

The background is a dark, textured blue-grey. A white, torn-paper-like shape is positioned in the upper right, containing handwritten text in cursive. The text includes phrases like "Portrait you had to see", "Portrait - something", "I was - makes me", and "entirely the part". Below this, a large yellow circle is partially obscured by a green circle. A red circle is positioned below the yellow one, and a blue silhouette of a figure is superimposed over it. At the bottom, a dark blue horizontal band contains the author's name. A small green circle is also visible at the bottom center.

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 (and psychoanalysis altogether) that I have encountered in the last few years.

Mario Jacoby, C. G. Jung Institute, Switzerland

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

Drawing on detailed clinical material, the author gives special attention to the problems of addiction and psychosomatic disorder, as well as the broad topic of dissociation and its treatment. Donald Kalsched here brings together Jung's views on trauma and redefines classical interpretations of Jungian theories. By focusing on the archaic defenses of the self and the mythopoetic language of 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 the 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. Donald Kalsched sees this as a spiritual problem as well as a psychological one, and in *The Inner World of Trauma* he provides a compelling insight into how an inner self-care system tries to save the person's spirit.

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

THE INNER WORLD OF TRAUMA

Archetypal Defenses of the Personal Spirit

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 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK

First published 1996

by Routledge

27 Church Road, Hove, East Sussex BN3 2FA

Simultaneously 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

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Typeset in Times by

Ponting-Green Publishing Services, Chesham, Bucks

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This publication has been produced with paper manufactured to strict environmental standards and with pulp derived from sustainable forests.

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloguing 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, Sigmund, 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

INTRODUCTION

Part I

1 THE INNER WORLD OF TRAUMA IN ITS DIABOLICAL FORM

Jung and dissociation

Clinical example: the axeman

Mrs. Y. and the shotgunner

Mary and the food daimon

2 FURTHER CLINICAL ILLUSTRATIONS OF THE SELF-CARE SYSTEM

The little girl and the angel

Lenore and the fairy godmother

Gustav and his heavenly parents

Kaye and her dolphins

Patricia and the ghost-child: when the spirit returns to the body

Psychosomatic illness and the self-care system

3 FREUD AND JUNG'S DIALOGUE ABOUT TRAUMA'S INNER WORLD

Janet and the inner daimons

Trauma and Freud's discovery of psychological reality

The seduction theory

Jung's complex theory and trauma

The lady who lived on the moon

Trauma and the transpersonal in unconscious fantasy

Jung and Freud on the psyche's daimonic resistance to healing

Freud and the daimonic defenses of the unconscious

4 JUNG'S CONTRIBUTIONS TO A THEORY OF THE SELF-CARE SYSTEM

*Jung's trauma and *Atmavictu**

Jung's mature thought on trauma

Jung and the attacking "mind"

Jung's duplex Self: light and dark

Yahweh and the dark side of the Self

5 ADDITIONAL JUNGIAN CONTRIBUTIONS

Erich Neumann and the distress ego of trauma

6 PSYCHOANALYTIC THEORY ABOUT THE SELF-CARE SYSTEM

Edmund Bergler and the self-damaging “daimonion”

Odiar and the malevolent/benevolent “great beings”

Sandor Ferenczi and the caretaker self's transpersonal wisdom

Object-relations theorists

Part II

INTRODUCTION TO PART II: FAIRY TALES AND THE TWO-STAGE INCARNATION OF THE SELF

Transitional processes between the human and divine

Psychology's developmental questions

Transitional processes in fairy tales

Two-stage healing of the split in fairy tales

7 RAPUNZEL AND THE SELF-CARE SYSTEM

Rapunzel patients

Rapunzel: part 1

Rapunzel: part 2

Rapunzel: part 5

Rapunzel: part 4

8 PSYCHE AND HER DAIMON-LOVER

Eros and Psyche: part 1

Eros as daimon

Daimonic protection vs. imprisonment

The daimonic as jailer

The daimon-lover and fantasy

Fantasy as a defense against the symbolic

Individuation and the tug of reality

Eros and Psyche: part 2

Rage and the resistance to incarnation

Voluntary sacrifice and embodiment

Joy and the human/divine relationship

9 FITCHER'S BIRD AND THE DARK SIDE OF THE SELF

Fitcher's Bird

The story: part 1

Love and aggression in the evolution of the healthy ego: Winnicott

Clinical example

Overcoming the wizard with the symbol

10 PRINCE LINDWORM AND TRANSFORMATION OF THE DAIMONIC THROUGH SACRIFICE AND CHOICE

Prince Lindworm: the story

The motif of the child and childlessness

Refusal to choose

The melancholic world of fantasy in the self care system

Julia Kristeva and the "black sun"

