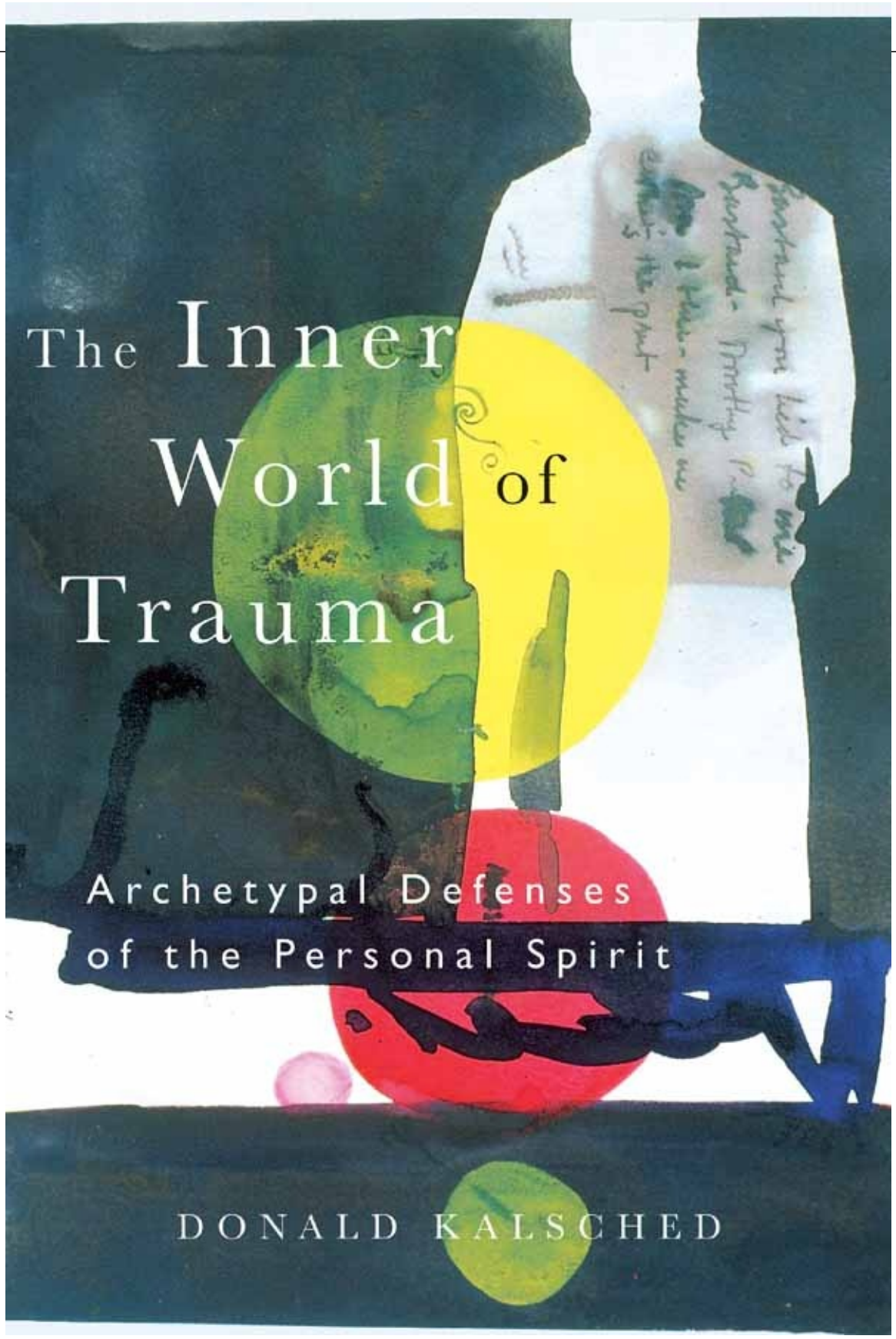
The Inner World of Trauma
Archetypal Defenses of the Personal Spirit
DONALD KALSCHED

THE INNER WORLD OF TRAUMA

One of the most outstanding and important contributions to the practice of Jungian analysis (ar psychoanalysis altogether) that I have encountered in the last few years.

Mario Jacoby, C. G. Jung Institute, Switzerlar

The 'rediscovery' of childhood physical and sexual abuse has again revived psychiatric interest disorders which arise from traumatic experience. In *The Inner World of Trauma* Donald Kalsche explores the interior world of dream and fantasy images encountered in therapy with people who hav suffered unbearable life experiences. In order to examine the inner world, the author focuses c certain archaic and typical dream-images which occur in response to critical moments in therapy. H shows how, in an ironical twist of psychical life, the very images which are generated to defend th self can become malevolent and destructive, resulting in further trauma for the person. Why and ho this happens are the questions the book sets out to answer.

Drawing on detailed clinical material, the author gives special attention to the problems addiction and psychosomatic disorder, as well as the broad topic of dissociation and its treatmer Donald Kalsched here brings together Jung's views on trauma and redefines classical interpretations Jungian theories. By focusing on the archaic defenses of the self and the mythopoetic language dream and fairy tale, he connects Jungian theory and practice with contemporary object relation theory and dissociation theory. At the same time, he shows how a Jungian understanding of th universal images of myth and folklore can illuminate treatment of the traumatized patient.

Trauma is about the rupture of those developmental transitions that make life worth living. Dona Kalsched sees this as a spiritual problem as well as a psychological one, and in *The Inner World Trauma* he provides a compelling insight into how an inner self-care system tries to save the person spirit.

Donald Kalsched is an analyst in private practice and a teaching member of the C. G. Jung Institut New York.

THE INNER WORLD OF TRAUMA

Archetypal Defenses of the Personal Spirit

Donald Kalsched

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

First published 1996
by Routledge
27 Church Road, Hove, East Sussex BN3 2FA

Sirnul taneousl y published in the USA and Canada
by Routledge
711 Third Avenue, New York NY 10017

Routledge is an imprint of the Taylor & Francis Group, an Informa business

Typeset in Times by
Ponting–Green Publishing Services, Chesham, Bucks

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

Library of Congress Cataloging in Publication Data
Kalsched, Donald,
The inner world of trauma: archetypal defenses of the personal spirit / Donald Kalsched.
p. cm.
Includes bibliographical references and index.
1. Psychic trauma. 2. Psychic trauma–Case studies. 3. Defense mechanisms (Psychology). 4. Dreams. 5. Jungian psychology. 6. Freud, Sigrnund, 1856–1939 I. Title.
BF175.5.P75K35 1997
616.85′21–dc20 96–13507
CIP

ISBN 978–0–415–12329–7 (pbk)

To Robin

CONTENTS

ACKNOWLEDGEMENTS

Many people have suffered through with me the ever-shifting kaleidoscope of ideas which take shap in the following pages – none more intimately or helpfully than my patients themselves, especial those individuals whose curiosity matched my own about the angelic/daimonic "presences" appearin on the stage of dreams. I wish especially to thank those of my patients who have kindly given m permission to use dreams and other aspects of their therapy process. All the clinical materi described in the book is based on actual cases, but identifying-details and certain other aspects of th therapeutic context have been changed in order to preserve confidentiality. In a few instances I hav "fictionalized" the data by creating an amalgam of material from more than one patient.

