

**Soul-Searching, Soul-Making & Soul-Breaking<sup>1</sup>**  
*Neuroscience, Psychotherapy and the Soul*

**Traumatised Psyche: Traumatised Soul**

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**Getting started**

When I started an earlier draft of this paper I made a reflective note to myself which says 'not for inclusion' but I have decided to include it.

*Self note, not for inclusion: so here goes, am finding this very difficult to pull together, I think that is partly to do with my emotional state (my mother died recently) and partly to do with the material. It needs a rather dispassionate view to be able to be outside and comment, and yet I am not outside. I am very much caught up with the material inside. This is a dilemma for all of us who work with trauma as the main focus of our work, regardless of the modality of practice that we apply. We are always inside and outside, sufficiently able to manage our own emotional resonance with the client's material as much as is possible without dissociating so that we are not in contact with the client. It is a challenge. "The patient's right brain can only develop as far as the therapist's right brain will take them" van der Kolk*

I also reflected that if we agree with McGilchrist's argument that society has become increasingly left hemisphere dominated, part of the reason for that is, I think, due to the increasing and unresolved trauma to the psyche and soul.

I have been working within the field of psyche-trauma for the last 8 years, using a phenomenological resonance based process of self-encounter, the theory and practice developed by Professor Franz Ruppert<sup>2</sup>. I have additionally practised as an integrative psychotherapist and Executive Coach, and as an organisational and leadership development consultant. I consider myself an action researcher in the area of psyche-trauma.

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<sup>1</sup> Other speakers: Dr Iain McGilchrist, author of 'The Master and His Emissary' and Dr Farhad Dalal, author and psychotherapist/group analyst.

<sup>2</sup> Professor Franz Ruppert, Professor of Psychology at the University of Applied Sciences, Munich, Germany

My opening message is that **talking about traumatised psyche/traumatised soul requires a dance between metaphor and science. One on its own is incomplete.** We need both to understand the depth and extent of inner experiences and their consequences.

The use of the metaphor of dance to describe this movement between the two takes us to the body. Traumatised psyches shape how we think about our bodies. Where the functioning of the right hemisphere is compromised, so is our ability to relate to the body as something we live in and through. Consequently there are problems in tuning into the information being conveyed by the body. This becomes clear in the resonance work I do, using a phenomenological process. Wittgenstien called the body a picture of the Soul, linking the two.

Trauma, Psyche, Soul are the metaphors we use to capture something we experience but for which there are no entities we can examine.

Trauma is one of those words which, like spirituality, can be used to mean many different things. It is clear when we talk about physical trauma, we can see the wound or find it relatively easily. But when used as a metaphor for psychological and emotional experience its use can be confusing; some use it to refer to an event(s) or a body response. I am using it specifically to mean a split in the psyche itself, the result of an unbearable or unmanageable level of stress which causes dissociation out of fear for life itself.

The term psyche is used to mean soul, spirit, breath of life. In this paper, I am using the term as used by Ruppert, to mean 'a complex psycho-somatic network', that is, the interaction of body sense, perception, energy, emotion and thought. We could also call that the sense of self. A traumatised psyche is one that has suffered a psychic catastrophe, when our very emotional/psychological/or physical life feels at profound risk of annihilation.

We might be able to use science to measure aspects of this, for example, scan brain activity or the level of stress hormones present. However, we feel and see the impact in the wide range of survival and adaptive behaviour which are designed to keep the inner chaos at bay; that is dissociation, hyperarousal and a wide range of adaptive and avoidant behaviours, which distract us from the inner pain or are used in the attempt to numb it.

As a definition of the soul, I am using McGilchrist's which is of an 'elusive energy process, not matter; a disposition towards life'. A dimension of inner experience then, that is somewhere between the emotional, the mental and the physical. Iain talks of the right hemisphere's capacity to have a sense of what he calls the 'Other', something other than us, or bigger than us, from which we came and to which we may return. Some may refer to this as spirituality.

The idea of soul being a disposition towards life, together with the idea of there being a mysterious life force which has to be chosen, feels pertinent to the world of the traumatised psyche and the ability to keep living despite terrible experience. Sometimes it is too much, of course, the traumatised person runs out of that disposition, there is too much for even the living soul to contain. The term 'soul sickness' is used by some to describe the damage to life essence expressed physically through somatic illness or emotionally, usually coupled with a loss of meaning of 'being' in the world.

My thought is that the energy of the soul runs through the psyche. If the psyche is fragmented by trauma the energy flow is seriously disrupted, distorted and blocked.

The science part of the dance, is that of neuroscience and developmental neurology. McGilchrist's book and those of many others provide valuable explanations and insights.