Excursus on the defensive uses of the numinous

Prince Lindworm as a twin

The worm-prince and the king or queen/baby dyad

Shepherd's daughter and crone as positive dyad of the Self

Rage and the transformation of Prince Lindworm

A moment of compassion

Concluding remarks

Notes

Bibliography

Index

ACKNOWLEDGEMENTS

Many people have suffered through with me the ever-shifting kaleidoscope of ideas which take shape in the following pages – none more intimately or helpfully than my patients themselves, especially those individuals whose curiosity matched my own about the angelic/daimonic “presences” appearing on the stage of dreams. I wish especially to thank those of my patients who have kindly given me permission to use dreams and other aspects of their therapy process. All the clinical material described in the book is based on actual cases, but identifying-details and certain other aspects of the therapeutic context have been changed in order to preserve confidentiality. In a few instances I have “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 the Professional Enrichment Program in Jungian Theory and Practice, a study community for professionals sponsored from 1988 through 1995 by the Center for Depth Psychology and Jungian 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 a pleasure, and to other members of the core faculty, El Mattern, Alton Wasson, Loren Stell, and Robin van Loben Sels, for their patience and encouragement over the many years during which my ideas 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 for his encouragement of my ideas, to David Stonestreet at Routledge for his enthusiastic response to my preliminary proposal for the book, and to Edwina Welham, Commissioning Editor, without whose openness and flexibility this project would have never been completed. Finally, my deepest thanks are due to my wife Robin for her understanding and support, even during the many “lost weekends” that were 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, fantasies and interpersonal struggles of patients involved in the psychoanalytic process. By focusing on the “inner world” of trauma I hope to illustrate how the psyche responds *inwardly* to overwhelming life events. What happens in the inner world, for example, when life in the outer world becomes unbearable? What do dreams tell us about the inner “object-images” of the psyche? And how do these “inner objects” compensate for the catastrophic experience with “outer objects”? What patterns of unconscious fantasy provide an inner meaning to the trauma victim when life-shattering events destroy outer meaning altogether? Finally, what do these inner images and fantasy structures tell us about the miraculous life-saving *defenses* that assure the survival of the human spirit when it is threatened by the annihilating blow of trauma? These are some of the questions I will attempt to answer in the following pages.

Throughout the discussion that follows, I will be using the word “trauma” to mean any experience that causes the child unbearable psychic pain or anxiety. For an experience to be “unbearable” means that it overwhelms the usual defensive measures which Freud (1920b: 27) described as a “protective shield against stimuli.” Trauma of this magnitude varies from the acute, shattering experiences of child abuse so prominent in the literature today to the more “cumulative traumas” of unmet 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,” the experience of which is “unthinkable” (1963: 90). The distinguishing feature of such trauma is what Heinz Kohut (1977: 104) called “disintegration anxiety,” an unnameable dread associated with the threatened dissolution of a coherent self.

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

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

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

If we study the impact of trauma on the psyche with one eye on traumatic outer events and one eye on dreams and other spontaneous fantasy-products that occur *in response* to outer trauma, we discover the remarkable mythopoetic imagery that makes up the “inner world of trauma” and that proved to be so exciting to both Freud and Jung. And yet neither Freud's nor Jung's *interpretations* of this imagery have proven entirely satisfactory to many clinicians today, including the present author. For this reason, a new interpretation of trauma-linked fantasy follows in the ensuing pages – one that combines elements from both Freud and Jung. This “new” interpretation relies a great deal on dreams that immediately follow some traumatic moment in the patient's life. Careful study of such dreams in the clinical situation leads to our main hypothesis that the archaic defenses associated with trauma are *personified as archetypal daimonic images*. In other words, trauma-linked dream imagery represents *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 of contemporary patients, all of whom have struggled with the devastating impact of trauma on their lives. We will see how, at certain critical times in the working through of trauma, dreams give us a spontaneous picture of the psyche's “second line of defenses” against the annihilation of the personal spirit. In providing these “self-portraits” of the psyche's own defensive operations, dreams aid in the healing process by symbolizing affects and fragments of personal experience that have been heretofore unrepresentable to consciousness. The idea that dreams should be capable, in this way, of representing the psyche's dissociative activities and holding its fragmented pieces together in one dramatic story is a kind of miracle of psychological life which we may too easily take for granted. 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 the developing psyche of a child, a fragmentation of consciousness occurs in which the different “pieces” (Jung called them splinter-psyches or complexes) organize themselves according to certain archaic 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 *progresses*, i.e., grows up too fast and becomes precociously adapted to the outer world, often as a “false self” (Winnicott, 1960a). The *progressed part* of the personality then caretakes the *regressed part*. This dyadic structure has been independently discovered by clinicians of many different theoretical persuasions – a fact that indirectly supports its archetypal basis. We explore the writings of these clinicians in more detail in [Chapters 5](#) and [6](#).

