). New perspectives and meanings might be gleaned from this methodology, although it is inherently limited by the number of texts selected for review.

This paper is also heuristic; I describe my personal experiences and use the research to conceptualize them from multiple perspectives. Heuristic research has clearly outlined phases. It begins with the initial engagement with the topic or question and moves through phases of immersion, incubation, illumination, and explication, culminating in a creative synthesis (Moustakas, 1990, pp. 27-31). Although rigorous and demanding, this methodology is limited because it uses only one individual’s experience. Broad generalizations about various populations cannot be justified using heuristics. However, the validity of the methodology lies in the comprehensive, distinct, and accurate depiction of the experience, as well as the elucidation of the meanings and themes that are presented (Moustakas, 1990, p. 32). This methodology also relies heavily on the use of intuition. Commenting on the use of intuition, American psychologist Clark Moustakas (1990) stated,

At every step along the way, the heuristic researcher exercises intuitive clues and makes necessary shifts in method, procedure, direction, and understanding which

will add depth, substance, and essential meanings to the discovery process. Intuition is an essential characteristic of seeking knowledge. (p. 24)

Intuition guides the process, and the researcher follows its directions. In this paper, intuition was used to navigate how seemingly unrelated concepts interlock and work together to create a new understanding of my own experience.

Ethical Considerations

I did not use human subjects of any kind, so the main ethical consideration in writing this thesis was the self-care of the author. By its very nature, the material was consistently psychoactive, but I employed a variety of self-care techniques to maintain emotional and psychological balance throughout the writing process, such as personal therapy, journaling, meditation, exercise, creative expression, and peer consultation.

Overview of the Thesis

In Chapter II, I review a selection of literature related to psychological trauma, clinical terminology regarding trauma and retraumatization, as well as depth psychological perspectives on the unconscious, psychological types, archetypes, and the connection between psyche and soma. Chapter III explores various personal experiences of traumatic reactivation through the theoretical lenses listed above. Chapter III also includes a personal reframe of the traumatic reactivations as healing experiences, rather than psychologically damaging events. Chapter IV states the benefits of viewing psychological experiences from a variety of perspectives, specifically within a clinical practice setting. It also includes implications for further research regarding psychoneuroimmunology, and how healing from trauma effects the body and psyche.

Chapter II Literature Review

Overview

This thesis topic includes several different areas of psychological study—namely, trauma and retraumatization, the unconscious, archetypes, psychological types, and the psyche/soma connection. Each area of study was researched in an effort to contextualize and identify various aspects of personal experiences. Many of these topics fall within the scope of depth psychology, and as a result, they often overlap with one another.

Theories of Trauma

In 1895, Josef Breuer, a physician, and Sigmund Freud (1895/1955), the founder of psychoanalysis, published *Studies on Hysteria*, which theorized the mechanics of hysterical and neurotic symptoms that individuals develop after they experience some type of trauma. The symptoms could also result from a fantasy or an idea that occurred to an individual in a “hypnoid” state (Breuer & Freud, 1895/1955, pp. 11-13). Breuer and Freud posited that in traumatic neuroses, the operative cause of the illness is not the “trifling physical injury but the affect of fright—the psychical trauma” (p. 6). They stated that any experience that calls up distressing affects may operate as a psychical trauma, but the determining factor of whether an experience would become a trauma depends on the susceptibility of the individual. Breuer and Freud elaborated that psychical trauma acts “like a foreign body which long after its entry must continue to be regarded as an agent that is still at work” (p. 6). Through their respective case studies, Breuer and Freud also found that

each individual hysterical symptom immediately and permanently disappeared when they 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. Recollection without affect almost invariably produces no result. (p. 6)

Breuer and Freud also explained that this verbal expression of a traumatic incident is not the only way to work with psychological trauma, for there is also a method of discussing corresponding ideas or memories that could bring about the disappearance of the accompanying affect through the process of association, thereby correcting the attitude or feeling about the traumatic memory or idea (p. 9).

Breuer's chapter on theoretical "hypnotic states" in Breuer and Freud (1895/1955) described the genesis of hysteria as resulting from a protective factor that converts reactions or ideas that are unacceptable to the conscious ego into hysterical symptoms (p. 220). Breuer described ideas and memories that are out of the reach of conscious awareness, or unconscious; postulated that a "splitting of the mind" occurs as a psychological activity; and posited that this act of splitting is fundamental to the understanding of complicated hysterics (Breuer & Freud, 1895/1955, p. 221).

In the early 20th century, Jung (1943/1966) echoed some of Breuer and Freud's (1895/1955) fundamental ideas surrounding trauma, stating,

It is not the shock as such that has a pathogenic effect, under all circumstances, but, in order to have an effect, it must impinge on a special psychic disposition, which may, in certain circumstances, consist in the patient's unconsciously attributing a specific significance to the shock. (Jung, 1943/1973, p. 14)

However, Jung went on to criticize Breuer and Freud's original theory of trauma as being antiquated, explaining that "besides the traumatic experience there is often a disturbance in the province of love" (p. 15). Using the word in its widest sense, Jung indicated that

love is “of fundamental importance in human life and . . . is of far greater significance than the individual suspects” (p. 18). Jung also stated that these disturbances related to love are not the only source of neurosis, but that other shock-neuroses, such as “shell-shock, railway spine, etc.,” are included (p. 18).

Using theories from depth psychology, as well as body-based affective neuroscience, Jungian analyst Donald Kalsched (2013) explored developmental trauma from an integrative psycho-spiritual perspective. Kalsched described trauma as “an interruption of the normal processes through which an embodied, true self comes into being” (p. 19). Kalsched focused on relational trauma that had occurred in early life, causing an infant to dissociate, thereby interrupting its normal developmental process (p. 19). Kalsched described how the individual’s relationship to the world is compromised through experiences of trauma, leaving the trauma survivor feeling as if the experience had broken them (p. 19). Kalsched specified the psychological dissociation and fragmentation of the personality caused by developmental trauma, but went further and stated that in this traumatized state “the soul cannot indwell in the body—it cannot set up residence as a divine/human principle of inner sustainment” (p. 20). Kalsched described the dissociation, or splitting, as being necessary for survival, but at a large cost to the individual:

These self-divisions have survival value because they save a part of the child’s innocence and aliveness by splitting it off from the rest of the personality, preserving it in the unconscious for possible future growth and surrounding it with an implicit narrative that is eventually made explicit in dreams. This allows life to go on, albeit at a terrible price. (p. 10)

In Kalsched's view, developmental trauma can only be healed in a transformative relationship, which he saw as "actualized in the best contemporary psychotherapy and psychoanalysis" (p. 20).