So I repeat, thinking **about trauma, psyche and soul requires a free flowing dance between the resonances of metaphor and science**. McGilchrist has done this in his book and it is this dance that I have been thinking about as I put this talk together.

Having got some definitions out of the way, what is it that I want to talk about today? I have found it challenging to get to grips with this; I kept going round in circles. I lost my footing. I thought of what I might say and then it went. I think that is part of what can happen engaging with this material. However, after much reflection these are the points I choose to focus on:

- Psyche-trauma starts early in life, it is cumulative and involves a trauma of identity. Unresolved it becomes multigenerational, passed on from one generation to the next.

- The prevalence and impact appears to be increasing. For example, I saw in a local newspaper in London last weekend: “one in three children in Hackney last year was classified as at risk; the number of children at risk has risen by 29% over the last 4 years”. These are just the children where the traumatising environment is evident. How many more are hidden from public view behind middle class doors or boarding schools? The impact is great for these children as adults, their families and the corporate world. I would echo the view that it is THE public health priority as it seems to be increasing, despite all our efforts. I will be saying something about my understanding of what constitutes a traumatised psyche and some of the reasons why I think we have such a problem.
- One of the key elements in understanding psyche-trauma is getting to grips with what Ruppert terms the victim:perpetrator dynamic and how denial, numbing, distraction and illusion play a part in avoiding the reality of having been a victim or a perpetrator.
- Throughout all of this there is a healthy self, through which we can be fully grounded in the world, and where the soul/life force can be met. We need to connect with this before the fragmentation of a traumatised psyche can be integrated into our identity.

### **Traumatised Psyche**

As I move into talking more specifically about what for me constitutes a traumatised psyche, I need to give two warnings. The first is the danger of narrowing the focus too much, so that we lose sight of the bigger picture and the second is that using models, while they can illuminate, can also limit our thinking. However, I am going to narrow us down, and use some models, in the spirit of enabling right and left hemisphere communication.

While much is known and being written about trauma, I think we are only just beginning to understand more fully what happens in psyche-trauma. We are still exploring, and debating, what brings it about, what the consequences are and how to help recovery, putting metaphor and science together.

I am talking about the development of an individual’s psyche, their own complex network of body sensations, emotions, perceptions, energy and thoughts. I am particularly focusing on the implications for brain development and early years’ experience.

## **Earliest experience, from conception through to first years of life**

I share the view that the greatest percentage of all adult traumatology has roots in utero and the early years' experience. That is not to deny the horrifying impact of war, famine, travelling dangerously across the world as a refugee, and of violence beyond early childhood. These of course have a major impact on the individual psyche. The impact of these is much deeper where there is an earlier psyche-trauma.

As a complex system we know that causation is not a linear process, that many factors are at play in how brain and psyche development is affected. However, the relationship with the mother and environment is a major influence.

There is evidence now, I understand from reading Allan Schore's work, that due to the early development of the limbic system during gestation, dissociation can and does occur in utero. So psyche-trauma can start before birth. Causal factors may include:

- the conditions of conception, especially rape
- the mother might be in a physically abusive relationship
- maternal ambivalence about the pregnancy and/or attempted and failed abortion
- a difficult birthing process where the life of the mother and baby might be at risk
- the baby having surgery in-utero.

Clearly these factors have an impact on the woman, but they also have an impact on the developing psyche of the infant, and on the relationship between the two.

Other causal factors include:

- the loss of mother or close person on whom ones survival depends in early life, through death or abandonment or illness and separation
- many neonates are nursed for weeks, sometimes longer, in an incubator
- some mothers become physically and emotionally ill and have to go away for their own wellbeing; the baby or young child can't understand any of that. With this in mind, I have just been reading about the 'left children' of Chinese parents who have to go away to cities to work and return annually. A modern phenomenon, but so it goes on.

## **Traumatised psyches are fragmented psyches**

The infant's limbic system and right hemisphere develop in-utero and there is a brain growth spurt from the third trimester through to 18/24 months of age. This means that the brain and psyche development is shaped by the relationship with the mother and the external environment. The right hemisphere stores the internalised model of attachment relationship and strategies for affect relationship that are those of the mother.

Where the mother has a traumatised psyche herself, her own lack of contact with her body, her neediness or internal terror and pain means she can't attune to the baby or fully and consistently meet the baby's symbiotic needs for food, warmth, safety, attention and being seen. She lacks the ability to comfort herself, so is unable to provide interactive repair to the baby who is overwhelmed by fear, instead provokes hyperarousal or dissociation. While many mothers may be able to be mesmerised by their baby and feel the 'maternal reverie' or enormity of love, to quote Bion, for others that intensity is terrifying. That might show itself to others in a number of ways, or is only be experienced by the infant.

