"SHAME ON YOU": EXPLORING THE DEEP

STRUCTURE OF POSTTRAUMA SURVIVAL
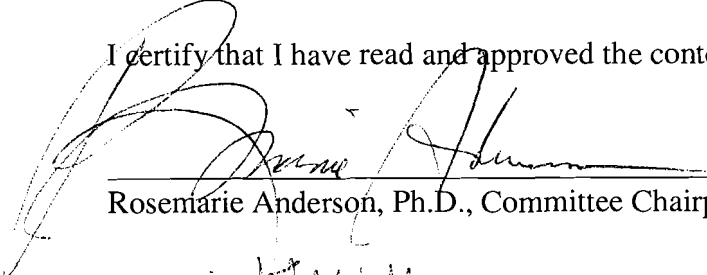

by

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I certify that I have read and approved the content and presentation of this dissertation:

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Abstract

"Shame On You": Exploring the Deep Structure of

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This research explores and refines a new theory. The theory makes a primary claim: that irrational self-blame specific to a traumatic event is an act of violence against an innocent self. As a consequence, because irrational self-blame is a belief rooted in shame, that act of self-inflicted violence sets up a shame-based ego-defense mechanism. Shame fuses with guilt and compromises the function of guilt to act as a moral guide. Compromised guilt is maladaptive guilt. Subsequently, a survivor's need for security becomes dependent upon maladaptive guilt, being chronically at fault. Maladaptive guilt is generated by controlling beliefs and behaviors in relationships with self and others, including God.

Utilizing a research method known as intuitive inquiry, interviews with 12 survivors and the researcher's documented experience of transformation during the course of the study revealed a *trauma bond* between the emotions of shame and guilt. This emotional trauma bond is an ego-defense mechanism enabling survival, and it is the core of a deep construct generating maladaptive guilt. Intuitive inquiry is a cyclic method that generates lenses into a topic. Asking how shame and guilt were experienced posttrauma produced 132 initial lenses that culminated in 2 final lenses into the deep structure of survival: (a) Embodied shame is a background upon which, (b) there is

movement between the polarities of vulnerability experienced as intolerable fear and maladaptive guilt experienced as intolerable weight. Results of the research show shame fused with guilt to be a learned functional neurosis that manifests in a classic approach-avoidance conflict with vulnerability. Results also indicate that irrational self-blame specific to the traumatic event emerges through maladaptive guilt as inability to forgive self. Implications are that when this functional neurosis is projected into relationships with God, self, and others, it drives subtle and overt acts of individual and collective violence.

Dedication

This work is dedicated to the innocent creatures of Earth and all her children who have survived and are surviving violence; and to the memory of those who did not.

Preface

> Weep and then smile. Don't pretend to know something you haven't experienced. There's a necessary dying, and then Jesus is breathing again. Very little grows on jagged rock. Be ground. Be crumbled, so wildflowers will come up where you are. You've been stony for too many years. Try something different. Surrender. (Rumi as quoted in Barks, 2001, p. 21)

On May 1, 2006 I had completed 11 of 12 interviews for this research and was waiting to see who would step up as the final participant. That day my brother, Steve, died. He was 58-years-old, a survivor of the Vietnam War, retired from serving the United States of America in such a dangerous and secret capacity I am not allowed to mention the few details we know. Although I love the synchronicity that a Vietnam Veteran eventually gave me a wonderful interview to complete my research, in my heart grieving Steve's death is interview number 12. At his funeral I told stories about the big brother I had known as a child, the big brother who never came home from Vietnam. Saying goodbye at his grave, I realized that because Steve never came home to the part of him that had been close to me, a part of me has been grieving the loss of him since 1973.

I know the broken hearts in my family join the broken hearts of millions who have watched and are watching loved ones or themselves succumb to self-destructive beliefs and behaviors. It is an experience of helplessness. Whether the result is literally the loss of life, or a life of unfulfilled potential, the loss of intimacy in relationships, or a broken relationship, or an irreconcilable relationship with God, self, or others, I pray this exploration into the deep structure of survival will lend solace to all of us left with the haunting question: "Didn't he love me enough to take better care if himself than that?" "Doesn't she love herself enough to make better choices than that?" I console my broken heart with the answer at the heart of this research: For any human being enslaved to

security dependent upon having control over intolerable fear, what looks like choice is not.

My knowledge of a deep structure in survival is rooted in the experiential ground of lifelong immersion in personal trauma and a 20-year career as a psychotherapist specializing in the treatment of trauma. I am looking at security needs dependent upon maladaptive guilt through the eyes of survivors, those of us disempowered by violence and experiences of oppression. Although the following study is based upon interviews I gathered from generous, courageous people willing to participate in this research, the stories told to me by every single child and adult who came to me for psychotherapy between 1986 and 2003 contributed to my intuitive knowledge of a deep security structure in survival. With gratitude, I bow to them all. Each of their unique struggles to bring light to inner darkness pushed me to the edge of my own survival structure, that deepest inner fortress where I was always the one in control, and where I was always safe. On that edge, I was finally able to hear Goddess challenging me to trust and surrender.

I began hearing that challenge in my body on the morning of 9-11-2001. I turned on the television to the image of airplanes crashing into the World Trade Center, human beings leaping to death, rescuers being overwhelmed by death as they rushed to help. With the world I wept . . . and I broke out in hives every day for a year. Until October, 2002, I could go no more than 3 days without taking massive doses of Benadryl. Familiar with hives as a lifelong reaction to personal trauma, I went to my doctor and requested a round of Prednisone to intervene. For the first time in my life, cortisone failed to meet my body's trauma reaction. My throat closed down, I could not breathe, my entire body

swelled, and I ended up in the hospital emergency room. My doctor was baffled. I told her not to worry, I understood the problem. "Unresolved trauma," I explained.

I understood, but I was flabbergasted. I believed I had gotten to the bottom of my trauma issues. As far as I could see, I was thriving on all fronts. For an entire year my body screamed a different story, demanding my attention. In January, 2003, I closed my private practice. In July, 2003, I began my doctoral work at the Institute of Transpersonal Psychology, determined to get to the bottom of what my body was trying to say.

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Mary Scott Wallace, my partner and soul mate who holds the lifeline while I, as she says, "go 20,000 leagues under the psyche"; for making me write shorter sentences when I get back. Thanks also for the contribution of your original artwork (p. 162). Without your love for me this dissertation would not be.

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The Global Ph.D. faculty at the Institute of Transpersonal Psychology for a fine education, especially my committee members: Dr. Rosemarie Anderson, my committee chair, for saying "again" until I got it right and, for directing me to the work of Dollard and Miller. You are a marvelous teacher and the best coach I ever had. I could not have accomplished this without your intuitive inquiry method, your compassion, and your Joyzee sense of humor. Dr. Ingrid Sell, for asking the questions that brought focus to this work. Your gentleness remains with me. Dr. Ana Perez-Chisti, for seeing me. Your

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introduction to the work of Annette Baier was invaluable. You are a life force on this planet and in my soul. My ITP advisor, Dr. Judy Schavrien, for reminding me, "You are a storyteller." And the ITP support staff, especially Rosalie Cook.

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And my dog, Agatha, for 14 years of facing trauma with me day in and day out; you always show me the way home.

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Chapter 1: Introduction

> As I now understand things, shame is the "sleeper" that fuels the irrational guilt whose malignant consequences Freud was the first to describe. The ferocity of the attack on the self in shame is something that everyone can introspect and observe. The ancients had a saying that "nothing is more wretched than when you feel ashamed for what you have done." They also knew that "to feel ashamed is a sort of slavery." The metaphors for shame—"I could have died on the spot," "I wanted to sink through the floor" or "crawl into a hole"—reflect our everyday understanding of shame's momentary lethal impact on the self. (Helen Block Lewis, 1987, p. 1)

Shame as an emotional energy that fuses with guilt to produce malignant consequences is comprehensively well-documented (e.g., H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002) in the field of psychology. This dissertation presents a theory that links irrational self-blame specific to a traumatic event with "shame's momentary lethal impact on the self." While irrational self-blame that occurs in reaction to traumatic experiences is also a well-established phenomenon in trauma literature (e.g., Herman 1992/1997; Hindman, 1983, 1985, 1989, 1991; Janoff-Bulman, 1992), the premise that it is a moment of self-inflicted violence that serves a survival function is novel. Based upon that premise my theory makes three innovative claims.

First, there is a *deep structure* to trauma survival. This deep structure is an ego defense mechanism that makes security needs dependent upon being guilty. Second, shame is both a traumatic experience and an inevitable consequence of severe trauma. Third, shame fused with guilt forms an emotional *trauma bond* at the core of this survival construct. Irrational self-blame as an act of unconscious violence against one's innocent self is at the core of the deep structure of survival this study explores because it is the cognitive glue that fuses shame with guilt to form that trauma bond.

A trauma bond is a relationship based on an attachment to an "other" that vacillates between being a source of nurturance and a source of hurt (Herman, 1992/1997; Hindman, 1991; B. James, 1994). In a trauma bond the "other" may be a valued individual or a valued institution (e.g., family, church, school, or workplace). I propose that in the deep structure of survival, the "other" can also be an emotion—guilt. The dynamic of any trauma bond is nurturance at the price of violence. Maladaptive guilt, the product of the trauma bond of shame fused with guilt, works like this: Guilt nurtures the ego by keeping it safe from the experience of powerlessness and intolerable fear in shame. Guilt hurts the ego by maintaining that safety on the basis of being chronically at fault. This trauma bond of shame fused with guilt constitutes the deep structure of survival.

When shame fuses with guilt, it compromises the function of guilt to act as a moral compass. Compromised guilt is maladaptive guilt. Maladaptive guilt is a "chronic, ruminative, unresolved type of guilt" (Tangney & Dearing, 2002, p. 45). Maladaptive guilt has lost its power to guide right behavior with rational thoughts (H. B. Lewis, 1971; Tangney & Dearing, 2002). In the theory being introduced here survival becomes dependent upon an emotional trauma bond that reestablishes a secure world perpetually split off from vulnerability experienced as intolerable fear. The price for maintaining that survival world is maladaptive guilt, being chronically at fault.

A survivor's controlling beliefs and behaviors generate chronic fault because control is a form of interpersonal violence (Hillman, 1995; Walker, 1979, 1983). Subsequently, controlling beliefs and behaviors that keep a survivor rationally at fault perpetually wrap supportive layers of reality-based power around the illusion of power in

irrational self-blame specific to the traumatic event. A survivor becomes locked inside a fortress of security dependent upon having control over vulnerability experienced as intolerable fear. In the survival construct being explored in this dissertation, the controlling beliefs and behaviors become the basis for security. Therefore, the specific question this research asks is: Can violence against self and others be observed in the controlling behaviors and belief constructs of survivors?

Establishing vulnerability associated with intolerable fear as a discrete and separate ground is critical for this reason: In the survival structure proposed the psychological foundation of security dependent upon a dynamic of interpersonal trust (Erikson, 1956; Maslow, 1954) is destroyed. It is replaced by a foundation of security dependent upon a dynamic of interpersonal control.

Annette Baier's (1993) morality of trust recognizes that unequal distribution of personal power in interpersonal relationships is the norm rather than an exception across a human lifespan. This unequal power norm begins at conception through early childhood when healthy ego development requires an interpersonal environment of "trust by those who are maximally vulnerable" (Baier, 1993, p. 106). The need for security dependent upon a foundation of interpersonal trust is a universal schema, and schemas represent our basic underlying assumptions (Janoff-Bulman, 1992).

> [S]chemas embody the rules and categories that order raw experience into coherent meaning. All knowledge and experience is packaged in schemas. Schemas are the ghost in the machine, the intelligence that guides the information as it flows through the mind. (Goleman, 1985, p. 75)

Baier defines vulnerability as the common ground between psychological and moral development dependent upon a universal schema of interpersonal trust. Psychological, moral, and spiritual development all grow toward the ultimate capacity to

consciously choose "security increasing sacrifice of security" (Baier, 1993, p. 15), which means the capacity to choose vulnerability in relationships with God, self, and others. The ground of vulnerability is a universal schema of security dependent upon interpersonal trust.

This research challenges the assumption that the capacity to choose vulnerability in relationships with self and others remains intact and accessible to survivors of trauma. I make that challenge because in the survival structure proposed, the psychological foundation of security dependent upon a dynamic of interpersonal trust (Baier, 1993; Erikson, 1956; Maslow, 1954) is destroyed. It is replaced by a foundation of security dependent upon a dynamic of interpersonal control.

This study concludes that security dependent upon having interpersonal control is a learned functional neurosis (Dollard & Miller, 1950). When the control neurosis replaces the trust schema, the capacity to choose vulnerability is supplanted. "Traumatic experience is held to contradict our grandest schemata and overwhelm our ability to process and incorporate new experiences. As the traumatic experience remains unincorporated it continually presents itself to consciousness in the form of intrusive symptoms" (Bracken, 2002, p. 56). Unincorporated traumatic experience is an experience of intolerable fear a survivor locks away in her or his unconscious. In the deep structure of survival this research explores, the lock is shame fused with guilt. That is how the functional neurosis of security dependent upon having interpersonal control replaces the schema of security dependent upon interpersonal trust.

Traumatic experience is defined here as any event that happens to an individual against their will that they consider violence. Whether the source of a traumatic

experience is natural violence or human violence [see page 22] the common, critical

factor in survival is what happens to the ground of vulnerability and trust in an

individual's ego structure. The claim that there is a deep survival structure is based upon

the viewpoint that when traumatic experience shatters the ground of vulnerability in

which trust has been rooted, vulnerability becomes an experience associated with

powerlessness, intolerable pain, and intolerable fear. Formerly the ground of being within

which an ego formed and consciousness of self in relationship with others developed,

vulnerability now splits from ego and becomes a lost paradise, a condition both yearned

for and feared, remembered and related to as separate ground. In psychological terms, the

deep structure of survival drives a classic approach-avoidance conflict (Dollard & Miller,

1950; see Figure 1) with vulnerability.

Approach-Avoidance Conflict
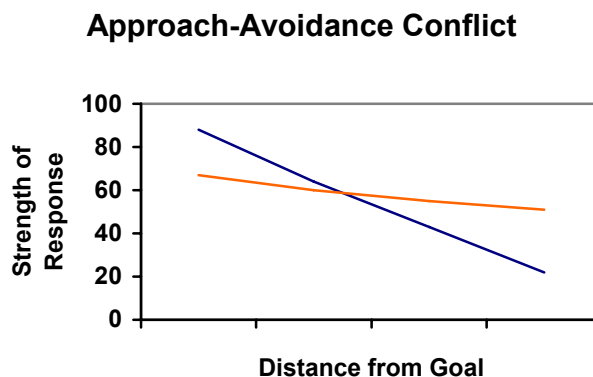
Figure 1. Approach-avoidance conflict (from Dollard & Miller, 1950, p. 356).

An approach-avoidance conflict results when an experience of fear becomes

attached to a desired goal. In response to any stimulus related to the desired goal, an

individual learns to avoid it and the avoidance behaviors are rewarded by decreased fear.

At a point far enough away the fear subsides and desire for the goal can motivate the

individual to risk an approach.

As seen in Figure 1, the blue line represents avoidance and the orange line represents approach. Both the strength of the avoidance response and the strength of the approach response is higher the nearer a survivor is to the goal. The strength of the avoidance response is always greater than the strength of the approach response near the goal. The steepness of the avoidance gradient is always greater than the steepness of the approach gradient. The steepness of both gradients is relative to the level of fear associated with the goal. Making vulnerability experienced as intolerable fear the goal, the gradients cross at the point where avoidance has been rewarded, level of fear is decreased, and risks can be taken to once again approach vulnerability.

This research reveals the deep structure of survival to be dynamic movement away from and towards vulnerability experienced as intolerable fear (see Figure 2). Looking at this chain reaction in my theory, trauma shatters a world of trust and creates an intolerable void experienced as intolerable fear. The void full of intolerable fear is experienced as powerlessness because secure ego boundaries have been annihilated. The reason shame is both an experience of trauma and that the inevitable consequence of trauma is shame is this: Both experiences are the result of an ego boundary annihilated by the actions of an "other."

The consequence of an annihilated ego boundary most germane to my theory is narcissistic wounding (Kernberg, 1975; Kohut, 1971). Narcissistic wounds are the result of damage to the ideal self, an individual's underlying schema of who they are and what purpose they have in the world. Narcissistic wounds range from mild to severe and manifest symptoms along the same range. Ego strength (i.e., resiliency) is a key variable that determines the level of narcissistic wounding in response to any trauma. The

"momentary lethal impact of shame on the self" (H. B. Lewis, 1987, p. 1) is an annihilated ego boundary that results in a narcissistic wound because powerlessness is the antithesis of an ideal self. That is why powerlessness always generates shame and rage (H. B. Lewis, 1971; Moore, 2001; Tangney & Dearing, 2002) as depicted in Figure 2 (see p. 10). Although shame, powerlessness, and rage provoking intolerable fear is the result of shattered trust, the ensuing relationship between shame and guilt and the irrational self-blame in the space between these two emotions is the focus of this research.

Irrational self-blame specific to the traumatic event, "my fault," enters the survival equation because it is the evidence of shame-rage turned against self in the experience of shame. "Humiliated fury . . . is the inevitable accompaniment of shame" (H. B. Lewis, 1987, p. 32). Rage is the energy in shame that fuses it with guilt. "Shame-rage hostility is quickly directed back upon the self by guilt" (H. B. Lewis, 1971, p. 198). Irrational self-blame is a belief construct attached to shame and rage (H. B. Lewis, 1971; Tangney & Dearing, 2002). "My fault" specific to the traumatic event is the first controlling act of violence in service to survival and it is an act of violence against an innocent self.

Irrational self-blame masks intolerable fear and restores a sense of security in this way: Irrational self-blame empowers a survivor by creating an illusion of control over the traumatic event. On the surface of irrational self-blame is a conscious belief: "I caused this traumatic event to happen to me." Hidden beneath irrational self-blame is an empowering premise: "If I had the power to cause this traumatic event, I had the power to prevent this traumatic event." In other words, if something about me or my actions caused this trauma to happen, changing something about me or my actions could have

prevented this trauma from happening. Because the self-blame is irrational, in other words, a lie, an act of violence against an innocent self occurs.

Imagining an ego defense mechanism standing like a soldier in the gap of a blown-up fortress wall, the soldier's choice is either the hell of powerlessness or an empowering lie. In psychological terms, that ego defense mechanism chooses between psychosis and neurosis. The lie is the price for sanity.

Figure 2 illustrates the formation and outcome of this trauma bond. From the point of being shattered the boxes around the outside of the red box describe what is going on with the arrows inside the red box. *Embodied shame*, represented by the red box, is shame rage that falls into the unconscious and is chronically reexperienced physiologically. Irrational self-blame rooted in shame fuses with guilt, morphs into maladaptive guilt, and the survival world comes together. "But" on the graph indicates the point where the distance from vulnerability lowers fear enough that a survivor begins to long for that lost world again. When the weight of having control via maladaptive guilt becomes heavy, the longing motivates a survivor to begin taking risks to approach vulnerability with self and others. When taking those risks results in being too close to intolerable fear, the survival world is threatened and controlling beliefs and behaviors reassert dominance. Like the flight of Iccarus, when a survivor gets too close to vulnerability, the wax of the survival world melts and a survivor is plunged into intolerable fear once more.

Maladaptive guilt generates controlling beliefs and behaviors that empower and protect a survivor's ego psychologically but harm a survivor physically and interpersonally. Maladaptive guilt becomes an intolerable weight that manifests

posttrauma in two ways: First as embodied shame and second, as controlling beliefs and behaviors. Shame becomes embodied because it is an overwhelming affective experience that quickly falls into the unconscious (H. B. Lewis, 1971; Tangney & Dearing, 2002). Physiologically, shame impacts the autonomic nervous system as a severe trauma that is then chronically reexperienced as pain and general health problems (e.g., Grosh, 1994; Masheb, Grilo, & Brondolo, 1999; Troop, Sotrilli, & Treasure, 2006). Against that embodied background, controlling beliefs and behaviors keep a survivor perpetually at fault. Paradoxically, a survivor is stuck in perpetual movement away from and towards vulnerability experienced as intolerable fear in relationships with God, self (including body), and others.

I use the word *survivor* because a common mistake in discussions about trauma is use of the term *victim*. In my view, victims of violence are physically dead. There is no such thing as a surviving victim of violence. An individual can be victimized by violence and survive, however that makes one a survivor.

The following literature review focuses on specific components in the deep structure of survival this research explores. Literature linking shame with trauma follows, highlighting embodied shame as an outcome of trauma. Chapter 2 concludes with an overview of shame fused with guilt in social and psychological theories.

Psychologically, this research attempts to set guilt free from the silent oppression of shame in the power relationship I see between these two emotions. Politically, accomplishing that task gives voice to the wordless oppression of shame, which places this research solidly within an *Emancipatory Paradigm* (Mertens, 1998, pp. 15-21), and
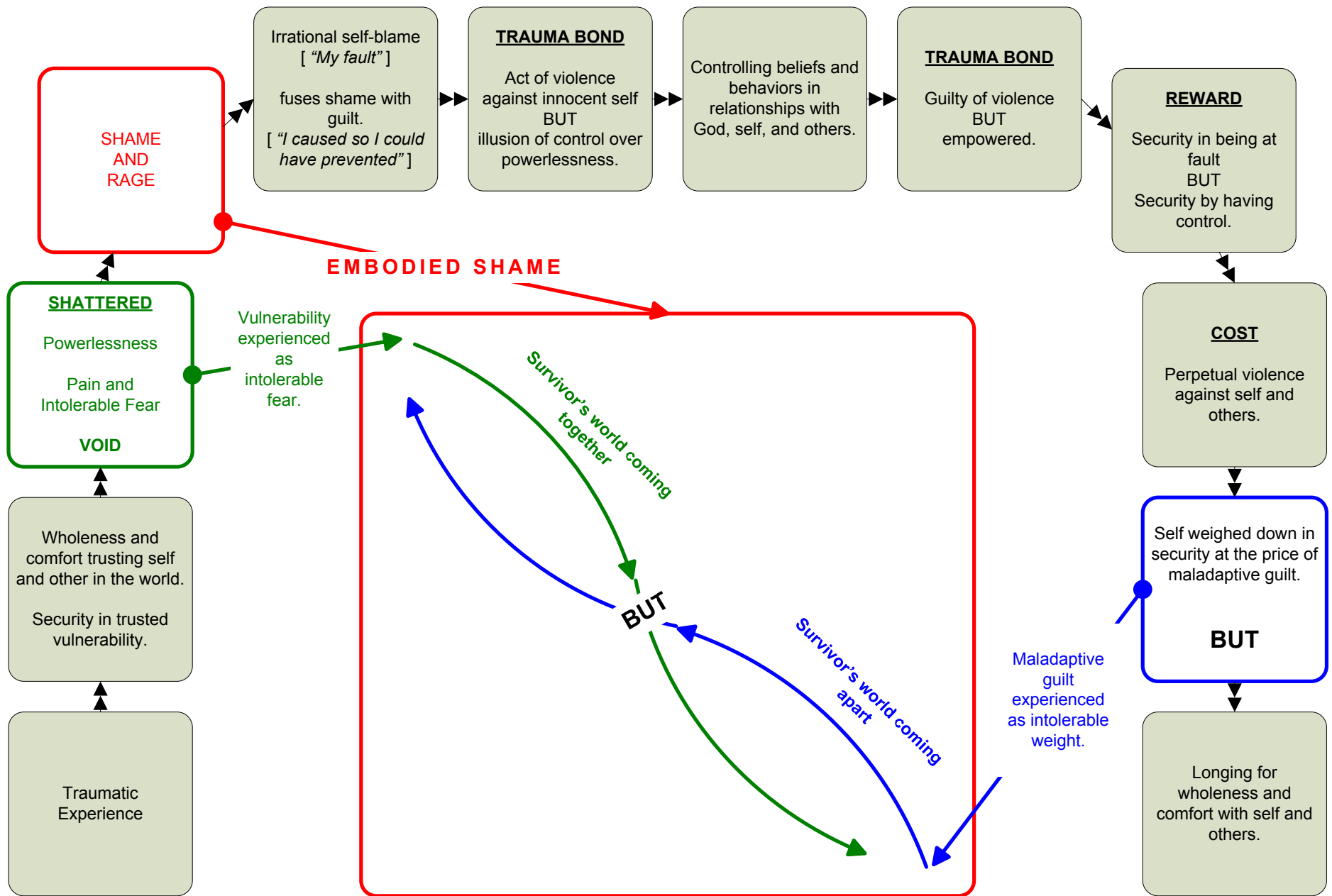
Figure 2. Cycle 4: shift in theory.

makes it a feminist (e.g., Braud & Anderson, 1998; Mertens, 1998) effort to seek out an unnamed and silent power schema that is timeless, cross-cultural, and cross-gendered.

In service to these goals, I envision communication of my findings to professional and general audiences through seminar and workshop presentations, and in written form through professional journals and book publication. From a transpersonal perspective, as humankind struggles to emerge from old ego-centered, separatist paradigms into an earth community consciousness, I hope to contribute insight into what drives chronic separation from self and others, including God. We are living the worst case scenario of religious violence that judges, hurts, and kills people in the name of God, and I feel a compelling need to share my theory as a piece to the puzzle of accurate interventions, prevention, and healing. I want to join my voice with the global voice of hope.

> No matter how wounded or weak or imprisoned you may be and no matter how difficult and hopeless your image of trouble may seem to you to be, there are enduring realities that come to your side and give you a chance to succeed in your struggle. (Moore, 2003, p. 42)

Chapter 2: Literature Review

> However horrifying the record of the past, and it is horrifying, and however persistent into the present the habits engendered in that bad past, the hope that sustains . . . is the same hope that morality is built upon, that by taking thought and using our powers of imagination and reflection we can do better, that we can identify the forces that make our lives gentler, more peaceable, and more responsive, and that we can separate out the forces that divide us, that make us angry and violent. Then perhaps we can work out the ways which the forces that make us gentler might be strengthened, and how they might even inherit the strength of the forces they have overcome. (Baier, 1993, p. ix)

Rationale for Selected Shame and Guilt Literature

When Helen Block Lewis pioneered research clarifying the differences between shame and guilt, she laid the foundation for understanding the trauma bond between these two emotions. Prior to the publication of *Shame and Guilt in Neurosis* (H. B. Lewis, 1971), shame remained fused with guilt and continued to be minimally observed and interpreted through the oppressive Freudian shadow of sexuality. As Lewis states, from the time of Sigmund Freud (1933/1961) until she began her research, the great, deeply analytical minds of psychology gave shame a quick glance and hurried on by.

Freud (1923/1962) views anxiety as the master emotion from which all emotions, including shame and guilt, are derived. Freud tucks shame into his explanation of *Penis Envy*, tagging it as a feminine characteristic with the purpose of hiding our inadequate genitals. Thereby, I believe, shame came to be a political emotion linked with sexuality that would require a feminist framework to set it free. I do not think it a coincidence that Lewis accomplished her research during the height of the feminist movement of the 1960s and published her book in 1971.

Within the Freudian framework, Lewis sets shame free from being viewed as an inferior emotion relegated to the regressive realm of the id and sets it on equal ground

with guilt in the superior functions of the super-ego. By elevating shame to different but equal status with guilt, I think Lewis makes the first critical step toward seeing the trauma bond between these two emotions. When Tangney and Dearing (2002) review the seminal work of Lewis through the lenses of all the empirical research into shame and guilt that has followed, they discover her foundation to be a solidly valid and reliable legacy. I use the terms *valid* and *reliable* advisedly. Based upon that empirically sound legacy, the life work of Helen Block Lewis is the primary informer of this exploration into shame fused with guilt as a trauma bond.

June Price Tangney is considered one of the world's foremost experts in shame and guilt, and I rely heavily on her work and the work of her associates. She helped develop the *Self-Conscious Affect and Attribution Inventory, SCAAI* (Tangney, Burggraf, Hamme, & Domingos, 1988). Later she collaborated in the development of the *Test of Self-Conscious Affect (TOSCA)* and all its subsequent forms (Tangney, Dearing, Wagner & Gramzow, 2000; Tangney, Ferguson, Wagner, Crowley, & Gramzow, 1996; Tangney, Wagner, Burggraf, Gramzow, & Fletcher, 1990; Tangney, Wagner, Gavlas, & Gramzow, 1991; Tangney, Wagner, & Gramzow, 1989). The TOSCA has been translated into many languages and is widely used in researching shame and guilt.

My theory that irrational self-blame in shame is an act of self-inflicted violence is supported by Tangney's reflection about her perceptions of God from a Catholic upbringing. She reports learning that "to be a good person, you have to feel *really* bad. . . . if you occasionally, inevitably sin, then your worthiness and closeness to God hinges on how bad you feel about those sins" (Tangney & Dearing, 2002, p. 1).

> One of the most hopeful and gratifying conclusions to come out of our 12 years of research on shame and guilt is that that notion is wrong. Dead wrong. You don't

have to feel *really* bad to be a good person. In fact, if anything, the data suggest to the contrary. In the realm of moral emotions, more is not necessarily better. Moderately painful feelings of guilt about specific behaviors motivate people to behave in a moral, caring, socially responsible manner. In contrast, intensely painful feelings of shame do *not* appear to steer people in a constructive, moral direction. Such intense moral pain about the self cuts to our core exacting a heavy "penance" perhaps. But rather than motivating reparative action, shame often motivates denial, defensive anger and aggression. (Tangney & Dearing, 2002, p. 2)

Lewis (1971) produced an empirically based list of the discriminating characteristics of shame and guilt (Appendix A). Tangney and Dearing (2002) produced a shorter, updated, empirically based summary (Appendix B). Their work documents the similarities and differences between shame and guilt that can be quickly grasped by looking at simple lists. Because my research focuses on the trauma bond of shame fused with guilt, I build upon the clarity of their work that discriminates between these two emotions, and I have not reiterated a review of literature distinguishing shame from guilt.

Tangney and Dearing (2002) conclude that,

"Pure" guilt, uncomplicated by shame, does not lead to psychological symptoms. In fact, such shame-free guilt appears to be quite adaptive, especially in regard to interpersonal issues. . . . We believe that guilt is most likely to become maladaptive when it becomes fused with shame. And it is the *shame* component that creates the problem. (Tangney & Dearing, 2002, p. 122)

Apart from this source, I could find no literature specific to experiences of shame fused with guilt as a trauma bond. For that reason, I have reviewed literature addressing shame as trauma. This study is weighted towards defining shame as trauma, and shame fused with guilt as a trauma bond. To provide balance, I lead with a definition of guilt for the purpose of distinguishing shame-free guilt from maladaptive guilt. Next I state my theory. I follow with discussions of the components of trauma that I see as essential to my theory. These essential trauma components are: (a) *Sources of Trauma,* (b) *Vulnerability and Trust*, (c) *Boundaries and Ego Development,* (d) *Powerlessness and*

Rage, (e) *Splitting*, and (f) *Trauma Bonds*. I review shame and guilt in theories of child ego development within the context of these components. Then I review literature explicating physiological experiences that link trauma with shame, with focus on memory and the brain. In conclusion, I give an overview of how I see shame fused with guilt being treated in social and psychological theories.

Guilt and Maladaptive Guilt

> In guilt there is an implicit distinction between self and behavior that essentially protects the self from unwarranted global devaluation while keeping the door open for changing guilt-inducing behavior and/or for making amends for its consequences. From this perspective, guilt is a hopeful, future-oriented moral emotional experience. Thus, a tendency toward "shame-free" guilt should be unrelated to psychological symptoms. (Tangney & Dearing, 2002, pp. 118-119)

In my theory, shame enslaves the ego to violent, controlling beliefs and behaviors of maladaptive guilt. The contrasting aspect of shame-free guilt I want to highlight here is that shame-free guilt is an experience of personal power and choice because guilt is a moral compass.

Guilt is an uncomfortable feeling accompanied by the belief that one should have behaved differently (Kubany, Abueg, Brennan, Owens, Kaplan & Watson,1995; Kubany & Manke, 1995). Guilt is being at fault. According to the *Oxford English Dictionary Second Edition Volume Six (OED)* (1989) the word *guilt* is prehistoric. Its origin is obscure, emerging from the mists of time through Christianity and "the fact that Old English *gylt* renders Latin *debitum* in the Lord's Prayer" (pp. 935-936). Guilt is "a failure of duty, delinquency; offense, crime, sin" (OED, 1989, pp. 935-936). According to *Webster's New Twentieth Century Dictionary of the English Language, Second Edition* (1958), guilt means "the act or state of having done a wrong or committed an offense; culpability, legal or ethical" (p. 809).

Lewis (1971) defines guilt as "a more articulated experience than shame, and a more dignified one. . . . Guilt is about things in the real world—acts or failures to act, events for which one bears responsibility" (p. 43). In the psychoanalytic viewpoint of Lewis, guilt may or may not be an affective state and is less likely to be an embodied experience. Within that viewpoint she also definitively separates the experience of guilt from the experience of unwanted exposure in shame because guilt is not "other" oriented. Guilt is an experience that is entirely self-contained because the self is in control of judging the self's actions.

The critical difference between shame and guilt being stated here, I believe, is the source of power. While shame is an experience of being exposed against one's will with the power located in the action of an "other," guilt is an experience of personal power.

> The position of the self as the initiator of guilt, and the determiner or judge of extent of responsibility, puts the self "in charge" of the hostility directed against itself. It also puts self in charge of the distribution of hostility, as well as the assessment of the happenings in the field. (H. B. Lewis, 1971, p. 45)

The creative energy of shame-free guilt is guiding reparative behavior in the wake of a moral transgression (Kubany & Manke, 1995; Kubany & Watson, 2003; H.B Lewis, 1971, 1987; Tangney & Dearing, 2002). Violated morality is the highly charged, common background where distinctions between shame and guilt get lost. "When shame and guilt are both evoked in the context of a moral transgression, the two states tend to fuse with each other and to be labeled guilt" (H. B. Lewis, 1971, p. 35). The phenomenon of survivors blaming themselves for surviving when others have died is an example.

> The question of "survivor guilt" continues to haunt us. . . . Norwegian psychiatrist and Auschwitz survivor Leo Eitinger argued that "most survivors had the same self-reproaches one can hear in all cases of losses: 'If I had done this or that or if I had not done this or that, perhaps he or she would have lived today.' Such "guilt," which Eitinger prefers to call self-reproach, *is not specific to*

survivors but represents a common human response [italics added]. Psychiatrist Anna Ornstein, also a Holocaust survivor, shrewdly refines this idea: "The frequently cited guilt in survivors, I believe, may not be related to having survived while others had died, but rather to the survivors' difficulty in reconciling their behavior and moral conduct during the Holocaust with their conduct and behavior under civilized conditions." (Langer, 1997, p. 65)

When the power of guilt to amend behavior is compromised by shame it becomes maladaptive guilt (Tangney & Dearing, 2002). Factors other than shame may contribute to maladaptive guilt (H. B. Lewis, 1971; Tangney & Dearing, 2002). Tangney and Dearing (2002), however, report an intriguing discovery.

Several years ago we created the TOSCA-2, augmenting the TOSCA with a new subscale aimed at tapping a chronic, ruminative, unresolved type of guilt (Tangney, Ferguson, et al., 1996). . . . A primary interest was to see if we could tap a Maladaptive Guilt, distinct from Shame.

Results were not encouraging. First, in this study of 381 undergraduates, the correlation between proneness to Maladaptive Guilt and shame-proneness was $r =$ .74. That is about the highest correlation one could expect, given that neither measure is perfectly reliable. This suggests that the two scales are assessing identical constructs. More important, there were no discernable differences in the correlates of Shame and Maladaptive Guilt across a broad range of domains (anxiety, depression, anger and aggression, constructive anger management strategies, self-control, perfectionism, self-esteem, attachment, ego identity, ego strength, fear of negative evaluation, dissociation, embarrassment), other than the fact that the magnitude of the effects tended to be stronger for shame. (p. 45)

Hence, maladaptive guilt looks like shame fused with guilt as defined by Lewis (1971).

The back and forth ideation about guilt leaves the patient in an insoluble, plaguing dilemma of guilty thoughts which will not solve. It can thus happen that a by-passed shame event is indistinguishable from a bout of guilty thoughts. (p. 234)

A definition of *alexithymia*, a key descriptor of the shame experience (H. B. Lewis, 1971, 1987), could also be used to define maladaptive guilt as an outcome of shame fused with guilt. Most simply defined, *alexithymia* is an inability to describe emotions in a verbal manner (Wikipedia, 2005, p. 1). As a psychological disorder, *alexithymia* is described as being characterized by cognitive-emotional deficits including:

> Problems identifying, describing, and working with one's own feelings, often marked by a lack of understanding of the feelings of others; confusion of physical sensations often associated with those emotions; few dreams or fantasies due to restricted imagination; and concrete, realistic, logical thinking, often to the exclusion of emotional responses to problems. (Wikipedia, 2005, p. 1)

I compare this definition of alexithymia with Lewis's (1971) description of the

characteristic defenses of shame and guilt.

> Since shame is a painful affect, its characteristic defense is turning away from the stimulus situation. Denial is thus a characteristic defense against shame. Guilt, in contrast, lends itself to the dissipation of painful affect in the thoughts about the events. There is thus an affinity between guilt and isolation of affect, and rationalization. On the cognitive level, shame tends to evoke repression of ideas, and so has relatively little cognitive content. Guilt tends to evoke loss of affect, leaving quite extensive cognitive content. Guilt can also be a defense against the feeling of inadequacy in shame. (p. 89)

With all the definitive factors reviewed thus far, I map the difference between

shame and guilt this way: Shame is an embodied, always affective, sometimes cognitive

experience of intolerable, unspeakable powerlessness. Guilt is a behavioral, sometimes

affective, always cognitive experience of choice about how to respond to a moral

transgression. That is why Lewis (1971) could say guilt is more dignified, easier to

endure, and easier to look at than shame. I see the difference as critical to understanding

the relationship between these two emotions as a trauma bond.

The Structure of Survival: A Theory

> Once, after a long litany of negativism, I shouted at Raymond in desperation, saying: "But Raymond, you are a good man." And with a most emphatic voice he shouted back: "No, no I am not!" And suddenly I realized that he was clinging to his deep sense of guilt as the only way to make sense out of his immense suffering. All the violence that rips the world apart became suddenly visible in the "No, no I am not!" shouted by my own brother. (Nouwen, 2001, p. 45)

My theory is that irrational self-blame in an experience of shame is an act of self-

inflicted violence. Serving to defend an ego against the annihilating experience of

powerlessness and intolerable fear, shame fuses with guilt to form a schema of power in

having control. The trauma bond of shame fused with guilt accomplishes that task by

locking the experience of powerlessness and intolerable fear in the unconscious. I

contend that the key to that lock is irrational self-blame. Irrational self-blaming beliefs

endemic to trauma reaction have been attributed to guilt in trauma literature (e.g., Bard &

Sangrey, 1979; Cascardi & O'Leary, 1992; Janoff-Bulman, 1992; Joseph, Hodgkinson,

Yule, & Williams, 1993; Kubany, 1994; McNeil, Hatcher, & Reuben, 1988; Miles &

Demi, 1991; Resick & Schnicke, 1993; Spaccarelli, 1994). Irrational self-blame,

however, is a cognition linked to the experience of shame (H. B. Lewis, 1971, Appendix

A; Tangney & Dearing, 2002, Appendix B). In response to the traumatic event, this is the

irrational self-blaming belief I see masking intolerable fear with an illusion of control: "If

I had the power to cause this to happen to me, I also had the power to prevent this from

happening to me." Irrational self-blame is a lie, known more diplomatically as a

counterfactual belief. Counterfactual belief constructs, "If only . . ." thinking, are part of

the phenomenological experience of shame (Niedenthal, Tangney, & Gavanski, 1994;

Tangney & Dearing, 2002: Appendix B).

Specific to the traumatic event, irrational self-blame is not a choice. Believing a

lie is the price an ego *is forced* to pay to survive the shame that results from

powerlessness. The outcome is an ego split. A survivor's sense of security becomes

dependent upon maintaining separation from vulnerability associated with intolerable

fear in the shame experience. That is how maintaining security by way of controlling

beliefs and behaviors becomes the sovereign source of power in a survivor. The need for

security in having control is the code by which all survival experience is interpreted, and

upon which all survival behaviors are based. Controlling beliefs and behaviors in

relationships with self and others are the footprints of shame fused with guilt.

> Individuals who strive for power as a way of life strive to maximize their power
> in relation to others. They will do so through their position or role and will even
> seek out those of us who are perhaps weaker or less secure, and hence are more
> easily influenced. Power-seeking individuals prefer to gain control in relation to
> others and also remain in control when in any interpersonal situation or human
> relationship. To share the power is precisely what they are unable to do. . . .
> Striving for power over others allows only the self to feel powerful, in control or
> in charge. Power becomes the means to insulate against further shame. Power can
> also become the means to compensate for shame internalized earlier in life. . . . To
> the degree that such a person lacks other adaptive means of coping with such
> recurring threats to self as shame, power-seeking must inevitably be resorted to in
> the face of threat. For defenses are rarely if ever so effective that they completely
> exclude all felt experience of threat. (Kaufman, 1985, p. 89)

Masking intolerable fear with irrational self-blame is an effective ego defense.

However, because irrational self-blame is a lie, it is an act of violence against an innocent

self, and it is a false security. Maintaining a sense of security dependent upon a self-

blaming lie is like fleeing into a high cliff fortress built on the edge of a mudslide. That

foundational lie is like the mud in constant need of a solid container. Guilt is perpetually

generated by the very real act of self-inflicted violence in irrational self-blame. That

subtle event, continuously reenacted in habitual controlling beliefs and behaviors, is how

maladaptive guilt contains the lie and masks intolerable fear. Rational guilt attached to

irrational self-blaming shame is the first layer of rational reality wrapped so tightly

around the inner core of ego-defended powerlessness that the two emotions become one.

Because controlling behavior is violent behavior (Hillman, 1995; Walker, 1979, 1983)

fault is perpetually generated to support the irrational lie. Cycles of violence driven by

overt and subtle controlling beliefs and behaviors is well established in trauma literature

(Herman, 1992/1997; Walker, 1979). I agree with James Hillman's (1995) description of control as a subtle interpersonal violence employed to control intrapersonal rage.

> Control, for all its self-assured position of command, relies on a defensive vision, and the traits enumerated—enforced loyalty, exactitude, suspicion of the hidden, watchfulness—are paranoid traits. . . . What is really hidden that the paranoia defends against yet never sees? What does "losing control" conjure up? Smashing a window, roaring, screaming, cursing out that bastard or that bitch? Bombing the place? A whole range of childish, melodramatic, sloppy, hysterical, crazy behaviors. To be out of control has come to mean wild—and helpless, and thus powerless. (p. 112)

I disagree with Hillman's description of what the paranoia defends against yet never sees as childish. In the survival construct postulated in this study, what the paranoia defends against yet never sees is hellish and terrifying.

Components of Trauma

When I began my counseling career in the 1980s, my trauma work was informed by the early pioneers in child sexual abuse and domestic violence (e.g., Bass & Davis, 1988; Finkelhor, 1979, 1984; Hindman, 1983, 1985, 1989; Horowitz, 1986; Sgroi, 1982; Walker, 1979, 1983), where the focus was on self-blaming guilt. Shame went largely unmentioned, or the two emotions remained fused in discussions of guilt. Judith Herman's classic book *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror* (1992/1997) brought Posttraumatic Stress Disorder (PTSD) and the pervasive problem of trauma out of the shadows into light. She places the experiences of powerlessness, rage, and guilt in trauma on main stage. Shame, however, is scarcely mentioned in her book.

Ronnie Janoff-Bulman's classic book, *Shattered Assumptions: Towards a New Psychology of Trauma* (1992), brings awareness of shame into the therapeutic arena within a Cognitive Behavioral framework. She sees the splitting action of shame.

Focusing on self-blame, her theory comes very close to the subtle event of self-inflicted violence at the core of maladaptive guilt. She splits survivor guilt into *characterological* and *behavioral* (1992, p. 125) self-blaming responses. These two responses relate respectively to enduring personal qualities such as self-esteem being shattered, and beliefs regarding personal power in choice being shattered. She intuits the guiding, reparative energy of shame-free guilt. Her theory gets tangled up, however, trying to "make the case for adaptive motivation in survivor self-blame" (p. 124) by attaching both characterological and behavioral self-blame to guilt. Because she does not address shame as a separate emotion, I think she overlooks the trauma bond of shame fused with guilt. Her theory recognizing the self-blame split does lay the foundation for cognitive practitioners who have recently begun to base treatment plans upon shame-based or guilt-based trauma (Bryant, Harvey, Dang, Sackville, & Basten, 1998; Lee, Scragg, & Turner, 2001).

That shame fused with guilt continued to elude these brilliant minds in the early days of shining light on trauma underscores the fact that shame hides and masks itself in subtle ways. Nonetheless, these pioneers sharing what they learned working in the trenches of traumatic experience guided my career, my own recovery from trauma, and helped shape my trauma theory.

Sources of trauma: Natural violence and human violence. All traumas are the result of some level of violence.

> The confrontation with one's own survival is a defining feature of traumatic events, whether the victimizations are the result of natural disasters, serious accidents, diseases, or criminal attacks. (Janoff-Bulman, 1992, p. 57)

While violence is the common denominator in any traumatic event, not all traumas are the same. The source of the power that violates is the difference. All creation experiences common traumatic events due to our fragile existence in a world infused with forces more powerful than human, individually or collectively. Humans have named these forces. Some humans worship these forces. Currently, in our Western, Americanized culture, we call these forces Mother Nature. We see her power in birth, death, eco-systems, seasons, and weather—all manifestations of power originating in a source beyond the personal power of human choice. Human violence, on the other hand, involves the misuse of personal power. Intentional and unintentional violent misuse of personal power is species-specific to humans. That is because humans are conscious and gifted with the Godlike power of individual choice. This distinction, based upon the power of individual choice between natural violence and human violence, contributes to understanding trauma and how trauma has potential to contribute to either health or pathology in lifespan development.

The difference in how natural and human traumatic events are experienced is the difference between how we feel about thousands of people dying from a tsunami and thousands of people dying in a terrorist attack. It is the difference between how we feel about dying from a disease, or even just old age, and being murdered. It is also the difference in how we feel about wild horses dying from extreme cold in the wilderness or being hunted for profit as horsemeat. I hope wild horses do not know the difference between freezing to death and being hunted for horsemeat. Maybe they do. I do know humans know the difference. Consciousness about the source of violence at the moment of traumatic impact, as well as in its wake, critically influences whether or not ego-

defended survival is acute and transient or chronic and frozen. In either case, however, a vulnerable ego exposed to an experience of powerlessness against its will is the result. An ego being exposed against its will is a key descriptor in the experience of shame.

Vulnerability and trust. In its hallmarks of birth and death, vulnerability is both a universal fact and an impenetrable mystery. In both fact and mystery, like an endless echo from the beginning of creation, vulnerability is the result of an I/Thou relationship (Buber, 1996). There is no vulnerability without other. The condition of vulnerability is maintained by trust. When trust is destroyed, vulnerability is lost, which brings up the messy reality of human lifespan development. Interpersonal violence happens. "Trust is much easier to maintain than it is to get started and is never hard to destroy" (Baier, 1993, p. 107).

Within the framework of cognitive psychology Janoff-Bulman (1992) discusses vulnerability as being among one's core beliefs. She names three universal assumptions an individual forms about self in relationship with the external world:

1. The world is benevolent.

2. The world is meaningful.

3. The self is worthy. (p. 6)

Therefore, what happens to the matrix of vulnerability influences how an individual will perceive self and others, how an individual will behave in relationships with self and others, and an individual's physical and mental health (Bennett, Sullivan, & M. Lewis, 2005; Dutton, van Ginkle, & Starzomski, 1995; Negrao, Bonanno, Noll, Putnam, & Trickett, 2005; Rahm, Renck, & Ringsberg, 2006; Stuewig & McCloskey, 2005). "Theory and research on the developmental consequences of proneness to shame indicate

that it may be a vulnerability factor in the development of problems such as depression, aggression, social anxiety, and immune related health problems" (Mills, 2005, p. 26).

Annette Baier (1993) discusses "varieties of vulnerability and varieties of grounds for not expecting others to take advantage of it" (p. 100). Her *morality of trust* measures ethical behavior within a framework of the quality of care in interpersonal relationships, recognizing that unequal distribution of personal power is the norm rather than an exception across a human lifespan. From conception through early childhood, healthy ego development requires an interpersonal environment of "trust by those who are maximally vulnerable" (Baier, 1993, p. 106). I discuss psychological ego development in more depth below. I place this discussion of trust and vulnerability first because even though psychological development logically precedes moral development, healthy psychological development can only happen within an interpersonal environment of moral trust.

Whether the foundation of an ego is based on trust or mistrust is determined by how caretakers in an individual's early development handle personal power. "I have made attitudes to relative power and powerlessness the essence of trust and mistrust" (Baier, 1993, p. 105). Managing personal power in a way that engenders either trust or mistrust in others brings the focus to the individual's ability to make moral choices. Humans are not born with the ability to choose. "Acts of will cannot be attributed to infants" (Baier, 1993, p. 110). Paradoxically, personal power in choice emerges out of a condition of maximal vulnerability. Whenever vulnerability of any sort is violated, either maximal vulnerability of the helpless in relationship with powerful others, or chosen vulnerability of equally powerful individuals in a relationship, the result is mistrust.

When mistrust emerges out of vulnerability, security (Erikson, 1956; Maslow, 1954) is threatened and personal power becomes a need to either be regained or defended. That is how "trust alters power positions" (Baier, 1993, p. 105), why interpersonal trust is so vital, and why loss of interpersonal trust is devastating on so many levels, psychologically, morally, and ethically. Therefore, what happens to vulnerability first matters.

What happens to vulnerability first determines both the ability to choose and the moral quality of that choice. Ability to choose speaks to the psychological condition of an ego. Quality of choice speaks to moral condition and ethical behavior (Baier, 1993; Blackburn, 2001; Comte-Sponville, 1996). The learned ability to choose whom to trust and not trust, "good judgment and discretionary powers" (Baier, 1993, p. 103), dictates the health or pathology of the relationship where the condition of vulnerability exists. "When the trust relationship itself is corrupt and perpetuates brutality, tyranny, or injustice, trusting may be a silly self-exposure" (Baier, 1993, p. 120). The word *silly* belies the seriousness of the corruption in a relationship where what is trusted is perpetual *brutality*.

Destruction of the condition of vulnerability via betrayal of trust is a "rupture of the interpersonal bridge," which is how Kaufman (1989, p. 5) defines the emotional experience of shame. Shame is an embodied experience of powerlessness (H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002). The experience of shame is crucial to this exploration of vulnerability because shame is what emerges out of destroyed interpersonal trust. The energy of shame causes both the individual suffering a betrayal of trust and those observing it to turn away (H. B. Lewis, 1971). In psychological terms, ego

defense mechanisms relegate the experience of shame to the unconscious. This turning away causes what emerges out of destroyed vulnerability to immediately become invisible, to become a force that divides us and makes us angry and violent. What emerges from lost vulnerability is functional neurosis (Dollard & Miller, 1950; Freud, 1961), a learned way of coping with internalized fear that works to the goal of feeling secure, but not to restoring trust. "Without trust, what matters to me would be unsafe, unless like the Stoic I attach myself only to what can thrive or be safe from harm, *however* others act" (Baier, 1993, p. 100).

Within the framework of social learning theory (Dollard & Miller, 1950) vulnerability experienced as intolerable fear becomes both a drive (fear) and a goal (lost ground of trust) in a classic approach-avoidance conflict (see Figure 2). In their discussion of fear as a drive, Dollard and Miller theorize about a dynamic that describes the hidden trauma bond of shame fused with guilt.

> The other [theoretical possibility] is that the subject is not able to give a correct report of the true situation. An increase in fear, guilt, or some other drive may actually be occurring. This drive may be correctly labeled and reported by the subject. But at the same time, *or possibly just before, there may have been a greater reduction in some other drive that is unlabelled and unreported* [italics added]. This unconscious, unreported reinforcement may more than balance the punishing aspects of the experience. (p. 188)

There are four basic assumptions about gradients of approach-avoidance (Dollard & Miller, p. 352):

1. The tendency to approach a goal is stronger the nearer the subject is to it. This is called *The Gradient of Approach*.