In dreams, the regressed part of the personality is usually represented as a vulnerable, young, innocent (often feminine) *child- or animal-self* who remains shamefully hidden. Occasionally, it appears as a special animal – a favorite pet, a kitten, puppy, or bird. Whatever its particular incarnation, this “innocent” remainder of the whole self seems to represent a core of the individual's imperishable personal spirit – what the ancient Egyptians called the “Ba-soul,” or Alchemy, the winged animating spirit of the transformation process, i.e., Hermes/Mercurius. This spirit has always been a mystery – an essence of selfhood never to be fully comprehended. It is the imperishable 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. The

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

Meanwhile, the progressed part of the personality is represented in dreams by a powerful *benevolent or malevolent great being* who protects or persecutes its vulnerable partner, sometimes keeping it imprisoned within. Occasionally, in its protective guise, the benevolent/malevolent being appears as an angel or a miraculous wild animal such as a special horse or a dolphin. More often the “caretaking” figure is daimonic and terrifying to the dream-ego. In the clinical material of [Chapters 1 and 2](#) we will explore cases in which it presents itself as a diabolical axeman, a murderer with a shotgun, a mad doctor, a menacing “cloud,” a seductive “food demon,” or as the Devil himself. Sometimes the malevolent inner tormenter turns another face and presents a more benevolent aspect thereby identifying himself as a “duplex” figure, a protector and persecutor in one. Examples of these are found in [Chapter 2](#).

Together, the “mythologized” images of the “progressed vs. regressed” parts of the self make up what I call *the psyche's archetypal self-care system*. The “system” is archetypal because it is both 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 be “coordinated” by a deeper center in the personality than the ego, they have been referred to as “defenses of the Self” (Stein, 1967). We will see that this is an apt theoretical designation because it underscores the “numinous,”³ awesome character of this “mythopoetic” structure and because the malevolent figure in the self-care system presents a compelling image of what Jung called *the dark side of the ambivalent Self*. In exploring this imagery in dream, transference, and myth, we will see that Jung's original idea of the Self as the central regulatory and ordering principle of the unconscious psyche requires revision under conditions of severe trauma.

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

However, psychotherapy with the victims of early trauma is not easy, either for the patient or the therapist. The resistance thrown up by the self-care system in the treatment of trauma victims is legendary. As early as 1920, Freud was shaken by the extent to which a “daimonic” force in some patients resisted change and made the usual work of analysis impossible (Freud 1920b: 35). So pessimistic was he about this “repetition compulsion” that he attributed its origin to an instinctive aim in all life towards death (Freud, 1920b: 38–41). Subsequently, clinicians working with the victims of trauma or abuse have readily recognized the “daimonic” figure or forces to which Freud alluded. 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 cruel attacking, “bad breast;” Jung (1951) described the “negative Animus,” and more recently, Jeffrey 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 internalized version of the actual perpetrator of the trauma, who has “possessed” the inner world of the trauma victim. But this popularized view is only half correct. The diabolical inner figure is often far more 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 psyche itself.