The baby may come to be seen or experienced by the mother, and her partner, as a stranger. In response the child sees the anger or dissociation in the mother's eyes and is terrified for its own survival. It does whatever it can to get any contact with the mother, finding ways to entice her to care for him/her, anything to avoid abandonment which would mean certain death. These adaptive patterns form an entanglement which plays out throughout later relationships with self, others and with work. Ruppert calls this a 'trauma of love' for the child.

That mother's own psyche was in turn shaped by the lack of attunement with her mother and subsequent experiences which caused the psyche to fragment further (for example sexual or physical abuse, violence towards her). And so it gets repeated. It is multi-generational.

The father's or current partner's psychological trauma is also important, in the extent to which they are able to provide reparative emotional support, and protection, to the mother and baby; together with the extent to which they have the capacity for emotional regulation and do not resort to anger or frustration with the baby or mother.

There is no biological imperative for the mother to bond with the baby for her survival; in fact her physical and psychological survival may lead her to abandon the baby. Many mothers are very ambivalent about a pregnancy, an estimated 1:3 babies are unwanted at conception. However, there is of course, a biological imperative for babies to cling to the mother, no matter how terrifying that contact might be. The fear of abandonment is real. If abandoned, the baby or young child will die.

### **Trauma to the psyche is cumulative**

A traumatised psyche is vulnerable to further fragmentation. For example, if the trauma to the psyche has started in utero, it may continue in the non-attuned relationship with the mother. Mothers with cumulatively unresolved trauma themselves are less able to protect themselves or their child. Their ego boundaries are damaged as is their ability to make executive decisions. They may find themselves in abusive or unsupportive relationships as a result. The children of such mothers are therefore highly vulnerable to neglect, physical and/or sexual abuse within the family or close community.

Using a hypothetical example: a child of deeply traumatised parents, neglected by their emotional absence, goes looking for some contact and finds an older couple, just down the lane. They let the child play in the garden, give sweets, alcohol and cake. The wife leaves the child alone with the husband. He sexually abuses the child for 8 years, starting when the child is 4 years old. Nothing is said. No one at home sees. The child doesn't tell wanting to spend time in the garden and is terrified of what would happen if the father found out. The child turns to alcohol in adolescence, which continues through adult life; and possibly self-harms or develops a chronic illness.

The more a child is exposed to such events, the more complex is their trauma, the more fragmented is their psyche, and the greater the need to dissociate or become hyper-aroused or use survival strategies which have serious consequences for the individual and for the relationship with their own children.

I will say more a bit later about what Ruppert calls 'bonding system trauma', where generation after generation in a family carries and is affected by sexual and physical abuse.

In such contexts there is so much betrayal, shame and secrecy. The legacy is of deep confusion within the psyche about trust and love. However, children go home, it is the only place they know, even when home offers little or no comfort, protection or safety.

### **A traumatised psyche is a trauma of identity**

Traumatised psyches are fragmented. There is no coherent flow along the network of body, mind, emotion and life force. Dissociation, the escape when there is no escape from traumatising experience, produces dead spots in remembering. Memory itself is stored implicitly and in a fragmented form, deeply in the unconscious. As we know, trauma memory can be inaccessible and if it comes back, returns in a fragmented way. As McGilchrist tells us, the implicit can only be made explicit with a functioning right and left hemisphere, and with effective communication between the two. Early psyche-trauma has a negative impact on that potentiality. As such the narrative is broken up, and deep feelings are cut off from our awareness and our sense of self.

From conception onwards the infant is processing information; affected by maternal hormones and the environment they are in, whether they are a twin for example. Perhaps this is metaphor, but there is a sense that the baby has a self in waiting. The impact of non-attunement to the right hemisphere affects the development of this sense of self,

Self-awareness is part of brain development. The frontal right lobe expands if there is a playful interaction with the mother; it is the playground for the growing self. Where this relationship is affected by the traumatised psyche of the mother, with the consequent impact on the development of the baby's limbic system and right hemisphere, the self cannot develop in the same way. The baby learns to become the baby the mother will respond to, or the mother's idea of what a baby is, to quote Winnicott. In so doing it 'gives up on' the development of its own self.

In place a constructed or false self is developed made up from identifications with the mother and others on whom they depend, and from attributions given to the baby. Such attributions may include that the child is a replacement for a previous child who has died, or is expected to take on the characteristics of the family member they are named after.



The constructed self becomes to be felt as 'normal' but over life it can break down, as the effort to keep it in place is too great. It can come to feel as if we are living someone else's life.