2. The tendency to avoid a feared stimulus is stronger the nearer the subject is to it. This is called *The Gradient of Avoidance*.

3. The strength of avoidance increases more rapidly with nearness than does that of approach. The gradient of avoidance is steeper than that of approach.

4. The strength of the tendencies to approach or avoid varies with the strength of the drive upon which they are based. An increase in drive raises the height of the entire gradient.

In my theory, the drive is vulnerability experienced as intolerable fear. As a goal, vulnerability remembered as trust attracts (approach) and vulnerability remembered as intolerable fear repels (avoidance). Approach-avoidance neurosis as a prevalent behavior learned against the ground of intolerable fear is supported by Dollard and Miller (1950) who name fear as the universal human experience out of which neurosis is learned. Remarkably, they equate the experience of infancy with that of combat as they unravel "the myth of the happy child" (p. 129).

> In combat and in infancy the extremes . . . of fear, helplessness, confusion, and timeless strain are reproduced. . . . The higher mental processes cannot do their benign work of comforting. . . . These are the tumultuous circumstances in which severe unconscious mental conflicts can be created. (pp. 130-131)

They also speak to the reality that vulnerability lost becomes a perpetual condition and one that can happen at any time.

> Where conflicts are strong and unconscious, the individuals afflicted keep on making the same old mistakes and getting punished in the same old way. . . . This applies to all emotional dilemmas, to those which survive from early childhood and to those which are created in the course of later life. (p. 154)

Violated trust causes the condition of vulnerability to change from being an environment lived in and maintained by trust into a condition we are separated from and that is maintained by the need for security. Vulnerability lost becomes a condition related to, a separate other, both yearned for and avoided.

As long as vulnerability remains a separate condition, an individual will be in an unconscious approach-avoidance relationship with intolerable fear, bound to a defended ego enslaved to the need for security.

> If safety is what one values most, the womb or the grave is the best place for one, and, between the two, one will want the best approximations one can get to these places where one is sheltered from or beyond hurt. One will opt for places where one cannot respond emotionally to the emotions and other states of mind of others, cannot be pleased by their pleasure, disappointed at their lack of pleasure, hurt by their indifference, angry at their failure to be angered by insults, saddened by their choice to withdraw rather than forgivably harm, and so on. There is no safe love. (Baier, 1993, p. 47)

Boundaries and ego development. Trusted vulnerability is betrayed whenever boundaries are violated. Whenever a boundary is violated some level of trauma is the result. Healthy lifespan development begins with boundaries. I view this as learning the skills of boundary recognition, boundary setting, and boundary honoring. Development of consciousness is about recognition of an ego boundary, a self separate from others. This happens through recognition of a body boundary, learning to set body boundaries (e.g., toilet training) and learning to honor body boundaries (e.g., picking food up to put it in your mouth as opposed to launching it at someone else). Therefore, boundary recognition, boundary setting, and boundary honoring are the very first life skills a human being learns, or fails to learn, that establish the foundational strength or weakness of the ego upon which the rest of lifespan development will depend.

Interpersonal boundary recognition, boundary setting, and boundary honoring begins with learning about both I-and-thou (Buber, 1970/1996) having the power to say "No." "No" is the language of a healthy ego boundary. Ask any mentally healthy 2-year-old. They will tell you, "No." No matter what you ask 2-year-olds, they tell you "No" because saying "No" is exercising choice and choice equals power and power feels good.

Boundaries are the bottom line to the image of God reflected in the human exercise of the power of choice. That is because, in my view, the choice to be separate is the ontology of an ineffable God. The first knowable thing about the impenetrable essence of the God above God (Tillich, 1952) is manifest in a creation separate from a creator. The first product of a creation separate from a creator is a boundary that separates. My understanding of the choice to be separate as the ontology of God explains how I see the trauma bond of shame fused with guilt projected into relationships with self, and others, including God. That is because there is separation by way of choice and separation by way of violence. Separation by way of choice creates boundaries. Separation by way of violence destroys boundaries. Separation by way of choice mirrors the image of God. Separation by way of violence distorts the image of God. Violence is an act of trespassing against choice. The Sufi poet, Rumi, wrote about "The Fierce Courtesy" (Barks, 1999, p. 41) of God. The fierce courtesy of God is an act of honoring human choice. I believe that how human beings exercise freedom of individual choice in respect to personal boundaries determines whether the energy that choice creates and releases into the world is destructive or creative.

I see courtesy and violence as opposite actions in relationship to boundaries. I also see the spectrum of socially defined emotions, what Lewis (1971) named the "family of shame" emotions—"embarrassment, mortification, humiliation, feeling ridiculous, chagrin, sheepishness, discomfiture, being disconcerted, abasement, being abashed, disgrace, ignominy, dishonor" (p. 87)—experienced concurrently with a mild to severe spectrum of trauma. A key intrapersonal variable determining the level of severity in different individual responses to a traumatic event is pretrauma ego strength, sometimes

referred to as *resilience* (Herman, 1992/1997). The key interpersonal variable

determining level of severity in trauma assessment is the existence of a bond of trust

betrayed by the act of violence (Hindman, 1991). In both cases, shame results from a

ruptured interpersonal bridge (Kaufman, 1985, p. 5). Thus, the prerequisite for an

experience of shame is a bond with an "other."

The ability to attribute badness to either self (shame) or behavior (guilt) is

awareness of a self separate from others (M. Lewis, 1989, 1992; Tangney & Dearing,

2002)—an ego boundary. Strong ego boundaries are flexible and empowered with

choice. Weak ego boundaries are rigid and defended with controlling behaviors. An ego

boundary is,

> The ego barrier that guards an individual's inner space, the very means he or she
> employs for screening and interpreting the outside world and for modulating and
> regulating his or her interactions with that world. The person who grows up with
> clear boundaries can mature to a full and competent self; one cannot accomplish
> an identity without clearly defined boundaries. (Fossum & Mason, 1986, p. 63)

Recognition of a self separate from others begins to emerge between 15 and 24 months

(Broucek, 1982; Erikson, 1956; Freud, 1923/1962; M. Lewis, 1989). Shame and guilt are

advanced, socially determined developmental markers (Broucek, 1982; Erikson, 1956,

1987; W. James, 1890/1950). Although children cannot verbally distinguish between

shame and guilt experiences until age 8 (Ferguson, Stegge, & Damhuis, 1990, 1991;

Tangney & Dearing, 2002), both emotions are experienced earlier as a fused experience

of badness (Denham & Couchaud, 1991; Harris, Olthof, Terwogt, & Hardman, 1987;

Tangney & Dearing, 2002). That shame and guilt begin as a fused experience of badness

is an interesting developmental note in support of shame fused with guilt as a trauma

bond.

Because shame is primarily an embodied, nonverbal experience (H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002) and guilt is primarily a cognitive experience (Kubany & Manke, 1995; Kubany & Watson, 2003; H. B. Lewis, 1971, 1987), the human capacity to experience shame precedes the capacity to experience guilt (Tangney & Dearing, 2002). Even before developing a cognitive ability to recognize a separate self, an infant can experience rejection and shame (Broucek, 1982; Kaufman, 1985) as the result of a *ruptured interpersonal bridge* (Kaufman, 1985).

Erikson's (1956, 1997) classic stages of development locate shame and guilt in early childhood and place them both on the pathology side of his model. I think Erikson sees a preverbal trauma relationship between shame and guilt, or at least intuits shame fused with guilt. With shame leading to guilt in the third phase of life, ages 2 to 6, in Erikson's (1956, 1997) view the outcome of shame fused with guilt is loss of personal power (initiative) resulting in belief that independence is wrong. Applied to my theory, the belief that empowering choice is bad behavior is irrational, maladaptive guilt rooted in a shaming mistrust of self that is preverbal, alexithymic, and embodied. In essence, Erikson sees that preverbal shame locked in procedural memory of the amygdala will have an impact on the declarative memory function of the hippocampus in a child's ensuing cognitive development (see p. 49). Therefore, what happens in Erikson's first stage of life development, *Trust vs. Mistrust,* leading into the second stage of life development, *Autonomy vs. Shame and Doubt*, is critical to whether or not an ego boundary will be healthy and flexible or defended and rigid.

Adequate physical and emotional attachment between parent and child is universally accepted as the single most crucial factor in the first stage of healthy ego

development (e.g., Ainsworth, 1963, 1968; Bowen, 1978; Bowlby, 1969, 1980, 1988; Brody, 1993; Broucek, 1982; Erikson, 1956, 1997; Fossum & Mason, 1986; Hughes, 1997; Kohut, 1971; H. B. Lewis, 1987; Moore, 2001, 2003; Tangney & Dearing, 2002). If an infant fails to adequately attach due to either neglect of basic nurturance needs (Maslow, 1954) and/or abuse (Haugaard & Hazan, 2004; Zeanah, Scheeringa, Boris, Heller, Smyke & Trapani, 2004), the result is preverbal, embodied mistrust of others and of self (Erikson, 1956, 1997). Currently, this outcome is labeled Reactive Attachment Disorder (*DSM IV*, p. 116). Earlier however, Erikson understood that the outcome of flawed attachment will be shame that will undermine autonomy in the second phase of life, 12 to 24 months. Autonomy is the freedom of choice critical to developing skills of boundary recognition, boundary setting, and boundary honoring in awareness of an emerging ego separate from others. Autonomy is also the freedom of choice critical to shame-free guilt, the feeling that guides reparative action following an individual's recognition of the misuse of personal power. Erikson sees shame as a result of either failure to establish a trustworthy interpersonal bridge or *rupture of an interpersonal bridge* (Kaufman, 1985). When he distinguishes shame as the outcome of intra and interpersonal mistrust and the opposite of freedom, I believe Erikson names shame a trauma-specific emotion.

Francis J. Broucek (1982) echoes Erikson in his assertion that shame "is closely tied to the developing sense of self and reflects a disturbance in the interpersonal matrix out of which that sense of self develops" (p. 8). Although Broucek, like Erikson, sees the disturbance of *experienced shame* (Broucek, 1982, p. 4) in early developmental stages, he misses the trauma bond of shame fused with guilt. Shame emerges in his theory as a

sense of shame (1982, p. 5) serving a protective role "as the safeguard of our psychic life" (1982, p. 5). Where Broucek's theory does focus on shame as an experience in early childhood development, he makes a clear connection between shame and embodiment.

The embodiment of shame is a key factor distinguishing the shame experience from the guilt experience (H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002). Shame becomes embodied because it is an overwhelming affective experience that quickly falls into the unconscious (H. B. Lewis, 1971; Tangney & Dearing, 2002).

> In shame, there is what Laing (1960) calls an implosion of the self. The body gestures and attitude include head bowed, eyes closed, body curved in on itself, making the person small as possible. At the same time that it seeks to disappear, the self may be dealing with an excess of autonomic stimulation, blushing or sweating or diffuse rage, experienced as a "flood" of sensations. Shame is thus regarded by adults as a primitive emotion, in which the body functions have gone out of control. It is regarded as an irrational reaction for this reason also. (H. B. Lewis, 1971, p. 37)

The unconscious embodiment of shame is also a key factor for incorporating shame into traumatic experience, which I address below in a separate section devoted to the physiology of trauma and shame.

Rosemarie Anderson's *Body Map of Human Development* (2004b, 2006) recognizes the negative physical impact of trauma in the first, attachment, phase of life. Although she does not directly address shame and guilt, the pathology side of stage 1 in her model lists trauma as neglect and/or abuse that results in "chronic hyper-vigilance and chronic arousal resulting in an over-stimulated sympathetic nervous system" (Anderson, 2004b, p. 1). According to Anderson, this physical insecurity carried into stage 2 (ages 2-3) undermines the development of healthy ego boundaries and the ability to be "physically and emotionally at the center of one's world . . . separate from the world (and mother) and, therefore, vulnerable" (p. 2).

I see shame as trauma emerging in Anderson's model in the unhealthy "sense of disconnection or numbness in relationship to the world" (p. 1) and the extreme dysfunction of "narcissism disorders, borderline syndromes, and addictions" she names in stage 2 (p. 3). One way embodied shame surfaces is as addictions linked empirically to narcissism and shame rage (Dodes, 1990; Grosh, 1994). Critical to my premise that shame is trauma specific, Anderson's body map names trauma as an ongoing physical experience that is happening outside of chronological time. According to Anderson, whenever blocks occur across the spectrum of lifespan development "for a variety of reasons including unhealthy development as a child, adult trauma, or circumstances that are genuinely dangerous or life threatening" (p. 2), unhealthy symptoms will manifest consistent with physical correlates to the level of vulnerability being defended. In other words, whenever ego-defense mechanisms perpetuate unconsciousness in order to defend against real or perceived threats to survival, an individual gets stuck in unhealthy, undifferentiated stage 1 energy. With that acknowledgement, Anderson's model maps the embodied, psychological consequences of trauma that occur regardless of age at the time of traumatic impact.

Anderson's *Body Map of Human Development* is the equivalent of the *Lover Quadrant* in Robert L. Moore's (1989, 1996, 1999, 2001, 2003) neo-Jungian, four-quadrant model of ego development (see Appendix C, p. 249). I include Moore's *Analytical Structure of the Unconscious* (1996) because it has informed my work for many years. Influencing this study, his work clarified and deepened my understanding of boundaries. His model also recognizes how trauma influences ego development.

> The more you were hurt in your early development, the weaker your ego structure
> will be, and the more likely an archetypal pattern will colonize you and derail

your individuation. That is a fundamental assumption of my neo-Jungian psychoanalytic theory. (Moore, 2003, p. 36)

Moore's four specific lines of ego formation are bidirectional. An individual moves toward integration or disintegration depending upon how well the intrapersonal skills of boundary maintenance are learned and practiced in relationship with the Imago Dei, that golden, undifferentiated, grandiose energy in the unconscious out of which the human self emerges.

Moore's model embraces ego development from both the traditional psychoanalytical view of drive regulation (Adler, 1977; Freud, 1905, 1923; Horney, 1945; Jung, 1972) and newer theories emphasizing attachment and relationship (e.g., Bowen, 1978; Bowlby, 1969, 1980, 1988; Brody, 1993; Hughes, 1997). Moore stresses the classic Jungian (1972) view that for an individual to become a fully developed human self (ego), the ego must first be able to recognize the archetypal Self within and then be able to choose to maintain a boundary between that godlike energy and the developing human self.

A child does not have the ego strength to make this stand against that intrapsychic, godlike energy. That is why parents have the most difficult job in the world. The parent-child relationship involves teaching and learning boundary recognition, boundary setting, and boundary honoring skills. In Moore's paradigm, parents are the guiding line of nurturance, the creators and keepers of the family order. Parents are those caretakers who set, maintain, and bless the boundaries of the family kingdom. The developmental pain of separating from the Imago Dei in the unconscious begins in relationship with parent figures saying consistently, right from the start, "Hello. We see you. We love you. You are special. You are brilliant. You are going to live by our rules."

Thus a healthy foundation for boundary recognition, boundary setting, and boundary

honoring is established by the quality of the attachment and interaction between the child

and the adults responsible for regulating the child's grandiose energies. Developmentally,

when mature parental energy can be internalized, the ego can regulate autonomously. A

mature ego, grounded on this strong foundation and balanced in conscious relationship

with all four quadrants in Moore's model, would fit Mihaly Csikszentmihalyi's (1990)

being "in flow." Such a foundation stands in contrast to the mudslide foundation of

shame fused with guilt in an ego defending against vulnerability internalized as an

experience of intolerable fear.

    According to Moore, the pathological environmental factor of childhood trauma

damages ego development in the essence of being, the human "I am" emerging from the

Imago Dei. The delicate work of parenting is helping,

> [T]the baby with the little crown up there on a high chair come down to the
> human level. Parents have to help you. If they drop you by bringing you down too
> fast or too hard; or if they leave you up there by pampering you . . . you've been
> abused and/or neglected. The god self doesn't disappear. The god claims go into
> the shadow. The god claims go into the unconscious. (Moore, 1989, lecture)

    Thus childhood trauma results in narcissistic wounds. The god claims become

narcissistic disorders characterized by lack of empathy for the needs of others and

extreme self-centeredness (Masterson, 2000; Millon, 1999; A. P. Morrison, 1983, 1989;

Tangney & Dearing, 2002). In pathological narcissism "there is a center to the universe

and I am it" (Moore, 1996).

    Narcissistic wounds are ego boundary wounds germane to research into shame

fused with guilt as a trauma bond for the following reasons. The link between

pathological narcissism and shame is well-established (Gramzow & Tangney, 1992;

Kernberg, 1975; Klein, 1991; Kohut, 1971; H. B. Lewis, 1971, 1987; Millon, 1999; A. P. Morrison, 1983, 1989; Tangney & Dearing, 2002; Wurmser, 1981, 1987). Narcissistic entitlement impedes the ability to forgive (Exline, Bushman, Baumeister, W. K. Campbell, & Finkel, 2004). The primary ego defense mechanism of individuals with narcissistic disorders is splitting (Kernberg, 1975; Tangney & Dearing, 2002). Narcissistic wounds result in shame rage (Kohut, 1971).

Defended vulnerability is the result of narcissistic wounds (Kernberg, 1975; Kohut, 1971). "[T]he tenuous self-system of narcissists renders them especially vulnerable to painful self-focused experiences of shame. Moreover, narcissists typically develop many unrealistic expectations for themselves and others that, in effect, set the stage for experiences of shame" (Tangney & Dearing, 2002, p. 72). Narcissistic wounds breed rage, as reviewed below.

Powerlessness and rage. "Humiliated fury . . . is the inevitable accompaniment of shame" (H. B. Lewis, 1987, p. 32). Humiliated fury is rage. Lewis describes rage as the energy that fuses shame with guilt. She explains that when shame is evoked and not discharged it gets stuck in a "directional bind" (H. B. Lewis, 1987, p. 19) because an individual is both powerless in relationship to the shaming "other" and values the shaming "other." "To be furious and enraged with someone cared about . . . *renders one easily and simultaneously guilty for being furious. Evoked hostility is readily redirected against the vulnerable self"* [italics added] (H. B. Lewis, 1987, p. 19). This hostility redirected against the vulnerable self is the very real act of self-inflicted violence at the core of my theory. I propose that the trauma bond of shame fused with guilt is the defense

construct that protects an ego from being annihilated by the experience of intolerable fear in powerlessness. Powerlessness produces rage.

When an ego boundary is overwhelmed by violence that is severe level trauma, the result is powerlessness (Herman, 1992/1997; Horowitz, 1986; Horowitz, Wilner, Kaltreider, & Alvarez, 1980; Kaufman, 1985, 1989; H. B. Lewis, 1971; A. P. Morrison, 1983, 1989, 1996; Scheff, 1987; Scheff & Retzinger, 2000). Powerlessness is not an emotion. Powerlessness is an experience of impotence accompanied by the emotions of shame and rage (Herman, 1992/1997; Horowitz, 1986; Horowitz et al., 1980; Kaufman, 1985, 1989; H. B. Lewis, 1971; A. P. Morrison, 1983, 1989, 1996; Scheff, 1987; Scheff & Retzinger, 2000). The impotence of shame is an intolerable experience (Kaufman, 1985; H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002). Rage is an ego defending itself against the intolerable impotence of shame with destructive energy (Herman, 1992/1997; Moore, 2001, 2003; A. P. Morrison, 1983, 1989, 1996; Scheff, 1987). Rage is purely destructive energy (Herman, 1992/1997; Moore, 2003). Irrational self-blame, hostility directed against an innocent self, roots maladaptive guilt in the trauma ground of powerlessness because shame is an experience of powerlessness and powerlessness always produces rage (Herman, 1992/1997). "Rage always results from injuries to the maturation of the self sustained in a non-nurturant environment. Human experiences of neglect and resulting chaos always breed rage, and rage always results in more chaos." (Moore, 2003, p. 176)

Rage is the energy in shame that compromises guilt as a moral compass. "Shame-rage hostility is quickly directed back upon the self by guilt" (H. B. Lewis, 1971, p. 198). Shame-free guilt guides because it is an emotion empowered by rational thinking

(Kubany, 1994; Kubany & Manke, 1995; Kubany & Watson, 2003). "While guilt can motivate individuals to behave in especially prosocial ways in order to expiate it, shame can induce intense rage as one experiences a threatened and diminished sense of self" (Tangney & Dearing, 2002, p. xi).

Scheff (1987; Scheff & Retzinger, 1991) calls what I see as the trauma bond of shame fused with guilt a shame-rage spiral that "may accumulate such intensity and duration they might be experienced as overwhelming and/or unending" (Scheff, 1987, p. 112). The shame-rage spiral is "the phenomenon of having emotional reactions to one's emotional reactions, which may become a closed loop" (Scheff, 1987, p. 112). Scheff (1987) goes on to say that these closed shame-rage spirals "occur within or between persons or both" (p. 112). The closed loop of the shame-rage spiral (Scheff, 1987; Scheff & Retzinger, 1991) has been observed and described physiologically as *limbic kindling* (see p. 52). The closed loop of the shame-rage spiral has been observed and described behaviorally as the cycle of violence (Dutton & Painter, 1981; Walker, 1983).

Anger and love can be two common masks of shame-rage (Edinger, 1972/1992; H. B. Lewis, 1971; Scheff, 1987; Scheff & Retzinger, 1991; Tangney & Dearing, 2002). As masks both reflect ego defended splits that result from the experience of powerlessness. Because "anger is an emotion of potency and authority" (Tangney & Dearing, 2002, p. 93), anger as a mask for rage fueled by the perpetually experienced powerlessness of internalized shame is compelling (H. B. Lewis, 1971; Tangney & Dearing, 2002).

> Blaming *others* (instead of the self) can serve an ego-protective function . . . "the problem is *you* not me". . . By externalizing blame in this way, the previously shamed individual attempts to defend and preserve his or her self-esteem. (Tangney & Dearing, 2002, p. 92)

Rage is not anger. Not all anger is masked rage. "Mature anger seeks cooperative solutions. Rage simply seeks destruction of other" (Moore, 2003, pp. 174-175). Mature anger is a quality of shame-free reaction to being violated (H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002). Appropriately expressed and directed anger discharges hostility and prevents shame from fusing with guilt (H. B. Lewis, 1971; Tangney & Dearing, 2002). Mature, openly expressed anger is a behavioral indicator of mental health (*DSM IV*). When anger masks rage, however, it serves the trauma bond of shame fused with guilt. Once that rage mediated trauma bond of shame fused with guilt is projected outward,

> Defensive shame-based blame and anger may subsequently lead either to withdrawal (by either party or both parties) or to escalating antagonism, blame, and counter blame. In either case the end result is likely to be a rift in the interpersonal relationship. (Tangney & Dearing, 2002, p. 95)

Shame fused with guilt projected into relationships can also be rage cleverly masked as love. "If we have insufficient self-love or self-prestige, our need expresses itself unconsciously by coercive tactics [controlling beliefs and behaviors] toward others. Often the coercion occurs under the guise of virtue, love, or altruism" (Edinger, 1972, p. 161). Controlling beliefs and behaviors make connecting with others possible without the need to be connected with vulnerability experienced as intolerable fear. At the same time, controlling beliefs and behaviors create the frustration of approach-avoidance of vulnerability in connection with others.

> Survivors oscillate between rage and intolerance of aggression in any form. Trauma impels people both to withdraw from close relationships and to seek them desperately. . . .The traumatized person therefore frequently alternates between isolation and anxious clinging to others. The dialectic of trauma operates not only in the survivor's inner life but also in her close relationships. It results in the

formation of intense, unstable relationships that fluctuate between extremes. (Herman, 1997, p. 56)

These fluctuating extremes reflect an ego split off from vulnerability experienced as intolerable fear. The split is maintained by controlling behaviors that are the phenomenological evidence of maladaptive guilt masking intolerable fear. A Vietnam veteran describes the self-inflicted violence at the core of maladaptive guilt perfectly:

> To protect myself I constructed a very potent component to my personality which I termed "the survivor." I view the "survivor" as a domineering, judgmental part of my personality which kept me in total self control, always striving to do the right thing. To someone who has never experienced making a mess of his life, control is probably no big deal. For me, however, the only thing I desperately needed was the security that came from total control and domination of my impulses. In order to control all impulses, I kept myself at the mercy of the dominating survivor part of me, which was safer than having any choice, since there was the possibility that I might screw it up. (Paulson, 1994, p. 39)

From a family systems perspective, "Those interacting with the shame-bound person feel abandoned or at least temporarily left. This psychological exit is the loyalty to maintaining the shame by responding to its split voice" (Fossum & Mason, 1986, p. 51).

Splitting. Splitting incorporates two ego-defense mechanisms, projection and dissociation. According to Tangney and Dearing,

> Splitting is characterized by dramatic shifts in the evaluation of the self and others. In the course of everyday life . . . to alternate between the extremes of idealization, on the one hand, and degradation, on the other, in an attempt to avoid the conflicts and complexity of simultaneously dealing with both "good" and "bad" aspects of the self or another person. (Tangney & Dearing, 2002, p. 75)

Splitting, also known as dissociative coping, dissociation, fragmentation, and numbing, has been comprehensively well-documented.

> The word *fragmentation* is a key technical term in contemporary psychoanalysis. . . . It is simply another way of talking about *autonomous complexes* that Jung was researching in the first decade of the twentieth century. . . . An autonomous complex is autonomous to the extent that it is unconscious and the psyche is being fragmented by its grandiose energies. . . . [W]hen pathological infantile

grandiosity invades, everything splits. The center cannot hold. (Moore, 2003, p. 80)

Shame fused with guilt is an autonomous complex. Ken Wilber (1993a) named autonomous complexes *arrogant holons*.

> If the higher levels exert control over the lower levels, they can also over dominate or even repress and alienate the lower levels. That leads to a whole host of pathological difficulties, in both the individual and society at large. . . . And the "cure" for this pathology in all systems is essentially the same: rooting out the pathological holons so the holoarchy itself can return to harmony. . . . arresting (and integrating) arrogant holons. (pp. 216-217)

Shame fused with guilt is an arrogant holon.

Both M. Lewis (1992) and Kaufman (1989) hypothesized that dissociative coping stems from unresolved shame. Irwin (1998) found that both unresolved guilt and unresolved shame are predictors of reliance on dissociative coping. Dissociative disorders can occur anywhere along the lifespan continuum, but they develop universally in response to childhood trauma (Briere, Evans, Runtz, & Wall, 1988; Briere & Runtz, 1988; Chu & Dill, 1990; Irwin, 1994; Sanders & Giolas, 1991; Sanders, McRoberts, & Tollefson, 1989).

I review literature explicating the physiological aspects of splitting in the *Shame as Embodied Trauma* section below. The literature reviewed in this section addresses splitting as a psychological condition maintained by observable controlling behaviors.

Controlling behaviors are the evidence of a fragmented ego. Father Philip G. Salois (2004) describes these behaviors in his address to Congress about "the psycho-spiritual effects on men and women who have participated in and witnessed firsthand the horrors of war on the battlefield."

> Combat veterans, by the very nature of their exposure to battle, i.e., killing and witnessing death, develop a poisonous world-view causing a wounded "Imago

Dei." This phrase, "Imago Dei," or image of God refers to the belief that all persons are created in God's image. That wounded Imago Dei is characterized by secret-keeping, loss of voice and self-enforced separation. . . . If we are keeping secrets then we stop communicating, which then forces the third factor—self-enforced separation, isolation or more commonly referred to as "bunkering in." (Salois, 2004, ¶ 6)

Meeting the need for security (Maslow, 1954) by maintaining a "split" from others with controlling behaviors, such as hiding in silence and secret-keeping, is a primary feature of both trauma (Herman, 1992; Hindman, 1983, 1985, 1989, 1991; Pennebaker, 1990; Wegner, 1989) and the shame experience (Kaufman, 1985; H. B. Lewis, 1971, 1987; Scarf, 2004; Tangney & Dearing, 2002). Secret-keeping is the behavioral symptom most common to the entire spectrum of violence (Hindman, 1983; Pennebaker, 1990; Scarf, 2004; Wegner, 1989), and secret-keeping is a behavior linked with shame (Lerner, 2004; H. B. Lewis, 1971; A. P. Morrison, 1996; Pattison, 2000; Scarf, 2004; Tangney & Dearing, 2002).

Pennebaker's (1990) research discovered a clear correlation between secret-keeping and negative effects on health and also "that actively holding back or inhibiting our thoughts and feelings can be hard work" (p. 2). In documenting the negative effects of secret-keeping on cardiac health, Lynch (1985) recorded this story about a research participant:

> In his excitement Karl had not noticed that his blood pressure had abruptly surged from an average of 145/90 up to 195/140. While the computer video monitor traced out this major surge, Dr. Thomas calmly noted, "Look at your little secret." And to make sure that Karl would not *remain oblivious* [italics added] to the marked change in his blood pressure she repeated, "Look at what your little secret did to your blood pressure! Do you think your little secret is worth such a big price?" (p. 251)

The negative effect of secret-keeping on health is a body/mind split that reflects the fragmented ego. It also reflects the splitting that occurs in the brain, a condition reviewed below.

Controlling behaviors maintain an ego split from self and from others in order to feel secure. Security in having control, however, is not safe because it only perpetuates the lie of irrational self blame. "The idea of control controls the controllers; we are not in control of the power of control" (Hillman, 1995, p. 110). When shame fused with guilt locks the boundary to keep an ego securely split off from intolerable fear, "we" are not in control. The autonomous complex of that emotional trauma bond is in control.

An outcome of being controlled by shame fused with guilt is the experience of being invisible common to survivors of trauma (Phillips & Daniluck, 2004). I heard Hal Zina Bennett (2004, January) say, "The invisibility around trauma is the deepest part of the wound." The experience of invisibility is as deep as the hell of the experience of powerlessness in the wake of trauma. When Oedipus, empowered by shame rage, gouges out his own eyes he is performing ". . . a nightmare gesture" (Schavrien, 1989, p. 161) of self-inflicted violence, in service to shame fused with guilt demanding that Oedipus be invisible to himself as well as to others. In the dynamic of a trauma bond, not being seen is a price a survivor pays to feel secure behind the lock of maladaptive guilt.

Trauma bonds. In her work with child survivors of sexual abuse, Jan Hindman (1989) clarifies the dynamics of trauma bonding.

> [T]hree issues, being naturally drawn toward unpleasant experiences, being asked to relive a horrible experience under the veil of pleasure, and having tendencies to be fixated or regressed to stages of childhood, explain why the . . . victim seems to be caught up in a bond with the unfortunate and uncomfortable experience of . . . abuse. More specifically, the nature of this bonding requires victims to be in a constant battle, faced with constant failures and constant reminders. (pp. 88-89)

Any relationship based on a schema of having power through control forms a trauma bond (Dutton & Painter, 1981; B. James, 1994; Walker, 1983). "Power schemas related to others are beliefs that one can be a partner in relationships and can exert control over the outcome of the relationship" (Koss & Harvey, 1991, p. 72). A trauma bond is a relationship with an idealized and rejecting "other." The experience is like being alternately stroked with one hand and slapped with the other hand. An internalized, perpetual relationship with an idealized and rejecting "other" is the pathological core of the shame experience (Broucek, 1982; Kaufman, 1985; H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002). The trauma bond I see between shame and guilt drives a survivor's compulsive, unconscious need to be chronically at fault.

Guilt is the idealized, rejecting "other" in the trauma bond of shame fused with guilt. Idealizing guilt empowers the intolerable impotence of shame. Simultaneously, rejecting guilt keeps the survivor at fault. Lewis (1987) describes the shame-fused with guilt trauma bond. "When the other person [or emotion] is always rejecting or unable to be consistently affectionate . . . it leads back to shame, humiliated fury, and irrational guilt" (pp. 32-33).

Trauma bonds perpetuate ego fragmentation across lifespan development because they are bidirectional and move through time.

> Trauma bonds can occur toward phobic reactions or cognitive distortions in the future. Breaking trauma bonds requires a proactive treatment . . . that recognizes that traumatization "moves" and is not constant and that trauma has the potential to develop in the future. Trauma bonding suggests that pain vacillates and is not constant. . . . Potentially destructive trauma bonds lurk in the child's future. (Hindman, 1989, pp. 44-45)

Because shame fused with guilt is an autonomous complex that is continually

experienced, the timelessness of trauma bonds is a feature that links the embodied shame

experience with embodied trauma.

Shame as Embodied Trauma

The timelessness of trauma occurs because of the way traumatic experience

impacts memory centers in the brain. The *holotrophic state* research of Stanislov Grof

(2000) observes the compulsive repetition of trauma reenactment in what he named

COEX Systems, "Systems of Condensed Experience" (p. 22). "When a COEX system is

established, it has a self-replicating propensity and can unconsciously drive the individual

to recreate situations of a similar kind and thus add new layers to the memory

constellation" (p. 76).

Unresolved trauma remains frozen in the limbic system, the most ancient area of

the brain (Carey, 2002) and the part of the central nervous system (CNS) responsible for

managing emotions necessary for survival and preservation of the species (van der Kolk,

1994/1999).

> It's now fully recognized that traumatic events leave their neural imprint upon
> what is called the "old" emotional brain, and that even small reminders of the
> trauma can immediately activate the body's survival alarm system. This is the
> renowned "fight or flight response"—an instantaneous, physiological reaction to
> danger that has served our species well over aeons of evolutionary time. The only
> drawback to this wonderfully automatic, self-defensive reaction is that after the
> challenge, when all threat is long past, some people cannot calm their minds and
> their bodies down again. They remain battle-ready, sometimes for years—on the
> alert for fresh danger, mistrustful of others, prone to feelings of shame, anger, and
> apprehension. (Scarf, 2004, p. 6)

Old brain physiology. Two activities of the "old emotional brain" are involved in

the following discussion of shame as embodied trauma, the hypothalamic-pituitary-

adrenal (HPA) axis and the vagal complex. The HPA axis is a self-regulating, oscillating

sympathetic/parasympathetic hormone survival center in the brain (see Appendix D). The

vagal complex involves the vagus nerve and regulation of oxygen levels and heart rate in

reaction to perceived threats (Porges, 1995; Scaer, 2001). Within the limbic system, the

area of the brain most germane to trauma is the *amygdala.*

> If you remember only one word about the amygdala, the word is FEAR. The amygdala is the nucleus responsible for the lurch you feel in your stomach when you turn around in a dark alley and notice someone following you. It couples a learned sensory stimulus (man in ski mask in alley = danger) to an adaptive response (fight or flight).
>
> [T]he amygdala must get sensory input, and it must be fairly highly processed input to recognize the elements of a scene that signal danger. The association areas of visual, auditory, and somatosensory cortices are the main inputs to the amygdala. The amygdala must be able to control the autonomic system to provoke such an instant sympathetic response. The main outputs of the amygdala are to the hypothalamus and brainstem autonomic centers, including the vagal nuclei and the sympathetic neurons. (Molavi, 1997, Amygdala section, ¶ 1-3)

The autonomic nervous system connects the CNS to internal organs, such as the

heart.

> [I]ts name comes from "autonomous," and it runs bodily functions without our awareness or control. It is divided into two systems which, where they act together, often oppose each other: the sympathetic and parasympathetic systems. The sympathetic system evokes responses characteristic of the "fight-or-flight" response: pupils dilate, muscle vasculature dilates, the heart rate increases, and the digestive system is put on hold. The parasympathetic system has many specific functions, including slowing the heart, constricting the pupils, stimulating the gut and salivary glands, and other responses that are not a priority when being "chased by a tiger." The state of the body at any given time represents a balance between these two systems. (Molavi, 1997, Autonomic nervous system section, ¶ 1)

Also important in understanding shame as embodied trauma is the relationship

between the amygdala and another area of the brain in the limbic system, the

hippocampus. The hippocampus is responsible for two kinds of memory, working

memory and declarative memory. Working memory is short-term memory. Declarative

memory, defined more completely below, is long-term memory (Carey, 2002; Molavi, 1997). A third form of memory is procedural memory, also defined more completely below. Procedural memory is not a function of the hippocampus. Procedural memory has to do with skills and habits, conditioned reflexes, and emotional responses. Skills, habits, and conditioned reflexes in procedural memory are connected with neural pathways to an area of the brain called the cerebellum. The neural pathways of emotional responses, such as shame, are the part of procedural memory connected to the amygdala (Long, 2000).

The amygdala receives all sensory input, most of which occurs outside of conscious awareness (van der Kolk, 1994/1999), and attaches emotional significance to sensory memory. Like a telephone operator, the amygdala "integrates internal representations of the external world in the form of memory images with emotional experiences associated with those memories. Afterwards, the amygdala guides emotional behavior by projections to the hypothalamus, hippocampus, and basal forebrain" (van der Kolk, 1994/1999, p. 316). In other words, the amygdala is an individual's implicit, embodied emotional template of procedural memory. The hippocampus receives the images from the amygdala and is responsible for categorizing and storing memories. The hippocampus responds to the amygdala based upon what has been learned from past experience (van der Kolk, 1994/1999), and is an individual's conscious, explicit emotional template of declarative memory. I revisit procedural and declarative memory related to shame as embodied trauma below.

Fear impulses from the amygdala also trigger the hypothalamus. When this happens, the HPA axis is activated (Krystal, Kosten, Southwick, Mason, Perry, & Giller, 1989; van der Kolk, 1994/1999) and the hypothalamus releases corticotropin-releasing

hormone (CRH). This sets off an hormonal chain reaction. CRH triggers the pituitary gland to release adrenocorticotropic hormone (ACTH). In turn, ACTH causes the adrenal gland to release cortisol. Chronically high blood cortisol is the physiological link between shame and severe trauma (e.g., Andrews, 1995; Gruenewald, Kemeny, Aziz, & Fahey, 2004; M. Lewis & Ramsey, 2002; Mason, Wang, Yehuda, Riney, Charney, & Southwick, 2001). Research supporting the Social Self Preservation Theory (Gruenewald, et al., 2004) finds, "cortisol increases were greater in participants who experienced greater increases in shame" (p. 915).

Shame brain freeze. The word *shame* derives from the Old Saxon word s*ceamu* meaning ice (*Oxford English Dictionary*, 1989; *Webster's New 20th Century Dictionary*, 1958). I do not think the choice of ice as a descriptor for the experience of shame is a coincidence. I like to think the ancient who chose that word felt the brain freeze, like "a dragon, a mythic monster called shame. . . . whose claws can lock us in a frozen state and devour our ability to verbalize" (Fossum & Mason, 1986, p. ix).

I propose that shame is an emotion unique to the experience of severe level trauma: No severe trauma, no shame. As surely as the old saying, "Where there is smoke there is fire," in my experience where there is shame there has been an act of violence. To shame someone is an act of violence (Broucek, 1982, 1991, 1997; Gilligan, 1996; Kaufman, 1985; H. B. Lewis, 1971, 1987; A. P. Morrison, 1983, 1989, 1996; Scheff, 1987; Scheff & Retzinger, 1991). Whether shame becomes a weapon of violence or a survivor defense against violence (Fenichel, 1945; Freud, 1961; Kaufman, 1985, 1989; H. B. Lewis, 1971, 1987), shame is the emotional indicator of violence. Shame as embodied traumatic experience is underlined by the fact that shame activates the body's immune

system, guilt does not (Dickerson, Gruenewald, & Kemeny, 2004; Dickerson, Kemeny, Aziz, Kim, & Fahey, 2004). Also, shame-proneness is positively correlated with severity of PTSD symptoms and guilt-proneness is not (Leskela, Dieperink, & Thuras, 2002).

Along with ice as the etiology of the word, the experience of profound helplessness or powerlessness is the essence of shame that, in my theory, places shame in the category of trauma. Shame is the inevitable outcome of trauma and trauma is an experience of shame because powerlessness is a shaming experience. "Shame is an emotion of the worthless, *the paralyzed* [italics added], the ineffective" (Tangney & Dearing, 2002, p. 93). Internalized shame (Kaufman, 1985), shame experiences that are unconsciously avoided by way of either *overt* or *bypassed* repression and denial (H. B. Lewis, 1971, 1987), make the experience consistent with the dissociative freeze/immobility phenomenon in the *Whiplash Syndrome* (Barsky & Borus, 1999; Vendrig, van Akkerveeken, & McWhorter, 2000).

The *Whiplash Syndrome* was observed in survivors of motor vehicle accidents (MVA) whose symptoms of numbing and altered states of awareness were often attributed to concussion, but were subsequently discovered to be trauma-reactive dissociative episodes. The *Whiplash Syndrome* has been extrapolated from being MVA specific to being "a model for traumatization rather than physical injury, and that many of its symptoms and clinical manifestations are in fact a universal response to a life threat in the face of helplessness" (Scaer, 2001, p. 9).

Helplessness in response to *inescapable stress* (IS) has been named *learned helplessness* (Krystal, 1978; van der Kolk, Greenberg, Boyd, & Krystal 1985) because it persists and dominates both the pre and posttrauma memory fields. Survivors of IS, such

as motor vehicle accidents and shaming experiences (Andrews, 1995), develop clinical depressions manifesting behavioral helplessness in two ways. One is an impaired ability to avoid IS situations and the other is an inability to employ previously learned methods of escaping IS situations (Krystal et al., 1989). The perpetually reenacted phenomenon of learned helplessness is a dissociative state that has been attributed to the physiological arousal-memory cycle in the brain called *limbic kindling* (Goddard, McIntyre, & Leetch, 1969; Miller, 1997; Post, Weiss, & Smith, 1995). Kindling is a cyclical autonomic dysfunction in response to the freeze/immobility phenomenon of learned helplessness (Krystal et al., 1989; Scaer, 2001). Kindling describes a sequence of neural pathway events that develops when the experience of helplessness remains unresolved and locked in procedural memory inaccessible to declarative memory. Shame as an embodied, alexithymic experience of undischarged hostility (H. B. Lewis, 1971) makes it an experience of unresolved, inescapable stress locked in procedural memory.

The difference between procedural and declarative memory is a critical distinction when comparing the difference between shame and other emotions, specifically guilt. In trauma reaction shame is predominantly an implicit emotional experience (H. B. Lewis, 1971; Tangney & Dearing, 2002) and guilt is predominantly an explicit cognitive experience (Kubany & Watson, 2003; H. B. Lewis, 1971; Tangney & Dearing, 2002). My premise that shame is a trauma-specific emotion is supported by a definition of procedural memory as "unconscious, implicit and extremely resistant to decay, especially if it is linked to information of high emotional or threat-based content" (Scaer, 2001, p. 6). Trauma interferes with declarative memory. "When people are traumatized they are said to experience speechless terror: the emotional impact of the event may interfere with

the capacity to capture the experience in words or symbols" (van der Kolk, 1994/1997, p.

312). Trauma does not inhibit procedural memory.

> Declarative memory, the form of memory that relates to facts and events, initially
> involves hippocampal and prefrontal cortical pathways and plays an important
> role in conscious recall of trauma related events. It is also notoriously inaccurate,
> and subject to decay. Procedural memory relates to acquisition of motor skills and
> habits, to the development of emotional memories and associations, and to the
> storage of conditioned sensorimotor responses. . . . Although declarative memory
> may account for much of the arousal-based cognitive symptoms of PTSD,
> procedural memory provides *the seemingly unbreakable conditioned link that*
> *perpetuates the neural cycle of trauma and dissociation* [italics added]. (Scaer,
> 2001, p. 6)

This split brain condition, *numbing,* is sustained by the perpetual release of

endogenous opioids in response to conditioned procedural memory in the amygdala

(Horowitz et al., 1980). Dissociative splitting in learned helplessness mirrors the

physiological split between procedural memories in the amygdala and declarative

memories in the hippocampus. The procedural/declarative memory split is experienced

by individuals with this dissociative brain freeze as a durational/chronological time split:

> [T]he difference between the chronological current, which flows until we channel
> it between the permanent banks of historical narrative, and durational persistence,
> which cannot overflow the blocked reservoir of its own moment in history and
> hence never enters what we call the stream of time. (Langer, 1997, p. 55)

Excessive stimulation of the amygdala results in chronically high blood cortisol

levels. In turn, chronically high blood cortisol levels form cortical lesions that prevent the

neural pathways reactive to the trauma memory from extinction (Le Doux, 1990) and

cause them to be chronically reexperienced [kindled] as affective states (van der Kolk,

1994/1997). Cortical lesions are the physiological correlate of "ice in the brain," frozen

memory that is "timeless and unmodified by further experience" (van der Kolk,

1994/1997, p. 318). When the amygdala is "iced" in a chronic state of hyperarousal, the

hippocampus is damaged and HPA axis regulation of stress responses becomes distorted and inhibited (Krystal et al., 1989). Damage to the hippocampus results in decreased levels of the neurotransmitter serotonin that "plays a role in the capacity to monitor the environment flexibly and to respond with behaviors that are situation-appropriate rather than reacting to internal stimuli that are irrelevant to current demands" (van der Kolk, 1994/1999, p. 309). When procedural memories in the amygdala cannot be externalized through verbal expressions, *alexithymia* is the result. "A complex of shame and total anxiety in combination with hostility directed both inward and outward" (TenHouten, Hoppe, Bogen, & Walter 1985, p. 113) becomes the indicator of the amygdala in durational time split off from the hippocampus in chronological time. That is brain freeze.

Also associated with brain freeze in response to helplessness is the parasympathetic role of the vagal system that mediates oxygen regulation in response to threat (Porges, 1995; Scaer, 2001). In mammals, the more primitive Dorsal Vagal Complex (DVC) that shuts down the energy use system to be able to function with low oxygen intake, is superseded by the Ventral Vagal Complex (VVC) that influences flexible heart rates depending upon sensory input (Porges, 1995; Scaer, 2001). The VVC assesses appropriateness of fight or flight response to any threat. If the threat is so high that both fight or flight defense strategies fail, an individual enters a state of helplessness and the DVC activates a parasympathetic response.

> The extremes of vagal parasympathetic tone as manifested in the state of DVC activation therefore contribute greatly to the generation of severe emotions especially those of terror and helplessness. Although freeze/immobility states in mammals may be useful for short-term survival, prolongation or repeated activation of that state clearly has serious implications for health and long-term survival. The model of disease presented here suggests that the gradual descent

into dissociation and parasympathetic dominance in chronic unresolved PTSD
constitutes just such a state of peril. (Scaer, 2001, pp. 13-14)

Scarf (2004) describes this phenomenon occurring in reaction to "little 't' traumas,"

[T]hose undramatic and yet chronically damaging situations where an individual's
coping capacities are under chronic assault and eventually become overwhelmed
. . . where neither fighting back nor escaping is a realistic, viable choice, the
person's only option is to freeze in place, zone out, and surrender to the
inevitable. In the process her basic assumptions about personal safety are
shattered. (p. 157)

Alexithymia and undischarged hostility are key descriptors of the experience of

shame (H. B. Lewis, 1971, 1987; Tangney & Dearing, 2002). Both these experiences

place shame in the pantheon of stressors that trigger this bimodal reaction in the brain

that "is the normal response to any overwhelming and uncontrollable experience" (van

der Kolk, 1994/1999, p. 302). Sympathetic hypersensitivity to stimuli and reexperiencing

of the trauma coexists with parasympathetic psychic numbing, avoidance, amnesia, and

anhedonia in chronic trauma reactions (Scaer, 2001; van der Kolk, 1994).

Physiological arousal in general can trigger trauma-related memories. Trauma
related memories precipitate generalized physiological arousal. Such a positive
feedback loop could cause subclinical PTSD [little "t" traumas] to escalate into
clinical PTSD in which the strength of the memories appears to be so deeply
engraved that Pittman and Orr (1990) have called it "The Black Hole" in the
mental life of the PTSD patient: it attracts all associations to it and saps current
life of its significance. (van der Kolk, 1994/1999, p. 314)

Physiologically, that "Black Hole" can be observed. High blood cortisol levels in

response to shame experiences have been observed in 4-year-old children (M. Lewis &

Ramsay, 2002). Following adult abuse, bodily shame has been found to mediate between

abuse and chronic recurrent depression, and in children, bodily shame both related to

abuse and independent from abuse has been related to chronic and recurrent depression

(Andrews, 1995). High levels of bodily shame are also associated with eating disorders,

addictions, and sexual problems (Grosh, 1994; Masheb, Grilo, & Brondolo, 1999; Troop,

Sotrilli, & Treasure, 2006).

Shame Fused with Guilt in Social and Psychological Theories

Shame is a socially determined emotion (Broucek, 1997; Kaufman, 1985, 1989;

H. B. Lewis, 1971, 1987; M. Lewis, 1992, 1997; Tangney & Dearing, 2002). That shame

is an annihilating emotion so painful we cannot consciously stay with it, is evidenced by

the fact that in Western cultures shame has gone underground (K. Campbell, 2003; H. B.

Lewis, 1987), and in Eastern cultures being shamed is to lose face (Bedford, 2004; H. B.

Lewis, 1987). The severity of the experience of shame is what separates shame from

other socially determined affects.

> The level of shame is perilously proximate to death, which may be chosen out of
> shame as conscious suicide or more subtly elected by failure to take steps to
> prolong life. Death by avoidable accident is common here. We all have some
> awareness of the pain of "losing face," becoming discredited, or feeling like a
> "nonperson." In shame we hang our heads and slink away, wishing we were
> invisible. Banishment is a traditional accompaniment of shame, and in the
> primitive societies from which we all originate, banishment is the equivalent to
> death. (Hawkins, 1995/2002, p. 76)

Shame hides, causes others to turn away from it, and is contagious (H. B. Lewis,

1971; Tangney & Dearing, 2002). In all these aspects the shame experience is like a

social disease. The right brain hemispheric damage associated with alexithymia produces

loss of critical social skills and empathy in both children and adults and, thereby, "the

related sense of familiarity critical for bonding is lost" (Henry, 1993, p. 369). Loss of

social efficacy associated with shame is also linked to low socioeconomic status and poor

health (Dickerson, Gruenewald, et al., 2004; Dickerson, Kemeney, et al., 2004;

Rantakeisu, Starrin, & Hagquist, 1999; Roy, 2004; Wilkerson, 1999). On a planet where

every nation is ranked and separated, from top to bottom as super-powers down to third-

world (as defined by the super-powers), shame, as a global social problem, is supported by the observation that submission in hierarchal systems generates shame (Gilbert, 2000; Roy, 2004).

Addressing the neurophysiology of affect, Silvan Tompkins (1963) focuses on the experience of shame. Tompkins' affect theory places shame among six negative affects. However, he also sees shame as having an adaptive function. Tompkins sees shame fused with guilt in his affect theory, but he misses the relationship between them. In a remarkable effort to make shame fused with guilt the same emotion he argues, "that though the *total* complex of affect, source, and response may feel quite different in these two cases (and indeed prompting the invention of the word *guilt* to distinguish shame from guilt) . . . the component affect is nonetheless identical" (Tompkins, 1963, p. 134).

Donald L. Nathanson (1987, 1992, 1996) builds upon Tompkins' work and leaves shame fused with guilt. He developed the *Compass of Shame* (1992). The compass maps a spectrum of reactions to shame from withdrawal to attack. Important to this exploration of shame fused with guilt as a trauma bond, Nathanson (1992) states that shame can only exist in relationship with other affects (p. 136). Although Nathanson does not see shame as trauma-specific, he recognizes a strong connection between shame and violence.

Specific to experiences of shame and guilt posttrauma, Wilson, Drozdek and Turkovic (2006) have identified eight psychosocial dimensions negatively affected by prolonged states of guilt and shame. While their results associate these prolonged states with PTSD, depression, and substance use disorders, they leave the two emotions fused.

Scheff and Retzinger (1991, 2000) have explored both shame and guilt comprehensively within the context of domestic violence. Like others, they have

concluded that shame is a master emotion that guides. After a comprehensive overview of shame literature relative to child maltreatment, Ferguson (2005) also chooses to stay with the opinion that shame has the potential to either hurt or help posttrauma. She disagrees with the premise that shame is the inevitable outcome of trauma and that trauma is shaming. "[I]t would be unfortunate to track shame-proneness as the sole emotional correlate of maltreatment sequelae to focus exclusively on a system's history of shaming and humiliation as precursors to chronic negative self-feelings" (p. 380). She bases her warning on the concern that it is difficult to measure an experience that hides. In answer to her concern, my theory offers controlling beliefs and behaviors as observable footprints of shame fused with guilt. In support of my theory, Feiring and Taska (2005) researched the persistence of shame over a 6-year period and report, "Persistent shame may explain failure to process the abuse and the maintenance of posttraumatic stress disorder symptoms" (p. 337).