In the *Encyclopedia of Trauma: An Interdisciplinary Guide*, psychiatrist, psychotherapist, and traumatologist Paul Valent defined the word *trauma* as a "state of disruption caused by stressors severe enough to threaten life or make one believe that one is about to die" ("Trauma, Definitions of," 2012, p. 677). The author further elucidated the commonly used terminology:

The context in which trauma occurs is a *traumatic situation*. The source or cause of trauma is a *traumatic stressor*. The internal state of disrupted processes is a *traumatic state*, and the person in that state is said to be *traumatized*, or to be in a *state of trauma*. The often-used term *traumatic stress* is confusing because it sometimes denotes a traumatic stressor, at other times a state of trauma, and sometimes even the consequences of trauma. ("Trauma, Definitions of," 2012, p. 676)

Valent also acknowledged the phenomena of the mind splitting and noted that these disruptions may affect any or all levels of functioning, ranging from anatomical and physiological to existential and spiritual ("Trauma, Definitions of," 2012, p. 677).

Retraumatization

In the *Encyclopedia of Trauma: An Interdisciplinary Guide*, retraumatization is described as revictimization, repeated trauma, continuous trauma, or multiple traumatization ("Retraumatization," 2012, p. 570). Revictimization can mean the experience of a traumatic event after experiencing other traumatic events; reexposure, also referred to as "serial trauma," can be defined as being reexposed to the same type of trauma repeatedly at different points in time; and repeated exposure to different types of trauma is called "sequential trauma" ("Retraumatization," 2012, p. 570). Both serial

trauma and sequential trauma incorporate the idea of multiple victimizations or traumatizations and have been subsumed under the above definition of retraumatization (“Retraumatization,” 2012, p. 570).

To contrast sequential and serial trauma, retraumatization has also been defined as the reactivation of trauma-related distress and an increase in or exacerbation of “posttraumatic stress reactions that occur in response to a stressor that is not necessarily traumatic in and of itself” (“Retraumatization,” 2012, p. 569). These reactions could occur if a person is reminded of the initial trauma, the losses experienced because of the trauma, adversities, and/or the experience of subsequent traumas (“Retraumatization,” 2012, p. 569). It has also been suggested that the usage of this term be discontinued because of the lack of terminological consistency, since retraumatization can refer to both the event and its outcome (“Retraumatization,” 2012, p. 569).

Conscious, Unconscious, and the Objective Psyche

Jung (1948/1969) conceptualized conscious awareness, or the ego, as having emerged from the unconscious psyche, “which is older than it, and which goes on functioning together with it or even in spite of it” (p. 281). Jung described the unconscious as something that could never be experienced or seen directly but could only be experienced through its manifestations, such as dreams, visions, fantasies, emotions, and grotesque ideas (p. 283). Jung postulated that the unconscious was much older than the individual psyche and believed that it was directly involved in shaping the human species (p. 287). Jung (1943/1973) identified an individual, personal unconscious, as well as a collective unconscious, which he also called the objective psyche (p. 66). Jungian analyst Edward Whitmont (1978) later described the objective psyche as the generator of

concepts, autonomous image symbols, emotions, and drive impulses (pp. 41-42). These images and dynamics are driven by libido, which is a term Jung used to refer to all diverse expressions of psychic energy (as cited in Whitmont, 1978, p. 42). Whitmont emphasized that, for Jung, the term *libido* embraced every manifestation of psychic expression, including the urge toward a spiritual or religious search for meaningful existence (p. 42).

Archetypes

Structurally, Jung (1948/1969) compared the archetype to the axial system of a crystal, which preforms the crystalline structure but has no material existence of its own (p. 69). Referring to the term archetypes, Jung explained,

This term is apposite and helpful, because it tells us that so far as the collective unconscious contents are concerned we are dealing with archaic or—I would say—primordial types, that is, with universal images that have existed since the remotest times. (pp. 4-5)

However, Jung went on to state that the images themselves are not archetypes, but that archetypes are “complexes of experience that come upon us like fate, and their effects are felt in our most personal life” (p. 30). In terms of personal psychology, Jung stated that archetypes continually influence our thoughts, feelings, and actions (p. 79) and stressed the dangers of becoming possessed by an archetype:

Since neuroses are in most cases not just private concerns, but *social* phenomena, we must assume that archetypes are constellated in these cases too. The archetype corresponding to the situation is activated, and as a result those explosive and dangerous forces hidden in the archetype come into action, frequently with unpredictable consequences. There is no lunacy people under the domination of an archetype will not fall prey to. (pp. 47-48)

Jung, discussing archetypes in the terms of their role in psychological integration, described them as being relatively autonomous forces that require a dialectical procedure

and a “real coming to terms with them” (p. 41). These autonomous forces express themselves in, or are accompanied by, dream symbols, which have portrayed psychic processes of transformation in the form of mythological motifs since the earliest times (p. 41).

Hillman (1997) further elucidated and expanded on Jung’s conception of archetypes, describing them as the deepest patterns of psychic functioning that govern “the perspectives we have of ourselves and of the world” (p. 23). Hillman also compared archetypes to invisible crystal forms in solution and saw them as “immaterial potentials of structure” (p. 23). Hillman simultaneously stressed the importance of the image as well as the function of the imagination as related to archetypes:

To take an archetypal perspective in psychology leads us, therefore, to envision the basic nature and structure of the soul in an imaginative way and to approach the basic questions of psychology first of all by means of the imagination. (p. 23)

Hillman’s perspective on archetypes was not limited to recurring images from mythology, fairytales, and dreams but also included family roles, education, work, sex, money, transportation, war, and terrorism. Hillman stated,

They are similar to other axiomatic first principles, the models or paradigms that we find in other fields. For “matter,” “god,” “energy,” “life,” “health,” “society,” “art” are also fundamental metaphors, archetypes perhaps themselves, which hold whole worlds together and yet can never be pointed to, accounted for, or even adequately circumscribed. (p. 23)

One of the main differences between Hillman’s and Jung’s (1948/1969) perspectives was Hillman’s continual emphasis that the image itself be honored as it is, rather than being hermeneutically amplified and converted into a static interpretation with a fixed meaning (Hillman, 1997, pp. 59-60). Hillman stated that if the image is not experienced as it appears—as it is—its uniqueness and inherent wholeness is completely missed (p. 60).

Psychological Types

In 1921, Jung (1921/1990) published his book on psychological types in which he first introduced the terms *introversion* and *extraversion*. Jung described these as being two different “attitude types” that are distinguished by the direction of their interest (p. 330). Simply put, introverted people were described as withdrawing libido, or psychic energy, from the object, almost as if to protect themselves from being overwhelmed by it. The subjective attitude of extraverts, on the other hand, is always in positive relation to the object. For extraverts, the object can never have enough value. Jung described these two attitudes toward the object as processes of adaptation, which he believed to be determined by some instinctual, unconscious cause (p. 331).