**A traumatised psyche is therefore an identity trauma.** The playground for the growing self was more of a battle field, which the baby learns how to survive and takes that into adulthood. It can come to be confusing about what is and what isn't 'me/I'. The process developed by Ruppert which I work with brings this confusion to the surface. Whose trauma is it? Whose survival strategies? Who am I, what is mine? If we are not clear who we are, that is, the 'I in my body', as a core being, we cannot know what we want for ourselves for a healthy existence. If we don't know what we want we cannot harness the resources we need as adults to obtain it. We need a functioning right hemisphere for self-motivation, for the movement towards our own life. Ruppert is now using the term Identity Trauma for his theory and work in this area.

Finding out factual information can help that identity reformation. For example, it helps to find out about the mother's situation as a child of her parents, the situation of conception, pregnancy and birth of oneself, finding out as much as one can about the situation for the father, as a son and grandson. We have to be able to separate out what is our psyche-trauma and that of the mother, father or grandparents that we have identified with as part of our distorted development of self.

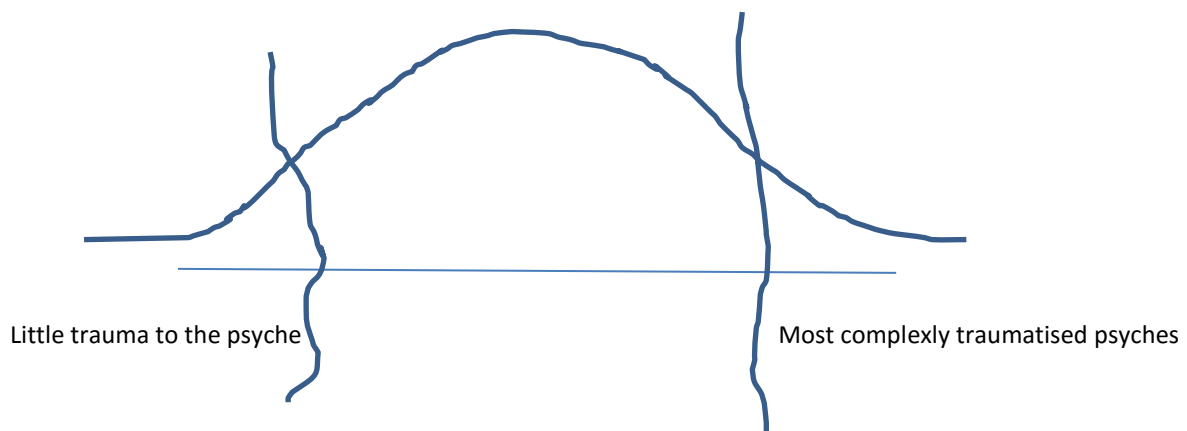
Not having a clear identify makes it hard to integrate our own cut off feelings and brings deep insecurity.

### **'Traditional' and now more complex forms of conception and parenting**

I realise that the picture I am giving it is of a traditional and heterosexual form of parenting. There is another conversation about the traumatised psyche where the gestational mother is not the same as the person raising the child and where the role of meeting the symbiotic needs of the baby, the 'mother' function, is taken on by another male or female. The changes to conception and child rearing in our society bring another dimension to thinking about the psyche and brain development which I don't propose to go into. It is an area for us to engage with though as we develop our understanding of the self and psyche.

## Normal distribution of traumatised psyches in population

I see distribution of the complexity of trauma as a normal distribution curve –



I have no data for this, of course, so it is another metaphor. Those whose traumatology is the most complex are the ones who are more likely to have to draw on deeply damaging survival mechanisms such as alcohol and drug misuse, mental health problems including depression, dissociative identity disorder, bipolar diagnoses.

However, there are many families and individuals, who to the outer world carry very well hidden, traumatised psyches. The traumatised mother who finds the intimate contact needed to attune with her baby re-traumatising, and who trains the child to be the baby she expects, one she can cope with. In such families nothing looks 'wrong' to the outside world, it looks like a 'happy family'. The stories told in the family obscure the problems and difficulties, and perpetuate the illusion of happiness.

Challenging this narrative can feel very dangerous and disloyal, bringing up old fears about abandonment and rejection. Telling the truth can feel very dangerous for many whatever the context for their trauma.

I recognise the danger of implying, as I am, that traumatised psyches are widespread, if that results in a victim culture. I think it is important to acknowledge the reality without falling into victim attitudes.

People say, 'but I wasn't abused or anything'. Of course sexual and physical abuse is a further major assault on the psyche over and above attachment trauma/trauma of love or early trauma. However, to see that as the only way ones psyche can be traumatised is a

form of denial about the reality of one's situation. It therefore closes down any exploration of the way the mind and the psyche has become entangled with the needs of the mother or father, and repeated in further relationships with self, others and with work. It makes integration of cut off experience impossible.