No matter how frightening his or her brutality, the function of this ambivalent caretaker always seems to be the protection of the traumatized remainder of the personal spirit and its *isolation from reality*. It functions, if we can imagine its inner rationale, as a kind of inner “Jewish Defense League” (whose slogan, after the Holocaust, reads “Never Again!”). “Never again,” says our tyrannical caretaker, “will the traumatized personal spirit of this child suffer this badly! Never again will it be this helpless in the face of cruel reality.... before this happens I will disperse it into fragments [dissociation], or encapsulate it and soothe it with fantasy [schizoid withdrawal], or numb it with intoxicating substances [addiction], or persecute it to keep it from hoping for life in this world [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 lurking in these archetypal defenses. And here we come to the crux of the problem for the traumatized individual and simultaneously the crux of the problem for the psychotherapist trying to help. The incipient tragedy results from the fact that the Protector/Persecutor is not educable. The primitive defense does not learn anything about realistic danger as the child grows up. It functions on the magical level of consciousness with the same level of awareness it had when the original trauma or traumas occurred. Each new life opportunity is mistakenly seen as a dangerous threat of re-traumatization and is therefore attacked. In this way, the archaic defenses become anti-life forces 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 disturbing 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 in the inner world of the trauma victim, whose dreams are often haunted by persecutory inner figures. The second finding is the seemingly perverse fact that *the victim of psychological trauma continually finds himself or herself in life situations where he or she is re-traumatized*. As much as he or she wants to change, as hard as he or she tries to improve life or relationships, something more powerful than the ego continually undermines progress and destroys hope. It is as though the persecutory inner world somehow finds its outer mirror in repeated self-defeating “re-enactments” -almost as if the 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 and several important dreams which illustrate the diabolical side of the Self in early trauma. In [Chapter 2](#) further examples enrich the picture by showing the self-soothing aspects of the self-care system in addition to its diabolical aspects. In [Chapter 3](#) we will trace Freud and Jung's initial explorations of trauma's inner world and show that Jung had independently “discovered” our dyadic defensive structure as early as 1910, although he did not label it as such. In [Chapter 4](#) we provide a compilation of Jung's views as they relate to trauma, beginning with Jung's personal boyhood trauma and how it informed his later theory. [Chapter 5](#) reviews and critiques additional Jungian contributors to a clinical theory of trauma, and [Chapter 6](#) surveys psychoanalytic theorists, focusing on those who describe a 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 the inner world as seen from a variety of theoretical perspectives, and also an awareness of its recurrent universal features. Given the mythopoetic features described in [Part I](#), it will come as no surprise that these primordial defenses of the Self frequently appear in mythological material, and that

demonstration of this fact is the purpose of [Part II](#) of the book. In these chapters, we will interpret several fairy tales and a short myth, the tale of Eros and Psyche ([Chapter 8](#)), in order to show how the personified imagery of the self-care system appears in mythological material. Readers unacquainted 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 drawing attention to the parallels between the findings of clinical psychoanalysis and ancient religious ideation, we demonstrate how the psychological struggle of contemporary patients (and those of us trying to help them) runs rather deeper into the symbolic phenomenology of the human soul than recent psychoanalytic discussions of trauma or the "dissociative disorders" are inclined to acknowledge. Not everyone is helped by an understanding of these parallels, but some people are, and for them, the "binocular" way of viewing, simultaneously, the psychological and religious phenomena is equivalent to finding a deeper meaning to their suffering, and this in itself can be healing. It is not an accident that our discipline is called "depth psychology," but for psychology to remain deep, it must keep one "eye," so to speak, on the life of man's spirit, and the vicissitudes of the spirit (including its dark manifestations) are nowhere so well documented as in the great symbol-systems of religion, mythology, and folklore. In this way, psychology and religion share, as it were, a common concern with the dynamics of human interiority.

In [Chapter 7](#), we find our self-care system personified in the Grimms' fairy tale of the innocent Rapunzel under the protective but persecutory guardianship of the witch, and we explore some of the clinical implications of how to get this psychical "child" out of her tower. [Chapter 8](#) describes a similar "captivity story," i.e., that of Eros and Psyche: and in [Chapter 9](#), we explore an especially violent rendition of the Self's dark aspect in the fairy tale of Fitcher's Bird, one of the popular 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 traumatic defense. Throughout these latter chapters, implications for the treatment of trauma victims are interspersed in the mythic material.