Regarding behavior, Jung (1943/1966) described the introverted attitude as reflective, cautious, slow to act, and shy and distrustful, all of which create difficulties in adapting to the external world (p. 55). The extravert, on the other hand, “acts first and thinks afterwards. Thus, his action is swift, subject to no misgivings and hesitations” (Jung, 1943/1966, p. 55). Jung described these two types as being symbiotic, balancing reflection with practical action, and even stated that these two attitude types often end up marrying each other, due to the compensatory nature of the combination (p. 55). Jung stated that in actuality these types are not easy to identify, due to their infinite variety and compensations (p. 44). Jung (1921/1990) also described four function types, which include thinking, feeling, sensation, and intuition, but this thesis is mostly focused on the interplay between introversion and extraversion (p. 330). Jung (1943/1966) also explained that it is difficult to determine whether one is dealing with a conscious or an unconscious attitude, because “owing to the dissociation of the personality, sometimes

one half of it and sometimes the other half occupies the foreground and confuses one's judgment" (p. 44).

In Jung's (1943/1966) theory of typology, a person might have an introverted conscious attitude but an unconscious attitude that is extraverted, or inferior, and vice versa (p. 58). Describing the dynamism of this inferior attitude, Jung explained, "It attacks, it fascinates, and so spins us about that we are no longer masters of ourselves" (p. 58). Jung emphasized that the expression and development of this inferior function was necessary for the development of character (p. 58). Marie-Louise von Franz, a Jungian analyst and one of Jung's collaborators, further elucidated the inferior function as the despised, ridiculous, and unadapted part of the personality, "but also that part which builds up the connection with the unconscious and therefore holds the secret key to the unconscious totality of the person" (Franz & Hillman, 2010, p. 10). Von Franz stated that this inferior function is always directed toward the unconscious, symbolic world (Franz & Hillman, 2010, p. 10).

Regarding introversion and extraversion, von Franz stated that if introverts want to assimilate their inferior function, they must relate to outer objects, bearing in mind that they are, in fact, symbolic but not dispensable—and the same is true in the reverse for extraverts, who must acknowledge that the inner world is the carrier of their symbolic experiences (Franz & Hillman, 2010, p. 11). Another experiential aspect of the inferior function that von Franz highlighted was the tremendous charges of emotion generally connected with its processes (Franz & Hillman, 2010, p. 15). Simply stated, "As soon as you get into this realm people easily become emotional" (Franz & Hillman, 1986/2010, p. 15). In the realm of the inferior function, von Franz explained that one is overwhelmed,

unhappy, constantly impressed by things, and “therefore, in a way, the intensity of life is very often much greater there, especially if the superior function is already worn out” (Franz & Hillman, 2010, p. 21). Referring to the assimilation of this inferior function, von Franz emphasized that it cannot simply be “pulled up” from the unconscious and brought to the level of consciousness, but must be accessed through a person’s other functional types, slowly and with humility (Franz & Hillman, 2010, p. 22).

Psyche and Soma

Jungian analyst Marion Woodman has written extensively about the connection between the body and the psyche. Through her study of Jung’s writings, as well as her work with analysands, Woodman (1980) concluded that “the psychic processes which we are able to observe and experience are linked with the body, and therefore must have a share in its instincts or be the result of the actions of those instincts” (p. 62). Woodman (1985) described the development of body awareness as taking place through the integration of body, soul, and spirit (p. 55). Woodman (1985) stated that abnormal releases or blockages of psychic energy occur in individuals because their souls are, either consciously or unconsciously, not allowed to take up residency in their body (p. 56).

Woodman (1985) theorized that these psychic blockages and abnormal releases, which manifest symptomatically as addictions and illnesses, are channeled into the body (or somatized) so that the individual can survive an experience of unendurable pain (p. 108). However, as a result, the psychological component of this pain is not consciously experienced (Woodman, 1985, pp. 108-109). Woodman (1993) viewed these illnesses and addictions as purposive, because they take place within the body, which

“protects and guides us—its symptoms are the signposts that reconnect us to our own lost soul” (p. 21). Woodman (1993) believed that individuals could navigate their psychological suffering through imagery, yet in order to have healing power, this imagery “must be taken into the body on the breath. Then it can connect with the life force, and things can change—physically and psychologically” (p. 16). Commenting on the relationship between imagery and the body, Woodman stated,

We now know that a highly charged image can create a correlative shift that stimulates changes in the body’s chemistry, much as changes in body chemistry can alter moods and stimulate the imagination. As psychoneuroimmunologists and analysts work together to correlate the workings of the body with the imagery of dreams, the gap and nongap that Jung saw between psyche and soma will rapidly narrow and, I believe, eventually close. (Woodman & Dickson, 1996, p. 185)

In Woodman’s opinion, if individuals live and embody their images, these images will be incorporated into the cells of the body (Woodman & Dickson, 1996, p. 192). Caution was advised, however, because “images in the body can dislodge huge complexes” and wherever trauma is present, “the company of a friend or professional therapist is essential. The metaphor carries far more energy than anyone who has not experienced it can believe” (Woodman & Dickson, 1996, p. 193).

Woodman also utilized Jung’s model of archetypes as existing on one end of a spectrum, with the opposite end being instincts (Woodman & Dickson, 1996, p. 181). On this spectrum, the instinctual pole was equated with physiology (body symptoms and instinctual perceptions), and the archetypal pole was equated with psychology (ideas, dreams, images, and fantasies) (Woodman & Dickson, 1996, p. 182). Woodman described either end of the spectrum as being outside the range of human behavior and stated that if the balance were disturbed, the whole structure would shake, resulting in

self-destructive behavior (Woodman & Dickson, 1996, p. 182). The reestablishment of psychic equilibrium entails bringing consciousness to the instincts, allowing the ego to recognize instincts and not act them out impulsively (Woodman, 1982, p. 91).

Chapter III

Findings and Clinical Applications

In this chapter, I outline the basic pattern inherent in each of my traumatic reactivation experiences, stating the consistencies and differences in each situation. I describe the experiences of each reactivation as they were in the moment, as well as the residual symptoms I experienced. I conceptualize these experiences through the lenses of psychological projection, implicit memories, psychological types, and archetypal amplifications. I also describe the possibility that these experiences were purposive and in service of healing, which resulted in a deeper connection between psyche and soma.