In addition to my patients, I am also especially grateful to the faculty, staff, and participants of th Professional Enrichment Program in Jungian Theory and Practice, a study community f professionals sponsored from 1988 through 1995 by the Center for Depth Psychology and Jungia Studies in Katonah, New York. Within this group I owe special thanks to my co-director Sidne Mackenzie, who helped so ably to create the kind of enabling space that makes intellectual work pleasure, and to other members of the core faculty, El Mattern, Alton Wasson, Loren Stell, and Robi van Loben Sels, for their patience and encouragement over the many years during which my ide were gestating and reaching the "surface" of our study group in one form or another.

It remains for me to express my gratitude to Mario Jacoby of the C. G. Jung Institute in Zurich f his encouragement of my ideas, to David Stonestreet at Routledge for his enthusiastic response to preliminary proposal for the book, and to Edwina Welham, Commissioning Editor, without whos openness and flexibility this project would have never been completed. Finally, my deepest thanks a to my wife Robin for her understanding and support, even during the many "lost weekends" that we taken up in the various stages of writing and editing the final manuscript.

INTRODUCTION

This is a book about the inner world of trauma as it has been revealed to me in the dreams, fantasie and interpersonal struggles of patients involved in the psychoanalytic process. By focusing on th "inner world" of trauma I hope to illustrate how the psyche responds *inwardly* to overwhelming li events. What happens in the inner world, for example, when life in the outer world becom unbearable? What do dreams tell us about the inner "object-images" of the psyche? And how do thes "inner objects" compensate for the catastrophic experience with "outer objects"? What patterns unconscious fantasy provide an inner meaning to the trauma victim when life-shattering even destroy outer meaning altogether? Finally, what do these inner images and fantasy structures tell u about the miraculous life-saving *defenses* that assure the survival of the human spirit when it threatened by the annihilating blow of trauma? These are some of the questions I will attempt answer in the following pages.

Throughout the discussion that follows, I will be using the word "trauma" to mean any experienc that causes the child unbearable psychic pain or anxiety. For an experience to be "unbearable" mean that it overwhelms the usual defensive measures which Freud (1920b: 27) described as a "protecti shield against stimuli." Trauma of this magnitude varies from the acute, shattering experiences child abuse so prominent in the literature today to the more "cumulative traumas" of unm dependency-needs that mount up to devastating effect in some children's development (Khan, 1963 including the more acute deprivations of infancy described by Winnicott as "primitive agonies," th experience of which is "unthinkable" (1963: 90). The distinguishing feature of such trauma is wh Heinz Kohut (1977: 104) called "disintegration anxiety," an unnameable dread associated with th threatened dissolution of a coherent self.

To experience such anxiety threatens the total annihilation of the human personality, the destructio of the personal spirit. This must be avoided at all costs and so, because such trauma often occurs early infancy before a coherent ego (and its defenses) is formed, *a second line of defenses* comes in play to prevent the "unthinkable" from being *experienced.* These defenses and their elaboration unconscious fantasy will be the focus of my investigation. In psychoanalytic language, they a variously known as the "primitive" or "dissociative" defenses; for example, splitting, projecti identification, idealization or dia-bolization, trance-states, switching among multiple centers identity, depersonalization, psychic numbing, etc. Psychoanalysis has long understood that thes primitive defenses both *characterize* severe psychopathology and also (once in place) *cause* it. B rarely in our contemporary literature do these defenses get any "credit," so to speak, for havi accomplished anything in the preservation of life for the person whose heart is broken by trauma. An while everyone agrees how maladaptive these defenses are in the later life of the patient, few write have acknowledged the miraculous nature of these defenses – their life-saving sophistication or the archetypal nature and meaning.

For insights into these matters we turn to C. G. Jung and to dreams – but not to Jung as he h classically been interpreted, and not to dream images as they are understood by many clinicians toda Instead, in Chapter 3 we go back to the early dialogue between Freud and Jung where both we struggling to understand the "mythopoetic"[1] fantasy images that were thrown up by the psyche as th sequelae of trauma. During this fruitful time, and before their tragic split and the subseque

reification of their theories, they each brought an experimental openness to the psyche's mysteries an openness we must try to recover if we are to understand trauma and its meaning. In Chapter 3 w follow their dialogue to the point where it came apart, and we discover that it did so around th question of how to understand the "daimonic" and "uncanny" images of trauma-linked dream an fantasy.

If we study the impact of trauma on the psyche with one eye on traumatic outer events and one ey on dreams and other spontaneous fantasy-products that occur *in response* to outer trauma, we discov the remarkable mythopoetic imagery that makes up the "inner world of trauma" and that proved to b so exciting to both Freud and Jung. And yet neither Freud's nor Jung's *interpretations* of this image have proven entirely satisfactory to many clinicians today, including the present author. For th reason, a new interpretation of trauma-linked fantasy follows in the ensuing pages – one that combin elements from both Freud and Jung. This "new" interpretation relies a great deal on dreams th immediately follow some traumatic moment in the patient's life. Careful study of such dreams in th clinical situation leads to our main hypothesis that the archaic defenses associated with trauma a *personified as archetypal daimonic images.* In other words, trauma-linked dream imagery represen *the psyche 's self-portrait of its own archaic defensive operations.*

In the clinical material to follow we will find examples of this imagery in the dreams o contemporary patients, all of whom have struggled with the devastating impact of trauma on the lives. We will see how, at certain critical times in the working through of trauma, dreams give us spontaneous picture of the psyche's "second line of defenses" against the annihilation of the person spirit. In providing these "self-portraits" of the psyche's own defensive operations, dreams aid in th healing process by symbolizing affects and fragments of personal experience that have bee heretofore unrepresentable to consciousness. The idea that dreams should be capable, in this way, o representing the psyche's dissociative activities and holding its fragmented pieces together in or dramatic story is a kind of miracle of psychological life which we may too easily take for grante Usually, when dreams do this, no-one is listening. In depth psychotherapy, we try to listen.