By focusing the following investigation on the *inner* world of trauma, especially on unconscious fantasy as illustrated in dreams, transference, and mythology, we will be attempting to honor the *reality of the psyche* in ways that much current literature about trauma fails to do, or does only secondarily. By the reality of the psyche, I mean an intermediate realm of experience which serves as a ligament connecting the inner self and the outer world by means of symbolic processes which communicate a sense of "meaning." In my experience, a sense of the reality of the psyche is extremely elusive and hard to maintain, even for the experienced psychotherapist, because it means staying open to the unknown – to a mystery at the center of our work – and this is very difficult, especially in the 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 its study of trauma almost one 100 years ago, but it then suffered a kind of professional amnesia on the subject. In recent years there is some indication that the profession is returning to a "trauma paradigm" once again. This renaissance of interest in trauma has been motivated by the cultural "rediscovery" of childhood physical and sexual abuse, and psychiatry's revived interest in the dissociative disorders, especially Multiple Personality Disorder and Post-traumatic Stress Disorder. 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 his 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, at the same time, contemporary work on trauma requires a revision of Jungian theory. The present work is an effort, on the one hand, to illustrate the value of Jung's contributions, while attempting, on the other hand, to offer certain theoretical revisions made necessary in my judgment by the findings of contemporary trauma researchers and clinicians, especially those of contemporary object-relations and self-psychologists.

The reader should be forewarned that at least two different psychoanalytic “dialects” define the language of the present investigation and the argument moves freely back and forth between them. On the one side is British object-relations – especially Winnicott – together with some of Heinz Kohut's self-psychology and, on the other, is the mythopoetic language of C. G. Jung and his followers. I 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, 1983, 1985, 1991) and others have been the subject of extended lectures at the C. G. Jung Institute in Zurich and at the Center for Depth Psychology and Jungian Studies in Katonah, New York. But the full implications of my earlier ideas for a theory of trauma and its treatment were not clear until recently. Even so, the present volume should be considered as little more than provisional – a preliminary effort to cast some light into that dark background of unconscious imagery making up the “inner world of trauma.”

Part I

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 vignettes and theoretical commentaries in order to explore the phenomenology of a “daimonic” figure whose appearance I have encountered repeatedly in the unconscious material of patients with a history of early childhood trauma. The word “daimonic” comes from *daiomai*, which means to divide, and originally referred to moments of divided consciousness such as occur in slips of the tongue, failures in attention, or other breakthroughs 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 was “dissociation,” and our daimon *appears to personify the psyche's dissociative defenses in those cases 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 last twenty-five years of clinical work I have had a number of individuals in analysis who, after an initial period of growth and improvement, reached a kind of plateau where they seemed to stagnate in therapy and, instead of getting better as a result of the treatment, seemed instead to get stuck in a “repetition compulsion” of earlier behavior, which left them feeling defeated and hopeless. They were individuals who might be described as “schizoid” in the sense that they had suffered traumatic experiences in childhood which had overwhelmed their often unusual sensitivities and driven them inward. Often, the interior worlds into which they retreated were childlike worlds, rich in fantasy but with a very wistful, melancholy cast. In this museum-like “sanctuary of innocence” these patients clung to a remnant of their childhood experience which had been magical and sustaining at one time but which did not grow along with the rest of them. Although they had come to therapy out of need, they did not really want to grow or change in ways that would truly satisfy that need. To be more precise, one part of them wanted to change and a stronger part *resisted* this change. They were divided within themselves.

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

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

In summary, these duplex imagos, yoked together as an internal "structure," make up what I call the *archetypal self-care system*. As I hope to demonstrate in the ensuing pages, we have reason to believe this structure is a universal inner "system" in the psyche, whose role seems to be the defense and 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 this 'system' and their vulnerable child 'clients' get organized in the unconscious, and from whence do 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. If withdrawal is not possible, then a part of the self must be withdrawn, and for this to happen the otherwise integrated ego must split into fragments or *dissociate*. Dissociation is a normal part of the psyche's defenses against trauma's potentially damaging impact – as Jung demonstrated many years ago with his word association test (Jung, 1904). Dissociation is a trick the psyche plays on itself. It allows life to go on by dividing up the unbearable experience and distributing it to different compartments of the mind and body, especially the "unconscious" aspects of the mind and body. This means that the normally unified elements of consciousness (i.e., cognitive awareness, affect, sensation, imagery) are not allowed to integrate. Experience itself becomes discontinuous. Mental imagery may be split from affect, or both affect and image may be dissociated from conscious knowledge. Flashbacks of sensation seemingly disconnected from a behavioral context occur. The memory of one's life has holes in it – a full narrative history cannot be told by the person whose life has been interrupted by trauma.