Offering social theory from a theological viewpoint, James Fowler (1993, 1995, 1996) recognizes the fault lines of shame. He sees that shame is a major factor in interpersonal and societal violence. However, he also places shame on a spectrum that includes healthy shame. Fowler (1993, 1995, 1996) laments that shame has gone underground in our culture and, as a result, cannot function as a moral guide. "What seems to have emerged is a kind of culture of shamelessness" (Fowler, as cited in K. Campbell, 2003, ¶ 5). Also speaking from a theological perspective on social behavior, John Patton (1985) observes that shame can block our ability to acknowledge guilt. Shame remains fused with guilt in both of their viewpoints however, because both Fowler and Patton claim that the shame experience has potential to be a guide to moral behavior.

In the field of criminology, John Braithwhite (1989) states the need to reclaim social shaming so that shame came be inducted as a moral guide. Shame induction theory claims that shame can be managed via reintegration as a moral guide via remorse (Ahmed, Harris, Braithewaite, & Braithwaite, 2001). van Stokkom (2002) challenges Braithwaite, arguing "that (reintegrative) 'shaming' is a dubious concept" (p. 339). More recently, Braithwaite and Ahmed (2005) conducted research among Bangladeshi school children and share results that indicate they fail to differentiate between guilt and shame. "High shame acknowledgement (accepting responsibility, making amends) . . . were also associated with less bullying" (p. 298).

James Gilligan (1996) also disagrees with Braithwaite. Gilligan's work with violent males in the prison system caused him to see shame as a disease in his *germ theory* (p. 103) of violence. "Shame is the ultimate cause of all violence whether towards others or towards the self" (Gilligan, 1996, p. 110). Gilligan unequivocally supports shame as a trauma-specific emotion.

In agreement with Gilligan, William James (1890/1950) sees shame as a social germ.

> Still, it is hard to see the ubiquity of some sort of tribute to shame, however perverted. . . . Human nature is sufficiently homogenous for us to be sure that everywhere reserve must inspire some respect, and that persons who suffer every liberty are persons whom others disregard. Not to be like such people, then, would be one of the first resolutions suggested by social self-consciousness to a child of nature just emerging from the unreflective state. And the resolution would probably acquire effective pungency for the first time when social self-consciousness was sharpened into a real fit of shyness by some person being present whom it was important not to disgust or displease. Public opinion would of course go on to build its positive precepts upon this *germ* [italics added]; and, through a variety of examples and experiences, the ritual of modesty would grow, until it reached the New England pitch of sensitiveness and range, making us say stomach instead of belly, limb instead of leg, retire instead of go to bed, and forbidding us to call a female dog by name. (p. 437)

Speaking to psychological interventions that have recognized the embodied aspect of shame as trauma, Bessel A. van der Kolk (2001) writes,

> There is a long standing tradition of specific body-oriented treatment techniques, first articulated by Wilhelm Reich (1937), and in modern times expanded to trauma-specific body work (e.g., Gendlin, 1998; Levine & Frederick, 1997), and psychodramatic techniques (e.g., Pesso & Crandall, 1991) focusing on experiencing, tolerating, and transforming trauma-related physical sensations. (p. 18)

Somatic experiencing is recognized as an effective method for releasing shame (Levine & Frederick, 1997). Research also suggests that humor helps resolve shame (Retzinger, 1987). I believe, however, that the trauma bond of shame fused with guilt must first be seen and the perpetual cycle of self-inflicted violence must be resolved before embodied shame is released. Utilizing any intervention to release shame without these two critical steps, is like trying to empty a bucket through a hole in the bottom that is being flooded from the top by Niagara Falls.

Since Helen Block Lewis (1971), many theorists have either ignored or argued against her work and postulate that shame has the potential to be either destructive or creative energy (e.g., Ahmed et al., 2001; Braithwaite, 1989; Ferguson, 2005; Firman & Gila, 1997; Fowler, 1995, 1996; Nathanson, 1987, 1992; Probyn, 2004, 2005; Scheff & Retzinger, 1991, 2000; Tompkins, 1963; Wurmser, 1981; Zahn-Waxler & Robinson, 1995). Nuances of shame have been mapped in various ways (e.g., Broucek, 1982; Fowler, 1993, 1995, 1996; Kaufman, 1985; M. Lewis, 1989, 1992; A. P. Morrison, 1983, 1989, 1996; Nathanson, 1987, 1992, 1996; Sabini & Silver, 1997; Scheff & Retzinger, 1991, 2000). However, when Kubany and Watson (2003) conclude that "investigations of the relationship between guilt and shame in trauma may advance a scientific

understanding of guilt" (p. 53), they point toward this exploration of shame fused with guilt in the deep structure of survival.

The research of Jeanette Anderson Good (1999) establishes a relationship between adult shame and violent images of God. In her study, higher levels of shame are related to lower levels of benevolent/loving images of God and to higher levels of wrathful/punitive images of God. Although she finds no correlation between childhood corporeal punishment and images of God, she notes, "It may be that some children who have been severely physically abused hold on to loving images of God and these loving images not only sustain and comfort but may also serve a protective function" (Good, 1999, p. 137). A significant aspect of Good's (1999) research relevant to shame as a trauma specific emotion is that her sample was predominantly nonviolent. Only 19% of her 277 participants reported having perpetrated or having been a recipient of physical assault, yet the results of her study "demonstrate that being a victim of psychological aggression and physical assault in an adult partner relationship was related to higher levels of internalized shame" (p. 138). Good's research supports shame as a trauma-specific emotion.

From a Christian contemplative worldview, Henri Nouwen (1994) also sees and points to the action and outcome of the trauma bond in maladaptive guilt. Although he does not name shame, his exploration of the Biblical parable of the prodigal son describes the effect of shame fused with guilt when it is projected into relationship with God.

> [H]e prepares himself to accept the status of a "hired man" so that he will at least survive. . . . "I will go to God and ask for forgiveness in the hope that I will receive minimal punishment and be allowed to survive on the condition of hard labor." God remains a harsh, judgmental God. It is this God who makes me feel guilty and worried and calls up in me all those self-serving apologies. Submission

to this God does not create true inner freedom, but breeds only bitterness and resentment. (pp. 52-53)

Nouwen (1994) goes on to describe the approach-avoidance conflict with vulnerability.

> Receiving forgiveness requires a total willingness to let God be God and do all the healing, restoring, and renewing. As long as I want to do even a part of that myself, I end up with partial solutions, such as becoming a hired servant. As a hired servant I can still keep my distance, still revolt, reject, strike, run away, or complain about my pay. As the beloved son, I have to claim my full dignity and begin preparing myself to become the father. (p. 53)

Resolution of this conflict, in Nouwen's mind, brings the problem home to empowered choice.

> It is clear that the distance between the turning around and the arrival at home needs to be traveled wisely and with discipline. The discipline is becoming a child of God. . . . Becoming a child is living toward a second innocence: not the innocence of the newborn infant, but the innocence that is reached through conscious choices. (p. 53)

My theory challenges the assumption that empowered choice remains intact and accessible to survivors. The Christian mystic, Thomas Merton (1959/2003), sees the need for an ego to be set free from illusions that block the autonomy of conscious choices.

> Freedom is a spiritual thing. It is a sacred and religious reality. Its roots are not in man, but in God. For man's freedom, which makes him the image of God, is a participation in the freedom of God. Man is free insofar as he is like God. His struggle for freedom means, then, a struggle to renounce a false, illusory autonomy in order to be free beyond and above himself. In other words, for a man to be free he must be delivered from himself. (p. 153)

Chapter 3: Research Methods

> We do not leave the shore of the known in search of adventure or suspense or
> because of the failure of reason to answer our questions. We sail because our
> mind is like a fantastic seashell, and when applying our ear to its lips we hear a
> perpetual murmur from the waves beyond the shore. (Heschel, 1995, p. 809)

Intuitive inquiry (Anderson, 1998) is the research method I utilized to make this

exploration into the deep structure of survival. Results are comprised from data gathered

from interviews with survivors of trauma and from my transformative experiences during

the course of this intuitive inquiry.

Intuitive Inquiry

> In the uncharted forest night, where the terrible wind of God blows directly on the
> questing, undefended soul, tangled ways may lead to madness. They may also
> lead, however, as one of the greatest poets [Dante] of the middle ages tells, to all
> those things that go to make heaven and earth. (J. Campbell, 1968, p. 37)

Rosemarie Anderson says that "the basic ground of intuitive inquiry is feminist

from years past in my life stretching back to 1971, and heuristics was a catalyst in the

mid-1990s" (personal communication, November 8, 2005). Feminism coupled with

heuristics generated a method I understand and experienced as uniquely suited for

exploring new theory and as a process of personal transformation.

Because "the root matter is the mother of all things" (Jung, 1959, p. 5) the

feminist origin of intuitive inquiry makes it a method of feminine energies. It is cyclical,

four cycles like the seasons with a fifth cycle set apart for reflection at the end. It is a

container, like a womb in which a nascent seed of passion grows and transforms. It is a

passageway, like a birth canal through which new life is birthed. In its feminist essence

intuitive inquiry is a new research method connected to ancient goddess rituals with

origins that recede into the mists of time. With such an umbilicus connected to

metaphysical energies, intuitive inquiry is a method that demands obedience to its protocols (Anderson, 1998). That is because it is also a dangerous passage. By design, intuitive inquiry is a both a research method and a crucible for change.

The five cycles. The method involves five cycles: (a) Clarifying the research topic, (b) Forming preliminary lenses, (c) Collecting data and preparing summaries, (d) Transforming and refining lenses, and (e) Integration of findings and literature review. As a crucible of transformative experience, the five cycles of intuitive inquiry are consistent with Victor Turner's (1969) understanding of ritual process. Turner (1992) describes movement across thresholds, entering and leaving different states of what he called *liminality* where ordinary consciousness is challenged, altered, and transformed. The five cycles are also compatible with Mircea Eliade's (1959) concept of the heterogeneity of time and movement across thresholds between sacred and profane time in transformative experience.

Ritual of transformation. Rosemarie Anderson developed intuitive inquiry as a method suitable to research transformative experiences (Anderson, 2004a). Intuitive inquiry requires openness to being met by unexpected sources of information, and a compelling desire to listen to what that meeting has to say. The choice to listen to what calls, being claimed by a text in Cycle 1, is what makes intuitive inquiry a method of personal transformation. Like Joseph Campbell's (1972) hero, an intuitive inquiry researcher must follow the call, make the descent into a place of power, and be able to return with information that will be beneficial to the larger community. Therefore, even though intuitive inquiry is a method of listening with a compassionate heart (Anderson, 1998, p. 71), Anderson also states, "Not every researcher is willing or able to explore the

spontaneous and startling nature of the psyche" (2004a, p. 309). This is a warning that

speaks to an inherent danger of intuitive inquiry. While the precision of the five cycles

creates a research method "carefully designed to reveal many layers of meaning"

(Anderson, 1998, p. 79), its interpretive cycles simultaneously create a ritual process of

initiation into and movement through transformative experience. Safe passage is not

guaranteed.

Building upon the work of Eliade and Turner, Robert L. Moore (2001)

conceptualizes a neo-Jungian understanding of the ritual of transformation. His archetype

of initiation involves three phases: (a) ordinary consciousness challenged; (b) ordinary

consciousness transcended, dismantled, and deconstructed; and (c) ordinary

consciousness reconstituted, reintegrated, and renewed (Moore, 2001, pp. 184-186).

Viewing intuitive inquiry through this neo-Jungian lens, being claimed by the archetype

of initiation is Cycle 1, being claimed by a text. Cycles 2 and 4 are the disorienting

experience of being dismantled and it is here, outside the boundaries of ordinary time,

where "tangled ways can lead to madness" (J. Campbell, 1968, p. 37). At times I became

literally dizzy and had to cling to the method.

Discovering the trustworthiness of the method was crucial to me as a survivor

with trust issues researching trust issues. Time after time, from the small beginning steps

in Cycle 1 to major leaps in Cycles 2 and 4, intuitive inquiry taught me to trust the

method. I have been a competitive diver and the experience of intuitive inquiry was like

learning to do a dive with a twist. As a beginning researcher, the twist comes from having

to learn the method at the same time as experiencing the method. As Esbjorn-Hargens

(2004) describes, "the researcher is asked to participate in a dialectical process that by its

nature calls forth the ability to simultaneously hold within oneself two opposing forces"
(p. 417). I experienced the safety of intuitive inquiry protocols like the safety of a harness
around my waist when learning a new dive on a trampoline. Knowing I could trust the
harness, I was free to launch myself into midair and experiment with new movement.

As I discuss in chapter 5, Cycle 4 becomes a Cyclone 4. Cycle 5, then, is the
process of placing one's feet back onto the ground of ordinary time with consciousness
transformed, or not. Two strengths guided me through the tangled up times, my sense of
humor and discernment.

Humor. I had to laugh at myself. I wrote that phrase so many times in my journal
I lost count. In the Jungian sense, although intuitive inquiry is rooted in metaphysical
goddess energies, its masculine balance comes through being a hermeneutical method
(Anderson, 2004a). Hermes is the God from whom the term, *hermeneutic*, derives its
name. Hermes delivers messages from the goddesses and gods and he is a trickster.
Anderson (2004a) describes the trickster as auspicious bewilderment, times of confusion,
contradiction, and paradox. Without the tricks of Hermes, intuitive inquiry fails. "If we
go for long time periods not being surprised, beware. Something might be wrong"
(Anderson, 2004a, p. 327). Like any good riddle, at first the mystery is maddening but
insights delivered by way of surprise are a delight. Through the tangled-up times, humor
kept my feet on the ground. I cannot imagine a successful or safe passage through
intuitive inquiry without laughter.

Parallel process and synchronicity. The transpersonal aspect of intuitive inquiry
requires openness to information rising out of both personal experiences attached to the
ego and to sources beyond the ego. Specific to this study, such critical discernment

centered on my ability to recognize the difference between parallel process and synchronicity. My ability to see and distinguish between these two origins of information helped guide my safe and successful journey through the five cycles of the method.

Parallel process is a psychological phenomenon that occurs when the issue being addressed in a therapeutic relationship manifests in the therapeutic relationship. Professionals are trained to recognize parallel process in the classic transference/counter-transference dynamic of psychoanalytic relationships. Parallel process is also a universal relational dynamic.

Synchronicity is a term from Jungian psychology that has meaning similar to parallel process. Jung (1959) defines synchronicity as "a coincidence of objective and subjective happenings that cannot be explained causally" (p. 75). Jung believes coincidence often reveals the underlying pattern of unconscious archetypal energies in the psyche emerging into the conscious world. In both parallel process and synchronicity, coincidence as one world mirroring another occurs. Coincidence is what makes discernment between the two phenomena tricky. Staying within the framework of Jungian psychology, the difference between parallel process and synchronicity is the origin of the unconscious content coming to light. Parallel process is generated out of the personal unconscious in ego structure. Synchronicity is generated out of the collective unconscious of the psyche, what Jung terms *archetypal* content. Throughout this study I use these two terms based upon my discernment of the origin of the unconscious content coming to light.

For example, there is synchronicity in this particular new theory being the first to go through an intuitive inquiry. The heart of the method revealed the heart of the theory,

the ability to choose vulnerability. Entering the five cycles, a researcher chooses to open both her theory and herself to a relentless scrutiny. There is not even the comfort of bracketing biases, values, and assumptions, as in the phenomenological research methods (Polkinghorne, 1989; Valle & Mohs, 1998). Asleep and awake, the method demands open interfacing with and thinking about everything inside and out all of the time. All of this experience must then be, as Anderson (2004a) states, rigorously documented daily. In parallel process with this new theory rooted in my trauma shadow, intuitive inquiry does not tolerate secret-keeping.

Use of intuitive inquiry to explore and refine new theory. Intuitive inquiry aids exploration and refinement of new theory because the method demands disciplined adherence to its protocols and disciplined attention to detail. In this way, the five cycles reveal the construction of theory via disciplined imagination (Weick, 1989).

> [T]he imagination in theorizing comes from deliberate diversity introduced into the problem statements, thought trials, and selection criteria that comprise that thinking. An elaboration of the theorizing process model is thus organized around the three components of problem statements, thought trials, and selection criteria. (Weick, 1989, p. 516)

Intuitive inquiry not only lays bare the values and assumption of the researcher, it lays bare all the problem statements, thought trials (and thought wars), and selection criteria in refining the theory.

The strength of metatriangulation, building theory from multiple paradigms (M. W. Lewis & Grimes, 1999), is another key incentive for utilizing intuitive inquiry to explore a new theory. The method demands following intuition wherever it goes no matter what. The requirement to document the boundaries between paradigms and what happened to the theory within each paradigm allows the interpretative cycles of intuitive

inquiry to impose discipline upon what could become chaos. This agility reflects the fact that intuitive inquiry "privileges inductive reasoning, like Grounded Theory (Straus & Corbin, 1990). Unlike Grounded Theory, it invites intuition to guide the process" (Rosemarie Anderson, personal communication, November 4, 2006).

Another strength of intuitive inquiry is that it recognizes and utilizes paradox. Poole and van de Ven (1989) encourage theorists to see "tensions, oppositions, and contradictions" (p. 562) as opportunities in building theory.

As a feminist heuristic, intuitive inquiry can be employed to open a window onto the seminal ground of a new theory in optimal ways. "Intended for the study of complex human topics" (Anderson, 2004a, p. 309) the method dictates close attention to the details of complexity inherent in the formation of a theory. Jung states, "A genuinely scientific attitude must be unprejudiced. The sole criterion for the validity of an hypothesis is whether or not it possesses an heuristic—i.e., explanatory—value" (1959, p. 114). Exposing new theory to an intuitive inquiry holds it to that standard like a refining fire. "It is not possible to do intuitive inquiry well without maintaining a big picture perspective throughout the research process. Therefore, intuitive inquiry encourages theory building because the method does not allow for a reductive perspective" (Anderson, 2004a, p. 335).

As a result the method generates energy around theory building by encouraging shifts and changes. While those shifts and changes cause the theory to evolve, the unique intuitive ground from which it emerges remains clear. This clarity invites critical analysis of a new theory about the differences between what the theorist expects and what is being understood by the participants. Results of future research into the efficacy of the theory

can be compared with both the premises and results of the first exploration and the ground from which they arose. As a theory becomes old, its original template may be painted over, yet the intuitive matrix of its birth will remain in focus for all to see.

Validity through storytelling. The vehicle of heuristic validity in intuitive inquiry is storytelling. "Essentially, in the heuristic process, I am creating a story that portrays the qualities, meanings, and essences of universally unique experiences" (Moustakas, 1990, p. 13). Storytelling in the context of this research does not mean fantasizing, mythologizing, or fabricating out of imagined experience. I define storytelling here as the expression of an authentic experience (Creswell, 1998). Establishing validity by way of storytelling is accomplished in three ways. First, internal validity depends upon how diligently and honestly the researcher engages the process of each of the five cycles. This requires an intuitive inquiry researcher to be rigorously subjective (Anderson, 2004a, p. 307) and diligently faithful about recording the story of the process. Second, resonance validity (Anderson, 2004a, p. 331) involves whether or not various audiences experience the genuineness of the work. Third, efficacy validity (Anderson, 2004a, pp. 300-333) is determined by how effectively its findings challenge an audience to think in new ways. How authentically the topic is engaged and recorded determines how authentically the experience is told and will be received by others.

Storytelling is at the heart of intuitive inquiry because stories are close to lived experience as we relay that experience to ourselves and to others. The act of storytelling shifts the cognitive ability to self-reflect upon our lived experience towards a discipline of *introspection as practice* (Vermersch, 1999). Intuitive inquiry consciously picks up the

act of storytelling as introspection and sets it down squarely inside a disciplined practice.

Intuitive inquiry is a method that recognizes,

> [W]hat has to be done to bring to fruition a first-person study of the act of introspection, that is, to use as an instrument what one hoped to study by bringing into play a supplementary stage which philosophers call 'meta-reflection' (Vermersch, 1999, p. 32).

Metareflection places an intuitive inquiry researcher into the mediating space

between first-person and third-person accounts of lived experience. "Staying with the

articulation in words of what appears is a delicate matter and demands that one maintain

a meta-position with respect to what one verbalizes" (Vermersch, 1999, p. 37).

Storytelling via metareflection is highly skilled and grounds the internal, resonance, and

efficacy validity of intuitive inquiry in three ways: (a) through universality of

transference in storytelling (Bettleheim, 1976), (b) through sharing of *thick descriptive*

(Mertens, 1998, p. 183) details, and (c) by clearly defining the point of view of the

researcher as "the entity which hosts" (Galin, 1999, p. 225) the story. An intuitive inquiry

researcher must be able to mediate both first person and third person accounts of lived

experience. "It can be done by oneself but not without a long apprenticeship and training"

(Vermersch, 1999, p. 37).

Before I became an intuitive inquiry researcher, I had had a long apprenticeship

and brought a variety of professional experiences to the task of building validity through

storytelling. I have been trained to listen to stories as both a journalist and as a

psychotherapist. I have been trained as a photojournalist to see stories in images. I have

been trained as a playwright to imagine and write stories by recognizing lines of action. I

have translated my playwriting skills into a practice of listening to my own story through

active imagination in the tradition of Carl Jung (1885-1961). My published story

(Unthank, 1999), about being a perpetrator of spiritual abuse and a survivor of spiritual

rape, is foundational to the credibility of *prolonged engagement* (Mertens, 1998) with this

topic. In workshops, I have presented how I assess levels of trauma. I define the most

extreme form of violence as spiritual rape.

> Rape is a violent misuse of power. Spiritual rape is a violent misuse of church
> power. Spiritual rape happens when the collective power of any church [or
> spiritual] institution is used to condemn an individual in a trust relationship with
> that institution. . . . Clinically speaking, the level of trauma following a spiritual
> rape is more severe [than spiritual abuse] and, like physical rape, produces the
> classic symptoms of Chronic Trauma Syndrome. (Unthank, 1999, p. 8)

I could speak professionally from personal experience because I have been *persistently*

observing (Mertens, 1998) trauma reactive blocks in a rigorously subjective manner

within my own development since I began journaling in 1972. I learned to tell authentic

stories by listening to stories of my own lived experiences and the lived experiences of

others. Ultimately, the validity of this research rests upon the fact that I am a long

apprenticed storyteller, especially as relevant to stories of trauma.

Because it is a method of constant change, in both the researcher and the topic,

doing an intuitive inquiry is like saying "yes" to making an ocean voyage before knowing

what ship you'll sail, or how to sail it. Sailing round and round the world of the study

asking the research question in all the ports visited is the destination of intuitive inquiry.

Out on the horizon, the destination calls an intuitive inquiry researcher to the edge of the

known shore and presents the tension of how to get from here to there.

Cycle 1 asked me to build the ship, the strongest possible structure, from existing

materials. These materials came from within and framed how the topic was understood

by me before the voyage began. I have outlined Cycle 1 below in three sections. The first

section of Cycle 1, *the claim of the topic on me*, is the history of my experience with

trauma out of which my theory grew. The second section, *my values and assumptions about this topic*, explains how my trauma split gave me two backgrounds for "laying bare my values and assumptions" (Anderson, 2000, p. 2) about shame. The third section, *forming the research question,* describes how I came to consciousness of shame hidden in me. How this topic claimed me in Cycle 1 exposes the hidden framework of my ship. How sources of intuitive guidance helped me form the research question in Cycle 1 demonstrates how I built the ship's mast, the structure that held the sails of Cycle 2.

The sails of Cycle 2 are the *preliminary lenses* of intuitive inquiry. The point of clearly stating my preliminary lenses in Cycle 2 was to set them up "for transformation, revision, removal, amplification, and refinement" (Anderson, 2004a, p. 318) in Cycle 4. Preliminary lenses were how I gained access to my topic. As sails, they caught the prevailing winds and moved my ship away from my home port onto the open sea of the actual study in Cycle 3. I created those sails interacting with my sources of information in Cycle 1, as I listened and learned from what I already knew.

When I hoisted the sails I entered Cycle 3, caught the wind*,* and moved away from my home port to see what I could see, to hear what I could hear, and learn from others about the topic. Cycle 4 results illustrate how the sails, the preliminary lenses, had to be adjusted to continue catching the wind and move forward. The cyclone of Cycle 4 hurled me into unexpected currents, insights, and new avenues. In Cycle 5 I return to home port for inspection, to review the treasures, the highlights and lowlights of the voyage, and discuss how well the ship I built served the exploration of this topic that claimed me.

I followed in the wake of past researchers at The Institute of Transpersonal Psychology (ITP), the pioneers of intuitive inquiry method in dissertation work: Susan Carlock, (2003); Becky Coleman, (2000); Jay Dufrechou, (2002); Vipassana Esbjorn, (2003); Aurora Hill, (2005); Sharon Hoffman, (2003); Rosemary Kuhn, (2001); Kelly Lynch, (2002); Courtney Phelon, (2001); and Diane Rickards, (2005). Each of their unique journeys through the cycles of intuitive inquiry opened my eyes to the suitability of this method for both my personality and research into my theory.

Cycle 1—Clarifying the Research Topic

Cycle 1 began when the energies of all the trauma stories I have lived and listened to came to life within me as a composite and a pattern began to emerge. Ultimately, I allowed that energy to carry me to the edge of the sea, at ITP, where I discovered this intuitive inquiry waiting for me.

The claim of the topic on me. This topic claimed me in childhood. Anderson (2004a) names "the illuminating presence of wounds in the personality" (p. 307) as one of five types of intuition, which "settle along the fault lines or wounds in the personality in a manner akin to the concept of a wounded healer" (p. 313). Although illumination has often been late arriving through my wounds, my lifelong immersion in personal trauma dictated pursuit of a 20-year career as a trauma specialist. In retrospect, *illuminating wounds in my personality* (Anderson, 2004a, p. 307) interacting with s*ympathetic resonance* (Anderson, 2000a, p. 4) with all my clients, guided me. Intuitively, a theory about how unresolved trauma drives cycles of violence and blocks intimacy with God, self, and others gradually formed in my intellect (see Figure 3).
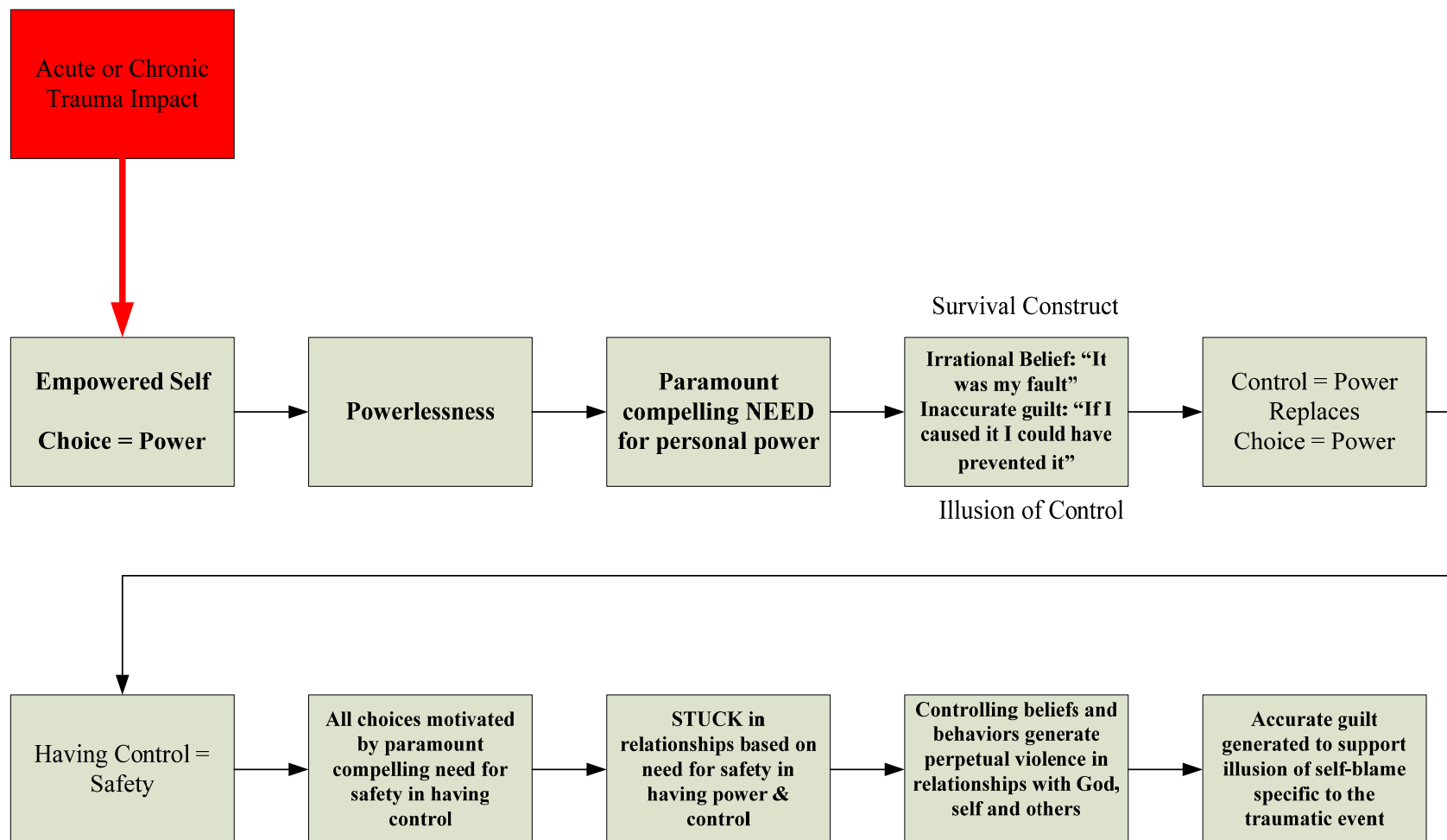
Figure 3. Cycle 1 theory: The text that claimed me.

Growing alongside that increasing professional clarity was a nagging, personal discomfort with the traditional interpretation of the crucifixion of Jesus in my Christian spirituality. At that time I thought unresolved guilt functioned to perpetuate cycles of violence. I could not reconcile myself with a God who had to die because of my inability to get my act together. I battled thought wars with Augustine (397) and his concept of *original sin* (Augustine, 397; Kung, 2002, pp. 85-87). I attempted to reconcile this split with the fact that Jesus made the choice to sacrifice self and therefore was not a victim. While that logic resolved the issue for Jesus, I remained a perpetrator. My struggle with this split motivated me to pursue nonviolence, but my professional filter would not allow me to ignore the chronic reenactment of trauma in this relational dynamic.

In my psychotherapist mind, Jesus dying as a ransom for my sins made me a perpetrator in a trauma bond with a God who claims to love me unconditionally as long as I agree to be chronically guilty simply because I am human. My professional filter brought to light the unconscious trauma split I had carried out of childhood into adulthood. When I was 12-years-old my uncle sexually assaulted me. He grabbed my breasts, lifted me to his eye level and hissed at me, "You're not so tough now, are you?" I was a golden child, confidently outspoken, a multisport athlete, and all my life I believed my cocky childhood giftedness is what made him attack me. I was trapped. I had no possible way to escape. I felt humiliated fury and I thought, "No one will ever have this kind of power over me again." I kept that promise and lived out safety from powerlessness in having control.

I was 20-years-old when I stepped across the threshold from childhood into adulthood and met this Christian God waiting to see what I would do with him, to hear my choice. "Yes, I do," or "No, I do not" believe you are who you say you are. My first personal adult encounter with God was an experience of courtesy, of the essence of true love that waits. My heart flew to him. My trauma-bound ego had terms. I followed my heart and said, "Yes," but this was my prayer: "If you are who you say you are I have to know you just like I know anyone else." Between that tentative "if" of my ego and the longing "to know you" of my heart waited a place I could not see in 1973 or when I began this research.

In the first year of my ITP coursework, I read *A History of God* (Armstrong, 1993) and discovered Issac Luria's imaginative prequel to the creation story in Genesis (Chapters 1-3, *New Oxford Annotated Bible*, 2001).

> Luria confronted the question that had troubled monotheists for centuries: How could a perfect and infinite God have created a finite world riddled with evil? Where had evil come from? Luria found his answer by imagining what had happened *before* the emanation of the sefiroth, when En Sof had turned in upon itself in sublime introspection. In order to make room for the world, Luria taught, En Sof had, as it were, vacated a region within himself. In this act of "shrinking" or "withdrawal" (*tsimsum*), God had thus created a space where he was not, an empty space that he could fill by a simultaneous process of self-revelation and creation. It was a daring attempt to illustrate the difficult doctrine of creation out of nothing: the very first act of En Sof was a self-imposed exile from himself. He had, as it were, descended more deeply into himself and put a limit upon himself. It is an idea that is not dissimilar to the primordial *kenosis* that Christians have imagined in the Trinity, whereby God emptied himself into his son in an act of self-expression. For sixteenth century Kabbalists, *tsimsum* was primarily a symbol of exile, which underlay the structure of all created existence and had been experienced by En Sof himself. (Armstrong, 1993, p. 267)

It was as if the flame of his intuitive mind leaned across centuries like a candle touched to mine and "illuminated the fault line of my wounds" (Anderson, 2004a, p. 307). In a flash I saw that the first knowable thing about an ineffable God above God (Tillich, 1952) is the choice to be separate manifest in a creation separate from a creator. Then, I saw two lines of God volition in creation. The first line is God in relationship with God. The second line is God in relationship with humankind created in the image of God (Genesis, Chapters 1-3, *New Oxford Annotated Bible*, 2001). In the light of that personal metaphysic I could see that the life, death, and resurrection of Jesus Christ were about the first line of God volition in creation, God in relationship with God. In Luria's intuition, evil is inherent in separateness from God and, therefore, evil entered creation alongside good. As I allowed the possibility that the crucifixion of Jesus was about God's choice to reabsorb the evil inherent in a creation separate from creator back into God, I could hear the cry of Jesus on the cross, "My God, my God why have you forsaken me?" (Mark 15:34, *New Oxford Annotated Bible*, 2001). Suddenly I knew it was the second time that cry had echoed through creation. With that cry Jesus reabsorbed the annihilating energy of evil bleeding into the future since the dawn of creation.

At that precise moment in history, God in relationship with God resolved the issue of evil in separation. The first line of God volition could then be mirrored onto the image of God, humankind, along the second line of God volition. Except for providing a way for humankind to freely choose either separation from God or communion with God, the death and resurrection of Jesus Christ had nothing to do with God paying a ransom for my sins. For me, it was about God in relationship with God clearing a way for human beings to choose communion with God—or not. In that intuitive flash, I could see how

both lines of God volition collapsed into one had forced a subtle cycle of violence into my relationship with God through Jesus Christ. After this epiphany I was able to experience an intimacy with God I could not have imagined before.

My values and assumptions about this topic. My engagement with this topic through Cycles 1 and 2 confirmed Niels Bohr's (1959) observation that, "The opposite of a truth is a lie. The opposite of a profound truth is another profound truth" (cited in Braud, 1998, p. 64). As participation in this research transformed me, I discovered that experiences on both sides of my trauma "split" hold wisdom and useful knowledge.

On one side of my split, turning to face self-inflicted violence and listen to the voice of my trauma bond revealed shame to me. Being stuck in a lifestyle of pervasive and perpetual trauma bonds is an experience of no way out. It is an experience that feels like being trapped in a circular hallway with a thousand exits where all the doors have turned to distorted mirrors reflecting crazy images of trusted vulnerability and home. Even when I managed to shatter a mirror and find a door, all the promising passages led to a circular hallway with a thousand exits where all the doors had turned to distorted mirrors. In other words, life enslaved to a trauma bond was a living hell. My intimate knowledge of that hell is the template of my assumptions and values about the topic of self-inflicted violence in the trauma bond of shame fused with guilt. Against that background, I am confident and clear that guilt is a moral guide and shame is an experience of perpetual trauma in the security of maladaptive guilt.

On the other side, turning to face my relationship with others, I have become equally convinced of the healing power of courtesy. I define courtesy as practicing the skills of boundary recognition, boundary setting, and boundary honoring in relationships

with self and others. Interpersonally, I see courtesy as empowering others with the choice

to say "yes" or "no" in the caretaking of their personal boundaries. Helen M. Luke (1987)

defines courtesy within the framework of the origin of the word.

> The courteous knight of King Arthur's court had to practice an unfailing
> gentleness and forbearance; he had to be always true to his word no matter what
> the cost; and he had to be ready to meet any danger arising from his task of
> protecting the weak and oppressed; he had to show mercy to the defeated and be
> devoted to the principle of fair play. . . .
>
> True courtesy is a kind of behavior that expresses a quality of the soul, an
> essential attitude of the whole person and it is not by chance that the word takes
> us back to the court of a king. . . .
>
> A courteous person will always make everyone around him feel at his best and
> most alive. (pp. 33-35)

I learned courtesy as the practice of boundary recognition, boundary setting, and

boundary honoring from God, from my experience with what the poet, Rumi, named the

"fierce courtesy" (Barks, 1999, p. 41) of the Friend. As I researched this topic that has

owned my life for so long, courtesy required me to be scrupulously honest about my

observations. To avoid falling into the old trap of static cycles simply confirming my

premises and assumptions, I had to allow all information to flow to me freely from all

sources without falling into my trauma habits of control. My experience with the God-

given right of freedom to choose is the template of my assumptions and values about the

healing power of courtesy. The genuineness of my voice will be in direct correlation to

how courteous I have been to God, myself, and others as I listened throughout this study;

how much courtesy I gave to the voices of different truths this topic chose to reveal to

me.

Forming the research question. In the beginning, I thought I was researching guilt

in relationship with powerlessness. I was wrong. The foundational energy of intuitive

inquiry is the researcher's choice to be vulnerable, to open everything up to view. When I chose intuitive inquiry, I had no idea the method mirrored approach-avoidance with vulnerability. I had my back turned on shame, but two images grabbed me. Together they turned me around, upside down, and shook my presuppositions out of me, like pennies out of a piggy bank. The first, a Rembrandt (1632, see Figure 4, p. 83) sketch I could not stop looking at, grounded my research question. The second, a movie scene I describe below, opened my eyes to the shadow of shame behind guilt.

The gift of a personal metaphysic from the Luria text had set me free from a perceived trauma bond in my Christian spirituality. With the release of that old tension, I broke out of the gate like a racehorse. I joyfully began framing my research question inside the experience of guilt in perceptions of relationship with God. I used the image of a galloping horse soaring above ground, the arc of flight, as the title of my doctoral qualifying paper (DQP), but guilt refused to fly. It sat down like a stubborn mule and my intellect floundered. I saddled guilt with every imaginable adjective. I coerced guilt with all the charming carrots my talents could muster. Nothing worked. Guilt refused to cooperate with my theory. So I decided to abandon guilt. I shifted my intellectual focus to suffering. The word "guilt" only shows up three times in my DQP, all inside quoted citations. Intuitively I made the right shift to suffering, but in auspicious bewilderment (Anderson, 2004a, p. 326) I could not see that for a long time.

When I finally accepted guilt's refusal to fly, got out of my intellect, and sat down with guilt in body meditation day after day I entered guilt's suffering. What had looked like stubbornness from an intellectual distance felt like pain up close. I discovered I could easily embody stubborn guilt consciously in meditation. Out of a relaxed state when I

brought attention to my bewilderment with guilt my brain felt tight, like two hands reaching up through my neck clasped around the edges underneath my skull. I also felt an all over agitation underneath my skin, as if some energy inside my body wanted out—or, with hindsight, maybe my body wanted it out. I came to realize that whatever was trapped inside of guilt remained trapped inside of me. I began to ask the energy its name but, like the guilt, it refused. This energy inside of guilt kept secrets. I turned my attention to secret-keeping.

Professionally I knew that secret-keeping is the most prevalent behavioral symptom of unresolved trauma (Herman, 1992/1997; Hindman, 1983, 1985, 1989, 1991; Pennebaker, 1990; Scarf, 2004). My own trauma reactive habit of secret-keeping is this: whenever I feel trapped I feel vulnerable and unsafe and I disappear. Either I run away and literally remove myself physically, or I hide behind a performance mask. I knew that about myself, but did not begin to connect it with my embodied, lifelong trauma-reactive pattern of breaking out in hives until my ITP seminar experience at Mt. Madonna in July, 2004. After that experience I explored Pennebaker's (1990) and Wegner's (1989) work and did a miniresearch project exploring secret-keeping behavior reactive to experiences of discourtesy in the workplace. Then the charming synchronicity of intuitive inquiry dumped Rembrandt into my lap . . . literally. One day my partner came home with a book she had picked off the public library sale table. "I know you've read everything by Henri Nouwen, but I picked this up just in case."

She tossed *Jesus: A Gospel* (Nouwen, 2001) into my lap. I had not read it. For the first time I encountered Rembrandt's sketch, *Jesus Saves Peter from Drowning* (1632).

Figure 4. Jesus Saves Peter from Drowning. From *Rembrandt, the life of*

Christ online. Retrieved February 28, 2005, from http://www.thewords.com/

gallery/rembrandt-8.htm#remp10.

I entered the horrified silence of a visual experience resonating across 5 centuries

that propelled me into the overwhelming, wordless experience of drowning. It was a

familiar place. I have described it elsewhere as "a free fall through frozen darkness"

(Unthank, 1999, p. 103). I have known it as hell. I felt embodied anxiety, could not catch

my breath, and felt the sinking heaviness of Peter's contorted body in my body going

under into darkness. I sat, frozen with that image in front of me for over an hour. I could

not look away.

As my mind slowly emerged from my immediate reptilian brain reaction into

consciousness, I discovered my focus was on the space between Peter's clutched hands

and Jesus' outstretched hand. I saw the contrast between Peter's desperate powerlessness

and the relaxed elegant presence of Jesus in this moment of choice. The extreme tension in Peter's hands and especially his arms, which look as if they could go either direction, brought me to ask myself: after choosing to get out of the boat on a stormy sea and having the experience of walking on water, what would cause Peter to hesitate now? After Luria's text set me free from the cycle of violence I perceived in my relationship with Jesus, what caused me to hesitate now?

I looked at *Jesus Saves Peter from Drowning* (1632) every day for weeks asking myself that question, asking guilt what secret it stubbornly held inside. Then, I went to see the movie, *The Aviator*. The opening scene showed Howard Hughes as a young boy, at least 6-years-old, (I saw him closer to age 11 or 12), standing up being bathed by his mother. His body is rigid, his eyes fixed on some point in the distance. His mother is speaking softly to him about the dangers of germs and disease as she washes him, but I know he isn't listening. I had to force myself not to close my eyes on that scene. I split off into my professional persona and said to myself, "That boy is too old for his mother to be bathing him like that. That is sexual abuse." With that thought, instantly, I remembered how I had felt when my Uncle violated my body. Tears welled up in my eyes and throat and I knew. "She is shaming him." After my own therapy and countless sessions facilitating others I knew I was not guilty in my Uncle's assault of me, but I had turned away from how deeply he had shamed me. This shame experience of trapped powerlessness had entered my body through my breasts, the very image and essence of Goddess nurturance, El Shaddai, "The Many Breasted One" (Arthur, 1984). I could not receive the Goddess's nurturing presence in me because that essence of me had been

shamed. Although genuine nurturance can flow outward when I'm safely behind my professional helper mask, I had turned away from myself as a nurturing presence.

In that movie moment I resonated with Howard Hughes' powerlessness and understood why I resonate with Peter's powerlessness in *Jesus Saves Peter from Drowning.* I answered the question, what causes me to hesitate now? I hesitate because I have lived 40 years enslaved to an emotional trauma bond, hiding in a wilderness of trauma reactive shame, locked behind the self-blaming belief that my authentic presence hurts people and causes people to hurt me. Day after day with the image of Peter drowning, with the image of Jesus so close and yet so far from him trapped there in indecision, my unconscious need to have the God who says "I love you" and the people who say "I love you" reject me the way shame causes me to reject myself, slowly came to light. When I saw my shame I received the clarity of my guilt. Shame-free guilt allowed me to see that I have been guilty of believing a shamed-based lie that my authentic presence violates others. I have been guilty of setting up the people I love to reinforce that lie for me. I have been guilty of continuing relationships, with institutions and people, who reinforce that lie for me. I understood how shame hidden inside guilt distorts my perception of God, my self, and others. "If you are who you say you say you are then I have to know you." There Jesus stands on the water, waiting courteously, time after time, for me to let go of my distorting projections and know him as he says he is—unconditional welcoming love. Figure 5 illustrates the shift in my theory from Cycle 1 to Cycle 2, the addition of shame rage and the subsequent split.

Acute or Chronic
Trauma Impact

Survival Construct

Empowered Self

Choice = Power

Powerlessness

VOID

Intolerable Fear

Shame and Rage

Irrational self-blame:
"It was my fault"
-------Fuses------
Shame with guilt:
"If I had the power to cause it, I had the power to prevent it."

Illusion of Control

Trauma Bond

Body/Mind Split

Embodied Shame

Control = Power replaces Choice = Power

Pain and Illness

Having control= Safety

Pain and Illness

All choices motivated by paramount, compelling NEED for safety

Pain and Illness

Stuck in relationships based on NEED for safety in having power and control

Pain and Illness

Controlling Beliefs/Behaviors generate perpetual violence in relationships with God, self, others

Pain and Illness

Accurate guilt generated to support illusion of self-blame specific to the traumatic event

Figure 5. Cycle 2: shift in theory.

Obstacles Researching Trauma

Trauma is grim. It is difficult to face. That obstacle highlights the contagious energy of shame in traumatic experience. Shame causes a survivor and others to turn their faces away. So looking at trauma is traumatic. For that reason exploring the deep structure of survival is a daunting topic for a researcher, participants, and audience. The radioactive potential of this topic to perpetuate its violent essence is an obstacle to overcome in the choice to talk, write, and read about it. Therein lay the ethical obstacles in trauma research design and implementation. From the beginning, intuitive inquiry resonated with me because it is a method designed to listen with a compassionate heart (Anderson, 1998, 2004a). Compassion is the only way to face the obstacles inherent in trauma research.

The ethical imperative in trauma research is the obstacle of finding survivors capable of withstanding the rigors of reentering that experience. That narrows the population to those with strong support systems who have addressed traumatic experiences with the help of a professional. In this study that obstacle caused me to exclude survivors of recent traumas and those with ego structures still too fragile to bear turning around to look at shame. I can see the ethical and compassionate reason in excluding those people. I can also see that act supporting the energy of shame to keep them hidden by silencing their voices. This encounter with multilayered paradox after paradox after paradox presented, at times, a seemingly insurmountable obstacle in this research.

Finding and asking a well-adjusted survivor to relive traumatic experience is an ethical dilemma. Although these 12 participants have faced their trauma and have it

framed in a workable worldview, this research opened each of them to unknown perspectives with world shattering potential. I knew that the survival construct being explored could be a part of their willingness to volunteer to revisit trauma. The fact that they were aware of the topic did not erase that moral dilemma from my mind.

Moustakas (1990) uses the word *delight* to describe how a topic saturates the life of a researcher. I have replaced the word "delight" with the word "trauma."

> If I am investigating the meaning of [trauma], then [trauma] hovers nearby and follows me around. It takes me fully into its confidence and I take it into mine. [Trauma] becomes a lingering presence; for awhile there is only [trauma] . . . I am ready to see, feel, touch, or hear whatever opens me to a fuller knowledge and understanding of the experience of [trauma]. (p. 11)

Throughout this intuitive inquiry I constantly faced the reality that I was engaged in a process that traumatized me. I detail that experience in Chapter 4. Every day I had to overcome the rational desire to walk away and leave it. I knew how to release trauma energy through ritual process. However the survival construct I am exploring is subtle and insidiously invasive. Intuitive inquiry required me to invite it to manifest in ways I could not see. It did. That meant I had to choose to reexperience trauma, which is an ethical obstacle. My choice to allow old trauma habits to saturate my life also impacted my family and the very support system necessary to be able to survive research into trauma. Imposing this topic onto the lives of the people I love is an ethical obstacle.

For me the biggest obstacle in researching trauma is finding a way to enter the survival world courteously and not become just one more perpetrator of violence in the endless cycles of violence. That obstacle is the same for finding a way to write and speak about trauma gently.

Procedures

My goal was to recruit participants in a courteous and therapeutic manner. In my definition, that meant to approach and engage survivors of trauma in a gentle way that afforded each of them an opportunity to feel empowered by the choice to be interviewed or not. I did not interview clients or former clients. I found participants via networking through personal and professional contacts in my spiritual community and academic community. Three of my participants joined the research through referrals from other participants. I sought participants with the following characteristics:

1. Spiritual maturity as indicated by active self-reflection and openness in sharing both personal strengths and weaknesses in an appropriate manner.

2. A history of personal trauma.

3. A strong support network.

4. A sense of humor.

As a guideline I gave my referral sources and subsequently each of my participants a definition of trauma. Trauma is defined as any event that happened to a person against their will that is perceived by them to be violence.

I contacted referrals by telephone or email to discuss my research and answer questions. I then sent each a letter (Appendix E) outlining procedures and participant requirements. I invited referrals to contact me if interested in participating. When they signed their consent form, each chose the pseudonym I have used to tell their stories. I then contacted them to arrange an interview. I made these appointments using the medium chosen by each participant, either email or a direct phone call. At the time we

arranged the interview, I asked each participant to prepare by reflecting upon experiences of shame and guilt throughout their lifetime.

Because I asked them to reflect upon lifetime experiences with shame and guilt I anticipated my participants might have developed some level of performance anxiety about their participation. To allay that concern, when we met I restated that the goal of my study is to explore how survivors of trauma experience the emotions of shame and guilt. I also self-disclosed that (a) my own trauma-reactive experiences with shame and guilt are the basis of my interest, (b) my story would be included in the study, and (c) I was willing to share my experiences with them after the interview was complete.

The purpose of the interview was to elicit stories that were self-reflective and that conveyed, for the participant, the intellectual and somatic essence of their perceptions of shame and guilt. One goal of the interview was to determine whether or not controlling beliefs and behaviors could be observed in the perceptions and belief constructs of individual participants. Another goal was to observe how these perceptions and beliefs gave or continue to give participants a sense of security in their relationships with others. The transpersonal goal of the interview was to explore whether or not the trauma bond of shame fused with guilt could be observed in perceptions of relationship with God.

Based on this purpose and these goals I asked three questions. I prefaced the three questions with the following invitation: Please share the nature of your trauma and your age or various ages at the time of the experience. Beyond those details, either now or during the course of this interview, you may share your trauma history in as much detail as you feel comfortable disclosing.

1. With this interview, I am exploring ways we turn violence on ourselves through feelings of shame or guilt. You can help my research by sharing how you experienced shame or guilt. What part of your trauma story reveals (a) something for which you blamed yourself at the time, and (b) how you have prevented yourself from feeling similar self-blame since that time?

2. How would you say your trauma experiences with shame or guilt have influenced your closest relationships?

3. How would you say your trauma experiences with shame or guilt have influenced how you relate to God or how you understand God?

A semistructured interview around trauma history and these three questions ensued. I used the framework of Creswell's (1998) *Data Analysis Spiral* (p. 142) to document descriptive details of my experiences and observations by taking notes during the interviews and writing notes in the margins of interview transcripts as I read them in Cycle 4. I employed basic listening responses (Rogers, 1951) to paraphrase, reflect feeling, clarify, and summarize in order to hold disciplined focus on participant experiences during the interviews. Throughout clarification discussions and storytelling in response to the questions I asked I observed nonverbal, embodied cues to the emotional content, listening for tonal cues in voice for emotional content (Scheff & Retzinger, 2000), and made notes.

Because I have been trained to notice and document body language and nonverbal content of interviews and have long practiced these skills, that professional aptitude was both a strength and weakness. The weakness was in the habit. My psychotherapist mind wanted to step forward and replace my researcher mind. As part of my personal

preparation for each interview I set the intention to limit my professional presence to listening and observation skills. I also self-checked by making notes of lapses into professional habits. Immediately after each interview I wrote a summary of each story as I heard it avoiding any interpretation or analysis. Then I listened to and transcribed each interview recording.