What dreams reveal and what recent clinical research has shown are that when trauma strikes th developing psyche of a child, a fragmentation of consciousness occurs in which the different "piece (Jung called them splinter-psyches or complexes) organize themselves according to certain archa and typical (archetypal) patterns, most commonly dyads or syzygies made up of personified "beings Typically, one part of the ego *regresses* to the infantile period, and another *nazi progresses,* i.e., grow up too fast and becomes precociously adapted to the outer world, often as a "false self" (Winnicot 1960a). The *progressed part* of the personality then caretakes the *regressed part.* This dyadic structu has been independently discovered by clinicians of many different theoretical persuasions – a fact th indirectly supports its archetypal basis. We explore the writings of these clinicians in more detail Chapters 5 and 6.

In dreams, the regressed part of the personality is usually represented as a vulnerable, youn innocent (often feminine) *child- or animal-self* who remains shamefully hidden. Occasionally appears as a special animal – a favorite pet, a kitten, puppy, or bird. Whatever its particul incarnation, this "innocent" remainder of the whole self seems to represent a core of the individua imperishable personal spirit – what the ancient Egyptians called the "Ba-soul," or Alchemy, th winged animating spirit of the transformation process, i.e., Hermes/Mercurius. This spirit has alwa been a mystery – an essence of selfhood never to be fully comprehended. It is the imperishab essence of the personality – that which Winnicott referred to as the "True Self" (Winnicott, 1960a and which Jung, seeking a construct that would honor its transpersonal origins, called the *Self*[2] Th

violation of this inner core of the personality is *unthinkable.* When other defenses fail, archetyp
defenses will go to any length to protect the Self – even to the point of killing the host personality
which this personal spirit is housed (suicide).

Meanwhile, the progressed part of the personality is represented in dreams by a powerf
benevolent or malevolent great being who protects or persecutes its vulnerable partner, sometim
keeping it imprisoned within. Occasionally, in its protective guise, the benevolent/malevolent bei
appears as an angel or a miraculous wild animal such as a special horse or a dolphin. More often t
"caretaking" figure is daimonic and terrifying to the dream-ego. In the clinical material of Chapters
and 2 we will explore cases in which it presents itself as a diabolical axeman, a murderer with
shotgun, a mad doctor, a menacing "cloud," a seductive "food demon," or as the Devil himse
Sometimes the malevolent inner tormenter turns another face and presents a more benevolent aspe
thereby identifying himself as a "duplex" figure, a protector and persecutor in one. Examples of th
are found in Chapter 2.

Together, the "mythologized" images of the "progressed vs. regressed" parts of the self make u
what I call *the psyche's archetypal self-care system.* The "system" is archetypal because it is bo
archaic and typical of the psyche's self-preservative operations, and because it is developmental
earlier and more primitive than normal ego-defenses. Because these defenses seem to
"coordinated" by a deeper center in the personality than the ego, they have been referred to
"defenses of the Self" (Stein, 1967). We will see that this is an apt theoretical designation because
underscores the "numinous,"[3] awesome character of this "mythopoetic" structure and because t
malevolent figure in the self-care system presents a compelling image of what Jung called *the da*
side of the ambivalent Self. In exploring this imagery in dream, transference, and myth, we will s
that Jung's original idea of the Self as the central regulatory and ordering principle of the unconscio
psyche requires revision under conditions of severe trauma.

The self-care system performs the self-regulatory and inner/outer mediational functions that, und
normal conditions, are performed by the person's functioning ego. Here is where a problem arise
Once the trauma defense is organized, all relations with the outer world are "screened" by the sel
care system. What was intended to be a defense against further trauma becomes a major resistance
all unguarded spontaneous expressions of self in the world. The person survives but cannot li
creatively. Psychotherapy becomes necessary.

However, psychotherapy with the victims of early trauma is not easy, either for the patient or th
therapist. The resistance thrown up by the self-care system in the treatment of trauma victims
legendary. As early as 1920, Freud was shaken by the extent to which a "daimonic" force in som
patients resisted change and made the usual work of analysis impossible (Freud 1920b: 35). S
pessimistic was he about this "repetition compulsion" that he attributed its origin to an instinctive ai
in all life towards death (Freud, 1920b: 38–41) Subsequently, clinicians working with the victims
trauma or abuse have readily recognized the "daimonic" figure or forces to which Freud allude
Fairbairn (1981) described it as an "Internal Saboteur" and Guntrip (1969) as the "anti-libidinal ego
attacking the "libidinal ego." Melanie Klein (1934) described the child's fantasies of a cru
attacking, "bad breast;" Jung (1951) described the "negative Animus," and more recently, Jeffre
Seinfeld (1990) has written about an internal structure called simply the "Bad Object."

Most contemporary analytic writers are inclined to see this attacking figure as an internaliz
version of the actual perpetrator of the trauma, who has "possessed" the inner world of the traun
victim. But this popularized view is only half correct. The diabolical inner figure is often far mo
sadistic and brutal than any outer perpetrator, indicating that we are dealing here with *a psychologic*

factor set loose in the inner world by trauma – an archetypal traumatogenic agency within the psyc itself.

No matter how frightening his or her brutality, the function of this ambivalent caretaker alwa seems to be the protection of the traumatized remainder of the personal spirit and its *isolation fro reality*. It functions, if we can imagine its inner rationale, as a kind of inner "Jewish Defense Leagu (whose slogan, after the Holocaust, reads "Never Again!"). "Never again," says our tyrannic caretaker, "will the traumatized personal spirit of this child suffer this badly! Never again will it b this helpless in the face of cruel reality…. before this happens I will disperse it into fragmen [dissociation], or encapsulate it and soothe it with fantasy [schizoid withdrawal], or numb it wi intoxicating substances [addiction], or persecute it to keep it from hoping for life in this wor [depression]…. In this way I will preserve what is left of this prematurely amputated childhood – an innocence that has suffered too much too soon!"