In order to honor my own boundaries, as well as the privacy and confidentiality of others who were present at the time of these experiences, I have removed any specific identifying information from each experience. I have highlighted the consistent variables in each reactivation and created simple composites of each experience. To begin, I must start with a short discussion on the problematic usage of the clinical term *retraumatization*. I am in agreement with psychologists Anna F. Leshner, Carrie M. Kelly, Kerri E. Schutz, and David W. Foy, in their suggestion that the term *retraumatization* should be discontinued because of the lack of terminological consistency, since *retraumatization* can refer to both the event and its outcome (“Retraumatization,” 2012, p. 569). I initially used this term to describe my experiences because other students and clinicians suggested it to help contextualize my experience. I thought *retraumatization* only meant the reactivation of trauma-related distress in

response to a stressor that is not necessarily traumatic in and of itself (“Retraumatization,” p. 569). For this thesis, I am going to use the phrase *traumatic reactivation* or simply *reactivation* instead of retraumatization, hoping that this distinction and change in terminology will make for an easier reading experience, as well as a more consistent understanding of what is being described. When I use the word *reactivation*, I am referring to emotions, memories, fantasies, images, and trauma responses (such as dissociation, depersonalization, and hypervigilance) that have been triggered in response to a situation in the present moment that is not actually threatening. The settings in which traumatic material was reactivated were not physically unsafe, but were so psychologically stimulating that I experienced powerful physical and emotional responses.

The factors that precipitated each instance of reactivation are outlined as follows: In a group setting, an outer stimulus triggered an internal response. The environment, as well as the precipitating stimulus, varied from setting to setting, but this pattern of experience occurred every time. For example, in one instance, a body-centered psychotherapy exercise involving physical touch triggered the reactivation, whereas in another, an audio recording of a 911 phone call made by a distraught child triggered the experience. In a social setting, the perception that I was unable to leave a friend’s house triggered yet another reactivation. Although the simple stimulus-response pattern was consistent, the thoughts, images, and sensations varied depending on the context. The residual symptoms also varied.

After being reactivated by the 911 audio recording, I experienced symptoms that are categorized under posttraumatic stress disorder and acute stress disorder, such as

exaggerated startle response, dissociative reactions (e.g., flashbacks), persistent inability to experience positive emotions, problems with concentration, and sleep disturbance (American Psychiatric Association, 2013, pp. 271-273), which lasted for about two and a half weeks. The distinction here is that instead of flashbacks or sleep disturbances related to my own history, they were reactions directly related to the experience of reactivation. For example, the sound of the child screaming during the 911 phone call would sporadically echo through my mind while I tried to sleep. It felt as if an autonomous entity had entered my consciousness and would rattle around and scream whenever it felt like it. There are of course associations to my own past, but the specific content as it appeared was an exact replication of the audio recording itself.

During the reactivation that involved physical touch, I felt as if I were completely outside my body, watching my body from the ceiling. I felt unsure about whether I would be able to return to my physical body or not. At one point, I remember feeling that I might have some kind of relationship or connection to the body lying on the floor. It looked vaguely familiar, but it took quite a while before I recognized it as my own. This experience falls under the blanket term of *dissociation* and is commonly experienced by traumatized individuals. Godbout and Briere (2012) defined dissociation as

significant changes in normal consciousness or awareness that alter the individual's access to thoughts, feelings, perceptions, and/or memories. . . . Dissociation may manifest in trauma survivors as amnesia or memory disturbances, discontinuities of the self (identity dissociation), emotional constriction, trance states, perceptual distortions, and feelings of depersonalization, disengagement, or derealization. (p. 488)

After this experience of dissociation, I realized that my classmates were talking to the body on the floor. Then I realized that they were talking to me and that it was my body. Once I made eye contact with one of my classmates, I started to feel myself coming back.

The more sustained eye contact we made, the better I felt. Gradually, I perceived myself to be back in my body, which kept twitching for several minutes. My initial thought was that somehow my nervous system was being recalibrated. I was also quite dehydrated. I did not meet criteria for any specific disorders afterward, but for the next 12 to 4 hours I felt physically shaky, vulnerable, and profoundly confused about what had happened. The following morning, I reestablished contact with my body through yoga and meditation and was then able to calmly review and examine the experience without fear of another reactivation.

The social settings of reactivation (i.e., not academic or clinical) were less overpowering. For example, in two different social situations, I had strong feelings of panic in reaction to the perception that I was trapped in the current situation. The sense of a loss of control and an elevated anxiety level were present, but I was still able to maintain enough self-awareness and mental clarity to keep myself from dissociating, and had no residual symptoms. The social settings were also different, because in contrast to the clinical and academic settings, trauma and therapy were not being discussed. The emphasis in the social situations was not on emotionally triggering material, so perhaps I felt safer and less threatened. There is also the possibility that in the clinical and academic settings, I was sensitive to the emotional responses of others, which, in my opinion and memory, went largely unexpressed. If, in this hypothesis, I was more emotionally open or vulnerable than other individuals who were present, it is possible that their unconscious or unexpressed reactions could have been, in a sense, funneled through me. I have had this experience countless times as a therapist when clients, usually due to trauma, cannot allow themselves to cry or feel anger when they tell their

stories, and as they continue to speak, I feel angry and my eyes water. In those moments, I can consciously recognize whether they are my tears or my anger or not. If this were the case in these reactivations, it would make sense that my own feelings of panic, upset, and overwhelm would be elevated, because I would have been consciously or unconsciously connected to the unexpressed feelings of a large number of individuals. I cannot with any certainty make a sweeping judgment about the level of emotional vulnerability and the subjective experience of a large group of classmates and psychology interns; however, something about this hypothesis feels appropriate or self-indulgently comforting, because I was the most visibly affected individual in each of these situations. In the reactivation during the 911 phone call, I was so upset and overwhelmed that I had to leave the room, whereas everyone else stayed for the duration of the training.

After months of reviewing and exploring these experiences—the immediate responses in each situation as well as the residual symptoms—I found that one of the most powerful aspects of these experiences was the sensation of being taken over, even pushed out of my body in one instance, by some external force. It did not feel right to identify the force as some kind of paranormal experience, but rather as psychological experience. I perceived “it” to have approached me from the outside, rather than an intrapsychic experience. Most importantly, it felt like I had experienced much more than some kind of trauma response. These experiences cannot be encompassed in a list of symptoms under a diagnostic category.

In an unpublished essay written in 2014, I described the instance of reactivation that was triggered by the 911 audio clip played during a presentation at my clinical practicum site. Before the clip even began to play, I stated that “my body was already

locking up. . . . All sensation was pulling inward, up from my toes, through my legs and stomach and close to my heart” (Siuba, 2014, p. 3). My eyes looked down at the table, and my mind could only process a very limited amount of information. My mind and even my ability to take in visual sensory information became limited and contracted, like switching from a floodlight to a pin light. The recording is a conversation between a 911 emergency responder and a 6-year-old girl and takes place during a horrific moment of domestic violence. The recording includes many moments where the child is screaming, her parents are yelling and fighting in the background, and the responder is trying to make sense of what is happening. At one point the child cries and says, “It’s been like this forever.” The recording ends with the phone going dead, leaving the listener to imagine what happened afterward. The facilitator of this training stated that the little girl in the recording received help, but this did not have any effect on my experience of reactivation in the moment. Once the recording started, my level of dissociation increased, and I began to see images in my mind that corresponded with various bodily sensations. I also noticed that my thought patterns gradually moved away from the family in the recording and started to focus on the massive scale of violence against women and children on the planet. After returning to baseline emotional functioning, I had many questions and concerns about this experience, as well as my other reactivation experiences. I began exploring the multitude of sensations, images, and thoughts from a variety of psychological lenses.