I collected data through a single interview. I interviewed 3 participants in my home, 3 participants in their homes, 2 participants in their workplace offices, and 1 participant in a room at a church. I conducted three interviews by telephone. Two participants gave me published autobiographical material with permission to use it to supplement the interview.

I audiotaped interviews. Although a videotape might have been useful for post-interview observation of embodied, nonverbal behaviors I ruled it out. My literature review had revealed that "shame and guilt do not appear to have readily definable facial expressions" (Izard, 1977 as cited in Tangney & Dearing, 2002, p. 26). Also, from my past intake and assessment interviewing experience along with my experience as a journalist, I learned that planned reliance on post-interview tapes undermined my attentiveness to the in vivo observations. For that reason primarily, I decided to simplify the process to audio tape. Minimizing my equipment to three small tape recorders, two for backup, eliminated the intrusiveness and awkwardness of video equipment. It also cut transcripts in half and streamlined the data interpretation process in Cycle 4.

At the conclusion of the taped interview a pattern of post-interview discussion developed. At times, participants requested I turn the recorder on again to capture what they were saying. Other times I asked if I could turn the recorder on again to record what

they were saying. I took notes during these unrecorded post-interview exchanges. I

invited participants to journal additional thoughts and experiences they had following the

interview. Before parting, I arranged to make contact for a follow-up interview after at

least 48 hours. Eleven of the 12 follow-up interviews were conducted on the telephone,

one face to face. None of the 12 follow-up interviews were recorded. I took notes. I

mailed a transcript of the interview to each participant, invited any modifications they

wished to make, and documented those changes. Only 2 participants requested changes,

both related to biographical material. I also sent each participant a copy of the profile and

participant stories as soon as I finished writing them in Cycle 4. Each of the 12

participants will receive a copy of this dissertation.

Discourse Analysis

I watched for patterns and themes rising from the interviews as a whole and

utilized *discourse analysis* (Potter & Wetherell, 1995) because I thought it would serve

the power of the stories better than the reductive focus of *thematic content analysis*

(Braud & Anderson, 1998, pp. 91-92). Also because a weakness of *thematic content

analysis* is that nonverbal content may be overlooked (Braud & Anderson, 1998).

Tangney and Dearing (2002) report that evidence for the reliability and validity of

"attempts to develop schemes for coding shame and guilt experiences in narrative

accounts and running text . . . has been disappointing" (p. 48). I chose discourse analysis

because its goal "is to make a contribution to our understanding of issues of identity,

constructions of self, other, and the world, and the conceptualization of social action and

interaction" (Potter & Wetherell, 1995, p. 81). I think discourse analysis is an especially

suitable tool for research into a shame and guilt complex that distorts everything Potter and Wetherall list in that sentence.

Discourse analysis (DA) is also a tool especially suitable for working within the method of intuitive inquiry. Like intuitive inquiry, DA encourages a researcher to be part of the data being analyzed and requires making that participation transparent. Even though Potter and Wetherell emphasize that DA can stand alone and is neither theory nor method driven, immersion in the interview transcripts utilizing DA is a microcyclic process that mirrors the macrocyclic method of intuitive inquiry. The cyclic process of generating and refining lenses in intuitive inquiry is described by Potter and Wetherell as "searching through the material for a number of themes" and then forming a series of "topic files" (p. 87). These topic files become *interpretive repertoires* (p. 81) that map the content of what people say. The definition of an *interpretive repertoire* is a description of the process of forming an intuitive inquiry lens.

> By interpretive repertoires we mean broadly discernable clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images. In more structuralist language we can talk of these things as systems of signification and as the building-blocks used for manufacturing versions of actions, self, and social structures in talk. They are available resources for making evaluations, constructing factual versions and performing particular actions. (p. 89)

Discourse analysis holds the focus of research on the content of the interview transcript. "Rather than seeing the important business of psychological processing taking place *underneath* this content, it treats this content as literally where the action is" (p. 82). DA expects and welcomes paradox as inconsistencies in content because that tension, where the action is, reveals the underlying schemas, "locally coherent versions of the

social and moral world" (p. 88). For this reason DA is an optimal way to analyze data

exploring a theory about an underlying schema of shame fused with guilt.

      Preparation of the content for DA demands that interviews be transcribed true to

every detail and nuance of speech patterns. This attention to detail produces a dense

document that can be difficult to read. To facilitate the reader, I have eliminated detail

and nuance from interview excerpts in chapter 4 and chapter 5. To support my discourse

analysis (Appendix G), all the excerpts from transcripts reflecting the final lens of

embodied shame remains unedited as transcribed. Some segments of interviews in

chapters 4 and 5 are long in service of illustrating and grounding my discourse analysis

with as much context as possible.

Chapter 4: Results

Cycle 2: Forming the Preliminary Lenses

In Cycle 2, I took insights about shame fused with guilt into dialogue with my

trauma history, my literature review, and my theory. In addition, I meditated daily for at

least half an hour every morning, followed by at least half an hour journaling. I did this

meditation with Psalm 139 (New American Standard Bible, 1995, p. 1).

O LORD, You have searched me and known me.
  You know when I sit down and when I rise up;
    You understand my thought from afar.
  You scrutinize my path and my lying down,
    And are intimately acquainted with all my ways.
  Even before there is a word on my tongue,
    Behold, O LORD, You know it all.
  You have enclosed me behind and before,
    And laid Your hand upon me.
  Such knowledge is too wonderful for me;
    It is too high, I cannot attain to it.
  Where can I go from Your Spirit?
    Or where can I flee from Your presence?
  If I ascend to heaven, You are there;
    If I make my bed in Sheol, behold, You are there.
  If I take the wings of the dawn,
    If I dwell in the remotest part of the sea,
  Even there Your hand will lead me,
    And Your right hand will lay hold of me.
  If I say, "Surely the darkness will overwhelm me,
    And the light around me will be night,"
  Even the darkness is not dark to You,
    And the night is as bright as the day.
    Darkness and light are alike to You.
  For You formed my inward parts;
    You wove me in my mother's womb.
  I will give thanks to You, for I am fearfully and wonderfully made;
    Wonderful are Your works,
    And my soul knows it very well.
  My frame was not hidden from You
    When I was made in secret,
    And skillfully wrought in the depths of the earth.
  Your eyes have seen my unformed substance;

>And in Your book were written all
>The days that were ordained for me,
>When as yet there was not one of them.
>How precious also are Your thoughts to me, O God!
>How vast is the sum of them!
>If I should count them, they would outnumber the sand
>When I awake, I am still with You.
>O that You would slay the wicked, O God;
>Depart from me, therefore, men of bloodshed.
>For they speak against You wickedly,
>And Your enemies take Your name in vain.
>Do I not hate those who hate You, O LORD?
>And do I not loathe those who rise up against You?
>I hate them with the utmost hatred;
>They have become my enemies.
>Search me, O God, and know my heart;
>Try me and know my anxious thoughts;
>And see if there be any hurtful way in me,
>And lead me in the everlasting way.

To conclude this meditation every morning, and before I fell asleep at night, I imagined warm light energy washing frozen heavy shame out of my body. In August 2005, I began following these meditations with sand play to release embodied shame (Unthank, 2005), a process to be described later in this chapter.

When I began the process of articulating preliminary lenses I recognized I had four overlapping circles of experience: (a) my history with trauma, (b) my original theory, (c) the literature review, and (d) my meditation and sand play practice to release embodied shame. On a poster-sized sheet of newsprint I drew four large, overlapping circles. Then, I drew an encompassing circle around all four to form a mandala (see Figure 6). I filled all the spaces with color. The image created helped me see how each of the four experiences, like characters in a play, contribute a unique line of action to my understanding of shame as trauma and shame fused with guilt as a trauma bond.

Figure 6. Mandala.

As I would in preparation for writing a play, I listed the qualities of all four experiences as if developing different characters. Then, I interviewed each of them. I asked, "What has been your experience with shame and guilt?" I wrote out each dialogue as it occurred. Afterwards I paraphrased each interview, compared them, and gleaned common themes. Utilizing this process in the formation of preliminary lenses made a unique contribution to intuitive inquiry.

In the midst of comparing these interviews I did a body meditation that revealed how my choice to interview these four sources of information had become a way for me to turn away from myself. I recognized the parallel process. While the information I gathered listening to each of them was helpful and valid, it had served my old trauma habit of hiding self-inflicted violence behind hard work in the pursuit of "knowing" (Unthank, 1999). Subsequently, I turned to face my topic, self-inflicted violence, and also interviewed that source of information about shame. That interview, in turn, led me to interview my authentic self about the experience of being trapped behind shame for 40 years. I formed my preliminary lenses out of this series of personal interviews.

My preliminary lenses into the manifestation of shame as self-inflicted violence are divided into three categories. They are: (a) controlling beliefs, (b) controlling behaviors, and (c) embodied shame.

Controlling beliefs were observed as:

1. Layers of self-deception in various self-blaming scripts.

2. Contradictory beliefs.

3. Awareness of a "good" self maintained by controlling a "bad" self.

4. Perception of God or spiritual practice as an escape from "badness" in self.

5. Inability to forgive self.

6. Predominant use of the word "guilt" and difficulty verbalizing the difference between shame and guilt.

7. Difficulty conceptualizing and verbalizing shame.

8. Underlying resentment for being overextended in some way.

9. Belief that reconciliation with an "other" or certain type of "other" is futile.

10. Belief that saying "no" means failure to perform in an expected or acceptable way.

11. A higher value placed on putting one foot in front of the other and forging ahead through crisis rather than choosing to rest.

12. A perception of food as both comforting and problematic.

13. Perceptions of chaos, disorganization, confusion, as being "out of control."

14. Perceptions of passion or passionately expressed emotions or opinions as being "out of control."

15. Perceptions of "out of control" as bad.

16. Low self-esteem linked with inability to "control" life in some way.

Controlling behaviors were observed as:

1. Secret-keeping.

2. "Behind the scene" or "behind closed doors" career/work choices.

3. A high regard for body/poor care of body split.

4. A struggle with addictions.

5. History of loyalty to unfulfilling or draining relationships.

6. Avoidance of an "other" perceived as blaming or judgmental.

7. A pattern of ignoring physical needs.

8. A pattern of work or service to others at the expense of personal well-being.

9. Failed attempts to resolve a painful relationship.

10. Difficulty saying "no."

11. Avoidance of looking at body.

12. Forging through a crisis when others give up or rest.

13. Eating for comfort in crisis.

14. A pattern of avoiding risks when faced with opportunities for growth and change, especially in the area of work.

15. Choosing high risk in physical recreational activities or zero to little physical recreational activity.

16. Pushing body through pain in order to "enjoy" physical activities.

17. A history or current pattern of "lashing out" at others in a way perceived as unacceptable.

18. A history or current pattern of controlling anger by walking away or avoidance.

Embodied shame was observed as:

1. Periods of silence following direct questions about shame.

2. Periods of silence during discussions about shame.

3. Looking away following direct questions about shame.

4. Intervals of silence during discussions about shame.

5. Increased body language during discussions of shame.

6. Loss of cognitive focus during discussions of shame.

7. Losing track of the question or train of thought during discussions of shame.

8. Less body language during discussions of guilt.

9. Clarity and ease of verbal expression during discussions of guilt.

10. Heart described as lonely, empty, or sinking.

11. "Heavy" words chosen to describe feelings.

12. "Cold" words chosen to describe guilt or shame.

13. "Hot" words chosen to describe feelings other than guilt or shame.

14. Struggle with body weight.

15. Perception of body size incongruent with physical reality.

16. History of a chronic physical "problem" that is a "mystery" to the medical field that cannot be diagnosed clearly or resolved.

17. Zero to limited direct knowledge of body.

Cycle 3: Data Collection

Vicarious trauma. In Cycle 3, I recruited and interviewed participants and made transcriptions of the interviews. I became immediately and intensely aware of the familiar weight of vicarious trauma. Vicarious trauma results from repeated exposure to traumatic material disclosed by others. I felt that energy perpetuate itself endlessly, silently, insidiously invasive: The voices in my ears, the words in my eyes, the movement of my fingers and hands creating transcripts that concretized the experiences remembered, the experiences happening in me again vicariously. At times it became so overwhelming my brain froze, just seized up. I felt as if my body were screaming, "No, no, no, we can't go back into that world!" I thought of Dante's (1265-1321) poem:

> And I found I stood on the very brink of the valley
> called the Dolorous Abyss, the desolate chasm

> where rolls the thunder of Hell's eternal cry,
> so depthless deep and nebulous and dim
> that stare as I might into its frightful pit
> it gave me back no feature and no bottom.
> Death-pale, the poet spoke: "Now let us go
> into the blind world waiting here below us.
> I will lead the way and you shall follow." (p. 1298)

"Nope, not going!" was the answer echoing in my mind along with an image of me turning on my heel to walk away. Whenever I was unconsciously "turning away" I would feel heaviness in my body. As the heaviness came to consciousness I understood I would not be able to reenter the world of vicarious trauma as a researcher unless I ritualized entering and leaving that space exactly as I had done in Cycle 2.

Remembering my Cycle 2 ritual of releasing embodied shame, I began a practice of physically releasing vicarious trauma through sweat. After interviews or working on transcripts I exercised, setting an intention to literally sweat it out. I discovered I had to be careful inviting shame into high cardiovascular workouts. The monitor on the treadmill showed my heart rate would shoot up. I began saving the ritual of releasing shame via sweat for the steam room, where I can lie down. Another way I released embodied shame was to take breaks from transcribing, go outside, and deadhead flowers in my garden. I liked using that action to symbolize releasing old trauma energy, theirs and mine, conscious and unconscious, and dumping it into the basket to be dumped in the trash. Once I began the ritual process, I was able to reenter the frightful pit.

Rationale for organization of profiles. In order to honor the confidentiality of the participants, I have presented a composite of work, relationship, and social histories. For that same reason and because of the extremely personal and emotionally volatile content of the interviews, I chose not to include full transcripts. Segments of transcripts are

presented below in participant stories and again as participant voices in statements of irrational self-blame specific to trauma and in context with discussion in chapter 5. Segments from all 12 transcripts illustrating embodied trauma are included in Appendix F. I selected a quote from each transcript to introduce the voice of each participant.

Although individual trauma histories are dramatic and compelling in the participant's own voice, I want to honor their courage in making themselves vulnerable to me and to this project by keeping those details confidential. The specific traumatic event is not the focus of this research. However, in order to illustrate irrational self-blaming scripts specific to the traumatic event in context, each profile begins with my summary of each trauma history reported. Trauma histories are followed by my experience of the interview recorded in notes made during and immediately following each interview.

Results of the 48-hour follow-up interviews are also in composite form and presented anonymously in the words of each participant. My first participant spontaneously reported a dream in the follow-up interview. When asked, participants 2 and 3 also reported having a significant dream the night after the interview. Taking my cue from their direction, I invited the remaining participants to record and share any postinterview dreams. Seven of the 12 participants responded with dream content in their follow-up interviews. Those dreams are included as reported to me without interpretation.

Results of my personal process discovering layers of embodied self-inflicted violence in Cycle 3 were tangible. These results informed my preparation for conducting the interviews and influenced my understanding of what I heard and observed in my coparticipants. I have included the story of my transformation as a research participant at the end of this chapter.

Composite Profile of 12 Survivors

Six women and 6 men participated in 12 individual interviews. Their ages range from 48 to 63. Levels of education range from high school graduation with some college to Ph.D. They have served in the Army, Air Force, and the Marine Corps. Careers have included medical and dental professions, being elected to government, small and large business ownership, creating and developing not-for-profit organizations, teaching at college level, counseling, bodywork specialist, information specialist, computer technician, publisher, pastor, disc jockey, CEO, and music teacher. None have retired. Two are currently working part-time due to physical disabilities and are receiving Social Security benefits. Five are published writers.

Four of the 12 married in their 20s and remained married. Six of the 12 married and divorced once. One married and divorced twice. One never married. Of the 7 participants who married and divorced, 4 are currently remarried, 1 in a same-sex relationship. Eleven of the survivors have children, 5 have grandchildren.

Three participants were raised in conservative Christian evangelical denominations, 3 in the Episcopal Church, 2 in the Presbyterian Church, 2 in the Lutheran Church, 1 had no religious affiliation in childhood, and 1 did not indicate religious affiliation in childhood. At the time of the interviews, all but one Episcopalian had changed their affiliation and all were exploring personal spirituality via openness to wisdom from all religions. Two attend a Presbyterian Church, 2 attend an Episcopal Church, 2 attend a Methodist Church, 2 practice an earth-based spirituality in Native American tradition, 1 attends a Buddhist Church, 1 pursues spirituality apart from an

established tradition, and 1 did not indicate current affiliation. They all have a spiritual practice.

Eleven of the 12 participants consider themselves to have been impacted in negative ways by unresolved trauma in parents who were either a survivor of a war or of childhood physical or sexual abuse. Eleven of the 12 participants survived trauma in childhood or adolescence, between birth and age 21. All 12 participants have received professional counseling on some level. Nine have chosen to pursue long-term, depth psychotherapy to address trauma-related issues in their adult lives. Two of the 12 were abused by counseling professionals who engaged them sexually.

My participants in this research courageously approached vulnerability and allowed themselves to be vulnerable to this exploration. These 12 individuals opened themselves to the unknown and to an unknown outcome. That fact alone indicates the high level of spiritual maturity each has developed in their struggle to cope with the scars of trauma. Common to them all is a great sense of humor and the ability to laugh at themselves. Their stories follow in the order the interviews occurred.

Participant Stories

Rebecca.

But it was what I was thinking, what I'd always been programmed to think is [tapping finger on table for emphasis] you go on. [Voice breaking] You pull your self up by your straps and you go on [whispers "on"]. You don't tell people what you're going through. You just go on. That's what we do. [Taps finger on table for emphasis]. And so I did. [Taps finger on table for emphasis]. But deep inside I knew in my feeling knowledge which is a hell of a lot stronger than anything else, certainly than my thinking ability, [sniffs] my tapes were saying, "You do." [Tapping finger on table for emphasis]. But my feeling cells were saying "You can't keep doing this."

Rebecca survived 22 years of domestic violence in a marriage where she was being physically, sexually, emotionally, and verbally abused by her husband. After they separated, she was seduced into a sexual relationship and then abandoned by her minister/psychotherapist who was counseling her through the divorce.

Rebecca sat down to begin the interview with the eagerness and trust of a child. Her story poured out of her, verbally and nonverbally, including spontaneously sharing her awareness of how trauma broke her down physically. She allowed her emotions to rise and flow freely throughout the interview via verbal expressions, facial expressions, tears, hand gestures, and tone of voice. I felt as if were in the middle of this river flowing from her soul swirling around me.

The invitation to give a brief overview of her trauma history opened a floodgate. She immediately began picking at the skin on her right arm, then crossed her right arm over her chest, then crossed both arms over her chest. She spoke a few words, closed her eyes, placed both hands on either side of her face then moved both hands to her temples, then back across her chest. She gestured freely throughout, but always with one hand, the other remained crossed over her chest. Her eyes remained closed for the first 5 minutes of the interview, opening them thereafter for brief intervals.

Dusty.

Because I don't. [Sniffs]. I mean there are times I do feel like that [self-blame] again. There are times when I'll do whatever it takes at all costs to try and make sense of my world. So, there are times when I feel that way. [Crying] . . . I mean, I do it everyday. I do it at work. I do it, you know, I need to hold it together. I need to so I'm a great employee [sniffs]. You know. I'm rewarded. You know I get my raises. And I get my [voice trails off]. I don't know [barely discernable] I do it all the time. . . . [Breaks in] No, no I actually apologize just [indiscernible] actions. I can't, I try very hard to be all things to all people and I can't do it. I can't do it because I'm not being anything for me.

Dusty survived being raped in adolescence. In young adulthood she was sexually assaulted by a college counselor at one school, and by a college administrator at a different school. When she reported the second incident, she was surprised to find herself among a group of women who complained about the same perpetrator. The director of their program requested they each give graphic details of their abuse. "Then he totally didn't believe us. So, the son-of-a-bitch was just getting his rocks off listening to us." Dusty was physically assaulted in her first marriage. She was also threatened in her workplace by a supervisor holding a loaded gun to her head.

"I just want to get this over with," Dusty remarked as we met for the interview. She avoided making eye contact with me and asked, as if I had a position of power to give her permission, "Can I sit in my Mom's chair?" She curled up in a recliner that had been her mother's, hugging herself with arms crossed over her chest.

Dusty was extremely emotional throughout the interview, allowing her tears to flow. Her defensiveness was palpable to me. Her need to escape the interview was also palpable to me. She never made direct eye contact with me. She was able to receive a Kleenex I handed her. At the end of the interview I felt like I was opening a door she could escape through, like releasing a caged animal. When she was trying to find words to express herself, in the long silences, her eyes moved about quickly. Otherwise, her body remained very still. She would turn her head slowly to look out the window from time to time. Whenever she uncrossed her arms to hold her tea mug, her hands, her fingers were always active with the tea mug. A few times she went into a dissociative state in midsentence, stopped talking, stared with unseeing eyes and I waited for her to come back.

Pam.

"How did I handle this? By being very aloof, that's what kept me alive. Aloof is a comfort zone for me. I entered a very calm zone."

Pam survived being raped at gunpoint in adolescence. Subsequently, she survived a year-long trial process which was, in her words, "very sordid and sleazy."

When I entered Pam's house I noticed and commented on a beautiful statue of Kwan Yin. I asked her if it was Kwan Yin. She said she had never heard her named before and that, "Kwan Yin just came to live here today." I felt tingling in my body when she told me the statue had belonged to her mother, and that she had just brought it home that day. Her face flushed with excitement as I told her the statue's name and her importance. My noticing the statue, and knowing the goddess's name set the tone for the interview and it seemed to form a bond of trust between us.

When we sat to begin, without being asked, Pam began describing what was going on in her body. "I feel butterflies in my stomach, a little anxious." She placed her hand high on her stomach. "My breath is also a little shallow. I do a little disconnect when I feel this way. Maybe I'll dissociate. But that's more an issue when I share this story with men."

Pam made very good eye contact with me, looking away from time to time. Her body was very still. She held a tea mug in her right hand and gestured with her left. She used her left hand to point to areas of her body where she was experiencing emotion. She continued to volunteer that information and was also agile in responding when I asked about it. During the interview, as she began discussing her aloofness, I felt a rush of heat through my body and I leaned forward. After I turned off the recorder, as we were

processing, she mentioned breaking out in hives and this heat rush happened in my body again. Both security in aloofness and hives are part of my own trauma history.

Our time together ended when Pam was telling a story about being required, in court, to walk around in front of the jury in clothes that weren't baggy, "to demonstrate that I wasn't pregnant, just fat." At this point she began a manic laughter, on the verge of being out of control and tearful, and asked that I turn the recorder off again. She said, "This is what I do to cover . . . ." I felt a wave of exhaustion pass through my own body, very quickly. This caused me to notice Pam's body posture had changed, that she had leaned back and was pale, even as she was still talking very animatedly. I reflected to her that she looked tired and I thought it best for me to take my leave. She smiled and said, "I am in disconnect now, just talking to cover that."

Kay.

[If] God is all loving then why was I in this hell? [Pause] . . . [I]n childhood. I definitely . . . had suicidal ideation [right hand begins digging into her leg through the blanket again]. But I never made an attempt, or not a serious one, because [pause] if life was this bad, then what would hell be like? How much worse would it be? [A]nd, and if you killed yourself you would go to hell. At that point [swallows] in my understanding. So, that kept me alive. [Smiles] Isn't that somethin'? [Chuckles] . . . And there was another piece of me that said, [pause, then left hand pointing, eyes narrowed] "You may think you have me, but you don't."

K: To God?

To God.

From birth, Kay survived an emotionally and verbally abusive mother. From earliest memory, both her parents blamed and continue to blame her for being an infant who rejected them. When her brother was born, she was constantly compared negatively with him. Kay cannot remember a time when she was not depressed in childhood. She

began to have suicidal ideations at the age of 9 that continued until high school. In adulthood, Kay survived the death of her child.

Kay was prepared to show her life history to me in images. We sat side by side as I watched a slide show on her computer and she described her family and herself from year to year. I reflected to her my observation of the stark shift from smiling infant to sad-eyed toddler with dark circles under her eyes. "Yes," she replied very softly.

We changed seats to sit across from each other as the interview began. Kay settled into a large armchair. She fiddled with her glasses and looked into the distance as I reminded her that the first question when I turned on the tape would be the general nature of her trauma and age or ages. She released a deep breath with "Ohhhhhhhhhh," which sounded like a lament. Then she turned to look at me and made good eye contact throughout the interview. Kay's hands were in constant movement and in contact with her face in one way or another. Her face was highly expressive. Her eyes moved about rapidly as she told stories. She laughed often. At times, she would lean forward to emphasize her point.

Randy.

So, I've always chosen relationships carefully, to find people that were safe. And accepting of me and that I could just relax and be my self. [Pause]. You know when you spend your whole life trying to be what someone else wants you to be [pause] it's pretty exhausting. [Whispers] Yeah.

Randy survived being bullied at school from first grade through high school. After his undergraduate work he was bullied again during his postgraduate specialty training. He was also bullied at home by his mother in childhood. He remembers dreading the consequences of emotional abuse if his mother became upset and fearing the consequences of emotional or physical abuse if he failed to perform as expected.

Although he was from an upper middle-class family, he realized through therapy in his adulthood that he was also a neglected child.

Randy chose to meet in a small, closed space for the interview. There were no windows. The door was closed. I felt hot and the space felt suffocating to me. I had a very clear sense that Randy was "in" his trauma space throughout this interview. He informed me as we sat down that "I have Attention Deficit Disorder, so you'll need to help keep me on track." I assured him I would.

Throughout the interview, Randy seldom made eye contact, but looked into the distance as if he were seeing the past replayed. When he did make eye contact, it was to emphasize an emotion he was expressing, then he would immediately look away. Randy allowed his feelings to flow freely and openly throughout the interview. His face was highly expressive. He moved his feet constantly, for 2 hours. In the middle of the interview, he dropped his head into his hands and wailed, rocking himself and weeping loudly, unabated, for 50 seconds. I felt energy, like chills running up the back of my neck as he wept. Towards the end of the very long interview, I felt a professional urgency to end it, that to let it go on would be harmful for him. I felt this in my body as a sudden tension in my chest, a constriction.

Bruce.

"Even now I tell people, "You're wasting your time, I don't do guilt.""

Bruce survived physical abuse from both his parents. He recalls his mother lashing out with unpredictable anger and striking him with a coat hanger. He recalls his father beating him with a belt. In his mind, the worst beating occurred between 9th and

10th grade when the belt buckle wrapped around striking his genitals repeatedly. During military training, at age 19, he survived torture after being captured during war games.

Bruce explained he had prepared to bring clarity to the interview by thinking though his trauma history. "I'm aware that early childhood trauma is not available." He has no significant memories prior to age 6 or 7. Bruce was engaging and approached the interview with open interest in the research topic. His most pronounced body language was a pattern of closing his eyes when thinking or telling stories. While thinking his hands would move in the air, as if playing out whatever was going on in his mind. He was very physically expressive telling the story of his torture, arms spread wide, head back, eyes closed, legs spread out in front of him exactly the way he was describing the position of his body while being tortured.

John.

> I do most things out of guilt. You know I'm, when I try to think of what I'd really, what I have done or the reasons I've done it? It's like reasons of guilt. You know guilt in a sense that I think I should be doing this. Instead of you know, [wife] will say time to time you know "what do you really want to do?" You know and I'm, my comeback is mostly I don't know, I don't know what I want. I have no idea.

From earliest memory John survived being raised by an emotionally and physically abusive alcoholic father. He remembers siblings being physically abused and being fearful of suffering the consequences of physical abuse if he failed to perform as expected. In adulthood, John survived the death of his child. Related trauma involved not being allowed to stay in the emergency room with her.

From the moment we met John moved. We met in a foyer, walked up flights of stairs and down halls looking for an empty room. After we sat, his body moved in some fashion the entire interview. He always had either one shoe or both off and dangling from

his toes, moving them around. His legs jiggled constantly, one or the other or both. His arms remained crossed over his chest from the start of the interview and remained that way throughout except in the rare moments he used his hands to gesture. He maintained good eye contact, looking away occasionally to think. Halfway through the interview, another group needed the space we were occupying, so we moved again, searching for a place to continue.

I felt tension in my body and tightness around my skull, under my scalp throughout the interview which was incongruent with the positive energy I felt listening to his trauma story and the connection I felt with his trauma story and as he shared his worldview. The word "congestion" came to mind as he spoke. As the image of his arms crossed over his chest rises in my mind, I see and sense the tightness of his body in my body and the need for release. I felt his stories building up then spilling out in long narratives, like a series of waterfalls tumbling out of his body.

Lynn.

I know I wrestle with that partly out of shame. I want to be liked. But when people call your moral integrity into question, they'd better be ready [voice trailed off and he didn't finish the thought]. . . . Maybe I am the reason for the problems. I get tired. When you get tired, you probably don't have a big backbone. You don't want to enter the big fight. So, maybe it's all true. Maybe I am at fault.

Lynn survived being sexually abused in childhood. He also survived being shamed by his father in childhood when he hugged adults, primarily women.

As we sat to begin, Lynn looked very tense. Before I turned on the recorder, he closed his eyes, lowered his head and took a few moments before saying, "OK." He began answering the first question with his eyes still closed, leaning back in the chair his hands on top of his head. "Constricted" is a word that came to mind observing him

throughout the interview. At times he seemed reluctant to release information. Long

pauses appeared to be in service of getting emotions in control before responding. His

voice was unusually soft throughout the interview, seldom just above a whisper. He made

adequate eye contact, often closing his eyes or looking off into the distance in silence.

I felt energy in my body straining to meet Lynn, just to hear him sometimes, as if

he were 100 miles away striving to get a very weak signal to carry across a very great

distance. I felt an urge to go get him, as if I could bridge the distance by some effort on

my part. My heart felt heavy sadness.

Reno Guy.

[Groan, big sigh]. Well, [pause] in one way they [experiences with shame or guilt] prevented me making many close relationships because I was always afraid to speak about it.

Reno Guy survived physical and emotional abuse from his mother and emotional

abuse from his father in childhood. At the age of 11 he survived the sudden onset of

epilepsy, unpredictable seizures, and being ridiculed. In adulthood he began having

blackouts with loss of memory and episodes of acting out violently. He was arrested and

jailed and survived physical and emotional abuse within the prison system. He also

survived abuse and neglect from the legal system.

Reno Guy presented me with literature about himself when we met and I was

instantly aware of his need to be seen and validated. Throughout the interview he held his

body very still. He seemed to enjoy looking at the fire in a fireplace. He gestured

primarily with his right hand and often leaned his cheek on one finger. He made good eye

contact. His eyes were very intense and expressive. I felt deep sadness looking into his

eyes whenever he spoke of any relationship.

During the interview I felt tightness down the back of my neck into my shoulders and recognized my reluctance to ask for additional information to his responses about questions #2 and #3. I trusted my therapeutic instincts and did not ask probing questions. I sensed his need to answer these questions within his comfortable framework.

Jane.

> The word *guilt*, think how it sounds. It's a force, a forward motion and a stance, a posture, it's guarded. Think of the word *shame*, it includes the word *me* in it so there's a me sense. It also includes the sound *sh.* There's a secret. There's a secret about me.

Jane survived childhood poverty in adolescence. She experienced times of hunger and homelessness. She survived throat surgery without anesthetic, strapped to a table, conscious and struggling to breathe for 2 hours. In adolescence, her father forced her to leave home. In adulthood, she survived abuse within the legal system, being forced to testify against family members.

Jane prepared for her interview with care and began with a statement of readiness with a qualifier of reluctance. "First of all I want to say that this is a difficult task. For about 15 minutes yesterday I asked myself, why did you agree to do this?" From that point she proceeded telling her story with what struck me as a no-holds-barred openness to the process. I enjoyed her boundless sense of humor and ability to laugh at herself.

Jane was my first phone interview and I missed the face-to-face experience, felt the separation, and the difference it made to me in the interview. I was also aware of the emotional safety I felt being in my own home, with my own tea mug, in the presence of my dog. My body felt absolutely relaxed throughout the interview. Jane agreed to keep me informed of her embodied responses as she became aware of them and she did so.

Sherry.

> I mean my family resonated fear. To no end. And so my whole process has been about getting out of fear and moving into joy. And abundance. And I, I do feel for the most part I've done that. You know, I have pieces and then you know times when things come up but compared to what I used to be [chuckles] you know, I was 98.9 % fearful and now I'm like 1.2, you know?

Sherry remembers surviving sexual abuse from a past life. She had her tonsils removed at the age of 5 and survived being in the hospital overnight, without her parents for the first time. She survived stomach-aches and vomiting every night throughout her first grade year and after bodywork around these memories in adulthood, believes she was being abducted by extraterrestrials. She survived having a pelvic examination at the age of 6. At age 12 she survived encountering an adult male who exposed his genitals then running to a nearby house for help and not being allowed inside. At age 15 she survived severe whiplash from being hit in the head by a tree branch while riding on the back of a motorcycle. She survived childhood in what she described as "a very fear-based" home due to her mother's overprotection and paranoia.

Sherry was my second phone interview. She had carefully prepared to report her trauma history and before I began recording, she described that process, which involved body work and active imagination, "Checking in with everybody." She also reported her embodied responses to the interview and feeling sadness. She agreed to keep me informed of embodied responses throughout the interview and did so.

I was extremely relaxed throughout the interview and afterward. I realized during this interview that my "therapist mind" was more observable, assessment responses and questions like a running stream I sat on the banks of rather than flowed with. It is no longer something I had to be as careful to extract myself from and stay apart from. I felt

my heart open during this interview, not so much a connection with Sherry, although I

felt that too, just a pleasant, physical sensation of release in heart area that continued,

very "up" energy.

Scott.

[A]s I make myself vulnerable I feel very much threatened and start pulling apart, away emotionally. So what it is, is close distant, close distant. So I try to run it at something that is more moderate. But you know I'm guarded. I'm just very guarded.

Scott survived combat in the Vietnam War. At age 12 he survived being shot at by

strangers who pursued him and held his friends and him captive before releasing them.

Scott was my third phone interview. I felt grateful for the comfort of being at

home to help contain my emotional responses to Scott's trauma history, so similar to my

brother's. I shared with Scott about my brother's recent death, that I considered him a

delayed casualty of the Vietnam War. Scott said, "Oh, yes, I know exactly. I've been in,

I've been in hell you know most of, most of my adult life." His compassionate response

to my grief provided the clearest moment of coparticipation in the research process. I also

felt a deep connection with my brother through Scott because, as I shared with him, even

though he never met Steve, I know he knows him in ways I never could. That connection

gave me an effortless focus on Scott's story. I felt completely vulnerable and open and as

my tears flowed, energy bubbled up from beneath my pubic bone. It was not erotic

energy, but more like electricity. After the interview, for days, my body felt light.

Reported Experiences Following the Interview

Participant voice: I really did feel like I could pull out the rolodex and just tell you all my traumas. When I was journaling later I realized "Wow, I didn't tell Kitty this one." [Related another traumatic event].

Participant voice: Post-interview dream: A spider and a scorpion. I wasn't fearful. Then the spider wasn't there and there were two scorpions, one on the back of the other, and it looked like they were mating. The one on top was lighter in color. My [spouse] is a Scorpio. They're deadly. They say you want to watch out for Scorpio, it can get you with the whip of their tail. Very vivid. I was just detached and observing.

Since the interview I have been feeling a lot of stuff in the lower part of my body—gall bladder/liver meridian acted up after the interview, also all my life during traumas. Yesterday I had acupuncture and did a meditation to address that. I had a blow-out dream where I had it out with my mother-in-law. I went to bed and said help me figure this out and then dreamed I had it out with her.

Participant voice: (About a post-interview dream) I woke up saying, "This is important," but I just couldn't access it.

After the interview I had a rough time. The fact that I've been in trauma all my life kept ringing with me. I realized after the interview that I was hypervigilant, that I was watching my back. Anything that happened, I folded this into that. For example my son got a bunch of letters from lawyers and I got panicked. Turns out he had just asked for some information on-line and got a ton of responses but before I knew that I just panicked. [I suggested this sounded to me like catastrophic thinking and that old trauma triggers were more sensitive after the interview.] Yes, exactly. I just decided I'm not going to be a victim. I remembered something I learned, that when we're born our ancestors whisper in our ear, "Maybe this will be the one to break the unhealthy patterns." I tell myself maybe I'm the one.

Participant voice: Dream: That I had somehow completed something and then was free to sail on a sailboat.

Participant voice: I felt good after the interview. I started exercising more regularly. It helped me to process some of that again, to wrestle with some issues. It helped me to turn it around and see I'm in God's hands. He's never let me down. I just have to trust.

Participant voice: I've just sort of been thinking why I do things as an adult child of an alcoholic, my compulsive, addictive behaviors. That recognition and acknowledgement is good. [Headaches]. No worse, no better.

Participant voice: It was a good conversation, helpful. [Reported another traumatic event.] Obviously I had tucked that away and our conversation brought it up.

Participant voice: Dream: (A local retired teacher) had to carry his wife's purse to assist her for some reason. He really didn't want to, but he knew he had no

choice. However he did have a choice of which purse to carry, so he chose a small one. He had to carry it for her in public and was quite worried about people laughing at him behind his back.

When I awoke, I felt tightness in my chest and mild symptoms of an anxiety attack. After a few deep breaths I felt fine and arose. I was exhausted for 2 days. I felt it in my chest. Not sleepy, I felt a kind of exhaustion. That's better now. The first couple of days I would just as soon have stayed home in bed. I didn't because I have stuff to do.

Participant voice: It has stimulated thought. The older than 40 [participant requirement] is interesting. I've thought about that. I wonder what the truth of that is? My observation is that people get more resistant, more intolerable, and inflexible with age. I mentioned being Jacob, what Biblical character do you connect with now?

Participant voice: While I was asleep I didn't dream I had waves of emotion. They were these deep, moving feelings of emotion, like waves moving, deep energy. Not scary, not quiet. Sort of huge. I kept waking up. It felt moving. It wasn't fitful sleep, it was just movement. I would think of you, what we had talked about, and fell back to sleep. . . . It described the feeling, compassion, soft, very elegant feeling, that presence. . . .

I have lived here alone for years, I never get scared and when you left, there was just a moment when I felt panicky. Then it was gone.

I probably am less sure about that [relationship with God] than I was the other night.

I felt very happy after the interview. It was a good insightful thing, even though I had the whips and jiggles when you left.

Participant voice: Dream: I am just finishing some degree and am in a building with other people in this school. There is something about different desks and being given the option of different jobs. I look at the list of jobs and think, "I don't want any of these jobs. I'm going back to school for a Ph.D." Then the building turns into sort of a mall and I am walking around outside this mall with a friend from work. It is very dark and we can't find our cars. We stay together for safety because it is so dark and I have a little light on my keychain. We agree whichever car we find first, that person will drive the other to their car for safety. I am 2 hours late getting home and know my spouse is thinking that I am just dinking around and will be very angry with me, but I am not dinking around.

This is so hard to relate. I wish I had a lobotomy that would have eliminated this from my memory. I hate going over and over this. Nothing changes and I am sick

of it. My brain feels [grabs head] like it needs to be readjusted now. It feels agitated.

Participant voice: Dream: I am in a large water filled place (not clearly a pool or lake or ocean). Many others are frolicking in this water. I become aware that a man who I am familiar and comfortable with is with me and he says, "There she is—you must not lose her." I look and see a female swimming far across the water. I recognize her and begin to swim her way. My body is getting weak but I am able to continue because my companion is helping me. I reach out for the woman barely able to connect with her hand which is reaching toward me. Finally we embrace. There is laughter and joyful tears. The male says, "Doesn't this feel like it used to be" and we all agree, like there has been a long struggle to be reunited.

When I wake up and realize this is a dream, I am aware that the male is my spiritual guide from dreams I had while in early therapy and the female is who I always identified in dreamwork days as my soul image. In the last 15 years . . . I have been fearful to allow myself to dwell on any of my dream stuff—like since [trauma] perhaps all the inner work could not be trusted either, that any truth was tainted.

Statements of Irrational Self-Blame Specific to the Traumatic Event

Below I present segments of the 12 interviews that include what I interpret to be

statements of irrational self-blame specific to trauma.

Participant voice: So, anyway that went on and then I started therapy with the minister, [name] and there again I always trust people so much until, like with [ex-husband] I trusted him as long as, but it kept going on and on and on and then with [minister] I trusted him in the counseling setting but then he, I find out much later what he really is, is a predator.

. . . [Eyes closed]. I feel like I was psychically, my soul was attacked. You know like, and I believe it impacted [grimaced and bared her teeth] I guess, I don't know let's see, well in a way (long pause) I know how deep the wound was and I don't, I mean and even then when it happened I knew that it, I didn't feel like it was my fault. I had been betrayed. I knew I'd been betrayed again because I feel like [ex-husband] betrayed me, but this, was a different betrayal. It was different and I didn't feel guilt I felt anger [eyes opened briefly] at this person who was in a position of, you know by his title sh—he was anything but what he presented the world to be. I think I was, I think I do, maybe at the time I but I think it, I didn't think this, but in retrospect I think I felt mad at myself that I wasn't sharp enough to catch what was going on. But I was so vulnerable. That I know in reality I couldn't have caught it because [laugh] you know I was in a trusting place and he

took advantage of that and so (deep breath) but I think it took me awhile to get to that.

. . . [W]hen I see ministers it always goes through my mind I wonder what's real what they're really, what's really behind the [chuckle], under the robe you know. Whereas I used to be just trusting of people. Especially people [groping for words] who have taken a vow [voice very soft] you being a representative or a person (pause) to teach God's word and God's way. [Relaxed a bit physically, both hands rubbing her face] I know that it, you know it's not, you can't be so naïve as I have been, you know, most of my life. [Voice louder here] But it's interesting that I don't (pause), hate men because of these things. I just don't trust my own in terms of if I were to want to be in a, or fel—in a relation—I don't trust my own sense—I don't think I'm, because of my history I don't feel like I'm, I know I'm perceptive [laugh] and intuitive but I just don't trust my own [groping for words] . . I don't, I just trus—, I just am very, you know I ju—I love interacting on a superficial level . . . .

After it [divorce] was done [child] blamed me for, quote breaking up the family. And so I felt guilt then. Because I knew in my heart of hearts I was doing the right thing. As a mother to protect her children and myself. But, I always [pause] [sigh], because of [child's] words, because I felt like I hurt [child] so much [voice tearful] I felt guilt. . . . So, you know my heart still feels sad when I know [voice tearful] that what they go through as [adults] is, a lot of it is still related to the abuse of their youth. But there's nothing I can do about it now [whispers "now"]. So, but I don't think that's my guilt but because I'm just too sensitive [voice tearful] for this universe, it's hard for me to separate it out and not carry it. . . . I really believe I was the best Mom that I could be in that situation given who I am and the whole [pause] I just wish I had had the [deep breath] freedom to get out of it sooner. But then I [long pause] kept hoping.

Participant voice: I wrote a letter several days after that happened apologizing. Because I was just being quiet. I was keeping to myself. Staying away from the family. His family. Staying in my room. I didn't want to be around him. I apologized to him for being distant. I didn't apologize to him for assaulting me 'cause I was in bed. I wish I hadn't done it but I did, so. [Deep breath.] It's done [whisper]. . . . I didn't have any gumption. I wasn't taught to stand up for myself. I wasn't given the clues that kids are given to stand up for themselves.

Participant voice: [W]hen the police report was written up I remember hearing them comment that I was not wearing a bra. . . . [I]t just caught my ear. I don't, I remember having a sense that that was just, you know, that was irrelevant, and that was wrong, but it caught me and I do remember thinking, "ooooo" you know. [Pause] That caught, that must've made me question a little bit.

I don't remember blaming myself. Now mind you, I chose, I had a car at school. And I chose to go hitchhiking. . . . I chose to do that, not because I had to, there

was a car there . . . . Even so I don't remember blaming myself for that. I was real clear that he was a huge jerk. I just remember feeling . . . and it's probably the optimist in me? I just remember feeling hugely relieved after all was said and done, that I wasn't dead. You know, and to that extent [pause] you know, [pause] I was appreciative.

[A] girl who lived in my dorm somehow put two and two together and said, "Are you in a trial?" Well, she didn't put two and two together. What I recognize in retrospect is her Dad apparently was on the jury and her Dad . . . . broke that confidentiality. . . . I just remember feeling like embarrassed, like, oh, you know, I've been caught. I [emphasis on "I"] had been caught in something.

I felt bad that it followed me into the dorm, that I had dragged that into the dorm.

They did things like they scheduled a deposition on Christmas, the day before Christmas, no the 23rd it was but they scheduled it late in the afternoon so I ended up having, you see and I was so naive I didn't know that, and my parents, you know, were not, you know supportive. I didn't know. I didn't know I could've just said "No I'm not coming up here on Christmas Eve." You know. But I ended up coming up here and being upset about Christmas Eve. . . . I walked into a little cafeteria that was right next to the courthouse. And the perpetrator was there with his wife and his sleazy attorney. And I was there by myself. And I walked in and the guy, the perpetrator, rose up out of his chair as if. I looked at him and I thought, "Is he gonna greet me? Is he gonna ask me to come over and join them?" Is it, you know what I'm saying? It was just this really, [quick intake of breath] just bizarre situation and with his wife sitting there and I just remember feeling embarrassed. You know, like, "Well this is kind of embarrassing." Almost like I crashed their party or something.

And because I've always been really very independent my, my parents are delightful people, they were totally unequal to it and it was something I ended up handling on my own.

Participant voice: I definitely thought there was something wrong with me. Or that I was defective in some way. That I was not lovable. That I had some [drags out the word "some"] basic flaw.

I definitely thought that I was flawed. I took responsibility for that. Took responsibility for, that I needed to be [pause] if I could just be perfect and do everything right then I would be lovable.

I was so confused as a child because everybody knows that your mother loves you and wants the best for you and yet that didn't seem to be my reality and, and I couldn't put that together. . . . So, I thought well not only am I flawed and unlovable but I'm crazy. I am certified mentally ill.

I couldn't make decisions. At all. I was afraid it would be the wrong decision. I remember . . . there was a cafeteria in town . . . and sometimes we would eat there. A cafeteria. Think of all the decisions there are in going through a cafeteria line. And everyone else would be done with the whole meal before I could decide which of the salads was the [emphasis on "right," voice louder] right one that I was supposed to pick and put on my tray. 'Cause I had to get the right answer. So that I would be lovable.

Things that excited the others, kids, [pause] didn't excite me and I always said "Well, dope, now here's something else that's wrong with me."

I never, [pause] I couldn't accept blame for the stuff as an infant. I will accept some blame or did accept blame for stuff that I did. I was very passive-aggressive as a child, with her.

Participant voice: I just recall being bullied when I was in first grade. On the playground. By kids that were, you know, a bit older than I. And [pause] being immediately devastated [turns to look at me intensely]. And not knowing what to do about it. At all. Just absolutely stunned. And absolutely embarrassed. And immediately began asking myself, "What is wrong with me?"

I was known as the sissy kid in class then therefore there was immediately something wrong with me. . . . Therefore, it must be. And why am I like this?

Begged my parents to buy a piano and buy an organ for the house. And they could have. But they didn't want that for me. They wanted to change me. And they thought that by changing me that was gonna make my life easier. And of course, you know, we all know that all that did was cause me to internalize all of this even more. OK. What is wrong with me?

So spent a lot of time asking God to change me. [Quiet laugh] I remember being a senior in college and . . . . the church would always be open and I would go in there . . . . and I would just be on my knees and I would just beg, cajole, plead with God. I'd do, I did that for years.

I did meet with the Dean of the school. [Pause] Again very embarrassed, what's wrong with me, so I couldn't really come right out and say, "Look this, this, and this is going on. I want this stopped now. Or you're gonna hear from it. Or hear, you know, about it." I had, I didn't have the tools to know how to do that.

Participant voice: I'm clear now that the events themselves did not warrant the punishment process. But I don't ever remember being punished apart from doing something. [Voice very low] I'm trying to get in my mind how to think about it. I think it was [voice resumes normal tone] causal factors.

I was out there 3 nights without getting caught. It was the 4th night of 5 nights. . . . Oh everybody got caught. Everybody got caught. Well, I mean, there were some people that didn't, that made it 5 nights. . . . And they didn't have to go through the torture. Yeah. But it was pretty thorough, so I do remember [voice very low] there were a couple of people that didn't get caught. . . . Yeah, if I hadn't gotten caught this might, this wouldn't have happened. [Pause] And of course that could easily go to the stealing things from the store. That if I hadn't gotten caught.

Participant voice: [T]he thing I recall . . . is blaming myself and feeling guilty for what was beyond me. I would leave money and things on my parent's dresser as I was growing up. . . . And leaving the money would, I think it was for them to get along. . . . I'm talking about 4 and 5 years old. Three, four. And it wasn't just so we could buy groceries. I mean I don't remember that being the reason. But I can't tell you what it is. Blame, guilt sort of goes along that way. . . . I mean the best I could tell for not being a good enough son. A good enough person, but I think it had to do with self.

[W]hat we realized early on, with the help of a very gracious, educated friend in counseling . . . was the fact that what is normal, at least he said it was normal and it sure was for us, is that you blame yourself. And we did and I did. I, we, you know, we shoulda gotten [child] to the hospital Sunday night. That would have made the difference. Or I shouldn't have gone to work, I shoulda gone to be, you know it's that kind of blame and guilt there.

So then we, you know, you blame each other. You know if we hadn't gotten married. Or . . . . if we hadn't had had a child whether married or not then I, we wouldn't have this problem. And we wouldn't have this situation. And I wouldn't be grieving. And so there's a lot of blame and guilt that goes there, definitely. Number two, we handled the grieving process horribly. I'm not sure there is a good way to do it but we made every, about every mistake you can make.

Participant voice: I remember he reached over and started touching me and I didn't say "no." . . . Me really questioning in my mind [pause] why I even let him get that far because if I had said "no" you know, he would have said, he would have stopped I'm sure. . . . You, I felt like I should have stopped it. . . .

The other you, you know . . . I didn't think I was doing anything wrong but if Dad says it's not appropriate it's something I need to look at it. . . . If, your Dad says it's not appropriate I took it seriously. I didn't go pptz [makes a sound with his mouth]. You, I [pause] was, I thought I had done something wrong.

[O]ne very traumatic, the other more just a [pause] its something that stuck with me. You know some kids it might have rolled right off their back you know.

[F]irst one you know I felt like I should have stopped it. . . . [I]t, follows, follow, follows me . . . why did you let this guy do what he did? You know he wasn't, he didn't have you slammed up against a wall forcing it. It was consensual from the fact that I, even though a 12-year-old you know doesn't really consent, so that I think the immediate was the feeling that I had allowed it to happen.

Participant voice: I guess the epilepsy. [Sigh] That was in a way [pause] the one I did the most blaming of myself for that somehow defective my fault and [pause] . . . [Whispers] Yeah. [Pause] And it was just at the time I didn't realize the cause and effect [pause] probable cause and effect. I just put it all on myself.

Just this is happening to me. Why? God hates me. Why? And just why have I got to carry this burden? And there was shame, there was guilt, there was grief. Basically I was feeling sorry for myself. I can frame that better now into a grief process. . . . The stages of grief. But at the time with people telling me I was feeling sorry for myself I'd angrily deny it. Denial, that's what it was, I just wouldn't see it. . . . [B]eing sorry for myself . . . I was angry. [Pause] In many ways nondirectional anger, anger at my self. [pause]. . . . [B]eing defective, having the seizures.

I mean in the jail I was put in humiliating circumstances being strapped to a bed and I could feel things that [pause] humiliate me well you can't be humiliated probably without your consent and I did not consent to it. I did not blame myself for it. I blame the screwed up policies and procedures [pause] more than anything else. Might have been a little bit here and there but effectively not blame. Blaming myself for having these situations occurring [pause] . . . that I did blame myself for.