Despite the otherwise well-intentioned nature of our Protector/Persecutor, there is a tragedy lurkin in these archetypal defenses. And here we come to the crux of the problem for the traumatize individual and simultaneously the crux of the problem for the psychotherapist trying to help. Th incipient tragedy results from the fact that the Protector/Persecutor is not educable. The primitiv defense does not learn anything about realistic danger as the child grows up. It functions on th magical level of consciousness with the same level of awareness it had when the original trauma traumas occurred. Each new life opportunity is mistakenly seen as a dangerous threat of r traumatization and is therefore attacked. In this way, the archaic defenses become anti-life force which Freud understandably thought of as part of the death instinct.

These discoveries made by exploring the inner world help us to explain two of the most disturbi findings in the literature about trauma. The first of these findings is that *the traumatized psyche self-traumatizing*. Trauma doesn't end with the cessation of outer violation, but continues unabated the inner world of the trauma victim, whose dreams are often haunted by persecutory inner figure The second finding is the seemingly perverse fact that *the victim of psychological trauma continual finds himself or herself in life situations where he or she is re-traumatized*. As much as he or sh wants to change, as hard as he or she tries to improve life or relationships, something more powerf than the ego continually undermines progress and destroys hope. It is as though the persecutory inn world somehow finds its outer mirror in repeated self-defeating "re-enactments" -almost as if th individual were *possessed* by some diabolical power or pursued by a malignant fate.

In the first chapter of the book we will anchor these preliminary ideas in three clinical cases an several important dreams which illustrate the diabolical side of the Self in early trauma. In Chapter further examples enrich the picture by showing the self-soothing aspects of the self-care system addition to its diabolical aspects. In Chapter 3 we will trace Freud and Jung's initial explorations trauma's inner world and show that Jung had independently "discovered" our dyadic defensiv structure as early as 1910, although he did not label it as such. In Chapter 4 we provide a compilatio of Jung's views as they relate to trauma, beginning with Jung's personal boyhood trauma and how informed his later theory. Chapter 5 reviews and critiques additional Jungian contributors to a clinic theory of trauma, and Chapter 6 surveys psychoanalytic theorists, focusing on those who describe structure similar to our trauma defense.

By the end of Part I, the reader should have a good sense of how the dyadic defense functions in th inner world as seen from a variety of theoretical perspectives, and also an awareness of its recurren universal features. Given the mythopoetic features described in Part I, it will come as no surprise th these primordial defenses of the Self frequently appear in mythological material, and th

demonstration of this fact is the purpose of Part II of the book. In these chapters, we will interpr several fairy tales and a short myth, the tale of Eros and Psyche (Chapter 8), in order to show how t personified imagery of the self-care system appears in mythological material. Readers unacquainte with Jung's approach may find such attention to folklore and mythology somewhat strange in psychological work, but we must remember, as Jung has repeatedly pointed out, that *mythology where the psyche* "was" *before psychology made it an object of scientific investigation.* By drawi attention to the parallels between the findings of clinical psychoanalysis and ancient religious ideati we demonstrate how the psychological struggle of contemporary patients (and those of us trying help them) runs rather deeper into the symbolic phenomenology of the human soul than rece psychoanalytic discussions of trauma or the "dissociative disorders" are inclined to acknowledge. N everyone is helped by an understanding of these parallels, but some people are, and for them, th "binocular" way of viewing, simultaneously, the psychological and religious phenomena is equivale to finding a deeper meaning to their suffering, and this in itself can be healing. It is not an accide that our discipline is called "depth psychology," but for psychology to remain deep, it must keep o "eye," so to speak, on the life of man's spirit, and the vicissitudes of the spirit (including its da manifestations) are nowhere so well documented as in the great symbol-systems of religio mythology, and folklore. In this way, psychology and religion share, as it were, a common concer with the dynamics of human interiority.

In Chapter 7, we find our self-care system personified in the Grimms' fairy tale of the innoce Rapunzel under the protective but persecutory guardianship of the witch, and we explore some of t clinical implications of how to get this psychical "child" out of her tower. Chapter 8 describes similar "captivity story," i.e., that of Eros and Psyche: and in Chapter 9, we explore an especial violent rendition of the Self's dark aspect in the fairy tale of Fitcher's Bird, one of the popul Bluebeard cycle of tales. Chapter Ten concludes the book with an analysis of a Scandinavian tale Prince Lindworm, and emphasizes the role of sacrifice and choice in the resolution of the traun defense. Throughout there latter chapters, implications for the treatment of trauma victims a interspersed in the mythic material.

By focusing the following investigation on the *inner* world of trauma, especially on unconscio fantasy as illustrated in dreams, transference, and mythology, we will be attempting to honor th *reality of the psyche* in ways that much current literature about trauma fails to do, or does on secondarily. By the reality of the psyche, I mean an intermediate realm of experience which serves a ligament connecting the inner self and the outer world by means of symbolic processes whi communicate a sense of "meaning." In my experience, a sense of the reality of the psyche is extreme elusive and hard to maintain, even for the experienced psychotherapist, because it means staying ope to the unknown – to a mystery at the center of our work – and this is very difficult, especially in t area of trauma, where moral outrage is so easily aroused and with it the need for simple answers.

In an effort to place the present study in context, we should note that psychoanalysis began in study of trauma almost one 100 years ago, but it then suffered a kind of professional amnesia on t subject. In recent years there is some indication that the profession is returning to a "traun paradigm" once again. This renaissance of interest in trauma has been motivated by the cultur "rediscovery" of childhood physical and sexual abuse, and psychiatry's revived interest in t dissociative disorders, especially Multiple Personality Disorder and Post-traumatic Stress Disorde Unfortunately, with very few exceptions, this literature has escaped comment by Jungian writers This fact is all the more peculiar given Jung's relevant model of the psyche's dissociability and h emphasis on ego-Self "indivisibility" (individuation). I believe that Jung's insights into the *inn*

world of the traumatized psyche are especially important for contemporary psychoanalysis while, the same time, contemporary work on trauma requires a revision of Jungian theory. The present wo is an effort, on the one hand, to illustrate the value of Jung's contributions, while attempting, on t other hand, to offer certain theoretical revisions made necessary in my judgment by the findings trauma researchers and clinicians, especially those of contemporary object-relations and sel psychologists.

The reader should be forewarned that at least two different psychoanalytic "dialects" define t language of the present investigation and the argument moves freely back and forth between them. the one side is British object-relations – especially Winnicott – together with some of Heinz Kohut self-psychology and, on the other, is the mythopoetic language of C. G. Jung and his followers. consider both of these idioms essential for an understanding of trauma and its treatment.