Here, I would like to draw your attention to a poem by Carole Ann Duffy, entitled "We remember your childhood well". For copyright reasons I can't include it here but I recommend that you look it up. It expresses what I am saying so well.

### **My second overall point is to ask why is psyche-trauma on the increase?**

I have a few thoughts on this as an observer and not as having researched it. My thoughts are these:

- as a society we do not take psychological trauma seriously
- we don't understand psyche-trauma and attend to its symptoms and not what lies behind
- the environments in which we live and work can regularly re-stimulate the cut off trauma feelings, this results in dissociation and behaviour which attempts to block out the inner chaos that results.

### **Not taking trauma seriously**

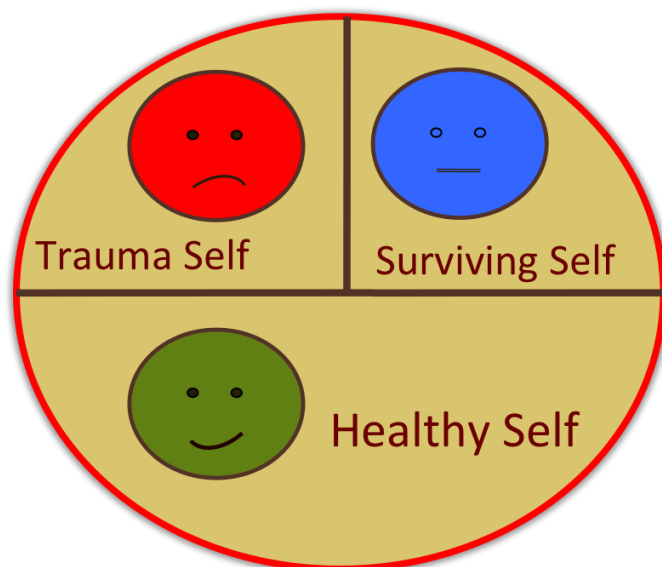
This is not the area I wish to get into deeply in this talk, but I think it is an area we all need to think about and take seriously. That thinking would involve societal and political responses as well as personal ones. We would need to explore why society is in denial about trauma, doesn't want to understand it, why it wishes to blame the victims, why we don't fund schemes that enable more individual healing or that support mothers with their babies, why society supports perpetration through denial.

As a side step, I do some work about what trauma and coaching have to do with each other. Look in any business or coaching book index, you will never see trauma listed. When I

started talking about trauma to the corporate world, I was told not to use the word trauma as it would scare people; I was being asked to fudge it. Initially, I thought, maybe they are right. Maybe I should so that I can talk about this area. But then I thought, if I don't name it I am colluding with the denial and avoidance. I am trying to bring this topic into the corporate world, not only at the level of the individual and team, but also about the retraumatizing contexts of the nature of some of the work itself.

I think one of the reasons that psyche-trauma is increasing in prevalence is that there is limited understanding of what psyche-trauma is, how it manifests itself and the consequences of that within society. And of course, that is a form of denial; not to know.

At this stage I want to refer to a simple diagrammatic illustration of the traumatised psyche developed by Professor Franz Ruppert through his work on identity orientated psycho-trauma.



©Professor Franz Ruppert

It is a simple metaphor but seems to echo the science. The proportionality of each segment varies, depending on the complexity of the trauma experience and, in response to retraumatization from the environment. In such cases, the healthy self is diminished, and the survival and trauma selves enlarged.

In trauma, he states, the psyche splits and a survival self is created through the dissociation. This has the function of suppressing the inner chaos caused by the traumatising experience through a range of adaptive behaviour. One might say that the left hemisphere takes charge, whether that is strictly true or not I am not sure, but in the spirit of metaphor, what gets cut off is the access to body information, deep emotional processes and imagination. What gets put in place is a controlled, managed experience. When this is not possible or that breaks down, the survival is through the use of alcohol, drugs, sex, overwork, anything to try to block out the feelings and the body.

The trauma self represents the fragmented memory of emotions (shame, rage, terror, helplessness) physical sensations and cognitions, all of which are stored deep in the unconscious. These are connected to the body, as they are held as implicit memory in the right hemisphere. As long as trauma is unresolved, the stress hormones are always on high alert, leaving the person fighting unseen dangers. The trauma self is frozen in time and doesn't mature. In retraumatisation, the body remembers, producing an intense somatic and emotional response, which leads to a stimulation of survival strategies.

What I like about Ruppert's model, is the reminder that a healthy self, the capacity to have some sense of core self that is, remains however fragile that might be. This healthy self is free from the entanglements with others; it represents the grounded self as described by others, enabling good contact with the body, with the capacity for emotional regulation, capable of facing reality, of being responsible for oneself. It offers a connection with the life spirit, that elusive energy of soul. It is the part where the soul energy can flow freely. It is that which takes us to places where we can seek some meaningful resolution. Part of my work is about enabling those I work with to connect with this part, and to experience how that connection is blocked by the survival parts. In so doing, enabling some expansion of this healthy self, some remodelling of the brain and psyche through phenomenological experience.