Trauma, Projections, and Implicit Memory

The overwhelming nature of these reactivations is perhaps due to the fact that entire experiences from adolescence and childhood—including the embodied reactions to

these experiences—had been unable to integrate into my psyche. The necessity of psychological integration is mirrored in Breuer and Freud’s (1895/1955) statement that symptoms in their patients disappeared when the memory and its accompanying affect were brought to light (p. 6). In my case, however, I was not experiencing so-called hysterical symptoms of any kind prior to these experiences, and no memories were uncovered in the process. However, Kalsched (2013) described another kind of memory: body-based, implicit memories, which are memories that were formed without left/right hemispheric balance in the brain and therefore have been unable to exist as a narrative memory (pp. 115-116). Kalsched described that when an implicit memory erupts as a flashback, “it is experienced in the immediacy of the moment—stripped of its context and without the modulating influence of higher cortical integration that gives the child a sense of his/her experience in context and *as a whole*” (p. 116). It does seem possible that these unintegrated experiences were waiting deep in my personal unconscious; however, I experienced their reactivation as actually coming at me from the outside—that is, as originating in the external world and coming into my body. Initially, these phenomena seemed reminiscent of the process of withdrawing and integrating a psychological projection.

As described by Jung (1948/1969), projection is

an unconscious, automatic process whereby a content that is unconscious to the subject transfers itself to an object, so that it seems to belong to that object. The projection ceases the moment it becomes conscious, that is to say when it is seen as belonging to the subject. (p. 60)

If individuals continue to reflect and work through their projections, then the projected content is brought repeatedly into the view of the conscious ego and recognized as belonging to itself (Franz, 1995, p. 11). Though I experienced the sensation of energy

being withdrawn and pulled toward my ego, I do not think these reactivations fall within the category of projections. It seems more likely that somehow pieces of traumatic experience were forcing themselves upon me. Kalsched (2013) described how dissociation functions by splitting the child's attention at moments of overwhelming affect (i.e., trauma) so that the child's whole experience is fragmented and compartmentalized (p. 116). The implicit memories that the child is left with accrue archaic and typical (archetypal) enhancements (Kalsched, 2013, p. 116). Perhaps these fragments, enhanced with archetypal energy, were returning. Either way, my perception of whatever may have been occurring, I think, was influenced by my psychological attitude type, which is introverted.

Psychological Types

Jung (1921/1990) described introversion and extraversion in terms of their relationship to the object and to the typical way in which individuals direct their psychic energy. Introverted types can be seen as consciously withdrawing energy from the object, while unconsciously feeding the object energy, and extraverts are the reverse; their conscious ego directs energy toward the object and is unconsciously fed by the object (Jung, 1921/1990, p. 330). Jung observed that the introvert is typically fearful of being overwhelmed by the object, whereas the extravert is always in positive relation to the object (p. 330). In each experience of reactivation, I experienced the physical sensation of something coming at me from the outside, as if energy from the outside were being absorbed into my body. If the unconscious attitude of the introvert is extraverted, then perhaps this explains the sensation that these experiences were foreign, alien, and coming

from an unknown external source. The severity of these experiences, I feel, could be explained even more by the activation of the inferior function.

In addition to the attitude types of introversion and extraversion, Jung (1921/1990) described four function types, two of which are rational (thinking and feeling) and two of which are irrational (sensation and intuition). Each of these functions can be introverted or extraverted in an individual. Thinking brings perception into logical connection, feeling evaluates what has been perceived (pleasant-unpleasant, better-worse, etc.), sensation ascertains facts (sees, hears, and smells what is), and intuition represents a kind of faculty of divining—it anticipates where a thing that has been perceived has come from and where it is going (Franz, 1978/1995, p. 46). One way to help differentiate these last two types is to emphasize that sensation is a perception via conscious sensory functions, and intuition is a perception via the unconscious (Jung, 1921/1990, p. 538).

Jung (1921/1990) also described that, typically, one function is more differentiated than the others and that there is an auxiliary function, which is less differentiated and secondary, but nevertheless exerts a co-determining influence (p. 405). Jung went on to state that these functions are distributed based on what the principal function is (pp. 405-406). For example, if the principal function is irrational, such as sensation, then the inferior function must be irrational as well, making it intuition, and therefore the auxiliary functions would be the rational functions of thinking and feeling. The same applies for a scenario in which the principal function is rational: The two auxiliary functions are irrational. The remaining fourth function is said to exist in the unconscious and is called inferior. It can also be said that the inferior function, being unconscious, is always of the opposite attitude type of the conscious ego, so if the

principal function is introverted, the inferior function will be extraverted (Whitmont, 1978, p. 144). With that said, I experience my own attitude type as introverted, with my principal function being intuition, and my inferior or unconscious function being extraverted sensation.

In my experience, my initial opinions and thoughts are made primarily via intuition and are based on my subjective impressions of perceptions. Whitmont (1978) described introverted intuitive types as experiencing and realizing life in terms of the unconscious, and that to them, the world of archetypes is a concrete reality; in other words, these types are attuned to the psychic atmosphere (p. 152). However, external sensate details are often entirely missed, which, in my experience, includes getting lost while driving in a familiar area, looking for car keys or a wallet only to discover that I am holding them, and even losing track of my physical body. I might forget to eat and often do not realize when my body is exhausted because I sometimes forget I even *have* a body. Whitmont humorously described the inferior function (extraverted sensation) of this type as people “who cook the watch while looking at the egg to see what time it is; the external object is at war with them” (p. 152). I also believe this disconnection to my physical, sensate experience is exacerbated due to early childhood trauma. My body could not process the overwhelming sensations it was experiencing, and as a result, I dissociated and retreated into the imaginative realm, far from my body.

If this is the case, then it would mean that reintegrating these experiences or healing trauma might require my body to experience what it could not experience in the moment. The processes of the inferior function are loaded with tremendous charges of emotion and these are present in every instance of reactivation to varying degrees (Franz

& Hillman, 2010, p.15), as was the case in my experience. Although the typological lens helps contextualize the overwhelming physical nature of these reactivations, it does not explain the images and thoughts that emerged as a result of my physical sensations. It could be posited that it was my intuitive function, as well as my auxiliary thinking function, trying desperately to make sense of what was happening, but my sense is that the thoughts and images originated from another source.

Archetypal Amplification

If I apply Jung's (1948/1969) idea that the activation of archetypes corresponds to a given situation, then it would follow that an archetype was constellated in each instance of reactivation, depending on what the moment necessitated (pp. 4-5). This begs the questions: What archetype was constellated in these moments of reactivation? Were multiple archetypes constellated? Since an archetype cannot be seen directly, there are techniques that can be used to help identify what archetype might be present in these moments. Associations and amplifications, typically used to aid in the process of working with dream images, will be employed here.