Some of the observations in these chapters have appeared elsewhere in print (Kalsched, 1980, 198 1985, 1991) and others have been the subject of extended lectures at the C. G. Jung Institute in Zuri and at the Center for Depth Psychology and Jungian Studies in Katonah, New York. But the fu implications of my earlier ideas for a theory of trauma and its treatment were not clear until recentl Even so, the present volume should be considered as little more than provisional – a preliminary effo to cast some light into that dark background of unconscious imagery making up the "inner world trauma."

Part I

1

THE INNER WORLD OF TRAUMA IN ITS DIABOLICAL FORM

When innocence has been deprived of its entitlement, it becomes a diabolical spirit.

(Grotstein, 1984:211)

In this and the following chapter, I will offer a series of clinical vignetttes and theoretical commenta in order to explore the phenomenology of a "daimonic" figure whose appearance I have encountere repeatedly in the unconscious material of patients with a history of early childhood trauma. The wo "daimonic" comes from *daiomai*, which means to divide, and originally referred to moments divided consciousness such as occur in slips of the tongue, failures in attention, or other breakthroug from another realm of existence which we would call "the unconscious" (see von Franz, 1980a Indeed, dividing up the inner world seems to be the intention of our figure. Jung's word for this w "dissociation," and our daimon *appears to personify the psyche's dissociative defenses in those cas where early trauma has made psychic integration impossible*.

I can best approach this topic by sharing with the reader how I became interested in it. Over the la twenty-five years of clinical work I have had a number of individuals in analysis who, after an initi period of growth and improvement, reached a kind of plateau where they seemed to stagnate therapy and, instead of getting better as a result of the treatment, seemed instead to get stuck in "repetition compulsion" of earlier behavior, which left them feeling defeated and hopeless. The were individuals who might be described as "schizoid" in the sense that they had suffered traumat experiences in childhood which had overwhelmed their often unusual sensitivities and driven the inward. Often, the interior worlds into which they retreated were childlike worlds, rich in fantasy b with a very wistful, melancholy cast. In this museum-like "sanctuary of innocence" these patien clung to a remnant of their childhood experience which had been magical and sustaining at one tim but which did not grow along with the rest of them. Although they had come to therapy out of nee they did not really want to grow or change in ways that would truly satisfy that need. To be mo precise, one part of them wanted to change and a stronger part *resisted* this change. They were divide within themselves.

In most cases these patients were extremely bright, sensitive individuals who had suffered, account of this very sensitivity, some acute or cumulative emotional trauma in early life. All of the had become prematurely self-sufficient in their childhoods, cutting off genuine relations with the parents during their developing years and caretaking themselves in a cocoon of fantasy instead. The tended to see themselves as the victims of others' aggression and could not mobilize effective sel assertion when it was needed to defend themselves or to individuate. Their outward facade toughness and self-sufficiency often concealed a secret dependency they were ashamed of, so psychotherapy they found it very difficult to relinquish their own self-care protection and allo themselves to depend on a real person.

What gradually became clear to me through the analysis of these patients' dreams, was that the were in the grip of an internal figure who jealously cut them off from the outer world, while at t same time attacking them with merciless self-criticism and abuse. Moreover, this inner figure w such a powerful "force" that the term *daimonic* seemed an apt characterization. Sometimes in t dreams of my patients, this inner daimonic figure violently dissociated the inner world by active attacking the dream-ego or some "innocent" part of the self with which the dream-ego was identifie At other times its goal seemed to be the encapsulation of some fragile, vulnerable part of the patie which it ruthlessly "divided off" from reality, as if to prevent it from ever being violated again. A still other times, the daimonic being was a kind of guardian angel, soothing and protecting a childli part of the self inwardly while at the same time hiding it shamefully from the world. It could play protective or a persecutory role-sometimes alternating back and forth between them. And to furth complicate matters, this duplex image usually made its appearance in what James Hillman has calle a "tandem" (Hillman, 1983). It usually did not appear alone, but was paired with an inner child or wi some other more helpless or vulnerable "partner." In turn, this innocent "child" had a duplex aspect sometimes it was "bad" and "deserved" persecution, so to speak; at other times it was "good" a received protection.

In summary, these duplex imagos, yoked together as an internal "structure," make up what I call t *archetypal self-care system*. As I hope to demonstrate in the ensuing pages, we have reason to belie this structure is a universal inner "system" in the psyche, whose role seems to be the defense a preservation of an inviolable personal spirit at the core of an individual's true self.

The question I began to ask myself, then, was: "How did the internal guardian figures of th 'system' and their vulnerable child 'clients' get organized in the unconscious, and from whence d they derive their awesome power over the patient's well-intentioned ego?"

JUNG AND DISSOCIATION

The psyche's normal reaction to a traumatic experience is to withdraw from the scene of the injury. withdrawal is not possible, then a part of the self must be withdrawn, and for this to happen t otherwise integrated ego must split into fragments or *dissociate*. Dissociation is a normal part of t psyche's defenses against trauma's potentially damaging impact – as Jung demonstrated many yea ago with his word association test (Jung, 1904). Dissociation is a trick the psyche plays on itself. allows life to go on by dividing up the unbearable experience and distributing it to differe compartments of the mind and body, especially the "unconscious" aspects of the mind and body. Th means that the normally unified elements of consciousness (i.e., cognitive awareness, affe sensation, imagery) are not allowed to integrate. Experience itself becomes discontinuous. Ment imagery may be split from affect, or both affect and image may be dissociated from conscio knowledge. Flashbacks of sensation seemingly disconnected from a behavioral context occur. Th memory of one's life has holes in it – a full narrative history cannot be told by the person whose li has been interrupted by trauma.