I made the mistake of getting off the bicycle, approaching the police car and they came swinging the night clubs at me

Because I'm the oldest . . . I'm the oldest . . . and I'm supposed to be responsible for my brothers and sisters. And you know I've thought by my example [pause] that would be enough but it's not. For them you know in terms of how they behaved and what they did.

Participant voice: [H]e said "Duck!" and I couldn't get down far enough and my helmet hit a tree that had crossed the path. [I]t was like that I was on the back and I went and then I didn't tell anybody or get any care.

And you know immediately I hear myself saying, "I can't make him stop. I can't make him stop. I can't make him stop."

Participant voice: I came back, you know killed people, did this stuff, thought you know that I was saving America and I go to school and you find out "you're a baby killer." That was hard. [Pause]. That was probably the biggest, that was

when I started feeling like [clears his throat], "Man I'm the lowest" you know, "kind of person on the planet . . . ."

[W]hen I started to unravel, you know I started having panic attacks. I couldn't, I couldn't function. And I blamed myself for one more sign of weakness. That was what you know it just proved I was weak. You know I went to Vietnam I was supposed to be some big tough soldier and now I'm weaker than when I got, than when I left. 'Cause I joined, you know I thought the [military] would toughen me up. And you know I thought well I was kind of a, you know, a weak person. I don't mean physically, I mean emotionally and you know I felt I probably needed a little more than most so I joined the [military]. Well, then I come back and now I fall apart. I didn't fall apart but I felt like I fell apart. Life was unraveling and I didn't know any, what the hell was going on. So I figured now it's just one more proof of how weak I really am.

I blame myself for getting involved in a war you know that, that it was one more thing I did—that was wrong. You know I got in a war and the war was not you know the war it was a mistake. That's what I felt. It was just one, you know, "Look, I even fucked this up." Blamed myself totally.

Researcher's Transformation: How Cycle 2 Prepared Me for Cycle 3

In spring 2005, one year before Cycle 3 began in spring 2006, two events occurred. First, my right eye suddenly changed from 20-20 vision to 20-50. My left eye stayed at 20-20. I was diagnosed with Amblyopia. My optometrist explained that Amblyopia results from having one eye that does not develop normally during childhood. Because of my athletic career and outstanding hand-eye coordination, I was skeptical of this diagnosis and told him so. He said it was the only diagnostic explanation for the difference in my eyes and that I had simply been compensating with my left eye all my life.

Second, my literature review had opened my eyes to shame in my theory and I decided to look for it in my self. I took the Test of Self-Conscious Affect (TOSCA-3) (Tangney et al., 2000). The TOSCA-3 is a scenario-based questionnaire that measures high or low proneness to shame, guilt, externalization, detachment, alpha pride, and beta

pride. *Externalization* and *detachment* measure responses to blame. *Alpha pride* and *beta pride* measure degree of pride in self and degree of pride in behavior respectively.

Out of these six subscales, my highest score was guilt. I was pleased. High guilt proneness reflects that I have and am guided by a strong moral compass. My second highest score however, was shame. I was stunned. I had expected to see shame show up, but not with such a high score. There it was, tucked right behind guilt, shame staring me statistically in the face. High proneness to shame told me I still had an unconscious tendency to perceive my self as "bad." Because my next two highest scores were alpha pride and beta pride, seeing high shame proneness tucked behind guilt indicated my shame was hidden, sandwiched between guilt as a moral guide and pride in who I am and what I do. While bifocals took care of my amblyopic eyes, I had no idea how to address hidden shame. My literature review had informed me I would find shame stuck in my body. The question was how could I get it out?

When I moved to Reno, Nevada in July, 2003, within days I discovered The Labyrinth Garden at the Wilber D. May Arboretum in Rancho San Rafael Park. A sign there told me it was a project that had been initiated by the State Attorney General's office and VICTORY (Victims in Crisis, Turmoil, & Recovery), "dedicated to victims of violent crime in our community and their loved ones." I considered that surprise a synchronistic validation of my very difficult decision to move here and begin researching my theory. So when shame surfaced I was already practicing a suitable ritual process in a place of healing created out of the energy of trauma. I imagined a belief or a behavior I feel the most shame around and then carrying the shame in as I walked the labyrinth, setting it down in the center, and walking back out of the labyrinth shame free.

The same week I took the TOSCA-3, I made another synchronistic discovery that answered my question about how to release embodied shame. Frustrated with my inability to write in an academically acceptable way, I jumped up from the computer one day and ripped out my kitchen deck. It was old and had been bugging me since we bought the house. Underneath I found a Japanese sand garden. I had to laugh. I have used sand play therapy in my work for many years. I found myself standing in a sand box, looking around with amazement. Just like many of the children I have invited into sand play over the years, I stood there overcome with all the possibilities.

I decided to release embodied shame via sand play. I began by trying to do familiar imagery work by inviting memories of shameful beliefs and behaviors to rise, connecting with an image, then concretizing that image with objects and designs in the sand. I found out that separating shame from guilt at a cellular level is strange and difficult work. Looking closely at embodied shame behind guilt is like trying to look at shadows of clouds on sunlit hillsides in the distance. The wind is always moving and changing the shapes of the clouds being shadowed in the light. Intuitively, I knew the professional clarity and safety of knowing the path would not work with elusive shame. To release shame, I had to accept not knowing how to capture and release it into the sand. The process could only emerge naturally because the instant I got into my head I abandoned my body.

I decided to clean up the long hidden garden and create a ritual process for entering and leaving it as sacred space. At least that was embodied, mindless action. First I focused on the periphery, the boundaries of the sacred space. I established a ritual of entering and leaving the sand garden by turning on a water fountain and lighting candles

on the step by the doorway when I enter, and turning the fountain off, blowing the

candles out when I leave. In those actions I imagined releasing shame I had carried into

the space into God's hands by leaving it in the sand. At the center of the sand garden, I

meditated setting intention to release shame from neural pathways, especially from

nonverbal, procedural memories frozen in my brain. I also set an intention to follow my

intuition in using the sand garden to express and release shame. Following all these

procedures, I merely arrived fully embodied, day after day. Not much happened. As the

days passed simply honoring the commitment to be there, I slowly became aware of mild

despair floating around my heart.

Then one morning my partner showed me a quote: "Dogs act exactly the way we

would act if we had no shame" (Heimel, as cited in Dratfield, 2002, p. 78). I

contemplated the enviable shamelessness of dogs as I sat in the sand garden, like a stone

still at the center, listening to the birds and the water fountain. I felt my despair. My

attention shifted to the stones piled all around the periphery of the sand. Stones of all

sizes, rounded, mostly smooth because this part of the earth used to be underneath an

inland sea. I identified with the stones and sat as if piled there among them. I liked that

and began to feel warmth wrapping around the mild despair.

Then my scripts kicked in with demands that I *do* something to release shame. So,

I got up with the script-driven intent of throwing the stones into the sand to "release" the

energy. Instead, I felt tenderness for the stones I had just been piled with. I began to stack

them, absent-mindedly, in one corner, like a cairn. The pile began to take shape with a

bowl at center. I thought of the water in Lake Tahoe, held high above me in the "bowl" of

mountains behind my house. I decided to fill my bowl with water. I went into the kitchen

for tin foil to line the stone bowl. I shaped the foil to fit inside the stones. Then I decided to shape a flume from the bowl down into the sand for a waterfall. I stood up to look at this, thought about shame frozen in my brain, and went inside to get ice for the bowl. I placed the ice into the stone altar I had created in the sunniest corner of my sand garden and watched it slowly begin to melt. The symbolism appealed to me. I sat down and began to "think" about how to use this in ritual process to leave my embodied shame in the sand every day.

While I sat there thinking about my process, my old dog Agatha came out. She has been my companion and has worked with me as a therapy dog for many, many years. I had "forgotten" to close the sliding glass door. Agatha began digging furiously. Dirt was flying all over the place, getting in the sand I ritually keep so meticulously free of leaves, getting all over me, covering up the bricks that mark the sacred boundaries. I was just getting up to pick her up (because she is deaf now and can't hear me) when our other dog, Higgins, came out and sniffed around my altar. He ate a piece of the ice that I so carefully placed in the altar. He just stood there looking at me, crunching away on my "shame" while Agatha continued to spray us both with dirt. I started laughing, deep laughter that rose from me in waves, tears of laughter running down my face. These two gurus came out to remind me . . . this is supposed to be play. Play requires humility, a word that derives from *humus*, Latin for ground. Agatha, literally, got me out of my head and "grounded" me.

So I was taught to play lightheartedly with no focus. A ceramic dragon who lived in my front yard immediately demanded to join me. I told him he had to ask more politely. He agreed to my terms. Now he lives in one corner of the sand garden. Some

days he is too "hot" to play with and I put him in charge of melting the ice in the cairn. Dreams linger around to play. The stones and I act out all the roles. A bench asked to be moved into the sand. I like to sit with her and use my small rake to make designs in the sand. Sometimes, the stones and rake want to make a mandala. I humor whatever rises, the way my dogs humored me. The word "humor" derives from *humere, umere,* Latin for moist. Humor melted my frozen shame into the sand

The transformation was both amusing and surprising. One outcome was that I became intensely aware of different energies in my body and of the effect different foods had on my moods and mental capacity to think. My partner had been journaling food intake via Weight Watchers for over 2 years. I began using that system to keep track of what I was eating, although I did not join Weight Watchers. The most unexpected, startling, and welcome result is that between May and October 2005 I lost 34 pounds.

To put the 5 month weight loss in perspective, I have been a multisport athlete, active in competition since age 6 and was a Division I athlete in college. I have remained physically active, jogging, lifting weights, hiking, biking, and walking throughout my adult life. In 1989, after the trauma of being seduced by my therapist into a sexual relationship and then abandoned by her (Unthank, 1999), I gained over 60 pounds. This weight gain happened in spite of my coping with that trauma in an agitated depression that had me riding my bicycle 30 to 40 miles a day and walking the hills through sleepless nights.

In 2001 my doctor told me I was in excellent health, but my cholesterol was rising and she wanted me to lose weight. I agreed. I decided I needed to be in the best physical shape I could be when I turned 50. I had 2 years to get my body ready to cross that

threshold. I weighed 213 pounds. I began swimming 3-4 miles a week, attending a strength and stretch class three mornings a week at the YWCA, lifting weights and running on a treadmill three times a week. I also tried a variety of diets including the Weight Watchers system, but I never officially joined Weight Watcher's. By January 2003, over 2 years later I had lost 15 pounds. My weight was hovering around 198. Once I had reduced to 189, but the weight always came back. I felt I was constantly battling my body to stay below 200 pounds.

In contrast, while practicing ritual to release embodied shame I lost 34 pounds in 5 months jogging or walking three to four times a week. I stopped the ritual of releasing embodied shame in October 2005 and through October 2006 remained at the same weight, hovering between 154 and 158 pounds, diet and exercise discipline unchanged. Also in contrast to the loss of 34 pounds in 5 months while consciously releasing embodied shame, in April 2006 I added weight lifting and intensive cardiovascular workouts on a treadmill and an ellipsis machine to my exercise discipline. Diet remained unchanged. I lost two pounds in 4 months.

Then, in March 2006, during Cycle 3 of my research I could tell my glasses needed to be readjusted. I was again struggling to see while reading and writing. Because intuitive inquiry and schoolwork had demanded so much from my eyes, I went for my annual check-up expecting both eyes, especially the right eye to have deteriorated. My optometrist kept muttering to himself throughout the exam, "Huh." As I had been the year before, I was in his office a long time while he put me through a variety of tests. He finally said, "Well, you're 53-years-old so there's no way to explain this, but your right eye has improved." I couldn't believe it. Neither could he. Between February 2005 and

March 2006 my right eye had improved from 20-50 to 20-20. (Appendix F.) My left eye had deteriorated slightly, but both eyes are seeing within the 20-20 range. I need glasses only for reading. I was gratified to know I had not gone through life with undiagnosed Amblyopia.

Discovering hidden shame in the results of the TOSCA-3 and my right eye crashing the same month were my experience of how Cycle 2 prepared me for Cycle 3. The physical transformation resulting from the release of shame was accompanied by encounters with moments of intense diffuse anxiety as my weight descended. The work then was choosing to stay with and listen to the anxiety or fall into old survival habits of self-destructive behaviors such as eating 3-pound bags of M&Ms. Through journaling I was able to connect some of the anxiety with the feeling of lightness in my body. I also began to wonder if the diffuse anxiety could be tissue memory I was experiencing connected to past traumas that had occurred at the weight I was currently passing through. Holding consciousness of the anxiety through weight loss provided an opportunity for me to experience and release emotions I had repressed in trauma survival.

Because of this physical transformation during Cycle 2, after releasing shame-based physical and emotional weight I was immediately conscious of the weight of vicarious trauma when I began gathering trauma stories in Cycle 3. When I recognized the old weight I knew what to do. More significantly, my heavy survival world had transformed into a light world of trusting vulnerability in the intuitive inquiry method. By the time I got to Cycle 3, I was empowered with the choice to step into and out of trauma space because I no longer live in a survival world.

Chapter 5: Discussion

Cycle 4: Transforming and Refining Lenses

In Cycle 4 a researcher discovers how the data has revealed the research topic. The lenses that emerge in Cycle 4 also allow a retrospective relationship with the preliminary lenses formed in Cycle 2. Two transformative exchanges occur in Cycle 4 that develop a final scope into the results. The first between the researcher and the data, and the second between the two sets of lenses. What is happening between the researcher and the data, however, dictates the boundaries of Cycle 4. Boundary recognition, boundary setting, and boundary honoring are critical skills for an intuitive inquiry researcher because in Cycle 4 the word *cycle* becomes an understatement. *Cycle* transforms into *cyclone.* This highly charged process of refining emotionally volatile and potent trauma data into final Cycle 4 lenses required five steps.

At the boundary between Cycles 3 and 4. Maintaining the integrity of the method of intuitive inquiry became critical to this research at the boundary between Cycles 3 and 4. Mixed with the weight of vicarious trauma during Cycle 3, I experienced surging waves of energy emanating from the data causing major shifts in my theory. I also sensed urgency in the stories my participants told me. It was as if a door had opened for a brief moment in time and they had to get as much out before it closed again. The weight of the responsibility for what was being given to me became insecurity about my ability to do it justice.

Between interviews and after working on the transcripts, if I stepped beyond Cycle 3 to look at this huge energy underneath the data, it reached out to grab me. I felt a dangerous undertow at the boundary between Cycles 3 and 4. I did not experience diffuse

anxiety at that place. I felt fear. I leaned into the safety the method provided. My mantra was "Stay focused, just stay with Cycle 3." Cycle 4 threatened to overwhelm me. In the beginning, it did.

At the literal boundary between Cycles 3 and 4, my brother died. Steve's death left me completely vulnerable. When I stood to speak at his graveside memorial service I had to hold myself, physically cross my arms over my body because my body was trembling uncontrollably. My voice remained strong, my mind reasonably clear, I spoke from my heart without notes, and my body trembled. I believe that is the first time in my adult life that I have ever stood in front of a group of people as my vulnerable authentic self. In that moment I received the fullness of the transformation this research brought to me. Experiencing that moment of vulnerability became a crucial landmark of consciousness in Cycle 3 because in Cycle 4 it became the lifeline attached to the shore.

Intuitive inquiry calls for a period of incubation, stepping aside to rest, when the process feels overwhelming. After returning from Steve's funeral emotionally and physically exhausted, survival habits stepped forward and squashed that intuitive inquiry protocol like a bug. Rumi (Barks, 2001) says, "Habits that blind the psyche throw dust in the eyes of our guides" (p. 238). That is what shame does to guilt.

I fell into survival habit by making a controlling pact with my grief. I attempted to put grief on a shelf until I finished a first dissertation draft. I promised I would allow myself to grieve after I had focused my energy on finishing the Ph.D. task. I immediately began to have excruciating pain under my scapula on the right side of my back. I thought I was carrying grief there, but realized I had one interview remaining and the pain came with the thought of returning to that work. I could not face it. As I tried to schedule the

final interview, there was miscommunication and actually getting it accomplished took three attempts. (As I wrote about this, the same pain returned.) Although the final interview was copasetic for my grief and made a fine contribution to this research, I had to force myself to listen to the tape and make a transcript. Ignoring my grief, ignoring my physical and emotional exhaustion, I forced myself. On the boundary between Cycles 3 and 4, I became trapped in the undertow of shame, unconsciously relying on old survival habits to cope with feeling overwhelmed by the death of my brother and by the research data.

Step 1, Cycle 4: Trapped in the undertow. To begin Cycle 4, I forced myself to write the participant stories, one every morning. For 2 weeks I dragged my body to sit in front of the computer and write. I wrote brief sketches, my conscious intention to protect my participants from unnecessary scrutiny. I forced myself to read all the interviews for the first time since making the transcriptions. I forced myself to brainstorm, forced 132 initial lenses from the transcripts.

Brainstorm Lenses

1. Lifelong, conscious awareness of pain, illness, lack of energy, poor health.

2. Awareness of connection between trauma history and pain, illness, lack of energy, poor health.

3. History of poor health followed by a conscious, disciplined effort to regain and maintain a healthy body.

4. Awareness of connection between trauma history and coping strategies resulting in disregard of body and damaged health.

5. Therapeutic focus on pain in bodywork as an avenue for insight into traumatic experience and healing.

6. Chronic illness or physical problem that cannot be medically explained or accurately diagnosed.

7. Correlating hidden backside of body with being unconscious of shame.

8. Verbal references to condition of brain.

9. Nonverbal references to condition of brain through head and face-related gestures.

10. Perception of being "out of my mind."

11. "Frozen" as a descriptor of reaction to trauma.

12. Perception of being "caught red-handed" when violating rules.

13. Responsibility experienced as "weight."

14. Groping for words while describing trauma.

15. Tearfulness when recounting traumatic history or present sense of loss and frustration in relationships.

16. Wailing to release emotional tension built up during the interview.

17. Whispering while describing trauma details.

18. Lowering voice to prevent others outside the interview space from hearing.

19. Looking into the distance while remembering or trying to remember in response to interview questions.

20. Arms crossed over chest at the beginning of the interview or throughout the interview.

21. Dissociation in the middle of recounting trauma history.

22. Eyes closed at the beginning of the interview or throughout the interview.

23. Death related words to describe the experience of being seen by others.

24. Trauma experience described as being "obliterated," "mortified," "shattered."

25. Sense of loss around being physically unable to perform to a past standard.

26. Perception of overcoming body to survive or go on.

27. Laughter.

28. Voice trailing off.

29. Loss of thought process.

30. Meditation practice to soothe body.

31. Wound related words to describe the condition of soul.

32. Perception of "falling apart."

33. Childhood memory of being physically bigger than a smaller person empowering in physical conflict.

34. Perception of "slipping."

35. Perception of released trauma "filling up" in body again.

36. Sexual dysfunction.

37. Sexuality perceived as "bad."

38. Confused sexual orientation.

39. Feeling weary of trauma.

40. Struggle with addictions.

41. Eyes moving rapidly.

42. Perception of church as "dead."

43. Feelings described as "surfacing."

44. Perception of relationships with children as part of the healing process.

45. Perception of passing inherited trauma and personal trauma on to their children.

46. Perceiving and seeking comfort in familiar church ritual apart from belief in ritual.

47. Perception of a performance-oriented self in service to others that contradicts the needs of an introverted self.

48. Difficulty connecting with emotions.

49. Perception of adult failure to protect as a violation of trust.

50. Perception of parent failure to protect motivating need to protect their own children from a trauma fate.

51. Perception of being rewarded for "holding it together."

52. Perceived need to make sense of world.

53. Gaining insight as method of coping with trauma.

54. Intellectualizing to cope with trauma.

55. Secret keeping.

56. Avoidance of guilt or shame as a motivator for action.

57. Performing to avoid punishment.

58. Performing to be lovable or acceptable.

59. Shutting down emotionally and intellectualizing as a way to cope.

60. Perception of being an overprotective parent.

61. History of hiding from parents to avoid getting caught.

62. Hiding to avoid getting caught.

63. Perception of hiding behind "appearance."

64. Perception of survival by "staying away."

65. Anger at self for sacrifices made to hold a relationship together.

66. Anger at self for sacrificing to meet the needs of others.

67. Anger at being betrayed by others.

68. Anger at the ongoing legacy of violence.

69. Need to "move on" when emotions arise.

70. Conflict avoidance in relationships perceived as hopelessly conflicted.

71. Confrontation perceived as necessary to gain control of either self-esteem or to preserve a relationship.

72. Perception of no "place" of belonging, place of belonging lost, or no home to return to.

73. Searching for a place to belong.

74. Perception of God beyond a personal God or a God defined by religion.

75. Perception of a personal God and needing a personal God.

76. Search for a personal God.

77. Avoidance of God when angry.

78. Perception of wrestling with God.

79. Perception of necessity to remain in a childlike relationship with God.

80. God sees.

81. God holds accountable for actions.

82. God is unconditional love and acceptance.

83. God is beyond understanding.

84. God cannot be escaped.

85. Trauma cannot be escaped.

86. God cannot be trusted.

87. Difficulty reconciling perception of a creator God with the experience of trauma.

88. True essence of self being seen by others an experience of mortification, death.

89. Perception of being blamed irrationally by others.

90. Perception of an essential core self separate from self.

91. Grief over lost potential.

92. Inability to trust self.

93. Feeling abandoned.

94. Needing a personal space and time away.

95. Perception of inherited trauma from parent trauma history.

96. Understanding for parents as a product of their own trauma history.

97. Deep concern over potential loss of relationship and fear of the anticipated hopelessness of ever reconciling a relationship.

98. Perception of being hurt by parents attempting to change an essential aspect of self.

99. Perception of childhood as lost.

100. Perception of being "haunted" or "followed" by traumatic experience.

101. Perception of being forced by others to "face" or to realize something.

102. Perception of being robbed.

103. Perception of released trauma retriggered and "filling up" again.

104. Resigned to perceived lack of emotional or physical intimacy in primary relationship.

105. Lack of intimacy and passion perceived as a problem.

106. Giving up on intimacy in a relationship.

107. Giving up on a relationship perceived as lost.

108. Feeling hopeless about a lost relationship.

109. Perception of repetitive trauma in relationships.

110. Perception of trauma as a lifelong pattern in relationships impossible or difficult to escape.

111. Perception of having moved beyond trauma ground.

112. Perception of trauma permeating life.

113. Church perceived as dead.

114. Church perceived as out of control.

115. Perceived requirement to sacrifice self in order to gain intimacy.

116. Perceived requirement to sacrifice self in order to meet the expectations of others.

117. Perception of different places within self.

118. Perception of different people within self.

119. Desire to serve others.

120. Self perceived negatively as "too weak."

121. Self perceived negatively as "too naïve."

122. Self perceived negatively as "incapable of praying."

123. Self perceived negatively as "too apologetic."

124. Perceived need to set boundaries by saying "no."

125. Self perceived negatively as incapable of saying "no."

126. Self-deprecating statements.

127. Passage of time required before feelings can surface.

128. Perceived loss of identity, an authentic self, or an essential part of self.

129. Referring to self in second person "you" rather than first person "I."

130. Career and related work activities requiring either extensive contact with the public, public service, or high visibility in leadership positions.

131. Perception of trauma in marriage partner's past influencing relationship negatively.

132. Traumatic experiences perceived as a nightmare.

I felt zero connection with what I was doing. I lost all motivation to continue my research. Finally I stopped forcing myself to look at research data and read a mystery novel instead. Then I felt guilty. I knew feeling guilty about resting was not rational so I explored it. This maladaptive guilt was connected to the cognition: "I do not want to work on my dissertation, but I want to get it done. I feel trapped." I wrote that in my journal and stared at the words, "I feel trapped." Out loud I said, "Great. I am in a trauma bond with my research." When the parallel process became conscious I turned to face it. Making that choice delivered me from feeling trapped into clarity that more accurately, I felt ambivalent about my research. I accepted the ambivalence as part of the process of

Cycle 4. My ambivalence became a process lens, an insight I received from my relationship with the data.

I backed up and examined my ambivalence in relationship with the participant stories. Ambivalence revealed that hiding behind my intention to protect my participants from unnecessary scrutiny was the energy of shame turning me away from them. Hiding behind my ambivalence was the fact that I felt guilty about doing this. Rational guilt then guided me to see that my behavior in choosing to write brief sketches was a controlling behavior. I had perpetuated violence against myself by violating each of them. These 12 people had courageously made themselves vulnerable to this research and I was guilty of not allowing them to be seen. Before rewriting the stories I did a meditation, brought an image of each participant to mind, and apologized.

Step 2, Cycle 4: Remembering vulnerability. After apologizing I revisited the 132 brainstorm lenses tentatively. I felt like Noah stepping out of the arc. I found myself standing on top of a mountain overlooking a survival world that extended far beyond the narrow scope my theory originally imagined. I set a boundary. I decided not to review Cycle 2 preliminary lenses until I had finished formulating Cycle 4 lenses. The decision to set that boundary helped keep the volume down on the amplitude Cycle 4 brought to my theory.

During Cycle 3, I was immediately struck by body language dominating the interviews. The physicality reflected in the interviews impressed me again in Cycle 4. It was as if a physical framework had to be set up before trauma worlds could be discussed. Curling up in mother's chair, closing eyes, placing a hand over eyes, clasping both hands around head, informing me of Attention Deficit Disorder and the need to be kept on

track, crossing both arms over chest, and spontaneous embodied descriptions of emotions were all common at the beginning of the interviews.

> *Participant voice*: I feel butterflies in my stomach, a little anxious. [She placed her hand high on her stomach.] My breath is also a little shallow. I do a little disconnect when I feel this way. Maybe I'll dissociate. But that's more an issue when I share this story with men.

Verbal body language describing physical responses and medical problems resulting from trauma followed during the delivery of trauma histories. All 12 participants were highly conscious of the connection between traumatic events and physical problems.

> *Participant voice*: [Migraines] getting so bad I, some days I'd just go home, and just you know shut the door and lie realizing this couldn't go on but knowing, well really not, but knowing really, within myself that this was all connected. I had an awareness that it was all connected. . . . And it only inflames every once in awhile and it's very interesting because sometimes when I'm real tense or whatever that'll flare up and other times my head, I mean it's so, I'm very conscious. I tell everyone I am definitely a hypochondriac. You know [laughing] I just definitely, 'cause I mean the, the difference of tension and, I mean the difference, there is no difference it seems like it's interchangeable between what's going on outside and in my head and in my body. I mean it's just but I probably would add to that a reason for that is because it's hard for me to let out my feelings.

> *Participant voice*: [I]nstead of screaming and yelling you know and letting my anger out or writing it out, I did try writing it out but some of it I you know sometimes people get headaches because they don't. Well, I didn't get headaches but I definitely [sigh] I know that my immune system was being, in lab tests confirmed that I had burned out my adrenals.

> *Participant voice*: But I would have a repetitive occurrence where I would have stomach aches. I would spend the night pretty much on the bathroom floor and I would always have a repetitive dream of kind of like coming out of it and by morning I would throw up and I then I'd feel better. And I've done work around this and it's my belief that during my first grade year I was a victim of abduction from extraterrestrials. And that was the dream that I can recall, the swirling and coming back to the bathroom floor was very much the same all the time. And [pause] I believe that I've done a lot of, you know I've done work and it's just spontaneously come up, I haven't read things about ET's and UFO's and all that.

If anything I've avoided it . . . . [A]nd I haven't even sought it out now I just know. It's like a cellular knowing.

Participant voice: I just froze and I wasn't able to do anything. [Pause, deep breath and release]. And I was very subdued after that. A long, long time [laughs].

Reentering the stories and interview transcripts I felt the physicality as a physical presence. I imagined it like a snow-capped mountain rising out of a sea of data. It dominated the field of view and demanded primary focus. For that reason I made embodied shame my first Cycle 4 lens category. I harvested 41 embodied lenses from the 132 brainstorm lenses.

Embodied Shame Lenses

1. Lifelong, conscious awareness of pain, illness, lack of energy, poor health.

2. Awareness of connection between trauma history and pain, illness, lack of energy, poor health.

3. History of poor health followed by a conscious, disciplined effort to regain and maintain a healthy body.

4. Awareness of connection between trauma history and coping strategies resulting in disregard of body and damaged health.

5. Therapeutic focus on pain in bodywork an avenue for insight into traumatic experience and healing.

6. Chronic illness or physical problem that cannot be medically explained or accurately diagnosed.

7. Correlating hidden backside of body with being unconscious of shame.

8. Verbal references to condition of brain.

9. Nonverbal references to condition of brain through head and face-related gestures.

10. Perception of being "out of my mind."

11. "Frozen" a descriptor of reaction to trauma.

12. Perception of being "caught red-handed" when violating rules.

13. Responsibility experienced as "weight."

14. Groping for words while describing trauma.

15. Tearfulness when recounting sense of loss, frustration in relationships, or perception of inherited trauma moving through generations.

16. Wailing to release emotional tension built up during the interview.

17. Whispering while describing trauma details.

18. Lowering voice to prevent others outside the interview space from hearing.

19. Looking into the distance while remembering or trying to remember in response to interview questions.

20. Arms crossed over chest at the beginning of the interview or throughout the interview.

21. Dissociation in the middle of recounting trauma history.

22. Eyes closed at the beginning of the interview or throughout the interview.

23. Death related words to describe the experience of being seen by others.

24. Trauma experience described as being "obliterated," "mortified," "shattered."

25. Sense of loss around being physically unable to perform to a past standard.

26. Perception of overcoming body to survive or go on.

27. Incongruent laughter to release emotion.

28. Voice trailing off.

29. Loss of thought process.

30. Meditation practice to soothe body.

31. Wound related words to describe the condition of soul.

32. Perception of "falling apart."

33. Childhood memory of being physically bigger than a smaller person empowering in physical conflict.

34. Perception of "slipping" back to a bad self or slipping back into bad behaviors.

35. Perception of released trauma "filling up" in body again.

36. Sexual dysfunction.

37. Sexuality perceived as "bad."

38. Confused sexual orientation.

39. Feeling weary of trauma.

40. Struggle with addictions.

41. Eyes moving rapidly.

Step 3, Cycle 4: Approach-avoidance with paradox. Paradox began to emerge in Cycle 4 when I focused on these 41 lenses. Intense awareness of movement rose to contradict my image of the embodied lenses as a mountain. Not only in descriptive words and phrases such as "slipping," "falling into," or "filling up," but literal movement in the interviews as I revisited them in active imagination. For example John and I walked up flights of stairs, down long hallways, into and out of different rooms before settling to begin. Eight of the 9 participants I interviewed in person moved their body in some way

constantly. Half moved from place to place either in preparation to begin the interview or during the interview. If my 3 phone participants got up during the interview they did not indicate that to me. Staying with my image, I was left with the paradox of a mountain that moved.

When that puzzle blocked my view I returned to my last point of clear focus, ambivalence. Reentering active imagination of the movement in the interviews through the lens of ambivalence I remembered John setting his cell phone on the table, constantly checking out of the interview to check for an important call. I remembered Lynn choosing to leave his private office and be interviewed in a conference room at the center of his office suite with windows on all four sides. He maintained constant vigilance to see who was within possible earshot, raising and lowering his voice accordingly. Remembering those interview behaviors through the lens of ambivalence I interpreted the body language saying, "I am here to be seen and heard and I don't want to be here to be seen and heard." I was observing embodied ambivalence.

Because ambivalence was articulating more easily with the data than the moving mountain, I set the paradox aside. I focused on the remaining brainstorm lenses. My research question asked whether or not controlling beliefs and behaviors could be observed in survivors? I started to simply break the remaining 92 lenses into two lens categories to reflect the research question, controlling beliefs and controlling behaviors. My felt sense of the data refused simplification. I experienced a pervasive feeling of irretrievable loss expressed by my participants juxtaposed with their persistent longing for and active pursuit of a place to belong. My grief over the irretrievable loss of my brother, for his irretrievably lost potential, my own irretrievable trauma losses, connected

with my coparticipants here and I wept. Some days, Cycle 4 work was just allowing myself to weep.

I discovered I could weep and continue to think. I remembered an insight from an experience in Cycle 2. I noticed that whenever asked a direct question about my theory or whenever I had to write about how my golden child performance mask kept me safe, I could not think rationally. I experienced alexithymia. I continually had to go back and reread my own insights into that trauma bond or my theory. I had recorded this as a physical experience of sinking feeling in my heart followed by a flash of anxiety attached to intellectual powerlessness and the immediate self-blaming thought that, "I have been researching and writing about this for years now, I should be able to explain it. What is the matter with me?" This Cycle 2 insight gave me the perspective to discern the Cycle 4 shift in my brain function.

Being able to weep and think at the same time felt like relaxing and letting the lifeline of vulnerability pull me to shore. I released the deadlines I had set for myself to finish a first dissertation draft. I stopped forcing myself to focus on anything. I relaxed into what nourishes me. Rumi's (Barks, 2001) voice caught my eye, "Do not give morning energy to what hurts you" (p. 238). I returned to spending mornings outside with my trees, watching the birds arrive, listening to their chorus rise with the sun. When I came home to myself with the dawn I could see that Cycle 4 is pure morning energy. Instead of receiving the illumination from my data I had been beating myself up with it. Allowing my grief to connect me with the sense of loss and longing in my participants delivered me from the trauma bond. Authentic self-vulnerability was the lifeline that brought me home.

One morning Rembrandt's image (see Figure 4, p. 83) gently floated into my mind's eye. There it was, frozen movement, just like the paradox of the mountain. I looked at the space between the outstretched hand of Jesus and Peter's clutching hands. Then I found the eyes of my mind shifting from outstretched hand to clutching hands, back and forth, over and over. Longing for a place to belong attached to Jesus, sinking into irretrievable loss attached to Peter. Longing for a place to belong and sinking into irretrievable loss became two poles. I placed the lens of ambivalence over the image and the only place it fit was in the space between the two poles and in the space between Peter's hands. In my mind I heard the question, "Ambivalence about what?"

My participants had answered that question.

Participant voice: Well, I, no, on the one hand I was *pleading* with God to deliver me. Because you love me and you have the power to do this and deliver me and I trust you and believe in you to do this good thing and then the other hand I'm saying, "I don't trust you at all." And I, the bottom line the only person I trust is me. And the only person I can count on is me. [Voice low and intense, leaning forward, face very intense] And I'm gonna do this thing. I am gonna survive childhood.

One pole was the trusted relationship longed for. The opposite pole was sinking into irretrievable loss. The sinking did not work as a pole. I looked more closely. The ambivalence being generated in the space between Peter's hands was like a weight pulling him away from the goal that had compelled him to get out of the safe boat and make himself completely vulnerable. For the first time my eyes were drawn to the boat.

There is an anchor hanging there, another guy climbing out of the boat, and a third guy looking on with an amused expression. I could hear my own self-blaming scripts in the mind of the third guy. "You fool. What else did you think would happen?" The second guy is simply doing the practical, mundane human thing that needs to be

done to save Peter from drowning. Behind Peter is the safe anchoring place—a trauma bond between what saves and what blames you for needing to be saved. If each of Peter's hands is frozen between choosing to reach for these two guys behind him or Jesus in front of him, the ambivalence is about either trusting security in having control or trusting the act of making yourself vulnerable that is required to get home.

The two poles became clear. The first was ambivalence about trusting vulnerability in relationships. The second was ambivalence about letting go of the control that blames but provides security in relationships. With the clarity of these two poles in the Rembrandt image, the stormy sea became the background upon which the entire dynamic of ambivalence played out. Peter is sinking into what generates the need for a safe rescue, the experience of shame. Then I could see the stormy sea as silent shame hidden in body. With this insight from the image, embodied shame became a background for the approach-avoidance dynamic with vulnerability.

After embodied shame, the two ambivalence poles became my next two lenses:

- Ambivalence about trusting vulnerability in relationships.
- Ambivalence about letting go of the control that blames but provides security in relationships.

The remaining 91 brainstorm lenses then broke down this way:

- *Ambivalence about trusting vulnerability in relationships.*
1. Perception of no "place" of belonging, place of belonging lost, or no home to return to.
2. Searching for a place to belong.
3. Perception of God beyond a personal God or a God defined by religion.

Irrational self-blame
[*"My fault"*]

fuses shame with guilt.
[*"I caused so I could have prevented"*]

TRAUMA BOND

Act of violence against innocent self
BUT
illusion of control over powerlessness.

Controlling beliefs and behaviors in relationships with God, self, and others.

TRAUMA BOND

Guilty of violence
BUT
empowered.

REWARD

Security in being at fault
BUT
Security by having control.

SHAME
AND
RAGE

SHATTERED

Powerlessness

Pain and Intolerable Fear

VOID

COST

Perpetual violence against self and others.

Wholeness and comfort trusting self and other in the world.

Security in trusted vulnerability.

Self weighed down in security at the price of maladaptive guilt.

BUT

Traumatic Experience

Longing for wholeness and comfort with self and others.

Figure 7. Cycle 4 shift in theory with image.

4. Perception of a personal God and needing a personal God.

5. Search for a personal God.

6. Avoidance of God when angry.

7. Perception of wrestling with God.

8. Perception of necessity to remain in a childlike relationship with God

9. God sees.

10. God holds accountable for actions.

11. God is unconditional love and acceptance.

12. God is beyond understanding.

13. God cannot be escaped.

14. God cannot be trusted.

15. Difficulty reconciling perception of a creator God with the experience of trauma.

16. Perception of relationships with children part of the healing process.

17. Perception of passing inherited trauma and personal trauma on to children.

18. True essence of self being seen by others an experience of mortification, death.

19. Perception of being blamed irrationally by others.

20. Perception of being "out of my mind."

21. Perception of an essential core self separate from self.

22. Grief over lost potential.

23. Inability to trust self.

24. Feeling abandoned.

25. Needing a personal space and time away.

26. Perception of inherited trauma from parent trauma history.

27. Understanding for parents as a product of their own trauma history.

28. Deep concern over potential loss of relationship and fear of the anticipated hopelessness of ever reconciling a relationship.

29. Perception of being hurt by parents attempting to change an essential aspect of self.

30. Perception of adult failure to protect as a violation of trust.

31. Perception of childhood as lost.

32. Perception of being "haunted" or "followed" by traumatic experience.

33. Perception of being forced by others to "face" or to realize something.

34. Perception of being robbed.

35. Resigned to perceived lack of emotional or physical intimacy in primary relationship.

36. Lack of intimacy and passion perceived as a problem.

37. Sexuality perceived as bad.

38. Perception of wrestling with sexual orientation.

39. Giving up on intimacy in a relationship.

40. Giving up on a relationship perceived as lost.

41. Feeling hopeless about a lost relationship.

42. Perception of repetitive trauma in relationships.

43. Perception of trauma as a lifelong pattern in relationships impossible or difficult to escape.

44. Perception of having moved beyond trauma ground.

45. Perception that trauma cannot be escaped.

46. Perception of trauma permeating life.

47. Church perceived as dead.

48. Church perceived as out of control.

49. Perceived requirement to sacrifice self in order to gain intimacy.

50. Perceived requirement to sacrifice self in order to meet the expectations of others.

51. Perception of trauma in marriage partner's past influencing relationship negatively.

52. Perception of different places within self.

53. Perception of different people within self.

54. Desire to serve others.

55. Self perceived negatively as "too weak."

56. Self perceived negatively as "too naïve."

57. Self perceived negatively as "incapable of praying."

58. Self perceived negatively as "too apologetic."

59. Self-deprecating statements.

60. Perceived need to set boundaries by saying "no."

61. Self perceived negatively as incapable of saying "no."

62. Passage of time required before feelings can surface.

63. Perceived loss of identity, an authentic self, or an essential part of self.

64. Referring to self in second person "you" rather than first person "I."

65. Career and related work activities requiring either extensive contact with the public, public service, or high visibility in leadership positions.

66. Experiences perceived as a nightmare.

67. Anger at being judged by others.

68. Anger at the ongoing legacy of violence.

- *Ambivalence about letting go of what blames but provides security in relationships.*

Controlling Beliefs

1. Perceiving comfort in familiar church ritual apart from belief in ritual.

2. Perception of a performance-oriented self in service to others that contradicts the needs of an introverted self.

3. Perception of "soul" being scarred.

4. Difficulty connecting with emotions.

5. Perception of parent failure to protect motivating need to protect their own children from a trauma fate.

6. Perception of being rewarded for "holding it together."

7. Perceived need to make sense of world.

8. Gaining insight method of coping with trauma.

9. Childhood memory of being physically bigger than a smaller person empowering in physical conflict.

10. Intellectualizing to cope with trauma.

Controlling Behaviors

1. Secret keeping.

2. Avoidance of guilt or shame a motivator for action.

3. Performing to avoid punishment.

4. Performing to be lovable or acceptable.

5. Shutting down emotionally and intellectualizing as a way to cope.

6. Perception of being an overprotective parent.

7. History of hiding from parents to avoid getting caught.

8. Hiding to avoid getting caught.

9. Perception of hiding behind "appearance."

10. Perception of survival by "staying away."

11. Anger at self for sacrifices made to hold a relationship together.

12. Anger at self for sacrificing to meet the needs of others.

13. Self-deprecating statements.

14. Need to "move on" when emotions arise.

15. Conflict avoidance in relationships perceived as hopeless.

16. Confrontation perceived as necessary to gain control of either self-esteem or
    to preserve a relationship.

17. Seeking comfort in familiar church ritual.

The energy of the moving mountain paradox that I had set aside took over Cycle 4
when I attempted to create a verbal flowchart depicting the movement between the poles
and got stuck. Even with the focus of the embodied shame lens sharpened, both the
experience of the attempt and the result of a verbal flowchart were cumbersome and
murky.

Contradictory perceptions of self as being either guilty of or empowered by controlling beliefs and behaviors in relationships emerged in the brainstorm lenses. This phenomenon generated the need to formulate categories for lenses to accommodate contradictions as part of a process of searching and shifting between perceived realities. The multilevel paradox confounded me. I could not refine the Cycle 4 lenses any further and felt frustrated. I entered another time of "auspicious bewilderment" (Anderson, 2004a) in the intuitive inquiry process. I had to ask for help from my life companion. In this way of parallel process the energy of paradox gently lifted me out of my survival habit of security in being a self-sufficient maverick and onto the ground of trusted vulnerability in relationship with others.

Step 4, Cycle 4: Lenses clarified. At this point I shifted from verbal to visual process and, with help, created a story board of the movement and contradictions (see Figure 8). The work of creating a visual flowchart revealed survival as world building in reaction to world shattered. The experience of movement became visible as part of the survival world. The experience of weight became visible as part of embodiment in survival world building. The weight of irrational self-blame, "my fault" in the picture, became visible as part of embodied trauma specific to the traumatic event. The weight of irrational self-blame became visible as a mask for intolerable fear. Controlling behaviors became visible as silencing fear in self and others. Contradictory beliefs became visible distilled into the word "but."

Movement away from shattered vulnerability appeared to be motivated by the need to escape intolerable fear. Masking intolerable fear with irrational self-blame specific to the traumatic event enabled the survivor to get up, turn, and move away.

Violence against self and others via controlling behaviors appeared to be an extension of irrational self-blame in survival world building.

"But" beliefs contradicting violence against self and others appeared to be reactive to the intolerable weight of irrational self-blame, "My fault" in the picture. "My fault" as an intolerable weight being pushed away showed up at a point furthest away from the pole of vulnerability associated with intolerable fear. When the weight of irrational self-blame becomes intolerable it seems to motivate reversal and movement back towards vulnerability. Belief contradictions appeared to be an effort to off load the weight of irrational self-blame by finding a way to make it fit into a safe, empowered world.

> *Participant voice*: [Long pause, her body became very still and remained still throughout the God conversation]. The first thing that comes to mind is that [long pause] I don't think God is a vengeful God. I don't think that that was a punitive experience enacted on me. [Pause] Is there some divine plan? I don't think that [long pause] I don't think that God necessarily comes and saves us from ourselves. I don't think that I would [pause] this is funny because I suppose I do believe in miracles but at the, at the same point I don't believe that come a hard time in life that, I wouldn't expect to plea, make a plea or a prayer with the expectation that that would be heard and answered. Those are pretty concrete ways of defining a, maybe a role of people's hopes being that.
>
> K: A role that God would play?
>
> That God would play, that, I'm saying what I don't see. But what do I see?
>
> K: Well, no that's fine. However you want to do that.
>
> . . . [long pause] I guess the role I see [pause] that God doesn't put us anywhere or put us out of anywhere, that would be the place that I would lean. I guess, you know, where I don't, where I don't feel comfortable all the time leaning on the people in my life. I certainly get a great sense of solace and that spiritual kind of support. [Pause]. That sense that you know what I can't change anything but I just can help you walk through this.
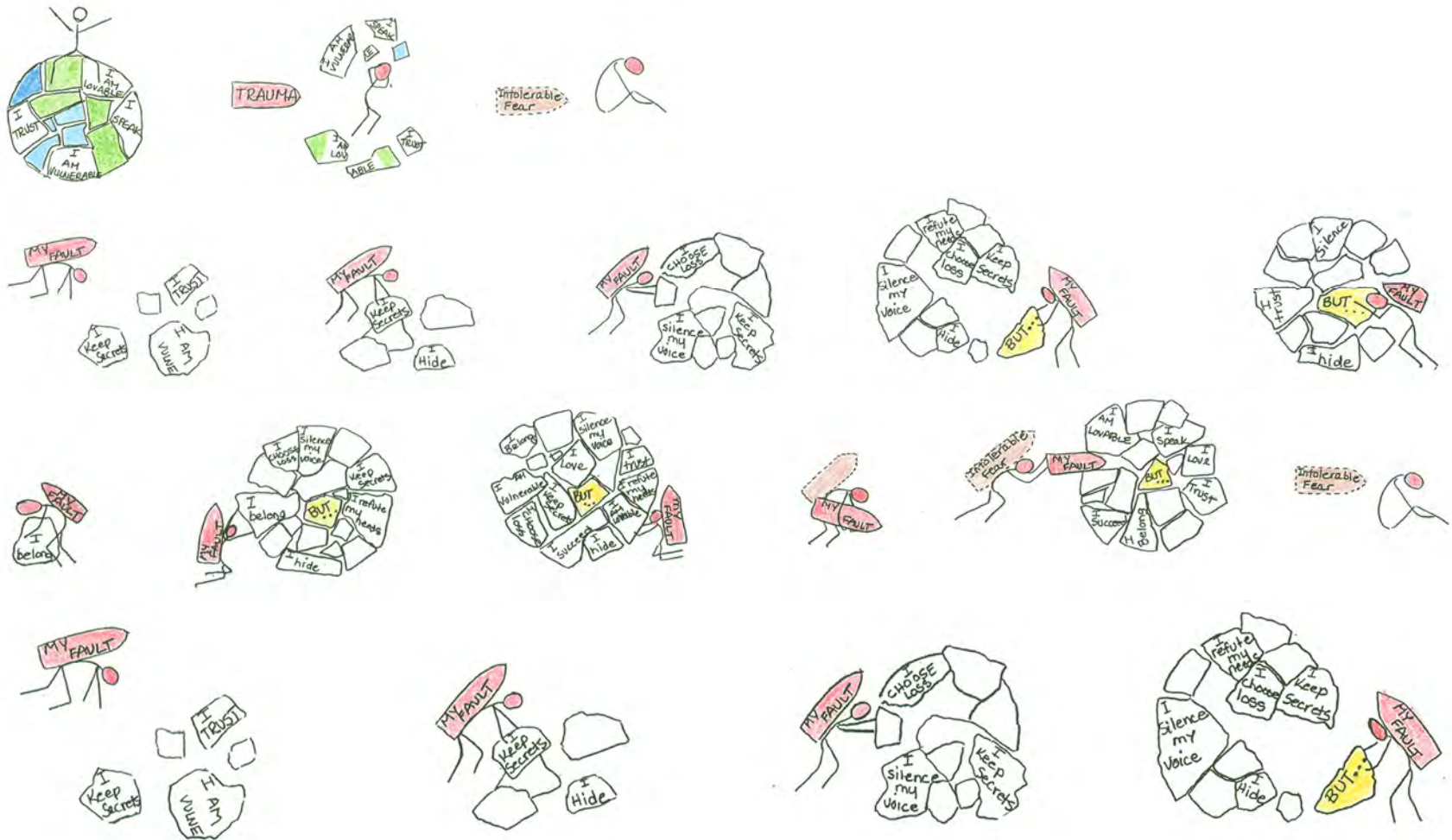>
> K: Is the sense you get from God.

Figure 8. Storyboard of Cycle 4 theory.

K: And how would you describe leaning into God? In what ways do you do that, or what kind of experience [pause].

Hm. [Long pause]. That's a very hard thing to articulate although when I feel it I certainly am aware of it. [Pause]. It's just the sense that, you know, that there's a greatness, there's a goodness, there's a rightness in life. Whether you, regardless of whether you experience these things that there is something that transcends all of that. And it also helps let go that I know that doesn't necessarily have to make any sense. You know, that doesn't have to make any sense that it's just what it is and that it didn't kill me. Umm [voice trails off]

K: Are we talking now about your trauma?

Yeah, yeah. And that, and that I guess [long pause] Yeah, how does that relate to how I relate to God? I don't know I would have to think about that.

K: Have you, have you ever thought of it before?

Not consciously, no, I've never drawn that together. Although I know that [pause] the big experiences, those difficult experiences are the ones that draw me closer in a way. [Pause]. Not with any sense that there's going to be any fix [laughs]. You know I'm, it's not that I'm turning and saying, you know, throw me a bone or help me out here it's just more of a sense that whew, you know, [pause] That's a good question I'm going to have to ponder that Kitty.

Attempting to be free of the intolerable weight of irrational self-blame exposes the survivor to the intolerable fear the trauma bond masks. Reexperiencing vulnerability as intolerable fear shatters a survival world. Thus, layer after layer of survival world building is perpetuated.

The visual storyboard reinforced embodied shame as a background for the process of survival world building. Experiences of trauma were described by participants as being "devastated," "shattered," "crushed," "obliterated," "mortified," or "frozen." The lost schema of trusted vulnerability is a lost world that manifests first in body. Participants described experiences of body home lost and work to regain body home as weight and death in overcoming pain, illness, or addictions. Descriptions of body home lost and body

home regained mirrored the movement away from and towards vulnerability associated

with intolerable fear. In a follow-up interview:

> [Participant] reported feeling good, started exercising more regularly. "It helped
> me to process some of that again, to wrestle with some issues. It helped me to turn
> it around and see I'm in God's hands. He's never let me down. I just have to
> trust."

Process with the visual story board created three clarified Cycle 4 lenses. In the

deep structure of survival:

Lens #1:

Embodied shame—manifests as body home lost: History of eating disorders,

substance abuse, obesity, sexual dysfunction, conflicted sexuality, poor health, chronic

infections, chronic severe back pain (unrelated to injury), chronic severe migraine

headaches (unrelated to head injury), chronic severe gastrointestinal pain and illness,

mysterious illness, reckless disregard for body, or failure to overcome addictions to

regain health, exhaustion.

Embodied shame—manifests as body home regained: Overcoming addictions to

regain health, meditation practice to manage pain, meditation practice to listen to body,

body-oriented therapy to gain insight into trauma, body-oriented therapy to improve

relationship with body, caretaking body through diet and regular exercise, body

consciousness included in spiritual practice.