Of course mothers with a traumatised psyche also have access to a healthy self and will connect with their baby through this at times. It is the lack of predictability of that contact, and the switch between healthy, survival and traumatised parts in the contact which adds to

the traumatising of the psyche of the baby, and is repeated by them in further relationships.

In early trauma the development of the limbic system is affected, resulting in memory impairment, dissociation and the avoidance of re-experiencing inner pain by turning the attention away. We develop survival strategies or adaptive behaviours. It is these that cause ongoing problems for ourselves and those around us. It is not so much the trauma itself that causes the problems but how the feelings and experience is cut off, and perhaps denied, and what gets created in order to survive. Denial is a core survival strategy. No one wants to remember trauma, we would all rather hold on to the illusion of safety. At the same time, there is such great shame associated with having been a victim of traumatising experience and so much of the memory is implicit, that remembering can be challenging. Other survival strategies<sup>3</sup> include:

- avoidance of intimacy, instead we repeat the entangled relationship of early life, consequently relationships with others and with work suffer
- control of self, for example over our bodies as in anorexia and over exercising and control over others to keep them where we can deal with them
- numbing through alcohol, drug abuse, compulsive sex or shopping
- distractions: we find any number of ways to distract ourselves from feeling. To quote TS Eliot from the Four Quartets: “We are distracted from distraction by distraction, filled with fantasies and empty meaning”.

The body however, remembers, and is always present when the mind might be elsewhere. As Nietzsche said “symptoms are the crying out of the body, telling you it has had enough”. Psycho-somatic illness is an illness of the soul, a distortion of the life energy. Trauma to the psyche compromises the ability to keep body and soul together. We need a functioning right hemisphere to have insight into illness and inner experience. Without that, the unconscious processes expressing themselves somatically are seen as something happening to us rather than coming from us. We become cut off from our body as a source of information and as part of us. The left hemisphere has a different relationship with the body, it is detached

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<sup>3</sup> Term used by Professor Franz Ruppert

from it and treats it more as an object, so it cannot 'make up for' deficits in the right hemisphere's functioning

The traumatised psyche, as I said earlier, is vulnerable to additional splitting if the individual experiences further life threatening relationships or situations. Because the trauma feelings are cut off and out of awareness they are vulnerable to being retraumatised by the relational or external environment. By this I mean, the trauma feelings and stress hormones bursting through the control of the survival self. This can be very frightening.

This retraumatisation is out of our awareness and the switch is made to reinforce the survival behaviour. This is the result of the failed integration of the higher and lower part of the right hemisphere; triggers to emotional pain are not experienced in the consciousness. As an illustration, I will turn to the corporate world where I have worked with many teams and individuals.

For many, the world of work, the roles chosen or assigned, the relationships and the groups one becomes part of are retraumatising, triggering enhanced survival strategies. For some work may always be retraumatising, leading to work avoidance. For others the nature of the work itself may bring higher risk of potential for retraumatising, for example the armed forces, rescue services, and in health and social care. For many, it is the context of the particular role or work environment. What are being triggered are the trauma feelings of lack of safety, rage, helplessness, shame and terror. These are blocked by a variety of survival strategies:

- bullying, perpetrating on others, claiming, misusing and holding onto power
- misuse of control and dominance, belittling others, making life hell
- drinking or take analgesics regularly, over-exercising compulsively
- compulsive over-work "if they don't want me they will surely need me" or "if I don't demonstrate my value I will be abandoned"
- can't find work that suits them or are repeatedly out of work, change jobs or careers frequently, or can't cope with work

- see those around them as persecutors and themselves as a victim of the system but stay locked into it
- suffer high levels of occupational stress; including burnout; become ill.

Work disturbance is as much an indicator of trauma to the psyche as other forms of survival. And yet, as I said earlier, there are only very few mentions of trauma in books on work and corporate world.

The armed forces have done a lot of work on post traumatic stress and the impact of being in the field of war and the type of war being engaged with. However, I see that as only part of the picture.

I have also worked with clinical teams, that is, teams of nurses, doctors, psychologists, care workers, where cumulative untoward clinical incidents or mistakes in an uncontained situation (where leadership and management is constantly changing, for example) leads to retraumatisation. That is, the trauma feelings of helplessness, terror, rage and shame are triggered in the individual team members and in response, they apply exaggerated survival mechanisms to block those out. Managing the team becomes impossible as the whole unit becomes caught up in victim attitudes and through increased control and aggressive behaviour, perpetrate on each other, finding scapegoats.