For the person who has experienced unbearable pain, the psychological defense of dissociati allows external life to go on but at a great internal cost. The outer trauma ends and its effects may largely "forgotten," but the psychological sequelae of the trauma continue to haunt the inner worl and they do this, Jung discovered, in the form of certain images which cluster around a strong affec what Jung called the "feeling-toned complexes." These complexes tend to behave autonomously frightening inner "beings," and are represented in dreams as attacking "enemies," vicious animals, et In his only essay explicitly about trauma, Jung wrote:

> a traumatic complex brings about dissociation of the psyche. The complex is not under the control of the will and for this reason it possesses the quality of psychic autonomy. Its autonomy consists in its power to manifest itself independently of the will and even in direct opposition to conscious tendencies: it forces itself tyrannically upon the conscious mind. The explosion of affect is a complete invasion of the individual, it pounces upon him like an enemy or a wild animal. I have frequently observed that the typical traumatic affect is represented in dreams as a wild and dangerous animal – a striking illustration of its autonomous nature when split off from consciousness.
>
> (Jung, 1928a: paras 266–7)

The nature and functioning of those dissociative mechanisms responsible for complex-formatio were not clear to Jung in his early experiments, but subsequent research with patients suffering fro the so-called "dissociative disorders" showed that it is not a passive, benign process whereby differe parts of the mind become disconnected and "drift apart." Instead, dissociation appears to involve good deal of aggression – apparently it involves an active attack by one part of the psyche on oth parts. It is as though the normally integrative tendencies in the psyche must be interrupted by forc Splitting is a violent affair – like the splitting of an atom. This is a fact that strangely eluded Jun Despite his awareness that traumatic affect may appear in dreams as a "wild animal," he did n include violent affect in his understanding of the psyche's primitive defenses themselve Contemporary psychoanalysis recognizes that where the inner world is filled with violent aggressio primitive defenses are present also. More specifically, we now know that *the energy for dissociatio comes from this aggression*.

In the dream material of the cases below, the violent nature of these self-attacking dissociativ processes is illustrated. In psychotherapy with trauma victims, it seems that as the unbearab (traumatic) childhood experience, or something resembling it in the transference, begins to emerg into consciousness, an intra-psychic figure or "force," witnessed in the patient's dreams, violent intervenes and dissociates the psyche. This figure's diabolical "purpose" seems to be to prevent th dream-ego from experiencing the "unthinkable" affect associated with the trauma. For example, in th cases below "he" cuts off the dreamer's head with an axe, shoots a helpless woman in the face with shotgun, feeds crushed glass to a helpless animal, and "tricks" the helpless ego into captivity in diabolical "hospital." These actions appear to fragment the patient's affective experience in such way as to disperse the awareness of pain that has emerged or is about to emerge. In effect, th diabolical figure traumatizes the inner object world in order to prevent re-traumatization in the out one. If this impression is correct, it means that a traumatogenic imago haunts these patient's psyche supervising dissociative activities, reminding one of Jung's early suspicion that "fantasies can be ju as traumatic in their effects as real traumata" (Jung, 1912a: para. 217). In other words, the fu pathological effect of trauma requires an outer event *and a psychological factor*. Outer trauma alon doesn't split the psyche. *An inner psychological agency – occasioned by the trauma – does th splitting*.

CLINICAL EXAMPLE: THE AXEMAN

I will not soon forget the first case where these possibilities began to dawn on me. The patient was young female artist who, later treatment revealed, had suffered repeated physical and sexual abuse b her alcoholic father, who was her only living parent and someone who, as a little girl, she had love deeply. When this woman came to her first therapy appointment she arrived on a motorcycle, dresse in black leather, and spent the entire hour in cynical condemnation of her roommate who had recent gotten married and had a child. She was tough, contemptuous toward others, cynical about life general, and extremely armored against any acknowledgement of her own pain. As close as she cou get to acknowledging any difficulties of her own was to mention a whole bundle of psychosomat complaints – chronic back pain, incapacitating pre-menstrual cramps, episodic asthma, and recurre

epileptic-like symptoms where she would "go blank" for several minutes. This had frightened h enough for her to seek help. Her inner life was haunted by morbid feelings of being a living dea person and was full of overwhelming rage, portrayed in horrifying images of mutilation an dismemberment. These images of amputees, of chopped-off hands, arms, and heads, ke spontaneously appearing in her artwork, and everyone but the patient was appalled by them.

The following dream occurred about one year into her treatment immediately after a session which, for the first time, this very self-sufficient patient had allowed herself to feel small an vulnerable in response to my departure for a summer vacation. In an unguarded moment and with th coquettish smile of an adolescent girl, she had grudgingly acknowledged she would miss me and h therapy hour. That night, after writing a long letter to me about how she could not continue h treatment (!) because she was becoming "too dependent," she had this dream.

> I am in my room, in bed. I suddenly realize I have forgotten to lock the doors to my apartment. I hear someone come into the building downstairs, walk to my apartment door – then walk in. I hear the footsteps approach the door of my room … then open it. A very tall man with a white ghost-like face and black holes for eyes walks in with an axe. He raises it over my neck and brings it down!… I wake up in terror.

Interpretation and theoretical commentary

Here we have an image of a violent decapitation – an intended split between mind and body. The nec as an integrating and connecting link between the two, is about to be severed. The room in which th dream took place was her current bedroom in an apartment she shared with a roommate. Usual afraid of the dark, she always double-locked the door to this room before retiring. The unlocked out door was the door to her apartment, and this door she also compulsively checked whenever she w home alone. In the dream, the ghost-like man apparently has access to both doors, just as her fath had had unrestricted access to the bedroom where she slept and also to her body. Often my patient when only 8 years old -had heard his footsteps approach her room before his regular sexual violation of her.

Clearly her "unguarded" moment of neediness within the transference during the previous hour w equivalent to her "forgetting" to lock the door in her dream and constituted a breach in her usual eg defenses. Through this breach comes a kind of "death spirit," an image of unmitigated horror – th ghost-like man with black holes for his eyes. The patient recognized this dream as one version of repetitive nightmare from her childhood in which she would be attacked by threatening figures. B whv, I wondered, had she dreamed about such a horrific image the very night she felt emotional open and vulnerable in relation to me and her therapy?

In keeping with our prior hypotheses about the function of the self-care system, the explanatio seems clear enough. Apparently, the vulnerable admission of feelings of dependency in the previou hour was experienced by some part of the patient's psyche (the ghost-like man) as a dire threat – th threat of re-experiencing the unbearable pain of needing an outer object (her father) and having th need traumatically rejected. In other words, the patient's emergent feeling for me in the transferen was linked associatively with her childhood devastation – the unbearable suffering she ha experienced in desperately loving a man who then beat her and sexually abused her. As this "love" an neediness came into consciousness, associated with *unthinkable* despair from her unremembere childhood, it triggered overwhelming anxiety, which in turn triggered her dissociative defenses. An so she was going to "split" this off and leave her therapy! This splitting behavior was furth represented in her dream as the axe with which the murderous figure prepared to sever the connectio (links) between her body (where many of her traumatic memories were stored) and her mind. Th

figure, then, represents the patient's *resistance* to re-experiencing feelings of dependency and probab to vulnerable feelings in general. He represents a "second line" of defense, when the usual eg defenses have been penetrated and unacceptable levels of anxiety have been constellated. As a tru daimonic figure, he would cut her off from her embodied, feeling self – in the world – in order to kee her in her persecutory "mind," where he would have total control over her unrealized personal spir Such is the perverse "goal" of the self-care system when early trauma has simply broken the heart to many times.