For the person who has experienced unbearable pain, the psychological defense of dissociation allows external life to go on but at a great internal cost. The outer trauma ends and its effects may be largely "forgotten," but the psychological sequelae of the trauma continue to haunt the inner world and they do this, Jung discovered, in the form of certain images which cluster around a strong affect: what Jung called the "feeling-toned complexes." These complexes tend to behave autonomously as frightening inner "beings," and are represented in dreams as attacking "enemies," vicious animals, etc. 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-formation were not clear to Jung in his early experiments, but subsequent research with patients suffering from the so-called “dissociative disorders” showed that it is not a passive, benign process whereby different parts of the mind become disconnected and “drift apart.” Instead, dissociation appears to involve a good deal of aggression – apparently it involves an active attack by one part of the psyche on other parts. It is as though the normally integrative tendencies in the psyche must be interrupted by force. Splitting is a violent affair – like the splitting of an atom. This is a fact that strangely eluded Jung. Despite his awareness that traumatic affect may appear in dreams as a “wild animal,” he did not include violent affect in his understanding of the psyche's primitive defenses themselves. Contemporary psychoanalysis recognizes that where the inner world is filled with violent aggression, primitive defenses are present also. More specifically, we now know that *the energy for dissociation comes from this aggression.*

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

CLINICAL EXAMPLE: THE AXEMAN

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

epileptic-like symptoms where she would “go blank” for several minutes. This had frightened her enough for her to seek help. Her inner life was haunted by morbid feelings of being a living dead person and was full of overwhelming rage, portrayed in horrifying images of mutilation and dismemberment. These images of amputees, of chopped-off hands, arms, and heads, kept 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 in which, for the first time, this very self-sufficient patient had allowed herself to feel small and vulnerable in response to my departure for a summer vacation. In an unguarded moment and with the coquettish smile of an adolescent girl, she had grudgingly acknowledged she would miss me and my therapy hour. That night, after writing a long letter to me about how she could not continue her 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 need for an integrating and connecting link between the two, is about to be severed. The room in which the dream took place was her current bedroom in an apartment she shared with a roommate. Usually afraid of the dark, she always double-locked the door to this room before retiring. The unlocked outside door was the door to her apartment, and this door she also compulsively checked whenever she was home alone. In the dream, the ghost-like man apparently has access to both doors, just as her father 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 was equivalent to her “forgetting” to lock the door in her dream and constituted a breach in her usual ego defenses. Through this breach comes a kind of “death spirit,” an image of unmitigated horror – the ghost-like man with black holes for his eyes. The patient recognized this dream as one version of a repetitive nightmare from her childhood in which she would be attacked by threatening figures. But why, I wondered, had she dreamed about such a horrific image the very night she felt emotionally 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 explanation seems clear enough. Apparently, the vulnerable admission of feelings of dependency in the previous hour was experienced by some part of the patient's psyche (the ghost-like man) as a dire threat – the threat of re-experiencing the unbearable pain of needing an outer object (her father) and having that need traumatically rejected. In other words, the patient's emergent feeling for me in the transference was linked associatively with her childhood devastation – the unbearable suffering she had experienced in desperately loving a man who then beat her and sexually abused her. As this “love” and neediness came into consciousness, associated with *unthinkable* despair from her unremembered childhood, it triggered overwhelming anxiety, which in turn triggered her dissociative defenses. And so she was going to “split” this off and leave her therapy! This splitting behavior was further represented in her dream as the axe with which the murderous figure prepared to sever the connection (links) between her body (where many of her traumatic memories were stored) and her mind. The