**This brings me onto my third overall point today. That one of the other reasons I think trauma to the psyche continues and is on the increase is that we do not face up to the victim and perpetrator dynamics which are an inevitable part of the survival self.**

Psychological trauma is the territory of victims and perpetrators. We can see this clearly in trauma of violence and in sexual/physical abuse. However, it is harder to think of the mother as a perpetrator in her non-attunement, but the effect is the same. The baby is a victim of her traumatised psyche.

In all psyche-trauma, there are actual victims and actual perpetrators, both suffer trauma to the psyche and both develop survival strategies to avoid facing reality and reliving the shame and pain.



The survival strategies of the victim are well documented by Ruppert and others:

- freezing and dissociation at the time
- protection of the perpetrator especially if a close family member
- clinging emotionally to the perpetrators
- not seeing perpetrators as perpetrators – being vulnerable to further perpetration
- identifying with the needs of perpetrators
- disgust at one's own weakness
- assumption of guilt
- becoming a perpetrator to oneself or towards others.

The survival strategies of the perpetrator will seem clearer to us now we have seen the exposure of Jimmy Savile and other perpetrators. People become a perpetrator if they do harm to someone else (by violence, murder, theft, betrayal, dishonesty) or to themselves. During the perpetration individuals feel tremendous guilt and shame, but that gets split off as part of trauma feelings.

The survival strategies of the perpetrator, identified by Ruppert, include:

- not seeing the harm/denial
- blaming and insulting victims
- feeling oneself to be a victim
- claiming an ideology for/justifying their actions, as in a cult
- demonstrating 'good conscience' – doing 'good works' for charity or society
- continuing to claim and protect their power.

We tend to focus on the victims of perpetration, which of course we must. However, most perpetrators were victims. In situations of domestic abuse, rape or sexual abuse of children the perpetrator will use the perpetration as a survival strategy and each act will be retraumatising for him or her.

As well as these specific survival strategies, an internalised dynamic is set up within both victims and perpetrators. Ruppert describes this as acting like a pendulum that swings between victim and perpetrator attitudes; alternating feelings of powerlessness and rebellious fury.

Developing a victim attitude prevents an individual taking the action they need and could take as an adult if they could harness the energy of the healthy self and life spirit. As a child we had no choices especially if no one saw what was happening and gave us any. We were dependent on those around us for our survival. I think here of that survivor of a very neglected upbringing, due to alcoholic and clearly traumatised parents, who aged 11 or 13, took her siblings with her to the police station and asked to be taken to a place of safety. This was an extraordinary act for a child to have had the resourcefulness to be able to take. As an adult though, there are choices. Painful ones, no doubt, and requiring courage, but we do have them. The victim attitude stops people taking the action they need to save themselves.

The internal perpetrator, called Diabolical Figure by Kalsched and described by him as being part of the 'self-care system', creates an internal or physical self-abuse to keep away from the internal pain of psyche-trauma. This self-abuse may be in the attributions we give to ourselves, or were given and retain for example - I am bad, I am rotten inside, I am unlovable. Or it may include self-harm as in cutting or anorexia or over-work or attempts at self-numbing and other survival strategies.

This internal perpetrator will be acted out on others. In a non-physically harmful way this might be through control or undermining of others, or bullying. Higher up the scale of impact it might be through sexual, physical and emotional abuse of those seen as weaker, often children and women, within the family or close community setting.

This abuse of others in a family or community, called a bonding system trauma by Ruppert produces a vicious cycle that sucks in more and more people and can go on for generations producing violence, murder, incest and sexual abuse. The whole bonding system is dominated by trauma and the associated shame, secrets and denial. The result is generation after generation of men, women and children, experiencing abuse themselves and surviving through dissociation and the 'family' survival strategies. These include the perpetration of others or being unable to recognise a perpetrator, confusing love and violence. The perpetration of others becomes a way of getting away from one's own inner chaos and victimhood. This is another reason why there continues to be an expansion of psyche-

trauma. We have seen in the Jimmy Savile case the extent of perpetration. So much is hidden, so much covered up, so much denial, avoidance and distraction.

Working with victims is essential of course, and the earlier we start and find proper places of safety the better. As adults, it is possible to turn away from a family dominated by trauma; how can we protect children and give them somewhere to feel safe? We also have to find ways of working effectively with the traumatised psyches of perpetrators.

### **My fourth main point today: The Healthy Self and the Soul**

Having ended up in the darkest area of trauma to the psyche and soul, I would like to pull us back to this idea of the self, which is beyond that created by our parenting, and to the soul, that energy process which flows through the psyche where it is able to.