The self-care system and the psyche's auto-immune reaction

In the intervening years since my experience with this patient, I have come to see it as almo axiomatic that in the inner world of the trauma victim we will find such diabolized personifications self-attack and abuse. In the dreams of trauma patients I have analyzed over the years, the diabolic Trickster has performed the following acts: he or she has tried to cut the dreamer's head off with a axe, has brutally raped the dreamer, petrified the dreamer's pet animals, buried a child alive, seduce the patient into performing sado-masochistic sexual favors, trapped the dream-ego in a concentratio camp, tortured the patient by breaking his knees in three places, shot a beautiful woman in the fa with a shotgun, and performed a variety of other destructive acts, the purpose of which seems to l nothing less than driving the patient's terrified dream-ego into a state of horror, anxiety, and despair.

How do we understand this? It is bad enough that our hapless patient suffered unbearable out trauma in early childhood. Now the psyche seems to perpetuate this trauma in unconscious fantas flooding the patient with continued anxiety, tension and dread – even in sleep. What could possibly b the purpose or telos of such diabolical self-torture?

One hint at a possible understanding comes from the derivation of the word "diabolical," from th Greek *dia* (across) and *hallein* (to throw) (*OED*), hence, "to throw across or apart." From this deriv the common meaning of "diabolos" as the Devil, i.e., he who crosses, thwarts, or dis-integrat (dissociation). The antonym of diabolic is "symbolic," from *sym-ballein*, meaning "to thro together." We know that both processes – throwing apart and throwing together -are essential t psychological life and that in their apparently antagonistic activities we have a pair of opposit which, when optimally balanced, characterize the homeostatic processes of the psyche's sel regulation. Without "throwing apart" we would have no differentiation, and without "throwin together" there would be no synthetic integration into larger wholes. These regulatory processes a especially active at the transitional interface between the psyche and outer reality – precisely th threshold at which defense is necessary. We might imagine this self-regulatory activity, then, as th *psyche's self-care system, analagous to the body's immune system*.

Like the body's immune system, these complementary dynamisms of disintegration/re-integratio are involved in complicated gatekeeping functions at the thresholds between inner and outer worl and between the conscious and unconscious inner systems. Strong currents of affect reaching th psyche from the outside world or from the body must be metabolized by symbolic processes, rendere into language, and integrated into the narrative "identity" of the developing child. "Not-me" elemen of experience must be distinguished from "me" elements and must be rejected aggressive (outwardly) and repressed firmly (inwardly).

In the trauma response, we might imagine that something goes wrong in these naturally protecti "immune responses." It is an almost universal finding in the trauma literature that children who hav been abused cannot mobilize aggression to expel noxious, "bad", or "not-me" elements of experienc

such as our young artist's hatred of the abusive father. The child is unable to hate the loved parent -ar instead identifies with the father as "good" and, through a process which Sandor Ferenczi (193 called "identification with the aggressor," the child takes the father's aggression into the inner wor and *comes to hate itself and its own need*.

If we apply this analysis to our case, we can see that as her vulnerable need within the transferen began to emerge, the patient's introjected hatred (now amplified by archetypal energy) attacked th links between body and mind in an effort to cut the affective connections. The white-faced, black-eye "terminator" in her psyche is, however, much more than the introjected father. He is a primitiv archaic, archetypal figure, personifying the terrifying dismembering rage of the collective psyche an as such, represents *the dark side of the Self* The outer catalyst for this inner figure may be the person father, but the damage to the inner world is done by the psyche's Yahweh-like rage, directed back upo the self. It was for this reason that neither Freud nor Jung were convinced that outer trauma alone w responsible for splitting the psyche. It was rather an interior, psychological factor that ultimately d the worst damage – witness the diabolical axeman.

Developmental hypotheses on the origin of the Dark Self

Why, then, does the primordial ambivalent Self, both light and dark, good and evil, appear with suc regularity in the inner world – even for patients who have not suffered outright physical or sexu abuse? The following is a brief description of how I understand this issue developmentally, in light o clinical experience with patients like our young artist with her horrifying inner world.

We must assume that the inner world of the very young infant is one in which painful, agitated, o uncomfortable feeling-states oscillate with feelings of comfort, satisfaction, and safety in such a wa that gradually two images of the self and the object gradually build up. These early self- and objec representations tend to be structured in opposites and to embody opposing affects. One is "good," th other "bad;" one is loving, the other hateful, and so on. In their original condition, affects are prim and archaic like volcanic storms, quickly dissipating or giving way to their opposite, depending on th nature of environmental provision. Negative, aggressive affects tend to fragment the psych (dissociation), whereas positive, soothing affects accompanying adequate mediation by the mothe have the effect of integrating these fragments and restoring homeostatic balance.

The mediational capacities that later become the ego are, at the beginning of life, totally vested the maternal self-object who serves as a kind of external metabolizing organ for the infant experience. Through her empathy, the mother senses the infant's agitation, picks up and comforts h infant, helps to name and give form to its feeling-states, and restores homeostatic balance. As th happens repeatedly over time, the infant psyche gradually differentiates and he or she begins contain his or her affects, i.e., to develop an ego capable of experiencing strong emotion and toleratin conflict among emotions. Until this occurs, the infant's inner self- and object-representations are spl archaic and typical (archetypal). Archetypal inner objects are numinous, overwhelming, an mythological. They exist in the psyche as antinomies or opposites, which gradually come together the unconscious as dual unities which are alternately blissful or terrifying, such as the Good Moth and her "tandem," the Terrible Mother. Among the many such *coincidenta oppositora* in the dee unconscious is one central archetype which seems to stand for the very principle of unity among a the opposing elements of the psyche and which participates in their volcanic dynamism. This centr organizing agency in the collective psyche is what Jung called the archetype of the Self, both light an dark. It is characterized by extraordinary numinosity, and an encounter with it can involve eith salvation or dismemberment, depending upon which side of the Self's numinosity is experienced b

the ego. As the "unity of unities," the Self stands for the image of God in the human psyche, althoug the God embodied in the Self is primitive, a *mysterium tremendum*, combining both love and hate, lik the Old Testament Yahweh. Until the ego develops, the unified Self cannot actualize – but onc constellated, it becomes the "ground" of the ego and its "guide" in the rhythmic unfolding of th individual's inborn personality potential. Michael Fordham (1976) described this as the d integration/re-integration cycle of the Self.