Lens # 2:

Controlling Beliefs = "But"

1. I know I belong but I don't have a place where I feel I belong.

2. I know I belong but I don't trust the place where I belong.

3. I love but I don't trust.

4. I trust but I don't trust my self.

5. I want to be open and honest in this interview but I had to overcome fear to do it.

6. I am loved but I'm not lovable.

7. I'm married but there's no intimacy.

8. I'm married but we're not connected.

9. I'm married but there's no way we should be.

10. I love to relate but on a superficial level.

11. I'm not homosexual but I worry that I'm homosexual.

12. I've learned to lean into people but only so far.

13. I give help but I don't ask for help.

14. I am blamed unfairly but it's probably my fault.

15. I wish we could reconcile but reconciliation is hopeless.

16. I feel trapped in an unsatisfactory relationship but I'm comfortable in the security it provides.

17. I hold relationships together but I'm angry at myself for the sacrifices I make to hold relationships together.

18. We've worked it out but I still don't trust.

19. I've moved beyond trauma but I still don't trust.

20. I've moved beyond trauma but I have flashbacks.

21. I've moved beyond trauma but memories retrigger trauma emotions.

22. I forgive others but I can't forgive myself.

23. I long to trust but I'm in relationship with someone I don't trust.

24. I'm working on being vulnerable but being vulnerable scares me.

25. My relationship with my children has healed me but if I'm not careful I will pass a legacy of trauma on to them.

26. My children have grown to be wonderful adults but I had to be careful they didn't become like me.

27. My children have grown to be wonderful adults but I'm angry they have to inherit trauma.

28. My children have grown to be wonderful adults but the problems they have are my fault.

29. I am a good parent but I was too overprotective of my children.

30. Having more children healed me but I never should have had more children.

31. I long for my authentic self to be sought and found but I hide.

32. I long for my authentic self to be sought and found but I keep secrets.

33. I long to be seen but being seen feels like dying.

34. I have an authentic self but I have to overcome other selves to connect with it.

35. I experience an inner place of centeredness but I have to overcome other places in my self to go there.

36. I joyfully serve others but I'm angry at myself for denying my own needs in service to others.

37. I am OK now but my soul is scarred.

38. I have difficulty connecting with my feelings but I am rewarded for not being emotional.

39. I make sense of my world by gaining insight into trauma but I can't escape trauma.

40. I made sense of my world by avoiding trauma memories but I can't escape trauma.

41. I have escaped trauma but my potential is lost.

42. I have escaped trauma but my lost child remains.

43. I long to be seen and heard but I silence myself.

44. It's good to confront others with my issues but I end up regretting the choice to confront.

45. My parents tried to protect me from trauma but they burdened me with a legacy of trauma.

46. My parents did the best they could but my parents abandoned me.

47. Church is safe but God is not.

48. God is safe but church is not.

49. God is there and loves me unconditionally but one wrong move and everything is lost.

50. I can lean into God but God is not there to rescue or help me.

51. I trust God but I can only trust myself.

52. I don't understand God but I know God won't find me worthy in the end.

53. God is beyond a personal God but I have the personal God I need.

54. God loves me unconditionally but I have to remain like a child to receive that love.

55. God loves me unconditionally but God can catch and punish me.

56. God is in everything but I cannot reconcile a creator God with my traumatic experience.

57. I pray for people but I don't believe it will do any good.

58. I don't believe there's a creator God but I believe I will be punished because I don't believe in a creator God.

Lens #3:

Controlling Behaviors = Silencing fear.

In relationship with self.

1. I worry unceasingly.

2. I shut down emotionally and intellectualize.

3. I hide behind appearances.

4. I leave or change the subject when emotions rise.

5. I avoid conflict in relationships that are beyond my control.

6. I let go of relationships that are beyond my control.

7. I confront others to gain control of my self or to maintain self-esteem in my own eyes.

8. I avoid churches that treat me well, but feel unsafe to me.

9. I attend a church that feels safe to me even though I don't fully agree with its dogma.

10. I habitually make self-deprecating statements.

In relationship with others.

1. I keep secrets.

2. I perform to avoid punishment.

3. I perform to be lovable or acceptable.

4. I hide to avoid getting caught.

5. I stay away.

6. I accept or reject relationships and group affiliations by assessing how safe or
    unsafe they feel to me.

7. I avoid attempts to reconcile relationships I cannot control.

8. I hold relationships together by confronting issues directly.

9. I avoid confrontation in relationships I fear losing.

10. I remain in unfulfilling relationships I fear losing.

11. I abandon friends before they abandon me.

12. I kill relationships with benign neglect.

13. I am aloof.

14. I avoid a creator God who failed me by not praying to a creator God.

15. I created a large family with many children to feel safe.

16. I rein in wrong behavior by confessing to a close friend who holds me
    accountable and then reminds me I am forgiven.

Against a background of embodied shame, the first lens category, the poles of two ambivalence lenses numbers two and three then simplified to become:

1. Vulnerability = Intolerable Fear.

2. Security in Control = Intolerable Weight of Maladaptive Guilt.

Step 5, Cycle 4: Final lenses. With those two simplified poles in place against a background of embodied shame I created a verbal flowchart depicting the formation of shame fused with guilt as a trauma bond driving the approach-avoidance conflict with

vulnerability (see Figure 2, p. 10). Next, I cut up the visual flowchart and placed the

corresponding images from Figure 8 (see p. 162) on the verbal flowchart. This exercise

helped sharpen the focus of the final lenses into a survival world. The combined visual-

verbal process of step 5 resulted in two final Cycle 4 lenses:

In the deep structure of survival:

1. Embodied shame is a background for;

2. Movement between (a) vulnerability experienced as intolerable fear, and (b)

    maladaptive guilt experienced as intolerable weight.

Cycle 2 Lenses Revisited

Cycle 2 lenses were formed after creating a mandala of and interviewing (a) my

history with trauma, (b) my original theory, (c) the literature review, and (d) my

meditation and sand play practice to release embodied shame. After the 5-step process of

refining Cycle 4 lenses, I revisited my Cycle 2 lenses. In light of Cycle 4, many of the

preliminary lenses were amplified. Many fell into alignment with the final Cycle 4 lenses.

Several proved not to be relevant to this study. Some were reversed. Some were

eliminated. Clarification in each of the three preliminary lens categories is discussed

below.

Embodied shame. As described above, embodied shame shifted from the third

category in Cycle 2 to the first category in Cycle 4. Embodied shame became the

background upon which the approach-avoidance dynamic with vulnerability happens in

the deep structure of survival. Cycle 2 lens number 17 anticipated zero to limited direct

knowledge of body. To the contrary, in Cycle 4, body awareness was highly verbal and

consciously connected with traumatic experience. Therefore, Cycle 2 lens number 17 was reversed.

The interviews did not support lens number 15, perception of body weight incongruent with physical reality. No direct questions were asked about perceptions of body image and the information did not rise in participant responses. Lens number 14, struggle with body weight, did appear in participant histories of trauma. Lens number 16, history of a chronic physical problem that is a mystery to the medical field that cannot be diagnosed clearly or resolved also appeared and remained the same in Cycle 4.

> *Participant voice*: I actually will get a rash which I find phenomenal and very interesting. I will get a rash right at the area, at the pubic area that is very annoying and it comes and goes and I don't have anything. I've been to all kinds of doctors, nurses have checked and no one can come up with anything. Other than, "Oh, it's your nerves." But it's interesting that it shows up right in the area that I get sort of the core spot of pain which is right in the pubic and groin area.

Although the three interview questions included references to experiences of shame or guilt, all of the participants used the terms interchangeably. Guilt was referred to significantly more often than shame in all 12 interviews. I asked only once, at the end of my first interview, how the difference between shame and guilt was understood. Asking this question revealed to me a lapse from researcher mind into my therapist mind, when I fell into the habit of asking questions for assessment clarity rather than clarity of research data.

> *Participant voice*: [Pause]. Boy, I don't know. They're real close. Aren't they? I mean, it seems like they're real close. Guilt—[pause] maybe shame is [pause] what—[pause] I don't know if it makes any sense. Or I don't even know if this is true but if shame is, I can hear parents, "Aren't, don't you feel ashamed?" Does that mean, "Don't you feel guilty?" Seems like it's about the same. But anyway, maybe shame is something that somebody puts on another.

Periods of silence, looking away, loss of cognitive focus, and losing track of the question or train of thought did occur in the interviews. Body language in general was significantly higher than Cycle 2 lenses anticipated. Decrease in body language when participants referred to guilt was not observed. Because guilt was referred to more often and the word *guilt* used most frequently, clarity and ease of verbal expression around guilt rather than during discussions directly about guilt created a slight shift in that lens.

Body-oriented word choices occurred with greater scope than lenses 10 through 13 anticipated. Lens number 11, heavy words chosen to describe feelings, did appear in the interviews. Lenses 12 and 13, "cold" words chosen to describe guilt or shame, "hot" words chosen to describe feelings other than guilt or shame did not occur for the same reason discussed above. With the one previously noted exception, differences between shame and guilt were never directly discussed. The heart described as lonely, empty, or sinking, lens number 10, also did not occur. Words describing soul and a core self emerged instead. The shift in lens number 10 was from lonely, empty, sinking heart to words describing a wounded soul, core self, and a healed, healthy core self in Cycle 4.

> *Participant voice*: I got through that year, and you know and that was over. OK. 'Course I had the scars on my soul from it. But I got, but the year was over and I did move on. As I look back and I remember . . . being so angry and so many years of layer after layer after layer built up in my soul.

The key lens not anticipated in Cycle 2 was movement in both word choice and body language. Also, because my literature review during Cycle 2 had revealed shame as a death-related experience, the Cycle 4 addition of death descriptive words illuminated an oversight in the formulation of preliminary lenses at that stage of my research.

Controlling beliefs. Lenses number 1 and 2 shifted as movement came to light. Seen within the context of approach-avoidance with vulnerability, layers of self-

deception in self-blaming scripts showed up immediately in Cycle 4 as denial of self-blame embedded in self-blaming scripts specific to the traumatic event.

> *Participant voice*: I don't remember blaming myself. Now mind you, I chose, I had a car at school. And I chose to go hitchhiking. . . . I chose to do that, not because I had to, there was a car there . . . . Even so I don't remember blaming myself for that. I was real clear that he was a huge jerk. I just remember feeling . . . and it's probably the optimist in me? I just remember feeling hugely relieved after all was said and done, that I wasn't dead. You know, and, and to that extent [pause] you know, [pause] I was appreciative.

Layers of self-deception also manifested as an effect of contradictory beliefs. "It was consensual from the fact that I, even though a 12-year-old you know doesn't really consent, um so that I think the, the immediate was the, the feeling that I had allowed it to happen."

Contradictory beliefs, lens number 2, became very specifically attached to the approach-avoidance dynamic seen in Cycle 4. As a preliminary lens, contradictory beliefs anticipated a shift to polarized movement between opposite poles. Therefore, preliminary lens number 2 shifted to become a key aspect of the framework for Cycle 4 lenses refined into the two poles of vulnerability experienced as intolerable fear and maladaptive guilt experienced as intolerable weight.

> *Participant voice*: What bothered me was the weight of it. The weight of it.

> K: Of the choice?

> Of life. Of life. It, it was so [pause] the responsibility was so heavy. [Softly] Was so heavy. I felt very tired and old. [Hand to mouth]. I remember thinking that in high school.

Preliminary lens number 5 under controlling beliefs, inability to forgive self, stayed the same and attached to the pole of maladaptive guilt experienced as intolerable weight in Cycle 4. Inability to forgive self seemed to surface through the weight of

irrational self-blame specific to the traumatic event. In these interviews, it had a distinct

voice just once, when a participant referred to an abortion and instantly berated herself

for letting that secret slip out.

> K: The question was how would you say your trauma experiences with shame or guilt have influenced how you relate to God or how you understand God?
>
> *Participant voice*: Well yeah and it's not just stuff that's been done to me it's stuff I've done. So I mean all of that's all folded in. So . . . [voice trails off].
>
> K: Stuff you've done?
>
> Well yeah like the abortion and some of the other I mean I'll never get over that. I will never ever, ever, ever get over that. [Deep breath].
>
> K: You had an abortion.
>
> Yeah. [Grimaces] Oh, yeahhh. [Whispers] Gol, dumb.
>
> K: You don't need to go into details, I just re—
>
> Right. I shouldn't have said that. So. Anyway, yeah. I don't know how [voice trails off into long pause]
>
> K: Anything else? You want to say or add.
>
> [Whispered]. No.

She revisited the abortion in the follow-up interview saying more pointedly, "I will never

forgive myself for that. Never. That's not going to happen." Otherwise, inability to

forgive self had a veiled voice. It was as if coming close to that came too close to the

irrational self-blame connected directly to the trauma.

> *Participant voice*: I just don't trust my own in terms of if I were to want to be in a, or fel—in a relation—I don't trust my own sense—I don't think I'm, because of my history I don't feel like I'm, I know I'm perceptive [laugh] and intuitive but I just don't trust my own [groping for words] . . . I don't, I just trus—, I just am very, you know I love interacting on a superficial level.

Generally, inability to forgive self showed up as blaming self for unfulfilling or failed relationships in the Cycle 4 lenses. This seemed to be a learned behavior attached to failed attempts to be open and vulnerable. As Reno Guy voiced:

> [Groan, big sigh] Well, [pause] in one way they [experiences with shame or guilt] [sigh] prevented me making many close relationships [pause] because I was always afraid to speak about, about it.

He illustrated that experience with this story:

> There were only [pause] a few of my friends I would be able to. [Pause] it was probably a couple of weeks after my diagnosis, it's in the schoolyard and one of the kids made fun of this kid, a new kid was walking by. "There's so and so, he's possessed by the devil. He has seizures." I walked up to this guy, quietly said "I have seizures." And he and his buddy just backed away from me and the guy who became my best friend, came up closer to me [tears well up in his eyes, he gestures away from and closer with his hands]. He and I grew inseparable. Right, then. . . . [T]he last he contacted me was in, we had some communication not a great deal when I moved. . . . [Pause] he had written me when I was living in [location]. This was in between my series of arrests. [Pause] And after the diagnoses of mental illness. He was flying to [country] and wanted to [pause] stop and see me. And [pause] I know that I told him about some of the things that happened to me and [pause] I [pause] haven't heard from him since. [Pause] Did, did send him a letter from here . . . but I didn't hear from him. [Pause] I wrote him again and my letter got returned to me. I guess you know he, I don't know what's happened to him. But [pause] it would be nice if I had connection. I don't whether he's alive or dead.

Along with lens number 5, inability to forgive self, preliminary lenses 3 through 11 stayed the same in Cycle 4. Each shifted into the polarized approach-avoidance dynamic attached to either vulnerability experienced as intolerable fear or to maladaptive guilt experienced as intolerable weight.

Lens number 12, perception of food as both comforting and problematic, did not appear as a discrete phenomenon. Obesity perceived as an outcome of traumatic experience was evident. Participant voice, "Gained a lot of weight. Yeah, that's true.

Yeah. Eating disorders. Bulimia. Alcohol. Street drugs." So, lens number 12 shifted and moved under the heading of embodied shame.

The "out of control" lenses, numbers 13 through 16, gained clarity and were amplified in Cycle 4 voiced as a deep sense of loss, inability to function to an expected standard, and as an embodied perception of "unraveling" or "coming apart." The low self-esteem and generalized "in some way" of lens number 16 shifted to encompass all four of these "out of control" lenses. In Cycle 4, the chaos, disorganization, confusion, passion, and passionate expression of lenses number 13 and 14 shifted slightly to being perceived as either under control, barely under control, or in danger of being out of control.

> *Participant voice*: Anyway so I haven't had one of those just completely loose my mind irrational experiences since then. So I'm hoping that there, there's some healing. That happened. And that that won't happen again. That doesn't need to happen. It's not, there's no healthy energy that comes out of that.

> *Controlling behaviors.* Secret-keeping, behavioral lens number 1 in Cycle 2 remained number one in Cycle 4. Ten of these 12 participants, however, did not choose behind the scenes or behind closed door careers as lens number 2 anticipated. To the contrary, through extended career activities, the 2 participants who did choose behind closed door jobs requiring absolute confidentiality joined the others in avocations or second careers requiring either extensive contact with the public, public service, or high visibility in leadership positions. The interviews revealed no information about avoidance of looking at body, a pattern of avoiding risks when faced with opportunities for growth and change, or pushing body through pain to enjoy physical activities, lenses 11, 14, and 16.

Preliminary lens number 13, eating for comfort, shifted slightly to a history of eating for comfort. Lens number 3, a high regard for body/poor care of body split did not emerge as a direct topic in the interviews. From observation, that split manifested in the behavior of only 1 participant who continues to smoke. With that one exception, all 12 participants showed high regard for their bodies, discussing choices to pursue daily discipline in diet and exercise. Half of the participants have added body-oriented meditation to their spiritual practice. Five of those 6 attend regular sessions with a bodywork specialist. A history of high-risk physical activity showed up as a Cycle 4 lens.

> *Participant voice*: Just a chunk of time not getting, caring for my body you know, doing things, skydiving, cliff diving, dangerous activities where I you know, not thinking about the consequences to my body. And I feel like that was a, kind of a body/mind separation that was at least precipitated by abuse dynamics.

However the split anticipated by preliminary lens number 15 did not appear. Direct questions about recreational choices were not asked and the topic did not arise in the interviews.

As with the controlling belief lenses, the remaining controlling behavior lenses stayed the same in Cycle 4. Lenses 4 through 10, 12, 17, and 18 shifted into the polarized approach-avoidance dynamic attached to either vulnerability experienced as intolerable fear or to maladaptive guilt experienced as intolerable weight.

Cycle 2 and Cycle 4 lenses combined. To illustrate the Cycle 2 to Cycle 4 shifts, I have placed the lists of preliminary lenses within corresponding Cycle 4 lens categories. Shifts in the Cycle 2 lenses are indicated within brackets.

In the deep structure of survival:

- Cycle 4 lens, *Embodied shame is a background for:*

Embodied shame observed as:

Cycle 2 lenses

1. Periods of silence following direct questions about shame.

2. Periods of silence during discussions about shame.

3. Looking away following direct questions about shame.

4. Intervals of silence during discussions about shame.

5. Increased body language during discussions of shame. [Amplified]

6. Loss of cognitive focus during discussions of shame.

7. Losing track of the question or train of thought during discussions of shame.

8. Less body language during discussions of guilt. [Eliminated]

9. Clarity and ease of verbal expression during discussions of guilt.

10. Heart described as lonely, empty, or sinking. [Shifted to description of a core
    self, wounded soul.]

11. "Heavy" words chosen to describe feelings.

12. "Cold" words chosen to describe guilt or shame. [Eliminated.] [Amplified]

13. "Hot" words chosen to describe feelings other than guilt or shame.
    [Eliminated.] [Amplified]

14. Struggle with body weight.

15. Perception of body size incongruent with physical reality. [Eliminated.]

16. History of a chronic physical "problem" that is a "mystery" to the medical
    field that cannot be diagnosed clearly or resolved.

17. Zero to limited direct knowledge of body. [Reversed.]

18. Perception of food as both comforting and problematic. [Shifted to history of
    struggle with obesity.]

- Cycle 4 lens, *Movement between (a) vulnerability experienced as intolerable fear:*

Controlling beliefs observed as:

Cycle 2 lenses

1. Layers of self-deception in various self-blaming scripts.

2. Contradictory beliefs.

3. Awareness of a "good" self maintained by controlling a "bad" self.

4. Perception of God or spiritual practice as an escape from "badness" in self.

5. Belief that reconciliation with an "other" or certain type of "other" is futile.

6. Perceptions of chaos, disorganization, confusion, as being "out of control."

7. Perceptions of passion or passionately expressed emotions or opinions as being "out of control."

8. Perceptions of "out of control" as bad.

Cycle 4 lens, *Controlling behaviors observed as:*

Cycle 2 lenses

1. Secret-keeping.

2. "Behind the scene" or "behind closed doors" career/work choices. [Eliminated]

3. A high regard for body/poor care of body split.

4. Avoidance of an "other" perceived as blaming or judgmental.

5. Difficulty saying "no."

6. Avoidance of looking at body. [Eliminated.]

7. A history or current pattern of controlling anger by walking away or avoidance.

- Cycle 4 lens, (*b*) *maladaptive guilt experienced as intolerable weight*.

Controlling beliefs observed as:

Cycle 2 lenses

1. Inability to forgive self.

2. Predominant use of the word "guilt" and difficulty verbalizing the difference between shame and guilt.

3. Difficulty conceptualizing and verbalizing shame. [Eliminated]

4. Underlying resentment for being overextended in some way.

5. Belief that saying "no" means failure to perform in an expected or acceptable way.

6. A higher value placed on putting one foot in front of the other and forging ahead through crisis than choosing to rest.

7. A perception of food as both comforting and problematic. [Eliminated]

8. Low self-esteem linked with inability to "control" life in some way. [Amplified]

- Cycle 4 lens, *Controlling behaviors observed as:*

Cycle 2 lenses

1. A struggle with addictions.

2. History of loyalty to unfulfilling or draining relationships.

3. A pattern of ignoring physical needs.

4. A pattern of work or service to others at the expense of personal well-being.

5. Failed attempts to resolve a painful relationship.

6. Forging through a crisis when others give up or rest.

7. Eating for comfort in crisis. [Shifted to a history of eating for comfort]

8. A pattern of avoiding risks when faced with opportunities for growth and change, especially in the area of work. [Eliminated]

9. Choosing high risk in physical recreational activities or zero to little physical recreational activity. [Eliminated]

10. Pushing body through pain in order to "enjoy" physical activities. [Eliminated]

11. A history or current pattern of "lashing out" at others in a way perceived as unacceptable.

Comparing flowcharts from Cycles 2 and 4 further illustrates how the lenses shifted. Adding the flowchart from Cycle 1 highlights how radically the Cycle 4 lenses amplified my theory from the original text that claimed me. (see pp. 182-185)

Cycle 5: Integration of Findings with Theory and Literature Review

This exploration into a survival structure that makes posttrauma security needs dependent upon maladaptive guilt produced results in support of that theory. The Cycle 4 lenses reveal that violence against self and others can be observed in controlling behaviors and belief constructs of survivors.

Controlling beliefs and behaviors. The words of one participant epitomized meeting the need for security by having control, "I give help, I don't ask for help. That is more than a habit, it is really ingrained." Reflecting the spiritual maturity of these participants, consciousness of how controlling beliefs and behaviors frustrate and violate

Acute or Chronic Trauma Impact

Survival Construct

| Empowered Self Choice = Power | → | Powerlessness | → | Paramount compelling NEED for personal power | → | Irrational Belief: "It was my fault" Inaccurate guilt: "If I caused it I could have prevented it" | → | Control = Power Replaces Choice = Power |

Illusion of Control

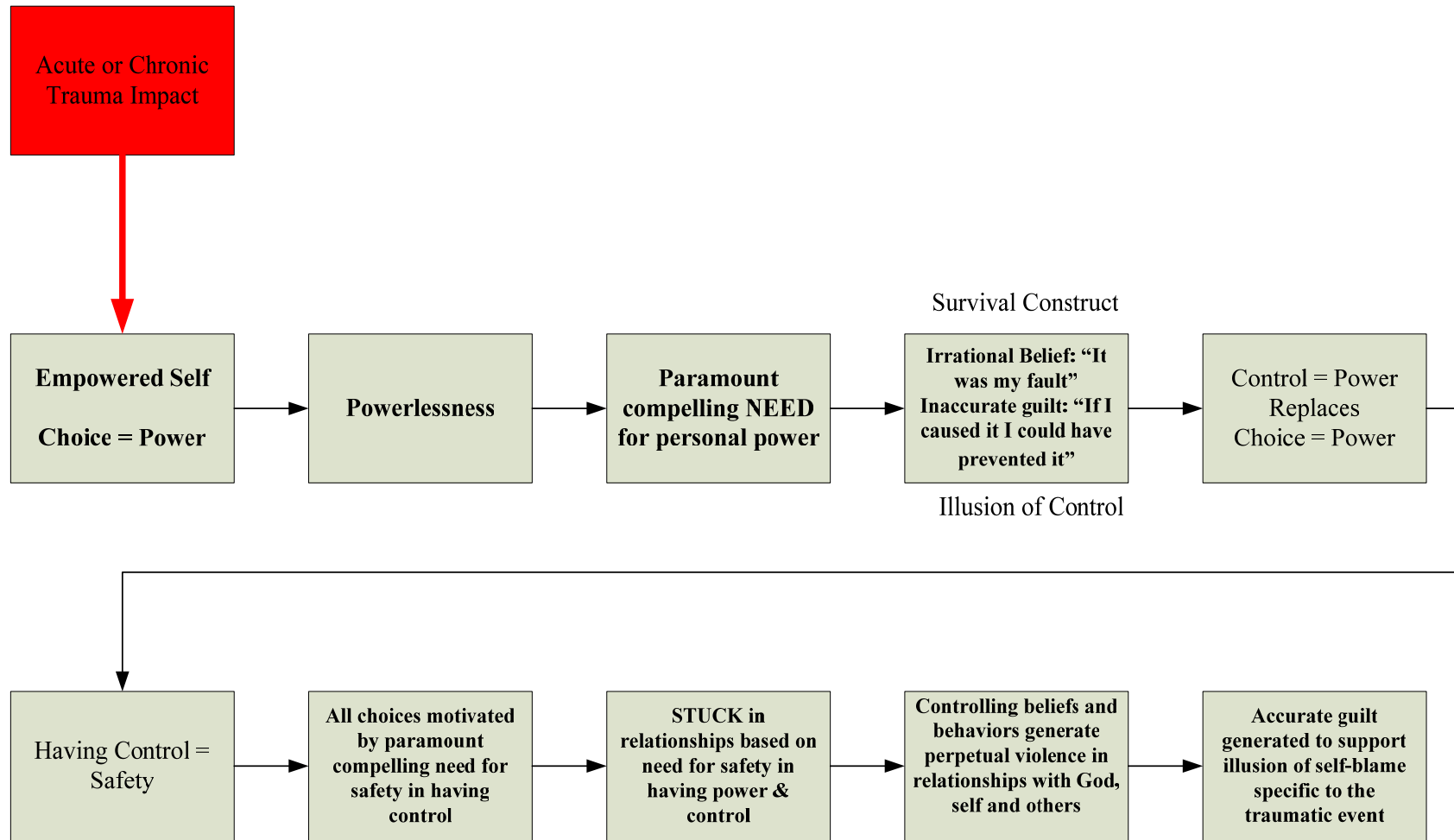| Having Control = Safety | → | All choices motivated by paramount compelling need for safety in having control | → | STUCK in relationships based on need for safety in having power & control | → | Controlling beliefs and behaviors generate perpetual violence in relationships with God, self and others | → | Accurate guilt generated to support illusion of self-blame specific to the traumatic event |

Figure 9. Cycle 1 theory: The text that claimed me.
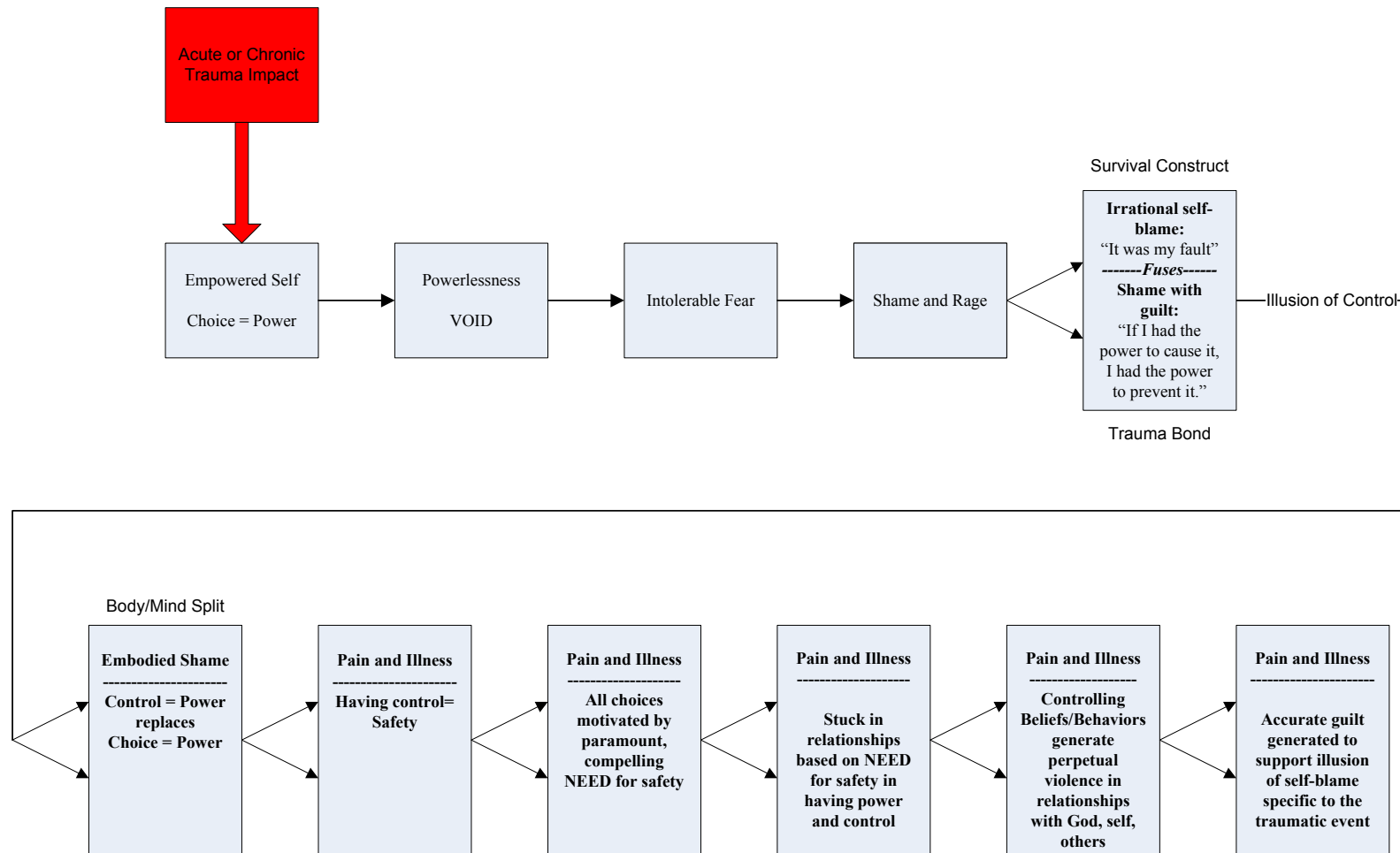
Figure 10. Cycle 2 shift in theory.

Figure 11. Cycle 4 shift in theory.

SHAME
AND
RAGE

Irrational self-blame
[*"My fault"*]

fuses shame with
guilt.
[*"I caused so I could
have prevented"*]

TRAUMA BOND

Act of violence
against innocent self
BUT
illusion of control over
powerlessness.

Controlling beliefs and
behaviors in
relationships with
God, self, and others.

TRAUMA BOND

Guilty of violence
BUT
empowered.

REWARD

Security in being at
fault
BUT
Security by having
control.

SHATTERED

Powerlessness

Pain and
Intolerable Fear

VOID

Wholeness and
comfort trusting self
and other in the world.

Security in trusted
vulnerability.

Traumatic
Experience

COST

Perpetual violence
against self and
others.

Self weighed down in
security at the price of
maladaptive guilt.

BUT

Longing for
wholeness and
comfort with self and
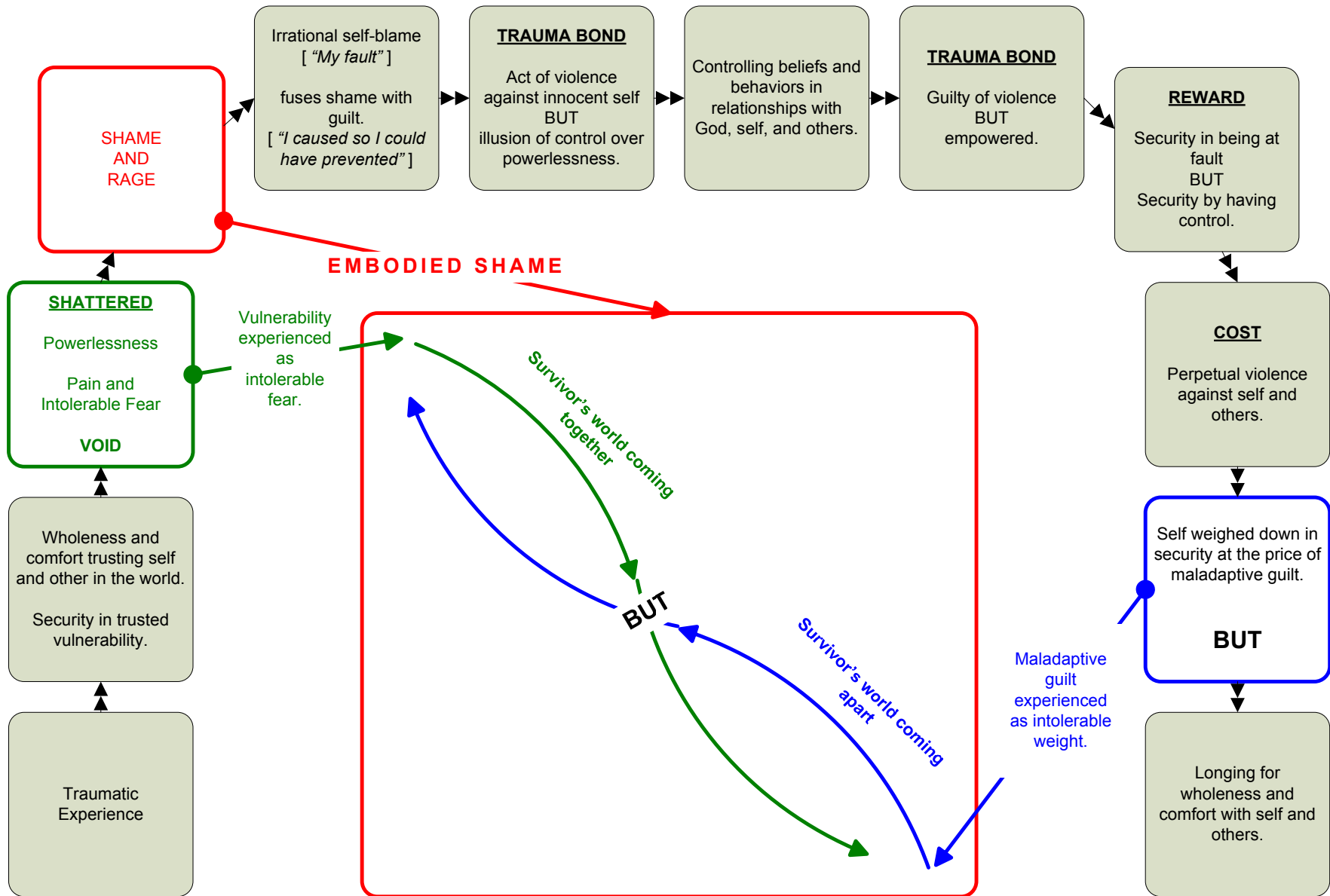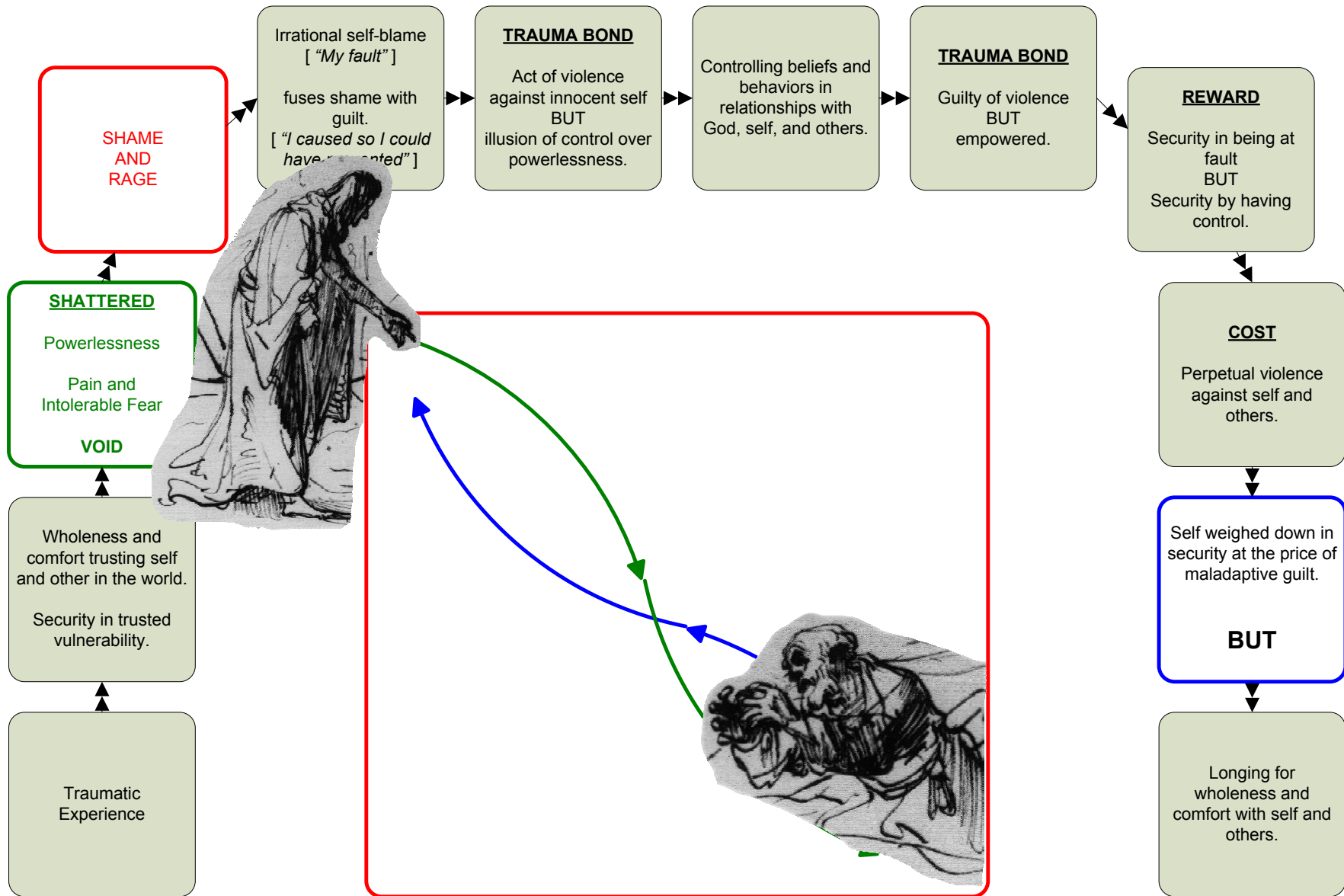others.

Figure 12. Cycle 4 shift in theory with image.

the needs of others (Hillman, 1995) was also a common thread. Another participant said,

> I'm aware that I am a very strong person. And so maybe, you know maybe by being a pretty independent person and pretty self-contained person [pause] I don't, I'm not a dependent person, so I'm not dependent then I'm not, you know, I'm not reliant on somebody else. Or therefore vulnerable, you know, to them. It has made it hard because, you know, it, I do recognize the toll that that takes on a relationship. Because people want, most people in a partnership want to feel like they are [laughing] needed in some way and over the years of being aware of that I have tried to soften and allow myself to lean and you know be not needy but appreciative of somebody else's contribution and effort and you know, involvement in my life. But I understand, you know I'm aware that I have probably alienated people in my life by not allowing them to help.

This study reinforced secret-keeping as the controlling behavior most common to the entire spectrum of violence (Hindman, 1983; Pennebaker, 1990; Scarf, 2004; Wegner, 1989). As one participant said, "I've always believed it's the secrets that kill you." I have chosen descriptions of secret-keeping to illustrate controlling behaviors reflected in these interviews because secret-keeping is also a behavior linked with shame (Lerner, 2004; H. B. Lewis, 1971; A. P. Morrison, 1996; Pattison, 2000; Scarf, 2004, Tangney & Dearing, 2002).

Another participant said, "I couldn't tell my teachers about it. I couldn't basically tell my friends about it. Uh, I mean real shame and guilt connected to it. I was having to hide it." Results from the interviews also linked secret-keeping with embodied pain. "The right side of my jaw was the side that was locked when, when I was sworn to secrecy about my mother."

These 12 participants shared a history of hiding an authentic self from others in order to be safe.

> *Participant voice*: But I remember going and I had to have a lie detector test. And one of the questions was [pause] hmmm, I can't remember how it was phrased but it was, the gist of it was supposed to be "was this the most horrible thing that has ever happened to you?" And I was very clear in thinking in my head at the time,

[Slaps hand on table] "This is not the worst thing that coulda happened. The worst thing that coulda happened was if he woulda picked my sister up because my sister, I did not think of her as a strong as me and I remember thinking, "No. It would have been far worse had he picked her up because she would've fallen apart or maybe she wouldn't have been very calm, you know, while it happened and so he didn't shoot me, you know. And that's what I was thinking. And, and what happened was that it, you know, obviously came across funny on the lie detector.

K: Um Hmm.

Participant voice: And I was very much aware of the fact because he stopped and he asked me the question two or three different times. And I wanted to say, but I was too embarrassed or too naïve to say, "No, you're not asking me it the right way. You're not, I know what you're asking me. You're, but you're not, you're getting a different response because what I'm thinking is "this isn't the worst thing that coulda happened." And so I think, you know there was a sense of embarrassment and shame there that I was aware of what was going on. . . . [A]nd I would not, I would not come forward to defend myself or explain myself and I was aware, I've been aware that that was a trait that carried on for a long time. I would not come forward to defend myself or explain myself and I was aware, I've been aware that that was a trait that carried on for a long time. It was almost like I dug in for a good long while and I would not ex—, I would nev—, I would not explain myself. Or defend myself. Or apologize. [Voice suddenly very soft] that's probably not true. I would apologize for things, but I [voice louder] probably did not, I wasn't as forthcoming with information. . . . That's just, you know, one more thing that people have to use against you, if you will. You know, that's just, you know, what people don't have they can't use. [Very soft.] You know?

For another participant, hiding was accomplished in "not getting caught" and thereby being safe from traumatic consequences. He explained that his relationship with God began when "I got caught by God" and went on to describe getting caught by a God from whom he could not hide. Subsequently, experiences of grace in relationship with God are linked with experiences of being caught and not receiving consequences.

Participant voice: I feel embraced. By the love of God as being my [voice drops to just above a whisper] understanding of who God is and, [whisper] [voice resumes normal tone] OK for example I said the story about the cop [whispers] [who did not give a ticket]. [Voice resumes normal tone] I feel like I have [pause] many grace experiences where I could easily be busted in some way for some stupid ass thing I've done and it turns and becomes a grace. [Whispers something

indistinguishable] That's how I experience, I mean that would be a way in a kind of a get caught consequences yes I did this and have it not become, you know, very frequently not become before, you know, not become trauma.

Another participant shared a story of keeping a secret across decades in a multilevel trauma bond with her self and three others. She kept that secret a secret during the interview, but recognized the parallel process and told me the story in our follow-up conversation days later. She courageously overcame fear of vulnerability to make this contribution to the research:

> *Participant voice*: I wonder now if I should I even talk about it. It's interesting that I forgot to mention it. On 9-11, when 9-11 hit I had my own 9-11. . . . Years ago my husband was involved with my sister-in-law. He denied and said I needed more self-esteem. It's been an ongoing trauma. Like one day after my kids were in college we were driving along and I found a picture of her in his wallet. I just couldn't believe it. It kept coming up in that way. It was very traumatic and it continued to keep hitting me like that, kind of like a bomb. My husband and I have worked through it, but my sister-in-law and I couldn't ever deepen our relationship. I realized that years ago I was suicidal, when my kids were tiny, I was really depressed. She wasn't my sister-in-law then. . . . She came to my house and sat on the couch and told me how her mother committed suicide. That helped me get a perspective that I couldn't do that to my own kids. She sort of contributed to saving my life. Because of that I always gave her the lead way. Like it was OK for her to slap one cheek and I would turn the other. On 9-11 she was saying how important it was for family members to talk with one another and I said to myself, "Well, OK, I'm going to talk." We were on a long drive alone together. I started by thanking her for her help when I was suicidal. And I also told her that I knew about my husband and her. She went into ice queen and wouldn't talk the rest of the way or the next day. And then she talked to my brother. That was an awful experience for me. I had stomach pain and felt physically ill. I was afraid of how it might rob me of family relationships. That is basically what kept me quiet all along, because I love my brother.

This story illustrates many aspects of the approach-avoidance dynamic with vulnerability associated with intolerable fear discussed below. Her attempt to offload the weight of secret-keeping and be vulnerable to her sister-in-law is met with rejecting silence and betrayal of her trust. That experience is a description of being shamed. The result is a physical illness that illustrates embodied shame. In context with the experience of being

invisible, when she broke silence to let herself be seen, her sense of security in relationship with her brother dissolved.

The controlling behavior of secret-keeping is consistent with the energy of shame that hides and causes others to turn away from it (H. B. Lewis, 1971; Tangney & Dearing, 2002). It is also consistent with the experience of feeling secure at the price of being invisible. The first thing another participant asked when I turned off the tape recorder was,

> *Participant voice*: Did I make good eye contact? That is something I had to teach myself. You will not die if someone looks at you. I became aware that I couldn't look at people, or I didn't want to see them looking at me perhaps is more accurate.

Not only invisibility to others, but being invisible to self is an experience heard in John's voice: "[wife] will say time to time you know 'what do you really want to do?' You know and I'm, my comeback is mostly I don't know, I don't know what I want. I have no idea." Randy's voice echoes the weight of being invisible to self and others. "You know when you spend your whole life trying to be what someone else wants you to be [pause] it's pretty exhausting. [Whispers] Yeah." Another participant connected an experience of literal blindness with not wanting to see her life reality:

> *Participant voice*: I was working with a therapist at that time, and she said to me, "Yeah, but what would Perls say? What's the gestalt of this?" And I said, "Oh, well now that you ask it's become clear to me. I didn't want to see the fact that I was gonna be a divorced person."
>
> K: That's interesting.
>
> I didn't want to see it. [Pause] So I just had retinal detachment.

Sacrificing authentic self for security in secret-keeping, being invisible, was experienced by another participant as "I've been robbed of my authentic self." She

explained this as a lifelong line of action extending into her current sense of world

community.

> *Participant voice*: [O]nce again that was an undercurrent that was always there in my family. And nobody talked about it. You know it's those secrets that, that really got ya' [laughing]. What I've decided is that I've had trauma my entire life. [Laughing]. . . . I think that there's a thread that you know [pause] runs, and I don't know because it may, I know so many people who tell me their stories. And it seems to me as if everybody has trauma. So it's like this, that there's this thread that runs through people, through people's lives and it seems to me that it especially in this era, in the, that we're, our world is trauma based. [Coughs] And so it's very difficult to escape it. And the thought, it's interesting the thought came to me that the world, I wrote it down, the world doesn't support the authentic self.

> Consciousness of an authentic self lost was common to the interviews.

Connecting with and learning to trust a separate authentic self was commonly described

as part of spiritual development. These 12 participants shared the difficult therapeutic

process of turning to face the reality of a separate authentic self followed by an ongoing

struggle to remain in relationship with a separate authentic self. An authentic self that

struggles to trust a controlling self and a controlling self that struggles to trust an

authentic self is the result of the betrayal of self at the core of the survival construct.

> *Participant voice*: I had to do lots and lots of therapy to be able to take that very, very useful, you know, part of me, the survival . . . . And put it on a shelf to have more compassion come out. Without killing it, if you know what I mean. But that was extremely hard to do because when all else fails that part kicks in. It, that part was to keep me alive . . .

> *Violence against an innocent self: Powerlessness and rage.* The novel viewpoint

explored in this study is that irrational self-blame specific to the traumatic event is an act

of violence against an innocent self. As illustrated above, results show irrational self-

blame specific to the traumatic event at the core of this survival construct emerging

through maladaptive guilt as inability to forgive self. The controlling belief most

common to these 12 survivors is inability to forgive self, which appeared veiled as either

inability to trust self or blaming self for unfulfilling or failed relationships. Because

inability to forgive self was such a prominent feature of the interviews, several examples

follow:

> *Participant voice*: [W]e handled the grieving process horribly. I'm not sure there is a good way to do it but we made every, about every mistake you can make. [I]f he [son] would have been allowed [laughs] allowed to openly grieve. Now he has acted out in ways that he doesn't even understand. That's what we're, you know, what I'm able to understand. So the guilt of that, you know. But it, and the shame of that is still lays [plays?] with us still, you know, we still deal with that.

> *Participant voice*: All, everything has changed. Because of my health stuff. And that's been the hardest thing for me. And I think I still struggle with accepting myself. . . . Because right now I just can't do it. I just do minimal stuff which is total, you know, totally opposite of any way, the way I've ever been. And that's hard for me. To allow myself to be where I am right now. And I get angry at myself.

> K: How do you understand God? Or how would you describe your relationship with God?

> *Participant voice*: Probably that I won't measure up [voice breaks]. I mean, I figure, you know it would be sort of OK but I don't trust that I have no sense of trust at all [sniffs] that it's going to be OK. . . . [T]here's gonna be a room for bad people. I mean there's a room for evil people. I don't think I'm there. But there's gonna be you know somehow a place for people who didn't kinda get it [sniffs, voice breaks].

> *Participant voice*: I dropped out of college at a year, after a year and a half. And as, and then I applied the label to myself of college dropout. And that was hard. Now, in fact I went right back to school to another school and I graduated in, in 4 and a half years so, but I still put that label on myself. . . . Failure again. Failure again. And it was not 'til I was [pause] 40, and I took an IQ test . . . I came out on this test with an IQ of 126. And it was at that moment, I was [loudly] 40-years-old and I said to myself "That's it. That's why you didn't fit in. It wasn't because you were dumber than everyone else." [Laughs]. Now think about it. And I read voraciously and I didn't make straight A's but just about, and tests weren't a problem. I didn't have test anxiety and when we had a test I was always the first one done. And my grades were always good [laughs]. Gol, [big smile and laugh] you were a little slow puttin' that together, girl. [Laughs].

Participant voice: I absolutely fell apart. I was completely irrational. And accused [spouse] of everything. Un- that I could think of. And drug out every slight that [spouse] ever committed. . . . And it took a while, a couple of hours for that to blow through. And then finally [eyes closed] I [pause] came back to my [chuckle] natural or right self. My right self. [Whispering something unintelligible] You, you were out of your mind. You were out of your mind. But I knew and I knew what it was. I knew that I had flipped back into a childhood thing of rejection and abandonment and [pause] not loved 'cause I wasn't good enough. And I knew that. And yet I sometimes inside isn't enough. Sometime, [sounds in throat like words stuck] I'm sure you've experienced that in counseling. You've had [laughing] a client who had really good insight but they still do stupid things? Well, I had really good insight but I was still doing stupid things.

Participant voice: I think the whole you know I think the marital problem in the first marriage. . . . The marital problem in the second marriage. [T]here must be something wrong with me that I can't solve this problem [Laughs]. I think it's my whole problem.

Participant voice: [Y]ou know there was this thought for those 4 hours that because I couldn't pray my child was going to die.

Participant voice: I think that that's a pattern that I've developed. . . . So when these situations happen. There's a tendency for me to you know have self-blame. Although I try to fight it. You know and I think it's mixed up with identity. I'm thinking what we said earlier about you know losing your identity based on trauma. . . . Yeah. I [pause] blame myself [pause] yeah it's like you feel like you're never good enough. . . . Make the world a better place [laughs]. It's like you never quite have enough.

Participant voice: [I]t was thyroid cancer and it's the throat and it's the, you know speaking up and having a voice so it's part of me to blame my self that had I been a better wife or a different person.

Participant voice: I'm always sorry. I'm sorry you know me. I'm sorry you had to get involved with me. I remember when my husband and I were engaged. I gave the ring back and said, "Get out. Get out while you can." And he goes, "What are you talking about?" And I'm like, "Get out because I have so much stuff to do. I can't explain it. All I know is it's just like, I'm a mess and you don't need or want to be connected with me."

Participant voice: [A]ll my girlfriends say to me, you know [pause] "I look forward to the day when you don't have to explain yourself anymore. Or you're not apologizing for yourself. Or making excuses for other people, for their behavior." . . . I think I still do a little bit. It's one of those things you kind of watch yourself. And I'm, I imagine I would have done it and I will do it again. I

won't do it nearly as often or nearly as intensely, but I think it's a core, it's a thread, it's a part of who I am.

Participant voice: [Spouse] was quite upset through the rest of the 10 day vacation. Of course, I beat myself up and took all the blame upon myself for [spouse's] agony.