Personal associations are the contents that “come to mind when the dream image is considered, whether they be rational or irrational” (Whitmont, 1978, p. 38). Amplifications, however, are “a more rational description of what the image means to me” (Whitmont, 1978, p. 38). For example, I might have a personal association with the image of a lizard: I had pet lizards during childhood, and I might recall specific memories of them, how I felt when they died, and music I have written about them. If I amplified the image, I would say that they are reptilian, cold-blooded, and generally quick-moving creatures. Depending on the image and how the image is behaving, I might connect its

presence to a folktale or a native tradition in which lizards are honored as spiritual messengers, thereby amplifying its appearance beyond the realm of my own personal history. Although these techniques are typically employed when working with dreams, it is my feeling that the thoughts, images, and sensations resulting from these activations originated in the unconscious, just like dream images, and therefore, the techniques are applicable to this process.

In the reactivation triggered by the 911 recording, one of the first images that appeared in my mind was of neon red tendrils of energy growing from the floor, through the soles of my shoes, and up my legs. There was a corresponding physical sensation moving through my both feet and legs. In that moment I felt as if some kind of energy were moving up from the earth itself into my body, and I repeatedly thought, “I am not ready for this. My body is not ready for this.” The volume of the recording dramatically crescendos at various moments, combining screams from the child and from the mother and father. At one point during the recording—when is difficult to discern, because of how disoriented I was—I thought, “The earth is screaming.” The thoughts repeated for a few moments, faded, and new thoughts arose. In the unpublished essay I wrote in 2014, I described this moment as, “An unparalleled experience of emotional pain, which I can only describe as archetypal: pure, god-like rage.” (Siuba, 2014, p.4) In this moment, I saw the glowing, shaking outline of a massive face with feminine features who was screaming, full of rage and despair.

Based on the grandiosity of these images and the anxious, fearful thoughts, it seemed most logical to find mythological parallels for this experience. Before I begin to examine these parallels, I must state that it is not my intention to rationalize my

experiences into a static interpretation. What I am intending to do is observe what insights may result from the exploration of these images, and how they might amplify these experiences. In doing so, they add a deeper layer of understanding. I am not interested in creating a final conclusion from an archetypal lens, because this would diminish the mystery that is at the very core of these experiences.

Initially, I considered various creative, mother goddesses as being connected to the outraged face I saw, because the features were feminine, the face was massive, and I was having spontaneous thoughts about the earth as a feminine being. This brought an association to mind—the idea that humans are children of the earth. I thought of goddesses from the Greek pantheon, such as Gaia and Demeter. However, this parallel did not resonate with me for long. The mother goddesses, which I associate with maternal care, birth, support, and feminine instinct, did not really resonate psychologically. This experience, as well as the reactivation that ejected me from my physical body, constellated an overwhelming feeling of terror and powerlessness. In my unpublished essay, I explicitly described it as a kind of death experience. One goddess instantly stepped forward in my associations to the thoughts and sensations of the experience: the Indian goddess Kali—bringer of death, destruction, and transformation.

Kali is easily identified; her image is ferocious. She has many arms, which hold skulls, human heads, swords, and cups of blood (Woodman & Dickson, 1996, p. 15). Her eyes are wide open and confrontational. Her tongue hangs out of her large mouth. Kali is usually adorned with a necklace of skulls or heads (p. 15). This shocking imagery instantly conveys her message of death. Kali is an image of the impermanent nature of life and of reality: All things pass—all emotional and intellectual states, as well as the

physical body. Kali instills a sense of urgency and awareness of the fleeting nature of life and the inevitability of death. My bodily, visceral fear activated by these experiences aligned with the presence of Kali. My own deep sense of this fear was triggered by the sound of a child screaming for her life, perhaps believing that her death or her mother's death was imminent and doing everything she could to protect life.

Woodman and psychologist Elinor Dickson described Kali as related to psychological transformation that requires the death of false values that are rooted in fear and a death of the ego self (Woodman & Dickson, 1996, p. 16). Woodman and Dickson (1996) described that those who accept Kali's cycles are freed from the fear of death and from vulnerability—they are free to live her mystery (p. 16). These qualities seem resonant with my experiences, because I felt pushed to the limit of my own physical and emotional vulnerability and at the same time felt completely in awe of what was happening. The mystery surrounding these experiences is what compels me to write about them. Woodman and Dickson wrote,

The mystery of Kali is that she is perpetually destroying and, at the same time, creating—destroying in order to create, creating in order to destroy, death in the service of life, life in the service of death. Kali is time, immanence, ceaseless becoming, nature as process. . . . The opposites of life and death . . . mean nothing to her. . . . For Kali, all experience is one—life as well as death. (p. 16)

When contemplating images of Kali (and Kali as a metaphor for psychological death and transformation), there is an intellectual and emotional resonance. The fear of annihilation was so near and so palpable. The feeling of powerlessness resulted in a deep sense of surrender—conscious surrender, instead of a traumatically coerced submission. I had to relinquish control and realize that on a much larger scale, this terror is constantly present all over the planet, whether it manifests as a country ravaged by civil war or as an abusive

parent dominating a suburban home. The madness of humanity is limitless and must be dealt with psychologically at the individual level before any lasting change can occur.

The unconscious, both personal and collective, can be conceptualized as a kind of matrix. In my experience, the unconscious often reflects the ego's relationship to it. If I pair Kali with the unconscious, perhaps she can be conceptualized as an archetypal emissary who emerged to signal and perhaps even facilitate an immanent psychological transformation. If unconscious means unknown, it seems appropriate that Kali would be a messenger from a force outside of conscious awareness, because the consciousness that results from a deep psychological transformation can never be predicted prior to the transformation. It can only be described from direct experience, after the transformation has taken place. In the instances of reactivation, I had no choice—I had to endure these experiences and all that they entailed. I did not have a say in the matter, did not know why any of these things were happening, and did not know who I would be coming out of them.

If experience tells me anything, it is that upheavals from the unconscious are not random—they are usually precipitated by a period of prolonged engagement or disengagement with its processes. For example, disengaging with unconscious processes could be imagined as actively ignoring or repressing dream images, fantasies, affects, and intuitions, whereas engaging would be actively establishing a relationship with these aspects of inner life. In each instance of reactivation I described, these energetic buildups resulted from a period of deep engagement with unconscious processes. The result was a series of perceivable changes in consciousness, which were experienced as a heightened sense of bodily sensitivity, the release of affect, an increased capacity for self-awareness,

or a psychological or spiritual illumination. The reactivations triggered enormous releases of affect and bodily sensation, and once the residual symptoms wore off, I was left with a much stronger connection to my body—which felt like a *whole* body, complete in itself, for the first time. I was also left with a new awareness of how archetypes can be experienced through body and psyche. Most importantly, I think, I felt more deeply connected to humanity as a whole.