figure, then, represents the patient's *resistance* to re-experiencing feelings of dependency and probably to vulnerable feelings in general. He represents a “second line” of defense, when the usual ego defenses have been penetrated and unacceptable levels of anxiety have been constellated. As a true daimonic figure, he would cut her off from her embodied, feeling self – in the world – in order to keep her in her persecutory “mind,” where he would have total control over her unrealized personal spirit. Such is the perverse “goal” of the self-care system when early trauma has simply broken the heart too 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 almost axiomatic that in the inner world of the trauma victim we will find such diabolized personifications of self-attack and abuse. In the dreams of trauma patients I have analyzed over the years, the diabolical Trickster has performed the following acts: he or she has tried to cut the dreamer's head off with an axe, has brutally raped the dreamer, petrified the dreamer's pet animals, buried a child alive, seduced the patient into performing sado-masochistic sexual favors, trapped the dream-ego in a concentration camp, tortured the patient by breaking his knees in three places, shot a beautiful woman in the face with a shotgun, and performed a variety of other destructive acts, the purpose of which seems to be 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 outer trauma in early childhood. Now the psyche seems to perpetuate this trauma in unconscious fantasies, flooding the patient with continued anxiety, tension and dread – even in sleep. What could possibly be the purpose or telos of such diabolical self-torture?

One hint at a possible understanding comes from the derivation of the word “diabolical,” from the Greek *dia* (across) and *hallein* (to throw) (*OED*), hence, “to throw across or apart.” From this derivation, the common meaning of “diabolos” as the Devil, i.e., he who crosses, thwarts, or dis-integrates (dissociation). The antonym of diabolic is “symbolic,” from *sym-ballein*, meaning “to throw together.” We know that both processes – throwing apart and throwing together -are essential to psychological life and that in their apparently antagonistic activities we have a pair of opposites which, when optimally balanced, characterize the homeostatic processes of the psyche's self-regulation. Without “throwing apart” we would have no differentiation, and without “throwing together” there would be no synthetic integration into larger wholes. These regulatory processes are especially active at the transitional interface between the psyche and outer reality – precisely the threshold at which defense is necessary. We might imagine this self-regulatory activity, then, as the *psyche's self-care system, analagous to the body's immune system.*

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

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

such as our young artist's hatred of the abusive father. The child is unable to hate the loved parent - and instead identifies with the father as "good" and, through a process which Sandor Ferenczi (1933) called "identification with the aggressor," the child takes the father's aggression into the inner world 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 transference began to emerge, the patient's introjected hatred (now amplified by archetypal energy) attacked the links between body and mind in an effort to cut the affective connections. The white-faced, black-eyed "terminator" in her psyche is, however, much more than the introjected father. He is a primitive, archaic, archetypal figure, personifying the terrifying dismembering rage of the collective psyche and, as such, represents *the dark side of the Self*. The outer catalyst for this inner figure may be the personified father, but the damage to the inner world is done by the psyche's Yahweh-like rage, directed back upon the self. It was for this reason that neither Freud nor Jung were convinced that outer trauma alone was responsible for splitting the psyche. It was rather an interior, psychological factor that ultimately did 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 such regularity in the inner world – even for patients who have not suffered outright physical or sexual abuse? The following is a brief description of how I understand this issue developmentally, in light of my 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, and uncomfortable feeling-states oscillate with feelings of comfort, satisfaction, and safety in such a way that gradually two images of the self and the object gradually build up. These early self- and object-representations tend to be structured in opposites and to embody opposing affects. One is "good," the other "bad;" one is loving, the other hateful, and so on. In their original condition, affects are primitive and archaic like volcanic storms, quickly dissipating or giving way to their opposite, depending on the nature of environmental provision. Negative, aggressive affects tend to fragment the psyche (dissociation), whereas positive, soothing affects accompanying adequate mediation by the mother 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 in the maternal self-object who serves as a kind of external metabolizing organ for the infant's experience. Through her empathy, the mother senses the infant's agitation, picks up and comforts her infant, helps to name and give form to its feeling-states, and restores homeostatic balance. As this happens repeatedly over time, the infant psyche gradually differentiates and he or she begins to contain his or her affects, i.e., to develop an ego capable of experiencing strong emotion and tolerating conflict among emotions. Until this occurs, the infant's inner self- and object-representations are split, archaic and typical (archetypal). Archetypal inner objects are numinous, overwhelming, and mythological. They exist in the psyche as antinomies or opposites, which gradually come together in the unconscious as dual unities which are alternately blissful or terrifying, such as the Good Mother and her "tandem," the Terrible Mother. Among the many such *coincidenta oppositora* in the deep unconscious is one central archetype which seems to stand for the very principle of unity among all the opposing elements of the psyche and which participates in their volcanic dynamism. This central organizing agency in the collective psyche is what Jung called the archetype of the Self, both light and dark. It is characterized by extraordinary numinosity, and an encounter with it can involve either salvation or dismemberment, depending upon which side of the Self's numinosity is experienced by