In healthy psychological development, everything depends upon a gradual humanization an integration of the archetypal opposites inherent in the Self as the infant and young child wrestles wi tolerable experiences of frustration (hate) in the context of a good-enough (not perfect) prima relationship. The child's ruthless aggression does not destroy his object and he can work through guilt, reparation, and what Klein called the "depressive position." However, inasmuch as th traumatized child has *intolerable* experiences in the object world, the negative side of the Self do not personalize, remaining archaic. The internal world continues to be menaced by a diabolica inhuman figure. Aggressive, destructive energies – ordinarily available for reality-adaptation and fo healthy defense against toxic not-self objects – are directed back into the inner world. This leads to continuation of trauma and abuse by inner objects long after the outer persecutory activity h stopped. We turn now to a second case in which such inner persecution is starkly illustrated.

MRS. Y. AND THE SHOTGUNNER

Mrs. Y, an attractive, likeable, professionally accomplished divorced woman in her early 60s, sough analysis because of generalized depression and an awareness that some part of her was withheld in a her relationships – leaving her with an underlying sense of loneliness. From previous therapy, sh knew that the roots of this "schizoid" problem lay deeply buried somewhere in a childhood of whic she had almost no happy memories. Her history revealed an early family situation of emotion poverty in the midst of material luxury. Her narcissistic mother, already symbiotically attached to th first-born 3-year-old brain-damaged son, paid the patient little or no attention – never physical touching her except for rigidly routinized feedings and toilet training. A younger sister was born whe the patient was 2 years old. Whatever emotional life Mrs. Y. could eke out as the middle child in thi family came from a succession of nurses and nannies. With them she remembered crying, ragin spitting, and rebelling. Nothing of this ever happened with her mother. Instead, the mother wa "untouchable" – remotetied to the other two siblings or to the father. A repeated childhood nightmar showed the mother watching indifferently from the porch while the patient was run down by th laundry truck in the driveway of her house.

The patient's father, whom she adored, was preoccupied with business. He seemed to prefer h younger sister (also the mother's favorite) and was otherwise in orbit around the narcissisti controlling mother. Although he took care of the patient when she was sick, and spent time alone wit her, he was also subject to attacks of rage which were terrifying. When Mrs. Y. was 8 years old, he father developed a chronic illness and was home in bed for six years until he died. During these yea the patient was afraid to disturb him. All emotion around his death-indeed, even the reality of th illness itself – was denied. The result was that the patient could never make her needs or feelin known to either parent for her entire childhood. To have a childhood in which needs cannot b expressed to primary caretakers is tantamount to losing one's childhood altogether, and such was Mr Y.'s experience. She retreated into an inner world of unconscious fantasy, convinced that som unfathomable "badness" had condemned her to despair in this world. For reasons unknown to her, sh felt chronically ashamed and, despite her constant efforts to please people through her considerab school achievements, she never felt that she made anyone very happy.

The psyche's natural anesthesia for the "cumulative trauma" in a childhood such as this rende most patients incapable of remembering specific traumatic events, much less experiencing them on a emotional level in analysis. Such was the case for Mrs. Y. We talked *about* the deprivation in her ear life, but we could not recover it *experientially*. Often, in my experience, it is not until some aspect the early traumatic situation emerges in the *transference* that analyst and patient are given emotion access to the real problem, and it is just such an incident I wish to report.

While at her mother's home one day, Mrs. Y. found some old home movies taken when she was years old. In one of the films, taken at a family party, she saw her knee-high, 2-year-old, skinny sel crying and desperately running from one pair of legs to another, looking up imploringly for hel being ignored and then rushing to another pair of legs where she pleaded again, until finally, overcon by grief and rage, the nanny came and dragged her off kicking and screaming. At her analytic sessio the next day, Mrs. Y. reported all this in her usual dispassionate way, covering her sadness with humo and sarcasm. Inwardly, she seemed very upset.

To capitalize on this fortuitous access to strong feeling about her childhood self, I suggested that v schedule a special session and watch the film together. Obviously pleased but embarrassed by th offer (she had never heard of such a thing in therapy) and protesting that she could never presun upon my time like that, offering various reasons why this would be too much to ask, etc., sh nevertheless accepted the idea and we set up an extra "movie-session."

As expected, this new situation was somewhat awkward for both the patient and myself, but aft some joking and laughter around our mutual awkwardness with this new experience, she relaxed as v talked about the various people in the film leading up to the moment she had described. And the together we witnessed the horrific despairing trauma captured some 55 years earlier on film. W watched this part a second time and during this second review, Mrs. Y. started to cry. I too found m eyes full of tears which, as far as I could tell, the patient didn't notice. Mrs. Y. quickly recovered he composure but then broke down again and we struggled together with her mixture of genuine grief an empathy for her despairing childhood self, and her efforts to recover her composure with sel demeaning remarks about her "weakness" and "hysteria" together with awkward efforts to reassure m that she was all right and would soon leave.

The following session, through many awkward silences, we processed what had happened. "Yo became a human being last time," she said:

> "I had neutralized you until you offered to see that movie with me and then I saw your tears. My first reaction was 'Oh God, I didn't mean to do that … to upset you. Please, I'll never do it again!' – As though affecting you in any way was a terrible, thing. But secretly I was pleased and deeply moved inside. You were so human. I couldn't get over it," she continued. "I kept saying over and over 'you affected him! you affected him! He cares about you!' It was very moving. I'll never forget that session! It felt like the beginning of something new. All my armor fell away. I was up late into the night writing about it in my journal."

But that same night Mrs. Y. also reported an alarming dream. In this dream, an ominous male figu we had both come to know from previous dreams, made his dark appearance again. Here is the drea she reported:

> The scene is somber, with many dim male figures lurking in the shadows. The colors are muted, sepia tones. There was going to be a joyful reunion between two women. Perhaps they are sisters, long separated. I am in a happy, anticipatory mood, and am waiting in a hall overlooking a double staircase and balcony. The first woman appears on the ground floor. She's wearing an incredibly bright kelly-green suit. Suddenly a dim figure, a man, jumps out from behind a curtain and shoots her in the face with a shotgun! She falls, the colors are startling: bright green and blood red. The other woman, eager to see her friend, appears entering from the left onto the balcony. She is dressed in bright bright red. She leans over the balcony to see the green/red body. Her shock is great. She vomits great gushes of red blood in her grief and falls over backwards.