Psyche and Soma

The immediate and long-term physical effects of these experiences are, for me, the most striking element in each of these reactivation stories. When a change comes over the body, like an illness, it is immediately recognized by the conscious mind. Regardless of the subjective reaction to the illness, its presence is felt. The illness or an ailment is difficult to ignore; it continuously reinforces its own existence in any number of ways, including painful sensations, changes in perception, and increases or decreases in energy level. The illness and its symptoms cannot easily be denied, nor are they quickly forgotten. Perhaps the physical symptoms—shaking, twitching, increased physical sensitivity, and a new awareness of my musculature and overall physicality—served to reinforce that these experiences indeed had happened and had an observable, lasting effect on my body as well as my consciousness.

The two most powerful experiences of traumatic reactivation (the 911 recording and the experience of physical touch in the body-centered exercise) activated an archetype in two different ways. In the instance of physical touch, I was, in a way, forced out of my body via dissociation into an experience of myself without a body. In the experience with the 911 recording, it felt as if I were swinging on a pendulum:

Jung described the archetype . . . as psychoid, meaning that its energy can be experienced through both body and psyche. So long as there is a relational balance between soma and psyche, the pendulum swings steadily from side to side—action and reaction. (Woodman & Dickson, p. 182, 1996)

If I apply this to my experiences, it is evident that there was not a steady movement from side to side. On the contrary, I was thrown between opposite ends of the spectrum, somewhat violently. The radical movement back and forth, however, was not senseless or without purpose. It is my feeling that it served to reestablish a once-severed connection between body and psyche.

The residual effects of these experiences, which until now have not been clearly articulated, can only be described from my own subjective experience of them, but I do not find that to be a great limitation. After the PTSD-like symptoms dissipated, I noticed a clearer, more direct connection with my body. Not only a more heightened awareness of the effects of food and drink on my body, but also a deeper sense of having a *whole* body—a body complete in itself, not segmented by tension, numbness, or anxiety. These changes, of course, happened gradually. Woodman (1985) described body awareness:

As I understand it, [body awareness] has nothing to do with the technology of the body. It is not fitness or longevity that is at stake, although these may be by-products. What is at stake is the integration of body, soul and spirit. (p. 55)

Woodman (1985) further described how the somatization process acts as a protective barrier from psychological experiences, and as a result, the experiences are not consciously processed or integrated (pp. 108-109). By transforming a painful experience or trauma into a physical ailment or symptom, the individual can survive the event. Unfortunately, the initial protective action becomes detrimental over time. Kalsched (2013) described that as a result of dissociative defenses, traumatized individuals' experiences of aliveness in their bodies is compromised (p. 287). In my experience of this

process, I was protected from certain traumas by the numbing and deadening of my physical body. Kept safe in the archetypal realm of the imagination, I was able to thrive via creative expression. Therefore, after experiencing these traumatic reactivations, my body was resensitized and revitalized. For months after these events, I felt more aware of my body (or more “embodied”) than ever before. This leads me to believe that these experiences had a purposive function—that they were in service of healing. The archetype constellated in these reactivations reestablished a connection between what had been severed years before—between body and psyche. There had been a strong bias that overvalued the archetypal realm and devalued the physical body, perhaps because the former was so much more real and responsive to me than the latter. There was also a distinctive split between the creative, expansive of world of the imagination and the grounded, human realm of day-to-day life. After years of being split, I believe these experiences of reactivation have begun to bridge the gap and heal the separation.

Afterword

Holding an unfocused gaze upon these experiences, I can feel how each reactivation facilitated the integration of soul, spirit, and body to which Woodman (1985) referred, as outlined above. Not to say that this integration is in any sense finished; my feeling is that the process is ongoing and has no real point of completion, but I remain optimistic, because I no longer feel stuck in a repetitive pattern of living that perpetuates overwhelmingly depressive moods. I am also much more committed to maintaining an ongoing connection to my physical body. These insights have already affected my clinical work, because I have begun to focus much more on the body with my clients, especially with those who have been severely traumatized and, as a result, cut off from

their natural physicality. Exploring these experiences required me to more formally research trauma, from both clinical and psycho-spiritual perspectives. As a result, this exploration has given me many more reference points and potential explanations for many experiences I have had throughout my life. It continues to nourish the ongoing search for psychological insight, wisdom, and healing.

Chapter IV

Summary and Conclusions

Summary

In Chapter I, I described the incorporation of various theories of depth psychology that were used to help explore several experiences that, up to this point, I had defined as retraumatizations. My lack of understanding and inability to categorize and contextualize these experiences was one of the main motivations of this thesis. I also emphasized the plurality of experience and of the interpretation of experience. Within my guiding purpose, I described how memories of experiences, as well as ideas about experiences, change over time. I cited the impermanent nature of reality and the fluidity of lived experience as constantly altering the perception of memories in the present moment; therefore, this thesis was only meant to be an exploration from my present moment perspective and is not meant to be conclusive.

In Chapter II, I reviewed the literature, beginning with various psychological conceptions of trauma (Breuer & Freud, 1895/1955; Kalsched, 2013). I also identified clinical definitions of trauma and the criticisms regarding the usage of the term *retraumatization* (American Psychiatric Association, 2013; “Retraumatization,” 2012; “Trauma, Definitions of,” 2012). Then, I described conceptualizations of consciousness, unconsciousness, and the objective psyche (Jung, 1948/1969; Whitmont, 1978). Literature related to archetypes (Hillman, 1997; Jung, 1943/1973, 1948/1969), psychological types (Jung, 1921/1990; Franz & Hillman, 2010), and the psyche-soma

connection (Woodman, 1980, 1985, 1993; Woodman & Dickson, 1996) was also described.

In Chapter III, I described two specific instances of traumatic reactivation, including their triggers and residual symptoms. Then, I used heuristic techniques to conceptualize and explore my subjective experiences of these reactivations. This led me to compare the experience of reactivation with the phenomena of the withdrawal of a psychological projection. I explored the nature of these experiences from a typological perspective, noting my tendency toward introversion as one of the explanations for why the experiences seemed to be approaching me from the external world. I also noted the potential for reactivation as being a capacity of the inferior function of typology, because characteristics of the inferior function seemed to fit my experiences of reactivation.

From an archetypal lens, I amplified the imagery that was present in my experiences and focused on the potential presence and psychological implications of the Indian Goddess Kali. I ended by describing the necessity of these experiences—they were in service of healing and served to recalibrate and resensitize my body, which had been numbed after years of psychological trauma. The multifaceted approach to these experiences, I believe, helped to demonstrate how many different ways a single experience can be explored and conceptualized. The results reaffirmed my initial feelings about the limitations of clinical terminology and categorizations.