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

In healthy psychological development, everything depends upon a gradual humanization and integration of the archetypal opposites inherent in the Self as the infant and young child wrestles with tolerable experiences of frustration (hate) in the context of a good-enough (not perfect) primary 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 the traumatized child has *intolerable* experiences in the object world, the negative side of the Self does not personalize, remaining archaic. The internal world continues to be menaced by a diabolical inhuman figure. Aggressive, destructive energies – ordinarily available for reality-adaptation and for 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 has 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, sought analysis because of generalized depression and an awareness that some part of her was withheld in all her relationships – leaving her with an underlying sense of loneliness. From previous therapy, she knew that the roots of this “schizoid” problem lay deeply buried somewhere in a childhood of which she had almost no happy memories. Her history revealed an early family situation of emotional poverty in the midst of material luxury. Her narcissistic mother, already symbiotically attached to the first-born 3-year-old brain-damaged son, paid the patient little or no attention – never physically touching her except for rigidly routinized feedings and toilet training. A younger sister was born when the patient was 2 years old. Whatever emotional life Mrs. Y. could eke out as the middle child in the family came from a succession of nurses and nannies. With them she remembered crying, raging, spitting, and rebelling. Nothing of this ever happened with her mother. Instead, the mother was “untouchable” – remotetied to the other two siblings or to the father. A repeated childhood nightmare showed the mother watching indifferently from the porch while the patient was run down by the laundry truck in the driveway of her house.

The patient's father, whom she adored, was preoccupied with business. He seemed to prefer his younger sister (also the mother's favorite) and was otherwise in orbit around the narcissistic controlling mother. Although he took care of the patient when she was sick, and spent time alone with her, he was also subject to attacks of rage which were terrifying. When Mrs. Y. was 8 years old, her father developed a chronic illness and was home in bed for six years until he died. During these years the patient was afraid to disturb him. All emotion around his death-indeed, even the reality of the illness itself – was denied. The result was that the patient could never make her needs or feelings known to either parent for her entire childhood. To have a childhood in which needs cannot be expressed to primary caretakers is tantamount to losing one's childhood altogether, and such was Mrs. Y.'s experience. She retreated into an inner world of unconscious fantasy, convinced that some unfathomable “badness” had condemned her to despair in this world. For reasons unknown to her, she felt chronically ashamed and, despite her constant efforts to please people through her considerable 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 renders most patients incapable of remembering specific traumatic events, much less experiencing them on an emotional level in analysis. Such was the case for Mrs. Y. We talked *about* the deprivation in her early life, but we could not recover it *experientially*. Often, in my experience, it is not until some aspect of the early traumatic situation emerges in the *transference* that analyst and patient are given emotional 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 2 years old. In one of the films, taken at a family party, she saw her knee-high, 2-year-old, skinny self crying and desperately running from one pair of legs to another, looking up imploringly for help, being ignored and then rushing to another pair of legs where she pleaded again, until finally, overcome by grief and rage, the nanny came and dragged her off kicking and screaming. At her analytic session the next day, Mrs. Y. reported all this in her usual dispassionate way, covering her sadness with humor and sarcasm. Inwardly, she seemed very upset.

To capitalize on this fortuitous access to strong feeling about her childhood self, I suggested that we schedule a special session and watch the film together. Obviously pleased but embarrassed by the offer (she had never heard of such a thing in therapy) and protesting that she could never presume upon my time like that, offering various reasons why this would be too much to ask, etc., she 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 after some joking and laughter around our mutual awkwardness with this new experience, she relaxed as we talked about the various people in the film leading up to the moment she had described. And then together we witnessed the horrific despairing trauma captured some 55 years earlier on film. We watched this part a second time and during this second review, Mrs. Y. started to cry. I too found my eyes full of tears which, as far as I could tell, the patient didn't notice. Mrs. Y. quickly recovered her composure but then broke down again and we struggled together with her mixture of genuine grief and empathy for her despairing childhood self, and her efforts to recover her composure with self-demeaning remarks about her "weakness" and "hysteria" together with awkward efforts to reassure me that she was all right and would soon leave.

The following session, through many awkward silences, we processed what had happened. "You 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 figure we had both come to know from previous dreams, made his dark appearance again. Here is the dream 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.

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