In survival, controlling beliefs and behaviors as acts of violence begins with controlling rage and powerlessness in self. My theory claims irrational self-blame empowers powerlessness with an illusion of control based upon the premise that "If I caused this trauma, I could have prevented this trauma." Consistent with trauma literature (e.g., Bard & Sangrey, 1979; Cascardi & O'Leary, 1992; Janoff-Bulman, 1992; Joseph, Hodgkinson, Yule, & Williams, 1993; Kubany, 1994; McNeil, Hatcher, & Reuben, 1988; Miles & Demi, 1991; Resick & Schnicke, 1993; Spaccarelli, 1994) all 12 participants recounted trauma histories that included either conscious or unconscious irrational self-blame specific to the traumatic event. "Shame-rage, hostility [that] is quickly directed back upon the self by guilt" (H. B. Lewis, 1971, p. 198), emerged in all 12 interviews. Inability to forgive self manifested as hostility directed at self and others in "the phenomenon of having emotional reactions to one's emotional reactions, which may become a closed loop" (Scheff, 1987, p. 112), the shame-rage spiral. One participant described hostility directed at self for failed relationships,

> *Participant voice*: [T]he relationships failed and because . . . . They would tell you that they love me, but that I'm aloof and I'm too independent. And that somehow that makes it very difficult for people to want to stay, or to be close to you, to me, to be close to me. . . . I feel badly about that. You know I would like to be a softer person. Enough that [pause] you know [voice trails off] And it's the harder men that are, the more aggressive and intrusive men that are comfortable in my life. That, you know, they're the ones who want to stay in my life and those are the ones I back away, you know, those, I back away from them. But, um [voice trails off].

Another participant directed hostility at self and at others for maintaining an unfulfilling relationship.

> *Participant voice*: [T]here's [long pause] a real sense of abandonment. And I'm not getting any help at home. You know it's just everywhere I turn there's no, there's nothing I can run to. I mean I know I can run to God, which I know would be the place to go but [pause]. . . . But [chewing lip, pursing lips during a very long pause]. I guess I'd really enjoy having [spouse] involved in my life and I don't think that that will ever happen. And that's tough. . . . Yeah I'm pissed at myself and God. Pissed at [spouse], just [pause] pissed off.

Hostility directed against self also appeared in descriptions of self-destructive behaviors in service to maintaining an unfulfilling relationship.

> *Participant voice*: I see the relationship as abusive. When somebody withholds intimacy and passion, that's a form of abuse. I feel like I've done all I can to help him, to help the marriage. I've made sacrifices. For example, because my Mom was financially dependent upon my Dad I grew up never wanting to be financially dependent on a man, but I gave up a job . . . to try to balance our relationship, because I made more money than he did. I felt like it would help his self-esteem if I made less money and was dependent on him. What happened was he just got more depressed.

Participants described outbursts of hostility motivating them to seek therapy. They also described the therapeutic environment as a safe place where they could discharge rage for the first time.

> *Participant voice*: I remember, again, not having the tools, being so angry and so many years of layer after layer after layer built up in my soul. Getting, standing up and taking the chair that I was sitting in and throwing it across the room. I'm [laughs] and I'm, [laughs] I would love to see the expression on [therapist's] face when I did that because it was just [claps hands] instantaneous [pause] wham!

After gaining insight, participants were also aware of an ongoing struggle to contain hostility.

> *Participant voice*: So instead of being absolutely enmeshed to my feelings? You know it's to have some distance and to be able to observe them. Now, it's ironic because I had to go through years of getting in touch with my feelings. But yeah I got in touch and enmeshed. [Pause]. I was my feelings. I was my thoughts. But it would go from "I'm pissed at you, I'm angry. I'm this, I'm that." You know. And

it's something that I really have to work on and it gets out of, it gets away on me occasionally. . . . So it's lurking in the back. Yeah but you gotta understand its purpose was not to hurt me but was to protect.

Splitting as the function of a trauma bond. This participant's awareness of something "lurking in the back" that hurts and protects supports a primary claim of my theory that shame fused with guilt (H. B. Lewis, 1971; Tangney & Dearing, 2002) forms an emotional trauma bond. Cycle 4 lenses revealed this trauma bond to be a learned functional neurosis (Dollard & Miller, 1950) at the core of a survival construct that works to keep an empowered ego safely split off from vulnerability associated with intolerable fear.

> *Participant voice*: And, so, then I say to people, "Yes I will pray for you." But then I don't say to them "but I'm not really sure why." [Laughs] However, [pause] there, those things are familiar and comfortable and they bring comfort and peace and I'm good with that too. You know if I—religion is the opium of the masses [nodding her head] and I like opium. [Laughs] Yeah. So there is, there are some things that I do that I don't believe in on an intellectual level, but they're old and comfortable and familiar and I'm good with that. [Laughs] We're just so inconsistent, aren't we?

The approach-avoidance dynamic with vulnerability emerged in all 12 interviews. Often, the parallel process I observed in my participants as they recounted their trauma histories within the in vivo context of making themselves vulnerable to an interview was striking.

> *Participant voice*: Because when your world is shattered none of the rules [voice breaking] apply. So, I believe [I] was just trying to make [voice breaking] sense of my world. [Sniffs] And we need to be done. How many more questions are there 'cause I'm really falling apart.

> *Participant voice*: And all that came from those lessons that I learned *really* well.

> K: From your Mom.

> Oh yeah. [Whispers] Yeah absolutely. Let's move on.

Immediately after turning off the tape recorder I asked another participant how they were feeling. The response was, "I'm fine. I just go back into my avoidance nature. You can't do anything about these things." This parallel process of the approach-avoidance dynamic with vulnerability experienced as intolerable fear was also reflected by 2 participants choosing not to receive a copy of their transcript and 1 participant leaving a message and avoiding further contact for the 48-hour follow-up interview.

My graph of the Cycle 4 *Shift in Theory* (Figure 2, p. 186) uses arrows in an infinity sign to depict approach-avoidance of vulnerability associated with intolerable fear rather than the two crossing lines of Dollard and Miller (Figure 1). I chose that symbol advisedly. Even though the experience of being stuck in Cycle 2 shifted to movement in Cycle 4, participants did relate feeling trapped in the perpetual cycle. As one participant said, "I hate going over and over this. Nothing changes and I am sick of it." Another participant related this experience as, "I get some insight and feel I'm finally getting it together. Then it's like I'm riding my bicycle on smooth pavement and all of a sudden the pavement turns to mud and I'm bogged down again." A third participant related the experience of being trapped as, "I can see suffering as part of life, but I sure wish it could be different. There's got to be a place where people live that doesn't pull you down all the time." A fourth participant described a compulsive behavior that, remarkably, is an embodied mirror of approach-avoidance dynamic:

> *Participant voice*: And I found myself [pause] carrying books downstairs, no idea why I was doing it. By the time I got downstairs I said "This is ridiculous." I carried the books back upstairs. And then I felt compelled to carry the books downstairs. And this happened like seven, eight, nine times.

> K: OK.

And I just feel like something's out of whack. I don't know what but I can't control this. I've got to carry these books downstairs [laughing]. Why am I doing that? It's ridiculous.

Dollard and Miller (1950) state that, "At the point where the two gradients cross, he should stop" (p. 356). Placing the word "but" at the point where the two gradients cross on my graph (see Figure 1) indicates the onset of weight and weariness where my Cycle 2 lenses anticipated stopping or being stuck. Stuck then becomes an experience of what the participants experienced being stuck with—— perpetual guilt as maladaptive guilt via controlling beliefs and behaviors that generate a "bad" self.

> *Participant voice*: Maybe I am [pause] gay and not [pause] but I don't [pause]. . . . but I think I, you know I had moments of panic when I thought I would be discovered or something . . . just the whole sexuality is always something that [pause] I don't know that we ever, do we ever let loose of that? I don't know that we do. . . . I have established a wonderful accountability partner. [Pause]. [Y]ou know we just if I slip I call him and we talk it through and . . . he's kind of like a priest in the confession I guess. . . . So I think I deal with it by accountability. And knowing that I [sigh, pause] I can't not deal with it. I have a commitment to deal with it. You know when I have, when I slip a bit . . . I've had a couple of times when I've gone onto the internet to peruse. It, you know that's not perfect, it's not a good thing to do. And, yeah, so when I'm, when I get into that mode I feel I've had blame. I think that's not blame. I don't think that goes back necessarily to that trauma. I think that goes to [pause] you know this is not a good, healthy thing to be doing. I think it's just a healthy [pause] conscience saying you know "you've just gone somewhere you shouldn't be. So what are you going to do about it?" So, try to make amends and . . . that seems to work.

This shift in the functional neurosis as described by Dollard and Miller, from being stuck to movement, may also reflect the spiritual maturity of my 12 participants. These are individuals who have received professional help and who have worked for years to gain insight into their traumatic experiences. I anticipate that replicating this study with younger survivors and with survivors who have not received help gaining insight into traumatic experiences will reveal a gradient consistent with stopping where the two gradient lines cross. In terms of a traditional psychological assessment, I

anticipate that the greater the pathology in the functional neurosis the more an individual

will present as "stuck" or stopped.

Vulnerability. Vulnerability associated with intolerable fear as a separate world

split off and perpetually related to as either a source of nurturance or a source of hurt was

consistent throughout the interviews. One participant described the agony of the approach

attempt:

> *Participant voice*: [B]ut it's only by raw, white knuckle faith [deep breath] that I
> you know [groping for words] can talk to God, by, you know in prayer or writing,
> [deep breath] you know an internal dialogue or monologue whatever it is
> [laughing].

The function of a trauma bond to maintain the split from vulnerability

experienced as intolerable fear is illustrated in the following excerpt:

> *Participant voice*: Probably that I won't measure up [voice breaks]. I mean, I
> figure, you know it would be sort of OK but I don't trust that I have no sense of
> trust at all [sniffs] that it's going to be OK.

> K: With God.

> Yeah, there's gonna be a room for bad people. I mean there's a room for evil
> people. I don't think I'm there. But there's gonna be you know somehow a place
> for people who didn't kinda get it [sniffs, voice breaks]. So [very softly]. I don't
> know. I don't know. I don't know. So I like being an Episcopalian because of all
> of the words they say. . . Yeah, especially the [sniffs] you know, prayer C and
> some of the other stuff. I figure intuitive—I was raised in the Presbyterian
> Church. Cradle Presbyterian. And it's hard for me to even walk back into a
> Presbyterian Church because there's too much power in the local. There's too
> much and I don't like that at all. [Sniffs]. . . .

> Its allllllll vested right there and that's terrifying to me. I don't want a Pope, but I
> don't want it all vested in the local stuff. So that's impacted, there's noth—church
> has nothing to do with God, I don't think. [Deep breath]. But it does have to do
> with how you try to relate to God and that's a whole different deal if it's a
> communication tool. You know it's very difficult for me to walk into a church
> other than an Episcopalian church because I get that. It's like a princess phone. I
> get it. I understand how it works. And I know that it's [pause] got me
> communicating the way I need to be communicating and there's some protection
> because there are bishops and there are people who [pause] flawed though they

may be they [pause] you know there's some checks and balances there. So, I like that. . . .

And so if I see the church as a communication tool, I don't want you know I don't want it to be a baby Bell, I want it to be, you know, Verizon, MCI, and the whole, you know, and so I see that safety in that. [Sniffs]. In the Episcopal Church. You know it is big, it's horribly flawed but it's not God. It's just a tool. So, you know I feel comforted there.

This participant did not name church related violence or trust betrayed by clergy in her trauma history. The response illustrates a shattered trust schema and a survival world based on a functional neurosis of control generating maladaptive guilt. The trauma bond is visible in the security of perceiving church as a communication tool at the price of separation. Safe church is separated from an untrustworthy God. A self judged as "bad" is separated from God. A vulnerable self is separated from untrustworthy others in an untrustworthy church.

At one amazing point in an interview, a participant saw the avoidance dynamic in her spiritual history and pointed it out to me.

Participant voice: Well if I think about the fact that I've had trauma my whole life. New awakening [laughs]. Then I can't help but see how things have moved spiritually in my life. You know I was very close to organized religion. . . . So you know I've moved from that to what some people call Native American spirituality although that always kind of grates me a little bit. Because for native people everything is spiritual. You know it's a nonduality state of being. And so there's a part of me that you know embraces that. That no matter what happens to us in our life that it is happening because there's something we're to learn from it. It's teaching us. And you know sometimes I get the signs wrong [chuckles] and sometimes I get the teaching wrong [laughs]. And when I do it just comes back and revisits me again. [Long pause].

K: All right. [Very long pause]. Are, are you thinking?

Well yeah, I don't know what else to say about that.

K: Well going back to what you were talking about how you have a creator God, I think this is how you put it, and how do you reconcile all the trauma in your life with this sense of a creator God? And how difficult that is or was for you.

Well if you deny that you've been abused. Or you deny that your whole life is full of trauma. I'll tell you this is a new awakening, to get to that point. Then I guess your mode of operating is denial. And so that makes it easy to have a relationship with creator. You know because you say "Well these things are just here to teach me" and you know it's not that you know creator is making sure that they happen and not being a source that is making sure they happen to me. . . . Well you know my native community is very unconditional. And it's very loving. [Coughs] And accepts everyone no matter who they are. And there's a collective nature about it, you know, which in some ways it's like trying, I mean if I look at the psychological aspects of my personal life I say, "Well it's the reestablishment of the family that I didn't have." You know and it [pause] some people think that in native spirituality it's that you are the center of your universe. But actually creator is center of your universe. And you, everyone, revolves around creator which is in the center of the circle. And that includes nature. And for me nature is a source of spirituality. You know if I'm upset I'll go outside. And I think for me that I've chosen to concentrate on the positive things rather than the negative things in life. Almost, I'm thinking right now, almost in that sense of denial.

Another participant who experienced church as a safe haven from traumatic experience throughout life voiced distrust of God. A shattered trust schema replaced by a survival world based on a functional neurosis of control is visible in this belief in God as nurturing contradicted by a description of controlling behavior.

Participant voice: And so as I journeyed through, well, [pause] this difficult stuff, you know, that's the world we live in, but you know, but God was there nurturing me. . . . In the moment, yeah. In the moment and even now if I'm faced with something difficult [pause] the first thing that I think of, first thing that I do is not talk to God about it. It's up to meeee to do it [smiling]. OK. It's up to me to do it. OK. And, I, you know, I acknowledge that. Then [laughing] after all that settles down [laughs] again, then you know I'll look back and, and [voice trails off].

In the context of movement along a gradient of approach-avoidance with trusted vulnerability as a "home" both longed for and feared, this participant choosing the image of "looking back" is poignant.

Maladaptive guilt. After the trauma bond of shame fused with guilt forms, my theory states that maladaptive guilt sustains the safe split from vulnerability experienced as intolerable fear. In the approach-avoidance dynamic, at the point furthest away from

vulnerability experienced as intolerable fear, maladaptive guilt becomes an intolerable

weight. Participant voice, "I became weary from trying and trying and trying and, and not

be, not being able to change things."

> *Participant voice*: I know I wrestle with that partly out of shame. I want to be
> liked. But when people call your moral integrity into question, they'd better be
> ready [voice trailed off and he didn't finish the thought]. . . . Maybe I am the
> reason for the problems. I get tired. When you get tired, you probably don't have
> a big backbone. You don't want to enter the big fight. So, maybe it's all true.
> Maybe I am at fault.

> The results of this study show that in relationships with self and others,

maladaptive guilt manifests in controlling beliefs that generate both subtle and overt acts

of behavioral violence. Among these 12 participants, overt acts of violence occurred

chronologically closer to the traumatic event in either childhood:

> *Participant voice*: I was kind of like the caretaker role and I didn't wanna you
> know upset the vacation and I knew my Dad would be like really upset if we had
> to go home. And so I didn't tell anyone and by the time we got home my infection
> was so bad that I remember sitting on the sofa and my eardrum bursting. And
> blood and pus just coming out my left ear.

Or in young adulthood:

> *Participant voice*: [F]ell in love. That's the reason I took off for California.
> Because she told me on the first date that she was going to move to California in a
> few months. She did. So I followed her out a few months after that. And we were
> together for [pause] 16 years until that story I told you about the knife. That was
> just too much for her to handle and I don't blame her.

> *Participant voice*: I became a punisher like my father. I feel like all my kids, I had
> a whole theory, you know stuff that I read around not hitting your children with
> your hands. And so I had rulers and spoons and, but I feel like the dynamic was
> punitive in a way that was clearly [pause] I would not want to do that again in
> terms of discipline. I feel like [pause] I acted out on my own kids the same
> abusive dynamics that were acted out on me.

From young adulthood to the present, subtle acts of violence in controlling

behaviors manifest in these interviews as passive-aggression resulting from security via

avoidance of vulnerability.

> *Participant voice*: Intellectually I'm OK with God. "You've brought me to this mountain. I really don't want to climb it. You know I'm tired." . . . And it's like, "Boy, to do this what you're asking me is to do more work than I've ever done and at a time in my life when I'd really like to slow down a little." I don't see how I slow down. See what I do is I slow down anyway. [Pause] You know I just [pause] that's probably how I show how pissed I am. I slow down. I don't care.

Unconscious rage may at one time have also been a factor fueling passive

avoidance.

> *Participant voice*: With friends, I was in safe relationships. I was always in safe relationships dating. OK. Very safe relationships where there really didn't have to be any conflict. If I saw any conflict on the horizon then I probably just, [pause] wouldn't call anymore [soft chuckle].

Among these 12 participants however, awareness of and insight into the violence of

controlling behaviors indicates a level of consciousness that could have discharged shame

related rage.

> *Participant voice*: I wouldn't get close to people. . . . [I]n essence I rejected them before they had a chance to reject me. . . . It was kind of a, [pause] pulling away and just letting it go [both hands flowing gesture]. Letting go of people. Not nurturing a relationship. Like those poor plants upstairs who, that don't have any water . . . . If I don't go upstairs and water those plants they're gonna die. Now it's not that I am violently killing them. I'm just withdrawing.

> K: And you see yourself having done that with your closest relationships?

> Absolutely. Every one.

Where the weight of maladaptive guilt becomes intolerable at the point furthest

from vulnerability experienced as intolerable fear, an avoidance-avoidance competition

can form.

The situation in which an individual is forced to choose one of two undesirable alternatives [vulnerability or maladaptive guilt] . . . since the strength of avoidance increases with nearness, the tendency to avoid the near-evil (X [vulnerability] or Y [maladaptive guilt]) will be stronger than that to avoid the remote one. But eventually he will be nearer to the other evil (X or Y). Then the tendency to avoid (X or Y) will be stronger and he will stop and turn around. (Dollard & Miller, 1950, p. 363)

Dollard and Miller go on to say that, "unless completely hemmed in, the subject should escape from an avoidance-avoidance choice" (p. 365). This turn happens at the point furthest from vulnerability experienced as intolerable fear when "the subject will be more strongly tempted to do things which frighten him. Stronger fear and conflict will therefore be elicited" (p. 361). In my theory, turning around is the attempt to offload maladaptive guilt and approach vulnerability. At that point the avoidance cycle is perpetuated.

Participant voice: [A]s I make myself vulnerable I feel very much threatened and start pulling apart, away emotionally. So what it is, is close distant, close distant. So I try to run it at something that is more moderate. But [clears throat] you know I'm guarded. I'm just very guarded.

Participant voice: I've gone to every imaginable thing over the years, but most recently Presbyterian churches, Episcopal churches all the way to [sniffs] these Assembly of God where people are praying in tongues and interpretation of tongues and admonition [tapping finger on table to punctuate words] and every form of praise. Dancing on the pews and every imaginable thing. [sniffs.] Whatever. And all of 'em, you know, supposedly that's [groping for words] being in relationship with God and I'm not saying it's not because for them it may, but for me it leaves a lot [sniffs] to be desired. It's more like a show in the assemblies place and then in the others it seems to be so dead. You know, and yet I don't know, I don't know where I'll feel, if I'll ever feel a sense of place [pause] again. I don't know.

Feeling "completely hemmed in" at the point furthest from vulnerability was also an experience voiced in the interviews.

Participant voice: [R]esigned to in this case to the marital situation resigned to the fact that this has been a part of my life and no matter what I've done—I can't

seem to change it. And that it is probably never going to change and that I have to learn to accept it or leave [laughs].

K: [Laughs] That's not funny but you laughed. So what I'm hearing is you're resigned to the, would you call it lack of intimacy?

Yeah lack of intimacy and passion. My poem the other day was "Without intimacy and passion one day is like every other day."

Shame as embodied trauma. These 12 survivors described the universal schema of trust being shattered (Baier, 1993; Goleman, 1985; Janoff-Bulman, 1992) and replaced by a functional neurosis of control that works to keep an empowered ego safely split off from shame experienced as powerlessness and intolerable fear. As seen through both the embodied shame lens and the approach-avoidance lens, the results of this study are consistent with the psychological phenomenon of splitting.

Participant voice: I know shame and guilt have to be in me somewhere, but do you think I can feel them? [She looked at me and laughed. Then she looked away and said, wistfully] Some part of me must still be in there [and her voice trailed off].

Splitting in context with the physiology of brain freeze was also supported by the results. Shame as "stuck" embodied trauma emerged in the Cycle 4 embodied lens in three ways. First, cognitive-emotional splits that reflect the split between durational time and chronological (Langer, 1997) time were commonly verbalized.

Participant voice: I would not react for maybe an hour or so. I mean I would take it in. I would be conscious. You would think that I was and say "Wow, he is really good," at control, you know, handling it. And it's just that it really wouldn't set in you know. . . . I mean it's sort of like I go through this whole thing but sometimes, you know I say an hour, might be 5 hours or a half hour. But later then I really, it hits me. . . . [Y]ou can't react [chuckle] a lot of times the way you want to feel. . . . [I]t is just so disheartening, it is so crushing you can't, you know. It's better to manage it in your mind and intellectualize it. Than to let feelings out. So it's hard to let the feelings out. Still. Easier than it's, you know it gets better because I can talk about it to a, you know but I'm saying even today it's just, I think it's so ingrained. Because I didn't learn this at 25. And you know I think I've learned it so early my body has just, it's just so a part.

Second, splitting was observed in verbal references to the brain as unable to perform adequately. "I just don't know how, I don't know if I can get my brain around it enough to verbalize." Another participant said, "This is so hard to relate. I wish I had a lobotomy that would have eliminated this from my memory. . . . My brain feels [grabs head] like it needs to be readjusted now. It feels agitated." Third, as illustrated in excerpts throughout this dissertation, head related gestures, cognitions suddenly trailing off, and losing track of the train of thought were common, nonverbal embodied behaviors.

That the energy of shame is to hide and that it hides in body (H. B. Lewis, 1971) was reported as an intuitive insight during the course of the interview by 1 participant.

> *Participant voice*: I do not know that I have ever had a lot of consciousness around shame. But it may well be, kind of hearing what you're saying, that the bodywork has been addressing that in ways that I just have not even known. I just know that I feel good. I have taught [laughs] this is interesting, I have taught a couple of different therapists. I almost never have a male therapist. There are, I think, clearly dynamics for me. I have had a couple but I prefer to be worked on by a woman. . . . [N]ot interpersonally but bodywork in particular. I mean I'm aware that my trust factor [voice drops] and sensitivity is, I don't for the most part, [voice resumes normal tone] I mean I have to meet the, [voice drops to whisper] I've met some extremely sensitive males but I'm just [voice resumes normal tone] I'm aware in kind of what you're saying about shame that [voice drops] I'm just not very ashamed. [Voice resumes normal tone] Conscious of being ashamed. Of it, of somewhere in there this idea of my whole body, my backside, well you know, so much of persona is backside and having my back worked on. Somehow I'm much more conscious of my backside.

Whereas the experience of being "stuck" anticipated in Cycles 1 and 2 shifted to movement in Cycle 4 as discussed above, Cycle 4 lenses also clarified that being "stuck" is an experience connected with embodied shame. The interviews reinforced literature addressing shame as trauma "stuck" in body.

> *Participant voice*: I could tell that I was releasing [pause] the residue that was actually in my body. From that trauma you know from the various traumas.

[Pause] But it's feeling like it's there [laughs]. I just filled up again. It's almost like it's anything will trigger, retrigger it? It's never completely released.

Reno Guy was the exception to the rule as far as constant movement. Although his face was highly expressive, he held his body very still throughout the interview. I interpret this as due to his history of seizures, the traumatic experience of losing control of his body.

The results also support literature addressing humor as a method of discharging embodied shame. As observed in many of the excerpts, frequent laughter, both congruent and incongruent, commonly occurred throughout the interviews. Manic laughter also manifested. I noted, "At this point she began a manic laughter, on verge of being out of control and tearful, and asked that I turn the recorder off again. She said, 'This is what I do to cover . . . .'"

The premise that shame is an experience of severe trauma is supported by the Cycle 4 lenses that clarified embodied trauma as the background upon which the approach-avoidance dynamic with vulnerability manifests. Embodied trauma was such a dominant feature of the interviews I have included all the embodied segments (Appendix G) from the 12 interviews.

> *Participant voice*: And it only inflames every once in awhile and it's very interesting because I sometimes when I'm real tense or whatever that'll flare up and other times my head, I mean it's so, I'm very conscious. I tell everyone I am definitely a hypochondriac. You know [laughing] I just definitely, 'cause I mean the difference of tension and I mean the difference, there is no difference it seems like it's interchangeable between what's going on outside and in my head and in my body. I mean it's just but I probably would add to that a reason for that is because it's hard for me to let out my feelings.

Participant relationships with their bodies and lifelong efforts to come home to and stay in body are there to see. The powerlessness, the weight of maladaptive guilt via control, and the weariness are clear.

> *Participant voice*: I can't proc—my thinking feels like it's just tangential, all over the place I don't feel [deep breath] sequential anymore and everything and I feel like my apartment symbolizes my psyche, my soul just all over the place nothing in order, nothing intact. You know, the diabetic piece that now I have to deal with I feel like, "Oh, my God one more thing that is out of control in my body and I [emphasis on "I"] have to be responsible to control it" [voice becomes shaky] you know and I, it's all I can do to go to the store much less think about "I can't eat this, I can't eat that." I get angry because it's; it feels like it's too much. It's too much. Everything, life is too much. Now, that's where I am [long pause]. I don't know. I don't know why I'm there.

I see body home lost and regained as a physical, empirically visible mirror of the survival construct explored here. When the universal schema of security dependent upon interpersonal trust is shattered and becomes a separate world both longed for and feared the body becomes a separate world as well. Because of the instantaneous unconscious embodiment of shame (H. B. Lewis, 1971) in an experience of severe trauma, home in body is a core loss. Specific to the traumatic event this loss of home in body remains stuck in durational time (Langer, 1997) with irrational self-blame. That trauma bond then manifests in chronological time (Langer, 1997) as unconscious, habitual acts of self-inflicted violence. This phenomenon can be observed in a participant's retroflection, "I became obese as a child. You should see my fifth grade picture. A blimp. I looked *terrible."* Struggles with addictions and overcoming body to regain health reflect this trauma bond relationship with body.

> *Participant voice*: I remember having to stop two or three times on that trip . . . with terrible diarrhea and colitis. Just that awful panicky feeling . . . And I think it was probably about that summer when I said to myself [pause] "I am not gonna succumb to this. I am not gonna do this." And every time it would happen to me . . . I just abhorred it and I knew what it was. I knew it wasn't natural and I knew I

wasn't gonna let that rule my life. And little by little by little, why, I overcame that. Just by sheer grit and determination. That was very difficult.

Participant voice: Two years ago I was warned by my doctor that my weight and cholesterol were high so I began to cut out sugar. I became aware of this whole addiction piece around ice-cream. Clearly I have an addictive personality. If I find something I like, I don't do things halfway.

Therefore, the amplification Cycle 4 brought to embodiment lends support to therapeutic interventions that make body-oriented work a primary avenue into gaining insight and reclaiming the foundational schema of interpersonal trust shattered by trauma. Reclaiming a foundational schema of intrapersonal trust through a nonviolent relationship with body could be a necessary first step to reclaiming a world of interpersonal trust.

Clinical Implications

> O the mind, mind has mountains; cliffs of fall
> Frightful, sheer, no-man-fathomed. Hold them cheap
> May who ne'er hung there.
> —Gerard Manley Hopkins (2006)

First and foremost this survival construct is an ego defense mechanism that works and has been working very, very well since the dawn of time. Without it there would be no survivors. Letting go of the security this survival construct provides is extremely difficult. In the therapy setting, it demands excruciating honesty and hard work from both the survivor and the professional caretaking a trustworthy therapeutic world. Shining a light on shame, on what hides in the darkness of survival posttrauma, is terrifying because terror is what put it there in the first place. That does not mean, however, that what we discover will turn out to be "bad." Like the monster toys in the movie *Toy Story*, those discovered hiding under the bed made up of broken pieces, what resides in the underworld of survival can become the friends that help to set us free.

Unraveling this extremely subtle trauma bond at the core of survival is critical because problem ownership is the bedrock of successful therapeutic interventions. There can be no problem ownership without guilt acting as a moral guide. Looking at irrational self-blame as an act of self-inflicted violence dictates a paradigm shift. My theory accomplishes two changes in the traditional treatment of that belief construct. It places irrational self-blame specific to the traumatic event in the foundation of problem ownership. That shift changes the primary focus from the cognition to the behavior. This subtle move from cognition to behavior shines light on the precise moment in time when the survival construct began to form around the need to be at fault.

Illuminating the subtle difference between illusion and reality in maladaptive guilt provides a therapeutic window for a survivor to turn around and face "the momentary lethal impact of shame on the self" (H. B. Lewis, 1987, p. 1). That moment sets guilt free from shame with the clarity that, "I am not guilty for what happened to me. I am guilty for blaming my self for what happened to me." Once a survivor can acknowledge and forgive self for the violent act of irrational self-blame, problem-ownership for controlling beliefs and behaviors that violate self and others can begin. Guilt set free from shame empowers a survivor with moral choices. Will I forgive or not? Will I apologize or not? Will I continue to believe this or not? Will I change this behavior or not?

This study challenges the assumption that empowered choice remains intact and accessible to survivors of severe trauma. My theory claims that when the functional neurosis of control replaces the universal schema of trusted vulnerability, choice becomes enslaved to meeting the need for security. The results of this study support that claim.

> *Participant voice*: For most of us, even when we clearly saw this through psychotherapy, we hesitated to let go and choose for ourselves—authentically.

being aware of and taking full responsibility for one's choices and actions is very, very scary when one is not used to doing it. We were not comfortable taking responsibility for our choices, because if we were wrong, we felt out of control and guilty.

Before the universal schema of trusted vulnerability can be restored in survivors, professionals must be able to recognize when security needs are dependent upon a guilty self. Otherwise, therapeutic interventions that focus on survivors accepting responsibility for failed relationships with self and others can easily become just one more layer of maladaptive guilt to support the survival construct.

> *Participant voice*: So, is that anger? Or guilt turned in? Or is it a little of this and a little of that? I don't know. I just know that I live with chronic illness now. And I've [voice breaks] you know been in counseling . . . exploring all kinds of things and I [long pause]—The main anger I have is that I don't understand [tears, whispering] how much [voice shaking] . . . does God expect me to bear? [Laugh, sniff] . . . I just can't live with the [sniffs] judgment that I haven't [voice breaks] dealt with [sniffs] my [trauma] and that's [voice shaking] the reason that I keep having one thing after another happen with my body [sniffs] because I have prayed. [Sniffs] And talked [voice breaks] and written and asked God to show me, you know, anything [voice breaks, crying, sniffs] that I'm not—being conscious of or holding back. You know I feel like I've [sniffs] tried to be out there with the reality of what the things that I—happened in my life, my choices good or bad.

Iatrogenic trauma, the result of therapists or therapeutic interventions that harm, can be prevented. Participant voice: "I thought I was getting help when I went to counseling but that ended up being, you know the rape of my soul." Hopefully, now that it can be seen, the survival construct this research explores can be assessed and addressed first, in both the helpers and those being helped.

In response to opinions that posit the potential for positive outcomes from interventions designed to induct shame (e.g., Ahmed & Braithwaite, 2005; Braithwaite, 1989; Sabini & Silver, 1997), I point to the embodied results of this study. The reported struggles with addictions, weight, sexual dysfunction, migraines, severe gastrointestinal

problems, severe respiratory problems, and diabetes indicate that embodied shame is an experience of perpetual trauma. Research finding shame a harmful influence on health (e.g., Andrews, 1995; Grosch, 1994; Masheb, Grilo, Brondolo, 1999; Rahm, Renck, & Ringsberg, 2006; Troop, Sotrilli, Serpel, & Treasure, 2006; Wilson, Drozdek, & Turkovic, 2006) supports the embodied results of this study as indicators of shame. Especially significant is the research linking shame and high blood cortisol levels (e.g., Gruenewald et al., 2004; M. Lewis & Ramsey, 2002). In light of this empirical evidence of the link between trauma, shame, and chronic health problems, *in*ducting shame is contraindicated. To the contrary, indications from this research are that treatment focusing on shame is best served working to a goal of *con*ducting shame out of body. The critical objective to accomplishing that goal is the prerequisite of resolving the trauma bond of shame fused with guilt this research unveils.

Spiritual Implications

> If we are to end suffering and find freedom, we can't keep these two levels of our lives separate . . . especially when our fear and woundedness are deep. . . . If you seek freedom, the most important thing I can tell you is that spiritual practice always develops in spirals. . . . It is not a question of first developing a self and then letting go of it. Both go on all the time. . . . What is required is the courage to face the totality of what arises. Only then can we find the deep healing we seek—for ourselves and for our planet. (Kornfield, 1993, pp. 67-68)

These two levels of our lives, psychology and spirituality, are bridged by my theory because this deep structure of survival in the ego is projected into relationships with God. Shame at the core of this functional neurosis is deadly to religious beliefs (i.e., interpretations) and to spiritual behaviors (i.e., spiritual practice). A functional neurosis that prevents guilt from acting as a moral guide creates serious problems in spiritual development. As discussed above in clinical implications, without guilt as a moral

compass, there can be no accurate problem ownership. Problem ownership requires

knowing the difference between right and wrong. While that may differ from culture to

culture, the ability to discern the difference is a critical skill in spiritual development,

especially at the point of transcending the ego.

> When we approach transpersonal disciplines without the requisite contemplative training, the more subtle, profound, state-specific depths tend to be overlooked. And what is crucial to understand is that we will not even recognize that we are overlooking these more profound depths of meaning. (Walsh, 1993, p. 224)

In the deep structure of survival, shame contaminates guilt. The profound core in

the depth of shame is the self-inflicted violence of irrational self-blame. Requisite

contemplative training for a survivor requires problem ownership for that act of self-

inflicted violence, then seeing the need to forgive self. "It is better to find God on the

threshold of despair than to risk our lives in a complacency that has never felt the need of

forgiveness" (Merton, 1995, p. 370). That means the high level of consciousness

necessary for spiritual transformation is linked to being able to choose to release security

via maladaptive guilt and face intolerable fear in relationship with self first. The journey

beyond ego is not a process of building a bridge, it is a process of choosing to let go of

control and be carried by the unknown into the unknown. When an ego is strong enough

to be vulnerable and conscious enough to discern where to place trust wisely, God can

arrive.

Looking at this issue in terms of Ken Wilber's (1993b) *pre/trans fallacy*, when the

psychological structure of survival in the *Personal* is projected onto the *Transpersonal*,

the *Transpersonal* becomes a shame-based fallacy. Thus the deep structure of survival is

an *arrogant holon* (Wilber, 1993a, p. 217) that, when projected, makes it easier to look at

the *Transpersonal* as an extension of maladaptive guilt in self than to face the intolerable

fear in self.

When maladaptive guilt replaces guilt as a moral guide, right behavior, the sine

qua non of all religion, becomes relative to the survival need for security in the power of

having control over self and others. In this way maladaptive guilt generates beliefs about

God that rationalize violent behaviors against self and others.

> It is becoming more and more common for the innate aspiration which all men, as images of God, share for the recovery of their inmost self to be perverted and satisfied by the mere parody of religious mystery and the evocation of a collective shadow of a "self." The mere fact that the discovery of this ersatz interiority is unconscious seems to be sufficient to make it acceptable. It "feels like" spontaneity, and above all there is the meretricious assurance of greatness and infallibility, and *the sweet loss of personal responsibility* [italics added] which one enjoys by abandoning himself to a collective mood, no matter how murderous or vile it may be in itself. This would seem to be in all technical reality what the New Testament speaks of as Antichrist—that pseudo-Christ in which all real selves are lost and everything is enslaved to a pale, ferocious *imago* inhabiting the maddened group. (Merton, 1959/2003, pp. 26-27)

Religious violence rationalized as right behavior on a collective level results in "[T]he

Christianity that became the Inquisition, in the Islam that killed infidels, in the failed guru

who betrayed his followers, in governments ruled by special interests, in corruption that

follows in the footsteps of good intentions" (Greenwell, 1995, p. 768). On 9-11-2001,

religious violence rationalized as right behavior motivated young men to fly airplanes

into buildings believing in a god who rewards suicide and mass murder.

On an individual level, when the functional neurosis of control replaces the

universal schema of trusted vulnerability, spirituality can be enslaved to god beliefs

attached to either of the approach-avoidance poles. Vulnerability experienced as

intolerable fear can dictate belief in a nonexisting god, an inaccessibly distant god, or a

god manifest only in trusted aspects of creation.

Participant voice: My Mom, you know, we were always involved in Bible school and all that. One thing that it did though was I had a tendency to be, I lived in polarities so I think positive and negative or magnetic attraction and I had a really, through all of the things like in the, when you say sinful and unclean? Oh, my God. Was that like the worst thing for me because when we would say that every Sunday, sinful and unclean. I was like, "I am. I am sinful and unclean. I am so sinful and unclean." I mean from the moment of my conception to you know seeing this man with his penis, to whatever you know. The idea that I might enjoy sex, I'm a very, very sexual, I have a very high sexual energy. And it's in my birth chart all over it but it was very hard to deal with so it would take this like feeling like I am so bad, I am so guilty, so unclean, and then for whatever reason I didn't go into seminary. Which I thank God I didn't because I now am very spiritual and I believe in a higher power and I can call it God or Buddha or White Buffalo it really makes no difference to me what we call it. I do believe in something much larger than myself and that in many ways we create our own hell on earth. And I think that we have these experiences to learn and to grow and for our souls to evolve. And you know I believe that my soul had a purpose and it came in with a purpose and there's a reason I'm my mother's [child] and you know the family that I'm with and I do believe that that I'm not sinful and unclean but that if anything I am perfect and whole and there's all that in abundance and it's really up to me to open myself up to it and open up my heart to it and allow that to come in to heal all of these things and . . . that grates. . . . the organized religion that I was involved in and what I see in my practice with people that follow most organized religions there's just so much of this "You're bad, you're wrong, you're sinful," so much fear.

At the opposite pole, security in maladaptive guilt can dictate belief in a punitive/nurturing god who, like a parent, can be controlled by behavioral choices; a god that rewards obedience and punishes disobedience.

Participant voice: Well, I really [eyes closed] wrestle [pause] God taking away, [eyes open] that he's going to take things away from me. He's going to take my [spouse] away, afraid he's going to take my son away from me. He's going to take [job] away from me. He's going to take these things away from me 'cause I don't deserve them. [Pause] And then I get into a, usually into a mode of fine if I don't deserve them I'm not gonna act like I deserve them. You know my prayer life goes downhill and [pause] it's kind of like that one conversation we had 'cause I'm pissed off at God, you know, there's [laughs] you know right now is probably the most I've been in a long time. And [pause] instead of confronting it and dealing with it I just avoid it [frowning, lips pressed tightly together].

Participant voice: From living at the rectory, teaching Sunday school, doing all this stuff and I don't know why but I guess with all this trauma I abandoned that. And so when I was at the hospital however many years it was later, 10 or more

years later I remember distinctly thinking "Oh my God my son is gonna die because I can't pray." I just felt like I couldn't pray. I just couldn't. I hadn't prayed for a long time. I always felt like that it wasn't good to ask for things for yourself. It's different than praying for somebody else. That's OK. And it's selfish to ask for prayers for yourself. Yeah because this would have been for myself. Oh I was, I mean I was devastated, yeah [laughs]. . . . Which is in retrospect? [Laughing] Is probably an indicator of trauma. [Laughs] Because you've asked in the past for yourself and all you ended up was with more trauma.

The excerpt below illustrates both approach and avoidance of vulnerability in relationship with God. The movement toward and away from vulnerability is mediated by maintaining a split higher Self that is not the survivor or "others" in the ego structure. The safe comfort of intellectual understanding also comes through this participant's voice.

Participant voice: [W]hen I started really having problems it wasn't enough to hold me together. So in other words just going to church and singing songs just didn't do it. And when I would see that I needed to get into, you know I figured I needed to get to a religion where I'm gonna really be able to commune with God or God's gonna take care of me or whatever. But you see the hypocrisy of people, they go to church and then they couldn't live it. So, I started searching. I got out of Lutheran one and I started searching. But every one of 'em, I even had Jehovah's Witness at one time. [Clears throat]. Everywhere I'd turn it was just a bigger mess. I got into what was it? Gosh it was mind, Science of Mind. And that's where you, Earnest Holmes, where you'd tell yourself you were OK. And what happened is I started getting worse because you know I'm not saying that that religion is a bad religion but for me—It turned into just a way of in denial and repression. I never dealt with anything. So I kept getting worse and worse and worse. But what happened is at some point I got interested in Theosophy. . . I got into that and that kind of brought me into some Eastern religions that I already had some experience with. And I think after the Theosophy you know I just read the heck out of it and I was almost a true believer and just really you know this is the way it was and what happened is my therapist said, "Yeah, you just replaced one drug with another. What's the difference between drinking and doing what you're doing?" So what had happened about this time was there's a guy named Ken Wilber that wrote a book that was published by the theosophical society. . . .[I]t was *Spectrum of Consciousness* and I read that book and I mean all of a sudden it was like "Shit." I never knew there was a transpersonal psychology. I never heard any of that. I started really looking at that and, you know but I needed a really, really good fit with a God. I couldn't have just a mediocre one. Because what I realized at this time is if there was nothing beyond just where I was in suffering there's no reason to live. I still feel that way. I just so I needed to find is

there more to this or is this it? So I got, you know I would read Buddhism and I would read, I got into Vivekananda and Hinduism and so I started those were what I really liked. And one of the books that really was helpful when I was at my worst was a book by Haridas Chaudburi, which was *Integral Yoga*. . . . But, while it wasn't enough to really help me at the time it really had enough intellectual stuff. So I just went nuts on that stuff. And then I think the biggest thing that ever happened to me is I had done everything as you know from intellectually. Never felt a damn connection anywhere. [Clears throat]. And I was in psychosynthesis and I was doing a visual, you know the experience of meeting your higher self. And I'd done it a hundred times before and everybody got a higher self but me. [Chuckles]. But one time, and I don't know what the hell happened, that I felt that I made a connection with this deeper self. . . . And holy shit all of a sudden it didn't matter if I was gonna live forever or what, because I have some Big [Me] and Big [Me] knows stuff for sure. I mean it doesn't like "This religion is true, and this one isn't." It knew stuff about me and what was right for me and there's my deeper self. And that part I mean I wish I could say that I feel at one with God or whatever, but I'm still on the pursuit but the pursuit [pause] not a hundred miles an hour like it had been before. . . Now it's meditation and sometimes I might feel a connection, other times I don't. But I always have the connection with Big [Me]. So it just really enrichened my life. . . .

K: How would you talk about your vulnerability issues in context with this?

Big [Me]? Well I would just ask Big [Me], "This is going on, what's happening? Don't worry" and it, what I have to do is I would write like a little question, I got, I carry a notebook. And then Big [Me] would come through, it comes, it would say, "No everything's OK."

K: Do you feel vulnerable to Big [Me]?

No. And I did. Oh man when I first discovered it I did. I tell ya and I thought "Holy shit I gotta be perfect now because Big [Me] is going to disappear." And then I also felt, I mean the reason I have to write it is there's a lot of information. There's subpersonalities, the survivor can get in. All these other ego things can get in. And cloud it. But if I get, you know there's a certain intuition and when I'm writing I just ask. I just ask a sentence and I get the response and I can read it later or read it right then. . . . [I]t's authentic. That was the beginning of my authenticity right then and there with Big [Me].

K: So Big [Me] is how you relate to God or how you understand God.

Yeah, I, well cognitively I look at God as you know I mean there's something really big. But I've been able to avoid making God me or making it in my terms. It's just a mystery beyond mysteries and you know what I mean? And I don't have it as like a personal God.

The following excerpt also describes survivor comfort in intellectual understanding:

> *Participant voice*: I guess starting about [pause, looks at me with a twinkle in his eye] 11 or 12-years-old I started having difficulty with the church's position on a lot of things. . . [pause] Not sure exactly what the guilt and shame part is but I started questioning the [pause] supernatural aspect of Christ. Yes a Holy man, a good man all that but supernatural part of it was a little hard to take. I'm not sure, I think the guilt or shame were just a general intellect [laughs]. Questioned the, in a way one prayer they said in church made a lot of sense to me. That God is everything. And maybe I wasn't [?] or what have you but I still believed that concept. If God is everything then we are part of God. Of course my Sunday school teacher didn't agree with that. "No, God's up there and we're down here, we're separate from God." And that didn't make sense to me. Still doesn't make sense to me. But it took a long while to make the break. Drove past the Buddhist Church after I moved to [location]. [A]fter about 2 years before I actually . . . Became a member, go fairly regularly now. Try to make, of course I make the meditations when I can. . . . I started, I remembered the books that I read containing little bits of Buddhism. . . . I found out a few months ago from my meditation instructor who knows her [author] personally that she also has a mental illness. And there have been a number of people I've met through the years who have mental illness who felt that was a tremendous help to them. There were other books I read and magazines and usually just a simple little phrase or so which, wish I could [?] but I can't think of it. [A] number of the other Buddhist books that I've read have helped me explore that area and I feel comfortable with their explanations. It's helped define me. . . . [Pause] why is this all happening. Answers, comfort, what have you. In the midst of all the trauma that is going on. Try to [pause] I don't, didn't realize it at the time but it was [pause] a search for meaning. How can I turn all these negative things that happened to me to a positive? And [pause] particularly the Buddhist readings have helped me do that.

Another participant said, "God is either in control or he's not. I choose to believe he is." Either way spiritual development remains captive to an approach-avoidance dynamic with God.

Any religious system filtered through maladaptive guilt can be interpreted to serve a survivor's need to be perpetually guilty or, as hidden shame dictates, a "bad" self. Augustine's (397) concept of original sin, for example, can easily accommodate setting up a trauma bond with God. Or the Buddhist concept of Karma, that we choose what we experience from one life to the next, can also easily accommodate the need to be

perpetually "bad" even when God is a non-God Void. At the opposite pole, efforts to

escape maladaptive guilt in religious interpretations can just as easily drive God-avoidant

spiritual beliefs and behaviors.

God beliefs attached to either pole frustrate spiritual growth because they block

the experience of trusted vulnerability in relationship with God. The ability to "keep our

hearts open in hell" (Dass, 1993, p. 235) is a spiritual discipline that requires the capacity

to make a conscious choice to be vulnerable to pain. Jack Kornfield (1993) writes:

> Meditation and spiritual practice can easily be used to suppress and avoid feeling
> or to escape from difficult areas of our lives. Our sorrows are hard to touch. Many
> people resist the personal and psychological roots of their suffering; there is so
> much pain in truly experiencing our bodies, our personal histories, our limitations.
> . . . We need to look at our whole life and ask ourselves, "Where am I awake, and
> what am I avoiding? Do I use my practice to hide? In what areas am I conscious,
> and where am I fearful, caught, or unfree?" (pp. 67-68)

These questions challenge a survivor to choose vulnerability in relationship with self as a

pathway to authentic spiritual development. When vulnerability is experienced as

intolerable fear, a spiritual practice that moves a survivor closer to looking at the

psychological roots of suffering can be a practice serving the need for security via

maladaptive guilt. Answering these questions becomes fuel for maladaptive guilt,

blaming self for failures and the inability to "truly experience body, personal [trauma]

histories, our limitations" (Kornfield, 1993).

Keeping our hearts open in hell is not an innate human proclivity we just need to

dig out of storage, get in shape, and put to use. "The ego is like a disciple on Good

Friday, it does not like this business about being crucified. The ego is never going to like

it" (Moore, 2001, p. 84).

> It is not surprising that compassion, understood as suffering with, often evokes in
> us a deep resistance and even protest. It is important for us to acknowledge this

resistance and to recognize that suffering is not something we desire or to which we are attracted. On the contrary, it is something we want to avoid at all cost. Therefore, compassion is not among our most natural responses. We are pain-avoiders and we consider anyone who feels attracted to suffering abnormal, or at least very unusual. (Nouwen, D. A. Morrison, & McNeill, p. 4)

The "courage to face the totality of what arises" (Kornfield, 1993, p. 68) requires an ego capable of making the unnatural choice to be vulnerable to pain. The ability to choose to be vulnerable to pain is the very high, hard won skill of suffering. According to the *Oxford English Dictionary* (1989) the word *suffer* comes from the Latin, "sufferre, to undergo, endure; sub, under; and ferre, to bear; to suffer something also means to allow it" (p. 122). Allowing is choosing. We have to be able to choose to battle our natural resistance to pain and create a personal discipline of suffering with what arises in our bodies, our histories, our limitations. That means we have to be able to choose to stop building six-lane highways around intolerable fear in ourselves. We have to be able to choose to stop spiritual practices that extend compassion to others we cannot extend to ourselves. We have to be able to choose to stop spiritual practices that serve to avoid being vulnerable to self and to God.

When I was 20-years-old this research began when I projected the deep structure of survival into relationship with a controlling god. I wrote about my trauma bond with that god this way:

> Professing belief in the God of Jesus Christ, I instead followed a god who met my need not to have to deal with the sexual part of my being. My wounded sexuality fit nicely into the proud celibacy I rationalized as my service to God. I really believed that my spiritual giftedness came to me in direct correlation to how successfully I remained celibate. That's a cozy little empowerment setup for a child victim of sexual abuse. (Unthank, 1999, p. 140)

Believing I was fully recovered and free from this empowerment set-up, on a much deeper level I remained enslaved to that controlling belief until January, 2004. This is

how I wrote about the process of discovering and naming my trauma god in Cycle 1 of

intuitive inquiry:

> The template of my past experience is a trauma bond template. I am a survivor of spiritual trauma. The old bondage, old wound, old thing I long to break free from, or like Moses, to break like he broke the tablets of rules written in stone. I ask myself what are the inviolate rules a trauma god writes on stone? For me the trauma god rule sounds like this: "The only way you can be innocent of violence is to give me control and hide your giftedness behind me because when you're present with your gifted heart and mind all you do is hurt people with that power. I'll keep them safe from you and you free of guilt as long as you agree to remain essentially invisible." This is an epiphany. Spiritual Innocence is the name of my trauma god. My trauma bond is the exchange of authentic presence for safety. I have to agree to be an untrustworthy, violent person unworthy of being seen in order to feel safe.

This epiphany brought me face to face with the fact that I needed to be guilty to

justify hiding. Then I recognized, in a devastating moment of clarity, the narcissistic

idolatry of spiritual innocence. "What is that?" I asked myself. There is no such thing as

spiritual innocence. Except, I thought, in children. Then I saw it, the need to forgive

myself for blaming that innocent child, and to ask her to forgive me for hiding her for 40

years under the weight of controlling violence.

This intuitive inquiry into the deep structure of survival reveals a personal

question at the bottom line of my theory: Can you accept responsibility for violent actions

against yourself and others, ask for, and receive forgiveness? That question is the

gateway to freedom from shame fused with guilt. That question is also the gateway into

personal darkness. I can say from personal experience that what we meet in the darkness

looks like this:

> Instead of the freedom and spontaneity of an inner self that is entirely unpreoccupied with itself and goes forth to meet the other lightly and trustfully [trusted vulnerability], without afterthought of self-concern, we have here the ponderous and obsessive delusion of the paranoid who lays claim to "magical" insight into others, and interprets the portentous "signs" he sees in external reality

in favor of his own distended fears, lusts, and appetites for power. . . . All is heavy, thick, biased, and dark with obsession, even though it lays claim to binding and supernatural lights. It is a realm of dangerous appetites for command, of false visions and apocalyptic threats, of spiritual sensuality, and of a mysticism charged with undertones of sexual perversion. (Merton, 2003, p. 25)

Individuals who answer the call to enter this "dolorous abyss" and face personal darkness with compassion pave the way for transformation on collective levels. Controlling beliefs and behaviors enslaved to the need for security that generate collective violence in a nation, culture, religion, or most critically, the human species, can be transformed into the pursuit of peace. This transformation happens when we have faced and forgiven the worst possible violence "out there" in ourselves. Forgiveness of self equips an individual to practice the highest spiritual skill of forgiving enemies. Only then, on the deepest levels physically, emotionally, psychologically, and spiritually, will cycles of violence end, when enough individuals are equipped to say, with genuine compassion, "I forgive you," to perpetrators of violence who come to ask forgiveness.