Conclusions: Clinical Implications

It is interesting to conclude a personal exploration in which one of the stated motives was not to arrive at any resolution. Still, the thesis showed that it is possible to deeply explore psychological experiences from a wide variety of perspectives.

Therapeutically, this could be beneficial for clients, because it could allow them the opportunity to choose from multiple perspectives or allow them not to have to choose any kind of static interpretation or fixed meaning for their experiences. The experiences themselves can be honored without having to be diagnostically labeled or categorized. During my own exploration, I found myself continually excited by the possibility of yet another perspective, especially regarding archetypal amplifications. These amplifications can be helpful for clients, because they can give a much larger meaning to suffering: They can give psychological struggles a mythopoetic context in which to live and grow. The capacity for a newer and more expansive narrative cultivates the growth of the imagination, which is integral to the continuity of an embodied life.

Another area of research worth exploring is how healing trauma may gradually expand individuals' capacity for empathy and place them in greater connection with humanity as a whole. The amplified nature of these experiences—the fact that they brought my attention to the massive scale of violence against women and children on the planet—made them much more meaningful to me. I do not think they would have altered my consciousness in the same way had they involved reliving memories and images from my past. Not that it would have been unimportant, but the enormity and mystery of these experiences stimulated almost a year's worth of exploration and inquiry. They were painful and somewhat shocking experiences, but also inspiring and served to connect me with others rather than isolate me. Psychiatrist Judith Herman (1997) stated that, "Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connections with other people, the survivor recreates the psychological faculties that were damaged or deformed by the traumatic experience"

(p. 133). I felt compelled to tell these stories and, as a result, shared deeply personal aspects of my experience that otherwise would have been unwritten. The stories held in the body, once released, unlock enormous potential, and sharing these stories creates relationships, which facilitates healing.

Recommendations for Further Research

The question that persists, even after having written this thesis is this: Have others had experiences like mine? Intuitively I feel that the answer must be yes, but I have yet to find literature that parallels my experiences. The relationship between trauma and psychological types could be explored systematically, based on an initial typology test, as well as an in-depth exploration of the individual's subjective experience of trauma and reactivation, even if it were limited to introversion and extraversion. The presence of archetypal imagery in the imagination of traumatized individuals, which Kalsched (2013) described in the dream imagery of his clients, is also worth researching, especially if it occurs when clients are conscious. Although I am certain research regarding trauma will continue, there is little research about the changes that occur in the body of traumatized individuals after they have experienced a healing reactivation like I described. Research in psychoneuroimmunology has already shown that people suffering from PTSD have an "increased inflammatory response related to a broad range of potential pathophysiology. These inflammatory results could be associated with a host of diseases, including cardiovascular, autoimmune, and other diseases" ("Psychoneuroimmunology and trauma," 2012, p. 501). The relationship between body and psyche is ripe for further research.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Breuer, J., & Freud, S. (1955). Studies on hysteria. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2, pp. 3-17). London, England: Hogarth Press. (Original work published 1895)
- Coppin, J., & Nelson, E. (2005). *The art of inquiry: A depth psychological perspective* (2nd ed.). Putnam, CT: Spring Publications.
- Franz, M.-L., von. (1995). *Projection and re-collection in Jungian psychology: Reflections of the soul*. Peru, IL: Open Court Publishing.
- Franz, M.-L., von, & Hillman, J. (2010). *Lectures on Jung's typology*. Putnam, CT: Spring Publications.
- Godbout, N., & Briere, J. (2012). Psychological responses to trauma. In C. R. Figley (Ed.), *Encyclopedia of trauma: An interdisciplinary guide* (pp. 485-489). Thousand Oaks, CA: Sage.
- Herman, J. (1997). *Trauma and recovery*. New York, NY: Basic Books.
- Hillman, J. (1997). *A blue fire* (T. Moore, Ed.). New York, NY: HarperPerennial.
- Jung, C. G. (1969). Archetypes of the collective unconscious (R. F. C. Hull, Trans.). In H. Read et al. (Series Eds.), *The collected works of C. G. Jung* (Vol. 9, 2nd ed., pp. 3-79). Princeton, NJ: Princeton University Press. (Original work published 1948)
- Jung, C. G. (1969). Conscious, unconscious, and individuation (R. F. C. Hull, Trans.). In H. Read et al. (Series Eds.), *The collected works of C. G. Jung* (Vol. 9, 2nd ed., pp. 281-287). Princeton, NJ: Princeton University Press. (Original work published 1948)
- Jung, C. G. (1973). On the psychology of the unconscious (R. F. C. Hull, Trans.). In H. Read et al. (Series Eds.), *The collected works of C.G. Jung* (Vol. 7, 2nd ed. pp. 14-66). Princeton, NJ: Princeton University Press. (Original work published 1943).

- Jung, C. G. (1990). General description of the types (R. F. C. Hull, Trans.). In H. Read et al. (Series Eds.), *The collected works of C. G. Jung* (Vol. 6, 9th ed., pp. 330-407, 538). Princeton, NJ: Princeton University Press (Original work published 1921)
- Kalsched, D. (2013). *Trauma and the soul: A psycho-spiritual approach to human development and its interruption*. New York, NY: Routledge.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Thousand Oaks, CA: Sage.
- Psychoneuroimmunology and trauma. (2012). In J. A. Boscarino, *Encyclopedia of trauma: An interdisciplinary guide* (C. R. Figley, Ed.) (pp. 497-501). Thousand Oaks, CA: Sage.
- Retraumatization. (2012). In A. Leshner, C. Kelly, K. Schutz, & D. Foy, *Encyclopedia of trauma: An interdisciplinary guide* (C. Figley, Ed.) (pp. 570-574). Thousand Oaks, CA: Sage.
- Siuba, D. (2014). *Retraumatization as archetypal experience*. Unpublished manuscript.
- Trauma, definitions of. (2012). In P. Valent, *Encyclopedia of trauma: An interdisciplinary guide* (C. R. Figley, Ed.) (pp. 676-679). Thousand Oaks, CA: Sage.
- Whitmont, E. (1978). *The symbolic quest: Basic concepts of analytical psychology*. Princeton, NJ: Princeton University Press.
- Woodman, M. (1980). *The owl was a baker's daughter: Obesity, anorexia nervosa, and the repressed feminine*. Toronto, Canada: Inner City Books.
- Woodman, M. (1982). *Addiction to perfection: The still unravished bride*. Toronto, Canada: Inner City Books.
- Woodman, M. (1985). *The pregnant virgin: A process of psychological transformation*. Toronto, Canada: Inner City Books.
- Woodman, M. (1993). *Conscious femininity: Interviews with Marion Woodman*. Toronto, Canada: Inner City Books.
- Woodman, M., & Dickson, E. (1996). *Dancing in the flames: The dark goddess in the transformation of consciousness*. Boston, MA: Shambhala.