Trauma to the psyche, involving the limbic system and the right hemisphere, is a shock to the unity of the person and threatens to extinguish that energy and life force. Shengold called this 'soul murder'. The trauma to the psyche creates a form of inner void, a sense of emptiness or 'holes in the Soul'. I was convent educated and became terrified at the idea of Limbo and Purgatory : for those of you who didn't have a catholic education in the 50s, these were seen a places in the afterlife, on the edge but not part of hell but not in heaven either, where souls went who did not meet the criteria for heaven or hell. The idea given to me as a child was that it was a kind of deathly waiting room, with no distractions. It was a relief to me to read Kalshed's ideas of the 'Limbo of lost souls' being a metaphor for the inner sanctum that the self-care system took and kept the 'soul child' in to keep it away from suffering. My terror as a child was accurate in some ways, in that I was terrified of engaging with my own soul child as it would mean dealing with my own reality.

There is no doubt that trauma to the psyche, and the lack of soul energy being able to flow freely, brings a lack of vitality, of spontaneity, of self-compassion. Compassion and caring for others while being unable to feel self-compassion is a distraction, as such it is a survival strategy. That elusive energetic process, the disposition to life, is deadened by survival strategies; it is frozen with the cut off trauma feelings leaving emptiness and despair.

The only way to move towards an integration of the fragments of the psyche is to develop contact with the healthy self. We can do this by becoming aware of our survival strategies, which are unconscious (it is estimated that only 5% of our memory is conscious). This is the clearing away of misconceptions, attributions and identifications, revealing the space within us which allows us to stop, to remain still and to be with ourselves. This is the basis of the phenomenological resonance based work developed by Franz Ruppert.

We can also build up the healthy self through practices that take us into resonance with ourselves, such as yoga, tai chi, meditation, body movement; activities that offer an encounter with the self. Through contact with the healthy self we can begin to face the reality of our experience, without retraumatisation. We can allow memory to emerge through work with the body and bring the cut off experience into light.

Some try to bypass this through engaging in survival strategies disguised as healthy ones, the distorted mirrors, to quote Kalshed. For example, some think working to forgive the perpetrator or to find a relationship with the perpetrator will be healing, and the work is focused on that, rather than engaging with one's own more painful integration. True forgiveness is to step out of the victim:perpetrator dynamic as described by Ruppert; to claim oneself and to stop 'looking' to the perpetrator for some kind of salvation.

Others engage in faux spiritual practice. I hesitate here as I realise I may be entering dangerous territory. Engagement with spiritual practice from the survival self can become a spiritual bypass, trying to shore up a shaky sense of self with spiritual practice rather than through the complex emotional and psychologically embodied work needed. It is another relational entanglement looking for the contact that was missing in childhood.

The RSA project: "Spiritualise: revitalising spirituality to address 21<sup>st</sup> century challenges", explores the concept and practice of spirituality at great depth. The report talks about many of the positive and healthy forms of spirituality needed now; however, it also identifies that there has been what they term a growth in 'capitalist spirituality' – the subversion of the spiritual into commercialisation, and as such, into a market.

It is no surprise to me that there has been a huge growth in spiritual practices at the same time as there has in traumatisation. There is a quest for something, for meaning, and for

wholeness. I consider the urge for healing and wholeness as a spiritual practice coming from the life energy, from the functioning right hemisphere's ability to have a sense of the other.

However, a searching for safety can be a survival strategy in disguise and this searching provides a market opportunity at a time when so many carry a traumatised psyche and soul.

Engagement through the healthy self, it seems to me, enables an engagement with the spiritual and with ones life reality, facilitating a means of grappling with the complex and painful fragmentation of the inner world.

To think we can escape from the reality of what happened to us is an illusion. The way to re-engage with the soul, that life spirit, is through the healthy self, free from survival strategies and able to allow cut off feelings to be integrated. That way authentic soul/spirit/self can come together.

Despite the reality of the extent of trauma to the psyche in our society I think there is hope. To lose hope is to fall into a victim attitude. We start where we can.

We have to take trauma seriously at the level of society, communities, families and individuals. We make the start by taking our own seriously and by doing what is in our gift to understand psyche-trauma so we can walk beside our clients in their endeavours.

Remember, "The patient's right brain can only develop as far as the therapist's right brain will take them".

**So the dance between metaphor and science continues.** I am most grateful to Professor Franz Ruppert for his teaching and to all those whose work I have drawn on. I thank them for their endeavours. I hope I have interpreted their work accurately and contributed to the dance. My world is more that of metaphor so I have been learning the dance steps.

I am reassured, however, as McGilchrist states in the last sentence of his book "if it turns out to be 'just' a metaphor I will be content. I have a high regard for metaphor. It is how we come to understand the world".

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