I want to underline the qualifier of perpetrators *who come to ask*. That is because guilt acting as a moral guide in both survivors of violence and perpetrators of violence is a miracle, a manifestation of grace. To refuse a genuine request for forgiveness perpetuates the experience of shame. "For only love—which means humility—can exorcise the fear which is at the root of all war" (Merton, 1990, p. 82). In service to love, granting forgiveness to someone who has hurt you is not saying, "I trust you." That would be an unwise vulnerability, for only the one seeking forgiveness knows the true genuineness of such a request. Forgiveness does say to a perpetrator of violence, "I am willing to release you to your God." Hopefully, the pursuit of peace can be furthered

when the universal schema of interpersonal trust is set free from the security via control neurosis this research names.

In the broadest context, future research into how the deep structure of survival manifests in all populations is critical to address Posttraumatic Stress Disorder as a global social syndrome driving planetary cycles of violence. Because children worldwide are experiencing trauma in unprecedented numbers, future research into how the deep structure of survival operates in child populations is vital. Understanding medical and emotional problems occurring at epidemic rates among children and adults such as obesity, diabetes, and suicide, may be enhanced by exploring them in context with the survival theory presented here. Further, results point to the need for transpersonal research into how this survival construct manifests in different cultures and religious groups. These insights will assist in designing accurate interventions to replace violent beliefs and behaviors with nonviolence.

Sin-Eaters

During a postinterview conversation a participant immediately connected the definition of a trauma-bond with sin-eaters. She taught me about the Celtic tradition of hiring sin-eaters to eat food that symbolized the sins of a dead or dying person (Brewer, 1898). This act absolved the dead or dying person and freed them from purgatory. My research participant used this story to exemplify the experience of watching her children take on her old trauma habit of choosing to remain silent rather than speak up and "rock the boat" in relationships. "It's the old thing of better for me to suffer than for you to suffer or to risk the loss of the relationship."

Sin-eaters were poor and disenfranchised people who survived by literally eating moral transgressions that did not belong to them. Sin-eaters are a cultural mirror of survival via maladaptive guilt. This ancient Celtic tradition draws an inclusive circle around the psychological, spiritual, and metaphysical aspects of the emotional trauma bond of shame fused with guilt I see at the core of survival. It is a functional neurosis that has been with us forever and that can be observed from any viewpoint in any relational arena.

My Contributions to Intuitive Inquiry Method

Besides being the first to utilize intuitive inquiry to explore and refine new theory, I was the first to utilize this method to illustrate how a trauma bond from the traditional psychological viewpoint of trauma can be projected into perceptions of relationship with God in the transpersonal realm. Thereby, I made this method the first bridge via research between those two worlds. Historically, traditional psychology has criticized transpersonal psychology for its focus on ego transcendence that excludes recognition of evil and areas of personal darkness. I received that criticism as motivation and as an accurate guide in my work. This research illustrates the effectiveness of intuitive inquiry as a compassionate, transpersonal method of exploring the dark aspects of human experience most difficult to face in both the ego and beyond.

My use of mandala artwork to personify and active imagination to interview aspects of my self and my research to form preliminary lenses in Cycle 2 made a unique contribution to intuitive inquiry. Another unique contribution was expanding those two skills into sand play and illustrating that therapeutic technique as a ritual container for the transformative energy of intuitive inquiry.

Pros and Cons of Utilizing Intuitive Inquiry for Research

Intuitive inquiry cannot be done alone. That is simultaneously the greatest advantage and disadvantage of the method. Besides the prerequisite for an understanding and strong support system in an intuitive inquiry researcher's personal life, attempting the journey without the guidance of someone who has already been through the five cycles of intuitive inquiry makes success unlikely. The advantage of this is that intuitive inquiry, in its feminist essence, demands interconnectedness with community from a researcher. The disadvantage of this is, as if pronounced by the Goddess, "There will be no detached, loner path here." The method has the potential to wreak havoc on a researcher's support system if that requirement is not honored.

The fascinating beauty and Olympic caliber strength of intuitive inquiry is that absolutely everything that happens in a researcher's life is part of the work. Nothing is excluded until it has been observed and calculated consciously in context with the topic. As mentioned earlier, this enormous latitude allows freedom to roam through and utilize different paradigms. From crumbling dirt clods in the garden to shooting stars in the night sky, intuition beckons the mind to follow. One must have the heart to go because the greatest obstacle of choosing to do an intuitive inquiry is the exhausting weight of documenting its inclusiveness. That said I am not convinced anyone can choose intuitive inquiry. I perceive being claimed by a text in Cycle 1 to be recognition of a calling. So, one can refuse an intuitive inquiry but not choose it. Intuitive inquiry chose me long before I had any idea of it, maybe even long before Rosemarie Anderson consciously had any idea of it. Certainly I can see now I had to wait for her to develop the method before I could earn a Ph.D. via this process of personal transformation.

I can also see intuitive inquiry as an extremely effective intervention in a therapeutic environment. It would require a professional capable of recognizing when an individual has been claimed by a text as being on the threshold of transformative experience. As more researchers experience the five cycles of intuitive inquiry, and perhaps as more individuals are invited to experience the five cycles in therapy, more and more professionals will be equipped to utilize the method as a therapeutic intervention.

For a storyteller, the power of intuitive inquiry is the required vulnerability at the heart of this method. This vulnerability opens a field of sympathetic resonance by inviting and welcoming the world into a shared experience. This shared resonance between a storyteller and an audience is the hallmark of authenticity.

Limitations

> What is truth? Truth is something so noble that if God could turn aside from it, I could keep to the truth and let God go. (Meister Eckhart, 1996, p. 3)

The spiritual and philosophical portions of personal narrative in this dissertation reflect a Christian viewpoint which has imposed a narrow boundary on the concept of God. While my intention, especially in service to fellow mystics in all religious traditions, was to achieve the opposite and open up concepts of God to a global interface with an ineffable God beyond God (Tillich, 1952), I recognize the influence of my bias in simply choosing the word *God*. In future research I will strive to construct ways for participants to choose and define their concept of the ineffable in their own terms. In future writing about my theory I intend to expand the spiritual and philosophical discussion in such a way that the gate is always open to the transpersonal exchange, however it chooses to manifest.

Selection of participants over the age of 40 who have already incorporated past trauma into a conscious framework eliminates the viewpoint of younger survivors still struggling with largely unresolved trauma. Because of their open-hearted contributions to the development of my theory, and to the joy in my life, I most regret missing the voices of young children and adolescents in this first exploration.

Epilogue

> Not being welcome is your greatest fear. It connects with your birth fear, your fear of not being welcome in this life, and your death fear, your fear of not being welcome in the life after this. It is the deep seated fear that it would have been better if you had not lived.

> Here you are facing the core of the spiritual battle. Are you going to give in to the forces of darkness that say you are not welcome in this life, or can you trust the voice of the One who came not to condemn you but to set you free from fear? You have to choose for life. At every moment you have to decide to trust the voice that says, "I love you. I knit you together in your mother's womb" (Psalm 139:13). (Nouwen, 1996, p. 101)

In retrospect it is difficult to say which was more disorienting and difficult to sail through, Cycle 2 or Cycle 4. I can say the disorientation of Cycle 2 pertained more to personal transformation process than did Cycle 4. The personal transformation during Cycle 2 set me free to be able to choose to trust God. Being able to welcome God in Cycle 2 prepared me to welcome myself in Cycle 4.

Intuitive inquiry into the deep structure of survival brought me face to face with my own embodied shame and with survival habits of security in having control. Meeting controlling beliefs and behaviors has become a daily exercise in choosing to replace self-abusive thoughts and behaviors with gentleness. Intuitive inquiry sailed me onto the shores of my innermost garden where "there emerges the mastery of the gentle hand" (Nouwen, 1999, p. 51). I expect learning that mastery will remain a lifelong task.

I have already learned that releasing old trauma habits of survival based on controlling beliefs and behaviors requires me to bow to them respectfully. I have also learned that they will never go away. I do not want them to go away. In the light, my old survival habits have transformed into old women voicing goddess wisdom. They tell me when I've trespassed against God or myself or others. They give me the opportunity to choose between violence and nonviolence in response to my trespasses and those who trespass against me. They instruct me in courtesy. I trust their wisdom . . . and I trust my self.

> Search me, O God, and know my heart; Try me and know my anxious thoughts;
> And see if there be any hurtful way in me, and lead me in the everlasting way.
> (Psalm 139: 23-24, *New American Standard Bible*, 1995)

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Appendix A: Self and "Other" in Shame and Guilt

Shame Experience

Self (unable)	"Other"
1. *Object* of scorn; contempt; ridicule; reduced; little	1. The *source* of scorn, contempt, ridicule
2. Paralyzed; helpless; passive	2. Laughing; ridiculing, powerful, active
3. Assailed by noxious body stimuli; rage, tears, blushing	3. Appears intact
4. Childish	4. Adult; going away; abandoning
5. Focal in awareness	5. Also focal in awareness
6. Functioning poorly as an agent or perceiver	6. Appears intact
Divided between imaging self and the "other"	
Boundaries permeable; vicarious experience of self and "other," especially in humiliation	

Guilt Experience

Self (able)	"Other"
1. The *source* of guilt as well as of pity and concern; regret, remorse (virtue)	1. Injured, needful, suffering, hurt
2. Intact	2. Injured
3. Adult, responsible	3. Dependent, by implication
4. Occupied with guilty acts or thoughts	4. Subject of thought as *related* to guilt, otherwise "other need not be involved
5. Functioning silently	5. Nothing comparable to vicarious experiences in shame, humiliation

(H. B. Lewis, 1971, p. 88)

Appendix B: Key Similarities and Differences Between Shame and Guilt

Features Shared by Shame and Guilt

- Both fall into the class of moral emotions.
- Both are self-conscious, self-referenced emotions.
- Both are negatively valenced emotions.
- Both involve internal attributions of one sort or another.
- Both are typically experienced in interpersonal contexts.
- The negative events that give rise to shame and guilt are highly similar (frequently involving moral failures or transgression).

Key Dimensions on Which Shame and Guilt Differ

	Shame	Guilt
Focus of evaluation	Global self: "*I* did that horrible thing"	Specific Behavior "I *did* that horrible *thing*"
Degree of distress	Generally more painful than guilt	Generally less painful than shame
Phenomenological experience	Shrinking, feeling small, feeling worthless, powerless	Tension, remorse, regret
Operation of "self"	Self "split" into observing and observed "selves"	Unified self intact
Impact on "self"	Self impaired by global devaluation	Self unimpaired by global devaluation
Concern vis-à-vis the "other"	Concern with others' evaluation of self	Concern with one's effect on others
Counterfactual processes	Mentally undoing some aspect of the self	Mentally undoing some aspect of behavior
Motivational features	Desire to hide, escape or strike back	Desire to confess, apologize, or repair

(Tangney & Dearing, 2002, p. 25)

Appendix C: Robert L. Moore's Four Developmental Lines of Ego Development
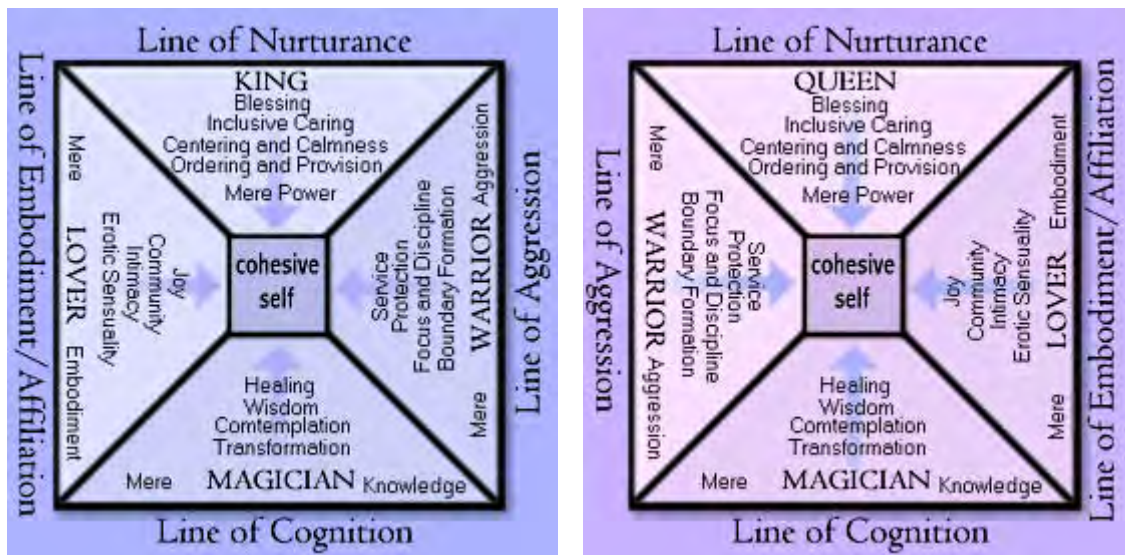
Moore states that the only gender difference is on the horizontal, Warrior-Lover line.

Around age 35 to 40, the unconscious energies shift from Lover to Warrior in women

and from Warrior to Lover in men.

Appendix D: HPA Axis

- Stress activates two body systems: the (a) autonomic nervous system and (b) the HPA Axis (hypothalamus-pituitary gland-adrenal cortex)

- The hypothalamus sends CRF (corticotropin releasing factor) to the pituitary gland which secretes ACTH (adrenocorticotropic hormone) into the bloodstream which, when it reaches the adrenal cortex, stimulates the production of cortisol.

- Cortisol mobilizes the body's energies by increasing blood sugar and metabolism rate (while lowering rate of protein synthesis). In the short-term this is helpful, but in the long-term, this is damaging to the body.
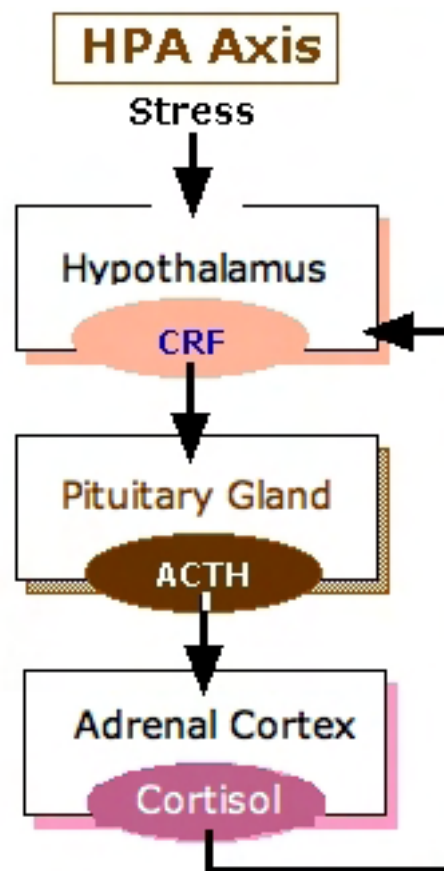
Appendix E: Letter and Consent Form

Dear _____,

Thank you for your interest in my research and for volunteering to be interviewed. This letter provides details about your role in the process and will serve as the disclosure and consent form required for your participation.

The procedure will involve an audio taped interview. I will make an appointment to meet with you in person at a time convenient for you. The meeting can take place in your home, your office, or at any other location you feel comfortable with and choose. Preferably, the environment will be quiet and afford privacy, as you will be sharing personal information.

I am a licensed professional counselor, a licensed mental health counselor, and a nationally certified counselor with 20-years experience working as a trauma specialist with all age groups. Based on that experience, I have designed the interview to minimize any anxiety you may be anticipating or experience when we meet. The interview will be conducted as follows.

At the beginning of the interview you will be asked to give a general overview of your trauma history, specifically age or ages at the time of the trauma and the nature of the trauma such as combat in war, sexual abuse, physical abuse, and so forth. You will not be asked, at any time during the interview, to provide additional details of your trauma experience. If those details rise in the course of your responses to questions about experiences of shame and guilt, they will be welcomed but not pursued further by me.

Next I will ask three open-ended questions about your experiences with shame and guilt. As you respond I may ask questions for clarification or amplification about

your experiences with shame and guilt. Again, I will not ask for clarification or amplification of any details related to your trauma experiences. The interview will take no more than 2 hours.

At the conclusion of the interview I will give you an option to journal post-interview thoughts and/or experiences, such as dreams. If you choose this option, I will contact you by telephone for a follow-up interview to share those insights. Time involved in this component of the research will be up to you, although I anticipate no more than an hour will be required. Any additional time you choose to give to the follow-up will be appreciated but not necessary. Whether or not you choose to journal post-interview thoughts and/or experiences, I will contact you within 48 hours of the interview to give you an opportunity to reflect upon the interview and ask any questions that may have come up about our time together. Our time on the telephone during this contact will be 15 minutes or less.

After this follow-up contact, I will make a transcript of our initial, face-to-face interview and send that transcript to you. If you choose, you may read it and make any modifications you feel necessary and send those changes to me. Again, the amount of time you devote to this component of your participation is your choice, and no more than an hour of your time is required. At the conclusion of this study you will be invited to discuss the results of my research. I will either arrange a telephone conference with you or meet with you in person. This meeting will take no more than 2 hours. The entire process should require 8 hours or less of your time.

Your participation in this research has the potential for being personally meaningful and rewarding. The primary personal benefit I anticipate for you is that

recalling and perhaps reliving difficult experiences can illuminate the wisdom and knowledge they have contributed to your growth and change. Hopefully, your participation will increase your appreciation, understanding, and integration of those experiences. The risk of disclosure of experiences surrounding personal trauma is that it also has the potential to make you feel uncomfortable and to give rise to disturbing thoughts. I invite you to share those experiences with me if they arise so that I can help you explore options in seeking ways to resolve those issues. If your participation in this project prompts you to seek professional guidance for issues that may surface, I will make my professional referral resources available to you.

For the protection of your privacy all information received from you will be kept confidential as to source and your identity will be protected as I work with the data and report my findings. For that purpose, you will be asked to choose a pseudonym for me to use to identify your contributions. A space is provided at the bottom of this letter to indicate that choice. The pseudonym you choose will be used to label all of the tapes and the transcripts I produce from the tapes. Tapes and transcripts will be kept in a locked file cabinet in my home office. In further service to protect your privacy and the confidentiality of the interview, complete transcripts of the interview will not be included in either my dissertation or in any subsequent publications. Portions of the transcripts will be included in the results and discussion sections of my dissertation. Possibly, portions of the transcripts may also be included in professional journals and book publication. To preserve confidentiality the pseudonym you choose will be used for identification in all publications.

If you have any questions or concerns about any aspect of this study you may call me at 775-828-1823, or contact me via e-mail at unthank@att.net. You may also contact either my committee chairperson, Dr. Rosemarie Anderson, or the Institute of Transpersonal Psychology Global Ethics Committee chairperson, Dr. Olga Louchakova, by phone or by email should you need additional information or wish to report any concerns about the study. Those email addresses and phone numbers are listed below.

Your participation in this study is totally voluntary. If you find the research procedures have been explained and your questions answered please sign the form below, fill out the information, and return one copy of this letter to me in the envelope provided. If you decide to participate in this research you may withdraw your consent and discontinue your participation at any time during the study for any reason without penalty or prejudice.

As explained above, I plan to share the results of this research with you as part of the process. You may also request a summary of the findings of this research project by providing your mailing address or your e-mail address with your signature.

I have read and understood this letter and had any questions about this research project answered to my satisfaction. My participation in this project is entirely voluntary and no pressure has been applied to encourage my participation. My signature indicates my willingness to be a participant in this study.

_____   _____
Participant's signature   Date

Appendix F: Eye Exam Results

February 2005

COMPREHENSIVE EYE EXAMINATION

PP (INS) Eyemed

NAME _Urhinank, Kitty_ DOB _1-6-53_ AGE _____ GL CL DATE _2-23-05_

CC: ↓ VA o D @ dist + N vo

POHX: Ø	HABRX:	OD +275 - 50 X 93 N/vo
PMHX: Ø		OS +225 nr
FOHX: ARMD	AR:	OD +200 -1.00 X 95
FMHX: cA		OS +75 -25 X 89
MEDS: Ø	K's	OD
ALLER: NKwut		OS

	SC	CC
DIST VA:	OD 20/ 50 -1	OD 20/
	OS 20/ 20	OS 20/

NEAR VA:	OD 20/	OD 20/
	OS 20/	OS 20/

PER RLA -APD   EOMS F+J
CF Full ou   CT Ø Ø
COLOR _____   STER _____

NRA _____ PRA _____ FXCYL +225
BI ___/___/___ BO ___/___/___
MT _____

REFRACTION:
OD +1.75 - .75 X 95   20/ 20 //
OS +.50 -7pl   20/ 20 ·
ADD

20/ 9-20 Am 3/23/05

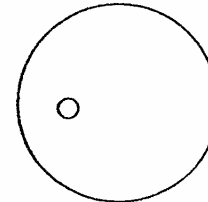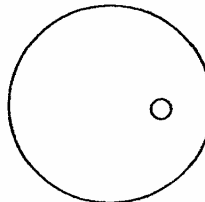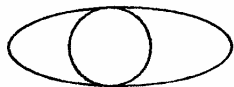IOP OD 19 OS 16 Ta @ 2-20PM GTTS: FL 0.5 T 1.0C 0.5 PROP @_____ IC & Si

SLE:
L/L
CONJ
CORNEA
IRIS
A/C
ANGLES
LENS

FUNDUS
20D/90D

C/D
MARGINS
MACULA
VESSELS
PERIPH

RX: OD +1.75 - .75 X 95   20/
OS + .50 nr   20/
ADD +225

A: Hyper / asty / presby

P: Rx PAL
R// for DPE dne

RTC: _____ FOR: F/U GEE VF IOP CL√   _____ OD
1WK 1MTH 1YR

February 2006

COMPREHENSIVE EYE EXAMINATION

PP _____ INS _____

NAME _____ DOB _____ AGE 53 GL CL DATE _____

CC: Routine , Broken gls x 10 days Never felt
like OD VA w/ was good w/ gls

POHX: ⊖
PMHX: ⊖
FOHX: HTN)
FMHX: CA
MEDS: ⊖
ALLER: NKMA

HABRX: OD _____
OS _____
AR: OD +1.25 - 75 X 83
OS +75 - 50 x 73
K's OD _____
OS _____

	SC	CC
DIST VA: OD	20/ 20 -2	OD 20/
OS	20/ 20 -2	OS 20/

PER RLA -APD   EOMS F+S
CF Full Ø   CT Ø Ø
COLOR _____   STER _____

NEAR VA: OD 20/   OD 20/
OS 20/   OS 20/

NRA _____ PRA _____ FXCYL +200
BI ___/___/___ BO ___/___/___
MT _____

REFRACTION:
OD + 2.25 - 75 x 45   20/ 20   ADD
OS + 1.25 - .50 x 72   20/ 20   20/

NCT IOP OD 15 OS 13 Ta @ 1:30P GTTS: FL 0.5 T (1.0) 0.5 PROP @ 2:10P IC & SE

SLE: L/L ✓
CONJ cl
CORNEA cl
IRIS
A/C D+Ø
ANGLES
LENS cl

FUNDUS
20D/90D

C/D
flat
MARGINS
MACULA
VESSELS
PERIPH flat

RX: OD + 2.25 - 1.00 x 62 20/
OS + 1.00 sph 20/
ADD +2.25

C R + 2.25 - 1.00 X 62
L + 1.00 sph

A: Hyper/asty/presby
↓ possibly explained by previous
episode of CSC when 3/23/05 Refraction Done ?
P: Updated gls

RTC: 1 yr   FOR: F/U GEE VF IOP CL√   _____ OD

1WK 1MTH 1YR

Appendix G: Descriptions of Embodiment in Transcript Excerpts

- I just remember feeling hugely relieved after all was said and done, that I wasn't dead. You know, and, and to that extent [pause] you know, [pause] I, I was appreciative.

- And, and, 1—l—(groping for words) then, uhhhh, during the di—, my divorce from [ex-husband] and then the [trauma] caper is when I believe I, uh, uh, compromised my, my immune system [1:28 eyes closed, arms crossed over her chest] so much because of all the stress of these relationships and then having to go back to work. A—you know having been home for all those years and, th— then the, then the stress of going out in the work force again . . . . I often feel like I can't handle too much [voice becomes shaky, then laugh] of the, of the stressors of life and just kept on and kept on which I was raised to do you just keep on and keep on [made fists] pushing. And I was pushing every, in every area and um I thought I was getting help when I went to counseling but that, that ended up being, you know the rape of my soul. . . . [Sniffs] and my body started breaking down [voice breaks, foot began tapping] and so then the job ended [1:31 crying, eyes opened, wiping tears] because I couldn't do the job anymore [sniffs] with the pain and the coughing all the time. And the stress of that job. I was starting to forget things and uh, [groping for words], uh you know I always ran the show there and had so many people dependent on me for everything and then I, I, I just, just started not being able to do it anymore and that made the anxiety go up too.

  K: Um hmm.

  . . . And then and then in the spring of 2001 is when I started having panic attacks and that's when I ended up in the hospital.

- And then but I somatized stuff too. I somatized and I guess that's what you're talking about turning guilt or shame [sniffs] over something that I maybe could have done differently in on my own body.

  K: What do you mean by, can you explain that—somatized.

  Soma—meaning, meaning instead of screaming and yelling you know and letting my anger out or writing it out, I did try writing it out but some of it I you know sometimes people get headaches because they don't. Well, I didn't get headaches but I definitely [sigh] uhhh, wa—I know that my immune system was being, uh, in lab tests confirmed that I had burned out my adrenals.

  K: Uh huh.

  And then, but it's a real complicated thing because right at the time where my immune system was the lowest was when I went to work for, at the [place of work] and I was in that sick air space.

K: Uh huh.

So my immunity was down. So was that, did that happen to me because I was turning my shame or guilt or whatever you want to call it inward or was it just a physiological response to my immunity was shot to hell they didn't, they couldn't believe I could sit upright because of what the blood work showed.

K: Um hmm.

You know, and so, was it because my immune system was shot because of too much stress too long—

K: Um hmm.

And then I got in the sick air space that the coughing started.

K: Umm hmm.

You know and I have no—infection after infection after infection for years. And then I take all those antibiotics for all those years and then another system is obliterated.

- K: OK, briefly, before we conclude can you describe, very uh, any way you want to, very simply, what physically what goes on with you. When you say "my body began breaking down"—

When I started coughing. Well, I started breaking down before because [sniffs] I hadn't slept for 3 years. Probably from '88 when I knew I had to get out of the marriage [voice breaking].

K: Um hmmm.

[Deep breath] And I knew I was gonna have to go back into the work force. . . . I was pushing myself, pushing myself physically.

K: Um hmmm.

To do more than I should have been doing. You know, I mean I ca—ohhh [sigh] anyway, but I had always been strong and I could always, you know, count on my body to [deep sigh, pause] but then I stopped sleeping because of all the things that I was [groping for words] trying to think in the future about what I was gonna need, what I was gonna be doing. So then finally [friend] talked me into, "You've got to sleep." So, I went to see her doctor.

K: Um hmmm.

[Takes a drink of water]. Who was an incredible psychiatrist. And so [laugh, sigh]. And he listened to my story and said, "Well [giggles]" I remember I felt so —because I just kept thinking you know, you can, you can do this, you can do this, you can do this, you can do this, you know. And then when he said to me, "How did you walk in here?" And I said, "Wh-wh-what do you mean?" He said, "You [groping for words] how can you expect, what do you think you are?" You know, kin—you know, what do you have such, he didn't say it but I kind of registered, "What do you think you, you, you know that you're not human?" But I, I just was doing what I had always been told to do. You just go on [voice breaks and trails off.]

K: What caused him to say that?

Because he couldn't believe that I had been under as much stress for as long as I had been and the kind of stress it was. [Sniffs.] You know and that I w-w, and I hadn't collapsed. And he said, "You've got to get some sleep." And he said, "I, you've got an agitated depression." Obviously. So he started me on Prozac. And then he was, he tried me on some sleep thing that made my head feel this big [gestures with both hands]. So he's the one [deep breath] put me on Atavan mainly because of sleep thing. But, but also for the agitation too. But I didn't take it during the day; I only took it for sleep. [Deep breath, sniffs] Anyway, and um, then right after that, uh [pause] I went to him right before I got the job at [workplace]. Once I got the job [it] was only half time so I was still cleaning houses when I wasn't doing the [professional] jobs. [Sniffs.] So, um that's when my body, you know, and right around then, too was when I had [pause] no it wasn't, it was later. But the coughing started when I went into the sick air space. And that, and then sometime [pause] when I went into the nurse practitioner at the pain center at [hospital] there was a nurse practitioner who was the nurse who [sniffs] did a lot of alternative medicine stuff and nutrition stuff. She was the one who did the extensive blood workup on me and showed how, you know, all my hormones and the adrenals were just all off. [Sniffs.] And that kinda confirmed what Dr. [name] had said about, "You can't expect your body to do, you know, what you're expecting it to do without" [sniffs]—So, that's what happened, was that I, I know the immunity was obliterated and then, uh, then one thing after another. The coughing and then the pain in my feet and, and then just in the last year, uh, the, uh, the diabetes. Six months. And then the thing in my rectum.

K: Um hmmm.

Being inflamed all the time and awful.

- K: Um hmm. So when you think of the self-blame that you had then, how have you prevented yourself from feeling similar self-blame since that time. How have you prevented yourself from experiencing that.

You mean reliving those things that happened, or—?

K: Either way. Either reliving them or, uh, going through that again in some way.

[Sniffs].

K: Does that make sense?

It makes sense I just don't know how, I don't know if I can get my brain around it enough to verbalize.

- Um I had a trauma when I was in first grade um I experienced almost nightly during, mostly during the week um in my first grade, I'm trying to think how old you are in the first grade but um—

K: Six.

But I uh would have a repetitive uh occurrence where I would have stomach aches. I would spend the night pretty much on the bathroom floor and I would always have a repetitive dream of kind of like coming out of it and by morning I would throw up and I then I'd feel better. And I've done work around this and it's my belief that during my first grade year I was um a victim of abduction from extraterrestrials.

K: Oh.

And that was um the, the, the dream that I can recall, the swirling and coming back to the bathroom floor was very much um the same all the time. And uh [pause] I believe that, I've done a lot of, you know I've done work and it's just spontaneously come up, I haven't read things about ET's and UFO's and all that.

K: Um hmm.

If anything I've avoided it. Um up until since maybe and I haven't even sought it out now I just know it, it's like a cellular knowing.

K: Uh huh.

Um so the implants that they put in um implants on my physical body.

- I mean I saw stars, like they show in the cartoons, you know and—

K: Right.

When somebody falls on his head. It's very real.

- And from that point on I got um TMJ really bad and my jaw was locked open and I had a lot of pain with that and I, I had stomach problems, physical problems a lot anyway but they just mag—that, that just turned the, the volume up on that.

K: Um hmm.

And uh so I was a pretty um unhappy, unhealthy individual. Um and it was really, really hard for me.

- And then, um, uh just that, the, everything that kind of went with that was just very traumatic, very hard and um had a real impact on me, on my physical body.

- I just remember feeling hugely relieved after all was said and done, that I wasn't dead.

- K: OK. Are you all right?

Yeah.

K: Are you aware of anything going on in your body now as you—

Um I feel like my, my solar plexus?

K: Uh huh.

I'm feeling that right now.

- K: What, you said something about around the conception. How would you have verbalized self-blame around that?

I think it was more of a feeling.

K: Um hmm.

It was more of an a, a, an a cellular emotional feeling.

K: Um hmm.

Of you know like coming in at the time of conception what was happening was kind of [pause] was confusing.

- Then my Dad drove me around the block on, like all these back roads, looking at cars parked in people's driveways and even to this day if I see a car with taillights that look similar to that?

K: Um hmm.

That memory will come up.

K: Wow.

Very powerful, like, like a flashback, Oh, you know.

K: That just hit you, right now, that memory.

Yeah, well when we were talking you know, it was like "Oh, well that, that was traumatic."

- K: Excellent. Can you share briefly before we bring this to a close what we were talking about a little bit before um we got on tape about your areas of your body that hold trauma.

Sure. Um my uh, my neck and shoulder, right at the neck uh and head like at the [?] and atlas on the right side um behind the back of my right ear. And then it will create a, a, a tightening that comes up and over the right eye, the jaw and the face. The right side of my jaw was the side that was locked when, when I was sworn to secrecy about my mother.

K: Um hmm.

That's the area too, that from the trauma I had a whiplash from my head went, I bent myself to the left as far as I could go and my motorcycle helmet hit the tree so it hit the top of the helmet and it rolled me back so it was a side, kind of I was bent to the side and then whip lashed back.

K: Um hmm.

So that upper cervical was really affected by that. And then it created a myofacia um torquing through the whole right side of my body because I was on a motorcycle straddling a seat with no foot pegs. So I squeezed down tight not to fall off.

K: Right.

But then maybe if I had fallen off it would have been better but whatever I squeezed down. When I did that it then engaged all those muscles. And the right, um inner groin like right at the pubic bone across um there's a very poignant spot that gets pain. Radiates down the inner part of my thigh where it connects with the knee and then it, the, the, the base of the knee or you know the, underneath the knee um on the inner side of my foot there's a, a spot that gets very, very tight and um [pause] so there's, and then I, I actually will get a rash which I find phenomenal and very interesting. I will get um a rash right at the area, at the pubic area that is um very annoying and it comes and goes and I don't have anything. I've been to all kinds of doctors, nurses have checked and no one can come up with anything. Other than, "Oh, it's your nerves." But it's interesting that it shows up right in the area that I get sort of the core spot of pain which is right in the pubic and groin area.

K: Um hmm.

And as I was saying earlier I had some uh deep tissue body work done and normally no one can in that deep with deep tissue work for me but I've done so much of the emotional process around it you know I was able to go there but yesterday brought up, um, [pause] uh what I believe to be past life um sexual abuse.

K: Oh.

That I brought in from past life trauma.

K: Interesting.

And you know immediately I, I hear myself saying, "I can't make him stop. I can't make him stop. I can't make him stop." And I get very, very emotional. And I know, I know it's like I'm fine. You know what I mean? But that's what comes up when that happens, so, um [pause] and it, it just happened on my way to get the body work, this is, I think that the universe provides us with all kinds of messages and is very synchronistic.

- Um it wasn't until you know much later, may—maybe a couple of years ago that I realized that those first two operations were actually physical abuse.

K: Oh.

Because, uh, I was strapped down on the table but was awake when they operated.

K: Augh!

And all they used was spray. Um uh and actually when I came out of the operation my hands were totally bruised from banging, because my hands were strapped down, banging on the table.

K: Augh!

Um and like I said I wouldn't have thought of that as being abuse until uh through an energy therapy session.

K: Uh huh.

Um that issue came up and she showed me how during that session my hands were crippled up. Um, and she said "Look at your hands." You know, "This was physical abuse."

- Um I feel like [pause] when you um [pause] I'm just noticing, it's interesting my arms are crossed, my legs are crossed, I just had to cross my legs [laughs].

K: [Laughs].

I'm like and I'm, and I'm kind of holding onto my arms so I don't know I'm trying to find something [laughs].

K: So you're, so you're all crossed up there.

Yeah I'm all crossed up here kind of bracing myself.

- [Laughing] It's like you never quite have enough. You know . . .

K: Yeah.

The same thing. It's like there's never enough.

K: Right.

Like to get you over that or release you from this residue of trauma that is not only in your mind but is in your body.

K: Right.

Um you know I've done a lot of, experienced a lot of body work.

K: OK.

Well I haven't recently because the funds are dry but when I was doing a lot of that?

K: Um hmm.

I could tell that I was releasing [pause] the residue that was actually in my body.

K: Wow.

From that trauma you know from the various traumas. [Pause] But it's feeling like it's there [laughs]. I just filled up again. It's almost like it's um anything will trigger, retrigger it?

K: Yes.

It's never completely released.

K: All right. So there's a releasing and then there's a return of it.

Yeah. With, with a new event.

- Um you know because [pause] I, I, I became weary from trying and trying and trying and, and not be, not being able to change things. [Pause]

- I had this sick feeling that you know as I do when I know I'm not gonna return to a place.

- I just froze and I wasn't able to do anything. [Pause, deep breath and release]. And I was very subdued after that. Uh, a long, long time [laughs].

K: Did you, did you get out?

Yeah, I got out but I mean the door slammed shut and then I had to push it open but I was traumatized [laughing] 'til I got out.

- And I found myself [pause] carrying books downstairs, no idea why I was doing it. By the time I got downstairs I said "This is ridiculous." I carried the books back upstairs. And then I felt compelled to carry the books downstairs. And this happened like seven, eight, nine times.

K: OK.

And I just feel like something's out of whack. I don't know what but I can't control this. I've got to carry these books downstairs [laughing]. Why am I doing that? It's ridiculous.

- [Pause] uh [pause] I lost my job for the, I was diagnosed with Posttraumatic Stress Disorder as a result of that. Uh, I wasn't able to concentrate . . . I got fired from my job I just couldn't concentrate.

- You know some kids it might have rolled right off their back you know.

- Maybe I am the reason for the problems. I get tired. When you get tired you probably don't have a big backbone. You don't want to enter the big fight. So, maybe it's all true. Maybe I am at fault.

- Um, it, it, it follows, follow, follows me as, you know, my sexual orientation am I really, am I gay or not? That always is a, something that [pause] I constantly wrestle with.

- Thich Nhat Hahn—

K: Um hmm.

—who is a, a you know I've uh probably read everything he's written. Uh, did that because I have tremendous migraines, headaches, which sort of goes along with physical you know, with the, the uh shame and guilt will, you know, get ya at some point. So I just started using Thich Nhat Hahn just as uh, just as a way of breathing, being reflective but he's also just this tremendous help, tremendously helpful in my faith and uh is that?

K: Oh no, no that's fine; you're doing a great a great job. Uh, going with that, you have migraines, is there any other physical, from throughout your life, uh things that have come up for you that were problematic?

Probably migraines is the major tension.

When did that start?

Uh, pro—most of my life.

K: Even in your childhood?

Teenage years. Not at 4, 5. But I can remember in high school. But it would get worse, you know I remember particularly as uh responsibility, had more kids, death, you know still just you know developing a vocational life and a a vocational life. Uh, but then uh, in my 30s getting so bad I, some days I'd just go home, and just you know shut the door and lie realizing this couldn't go on but knowing, well really not, but knowing really, within myself that this was all connected.

K: I, you had an awareness?

I had an awareness that it was all connected and then I uh in fact I ended up, I'd had all kinds of tests, went to a psychiatrist, just you know had all types of tests. Allergy tests, et cetera. And I had, ended up at uh, [location] uh a woman doctor who now is in the VA uh hospital in, in [location], but this is her last week of practice and again I didn't, somebody just told me to go there you know. I was over there, I probably didn't spend 15 minutes with her and she said "OK, here's the deal." And she just told me my life. In a sense of, didn't know all the particulars but then you know, "You're dealing with tension, and you know shame. You've also got sinus, you've got tension, it ends up a, a migraine. Here's how you deal with it." And she's the one that really uh got me on to Thich Nhat Hahn on to uh meditating.

K: Um hmm.

On to, uh I mean she just gave me everything, you know. Well, just push with your thumbs here to relieve pressure, uh to the fact of, uh, when you just feel certain things you take [?], don't hesitate to take, uh Excedrin. Uh don't gobble them, but I mean she was just, just we, and I started practicing what she said to the, to, to this point in time I rarely get a migraine because I can manage it.

- Uh, I had Prostatis, which is tension. I mean they don't, nobody knows what causes the prostate to enlarge. It's not, obviously it's a male thing.

K: Right.

It's not prostate cancer has nothing to do with that. Enlarging, uh, it's best, again it may be something, it may be viral, or it may be infection that's somewhat how they treat it.

K: That's what they told you?

But, but basically I've had a uh, uh a proctologist who I have as a close friend, uh close in the sense of just friendship, faith, who is himself recovering.

K: Um hmm.

Uh, and again when I, when I talked, I was, in fact I was on my way to [city]. I had to urinate every 3 minutes on the airplane and it just, I mean it was the whole, I was in pain. I go to the emergency room in [location] probably because we were staying there on the trip.

K: Um hmm.

They couldn't figure out what was wrong and just released me. And I mean, so anyway. All at once I get on my cell phone and I call [friend] and I, I said "I've gotta have help here. I don't know," and I didn't mean help from him because, where do I go, you know. Quite frankly I'd even forgotten what kind of doctor he was when I was calling. Because obviously you know he would, he was a surgeon. He said "Tell me again your symptoms." And I told him exactly. And he laughed and he said "Nothing to worry about, you've got prostatitis." And I said "How can you tell?" He says, he says "Trust me. I just, I bet you, you know how he does things, I bet you a thousand dollars." So here's what you do. And he said 24-hours and he was right but ever since, and anyway so since then we've been treating it. And it only inflames every once in awhile and it's very interesting because I sometimes when I'm real tense or whatever that'll flare up and other times my head, I mean it's so, I'm very conscious. I tell everyone I am definitely a hypochondriac. You know [laughing] I just definitely, 'cause I mean the, the difference of tension and, and, I mean the difference, there is no difference it seems like it's interchangeable between what's going on outside and in my head and in my body. I mean it's just uh, but I, I uh probably would add to that a reason for that is because it's hard for me to let out my feelings.

- So it's hard to let the feelings out.

K: Still for you?

Still. Easier than it's, you know it gets better because I can talk about it to a, you know but I'm saying even today it's just, I think it's so ingrained. Because I didn't learn this at 25. And you know I think I've learned it so early my body has just, it's just so a part.

- I'm aware that early childhood trauma is not available.

K: You don't remember it?

I don't. I do not remember uhh any, anything significant. Uhh, from I don't know, I, I was trying to target somewhere around age 6 or s-seven. Uh, when I got my first, uh, [voice drops to just above a whisper] what I consider a pretty severe spanking.

- So, I'm but just hearing myself say "get caught" and remind myself that, you know, somewhere in there is the tape, uhh, I, you know, you were caught red-handed, you were caught, you were, um, that's in there.

- My mother was [role played her raised voice] "You, [pause] crazy," you know, just grabbed whatever was near us and, and uh [voice trails off].

K: There it was.

And there it was. But she was also five, uh one, uh, five two maybe [voice drops to just above a whisper] so I, I, was never, that I remember, I wasn't ever traumatized.

K: Because Mom—

[Normal voice tone] Mom, get away.

K: Um hmm.

I would laugh. Make her even more infuriated so I don't think of that [deep breath], don't think of my mother as trauma but the point is—

- Yeah I started, I, one of the things I wanted to say, uh, what I, I had in, in my own reflections to myself—

K: Um hmm.

—around this time was to say, uhh, about uhh, I want to say 10, 12 years ago, um, I had my first, uh, massage [Voice drops] uh, kind of thing. And then I've done [voice resumes normal tone] uh, body work, Reiki, uh, work um, I feel a, the, the movement from uh, from, you know, been a personal therapy, [voice drops] physical therapy for me has been a critical dimension of maturity. Um, I feel like my um, physical body somehow, if, I can [voice resumes normal tone] make a correlation between the, the

kind of denigrating of the, of the body um, kind of being exposed early on to platonic theology where there's a separation between body and spirit?

K: Um hmm.

I, I've been reunited with my body and uh, you know, appreciate it, don't abuse it, uh, uh, health is real important to me, diet, um . . .

K: Were you referred into that by a therapist? [Stop to turn tape over] I was asking a point of clarification about what got you into your body work.

No, what got me in my body work was I happened to be uh, out in uh, um, I was in [pause] OK. I was, I was playing golf with [friend] and, uh, he was, we, we played golf and he said, "I'm inviting a massage therapist to come over. I do this uh, and do you want to get a massage?" [Voice drops] And I said, "Well, I've not ever had one." And he said, "Well, give it a shot." And um, [voice resumes normal tone] I did uh, and I fell asleep, which is not an uncommon thing, [voice drops] uh especially early on. But I remember it as a pretty powerful, pleasant experience. And uh, um [pause] and that was kind of a beginning for me and then I began to work, uh, with a woman in, uh, some of the work I'm doing now with uh, [indistinguishable]. [Voice resumes normal tone] And so we uh, had an office space in, uh that was open and she invited a, uh, a body worker, woman to work out of our office one day a week [voice drops] and in exchange we would get, uh, once a week, get a, about once every 2 weeks, we would get a uh, body work done. Craniosacral therapy, um, healing touch kind of things.

K: Um hmm.

Well, that was the beginning for me.

K: Of?

Of, of [voice resumes normal tone] committed body work. I mean I thought it was initially it was like, [chuckles] what is this? Woo, woo, woo, you know? [Voice drops] Um, uh, but I stayed with it, stayed with it, I, now 10 years in this. Uh, I go every, pretty much, uh, go no more than 10 days without having body work.

K: Um hmm.

And so [voice resumes normal tone] I relate that specifically to physical abuse.

K: Um hmm.

Uhh, just a chunk of time not getting, uh, caring for my body, uh, you know, doing

things uh, uh, skydiving, uh cliff diving, uh, dangerous activities where I, I you know, not thinking about the consequences to my body. And I feel like that was a, kind of a body/mind separation that uh, was a, a-a-at least precipitated by abuse dynamics.

K: Um hmm.

And I, uh, and some, somehow, you know 18, 19 years of, of in a personal therapy now followed by 10 years of, of physical massage and body work I uh, just am a much more healthy, in a creative, um, like my body, care for my body person.

K: Thanks. Have you had any, uh, through the course of your life um physical ailments or how's your health generally?

I [gestures to body].

K: Robust.

Yeah. I'm just, I've, I've not ever had—

K: I know you've had a pattern of falling out of trees and breaking your—

Absolutely. I, I've broken a few bones along the way. Uh, I've, like sky diving, pole vaulting, uh, falling out of trees. Uhh, uh, and to me behaviors that I think of now as not being careful about my body.

K: Um hmm.

But uh, at this point in my life I am generally pretty careful. I'm much more careful.

- Um [pause] I, you know, I do not know that I have ever had a lot of consciousness around shame.

K: Um hmm.

But it may well be, uh, kind of hearing what you're saying, that uh, the body work, uh, has been addressing that in ways that I just have not even known. I just know that I feel good. I have [laughs] this is interesting, I have a couple of different therapists, uh, I almost n-never uh have a male thera—therapist. There are, I think, clearly dynamics for me. I, I, you know, I have had a couple but I prefer to be uh, worked on by a woman.

K: Whether interpersonally or in body work?

Oh no, no, no, no, not interpersonally but body work in particular.

K: Body work. OK.

I, I mean I'm, I'm aware that my trust factor [voice drops] and sensitivity is, is, is I don't for the most part [voice resumes normal tone] I mean I have to meet the, [voice drops to whisper] I've met some, some, some extremely sensitive males but I'm just [pause] I'm [voice resumes normal tone] I'm aware in kind of what you're saying about shame, uh, that, uh, [voice drops] I'm just not very ashamed.

K: Conscious of being ashamed.

[Voice resumes normal tone] Conscious of being ashamed. Of, of, it, it, of somewhere in there this idea of, uh, um, my whole body, uh, uh, my backside, well you know, so much of persona is backside and having my back worked on. Uh, somehow, I, I, I'm much more conscious of my backside.

K: That's interesting.

OK. Uh, uh, it's like I'm. I'm uh conscious of being a, a whole person. Not that I'm whole, uh, [voice drops] because I feel like uh I'm not, finally not whole.

K: Um hmm.

[Voice resumes normal tone] But I am whole and embraced in the sense of God's grace. I just, I just want—

- Two years ago I was warned by my doctor that my weight and cholesterol were high so I began to cut out sugar. I became aware of this whole addiction piece around ice-cream. Clearly I have an addictive personality. If I find something I like, I don't do things halfway.

- [Quick grin like a grimace]. So, so this is some of the quirks. Um, in-incidentally the agoraphobia really, um, carried over into, into my life these fears of being away from home. Carried over, uh, uh, anytime, uh, I would, I would be away from home overnight I would always get sick. Always get sick. I remember, um, in ah, as maybe a seventh grader, our band was scheduled to go, um, to [state university] to band day, uh, in the fall. And we had to be at the school at like 6 o'clock in the morning and, and, and um, uh my parents dropped me off and I just immediately was just, well you know, horrible stomach cramps and diarrhea and so forth and I called my parents and said "I'm sick. You've gotta come and get me." They came back, you know. Soon as I got home I was fine. Um, f-f-for, I was in Boy Scouts first overnight camp—sick. Um, uh middle of the night scoutmaster had to take me home. Um, that happened, you know, just a lot. Um, I remember then also that, that, that carried over um, uh, the summer before my senior year in high school when I, uh, when I spent the summer at [location]. Um, um, my parents couldn't take me up. My, an, an Aunt and Uncle took me up. And I remember having to stop two or three times on that trip to [location] with terrible diarrhea and, and, uh, uh, colitis. Just that awful panicky feeling and, um,

ah being OK at night, or being OK during the day that, that, those 8 weeks that I was up there and then a-as night would fall um, having those same symptoms once again. And I think it was probably about that summer when I said to myself [pause] "I am not gonna succumb to this. I am not gonna do this." And every time it would happen to me, and it would happen at other time—the next time it would happen, and the next time it would happen, and I just abhorred it and I knew what it was. I knew it wasn't natural and I knew that, that, that ahhh, I wasn't gonna let that, that rule my life. And little by little by little, why, um I overcame that. Just by sheer grit and determination. Um, that, that, that was very difficult. And all that came from those lessons that I learned *really* well.

K: From your Mom.

Oh yeah. [Whispers] Yeah absolutely. Let's move on.

- Um, I [pause] whenever I am in front of a group of people [pause] I am virtually always conscious [pause, body very still] about [pause] my manner in how I might walk. Take longer steps don't take short steps. [Pause] Be sure you don't move your rear end wrong. [Long pause]. Walk like a man. [Pause] Not like a wuss. Um that's, al-always conscious of that. [Pause]

- To, um, um all the stuff I was talking about, um, uh I have talked about having terrible stomach aches.

K: Um hmmm.

And um, [pause], um, I would ca—, I, they called it colitis that, I don't think that's, that's really the right term but, um, um [pause] some kind of a bowel syndrome.

K: Um hmm.

And, um, uhh, [long pause] that, that would happen not only when I was, um, away from home overnight or something like that. It would happen in school. Um, it would happen when I was out to dinner with my parents. [Pause]. Um, I can't, you know, there are many times I remember barely making it home. Telling my Dad that he had to hurry wherever we were at, I had to get home. I had to get to the bathroom immediately.

K: OK.

Just, and I would just double up in pain. And just be in agony.

K: Um hmm.

And, and massage my stomach and it would, and my colon was hurting so, so bad.

K: And that went on until?

Until I went away to college. And I went away to college [pause] and it stopped immediately.

- Oh my, it was awful. Um, but my Dad was right. I got through that year, and um, you know and that was over. OK. 'Course I had the scars on my soul, um, uh, from it. But, um I got, but the year was over and I did move on.

- As I look back and I remember, again, not having the tools, being so angry and so many years of layer after layer after layer built up in my soul.

- We had a horrible time sexually. Um, I had some physical problems, um, uh [pause] um, with not being circumcised at, at, at that time. And um, not, not knowing, um, uh, what, what was uh functional, uh, uh, healthy functional and what wasn't. And I wasn't functioning in a healthy, in a healthy way. Um, uh because I, because I had, had, um, uhhh, a lot of infections. Because also as a child not only wasn't my diet good, neither was my hygiene [quick grin, like a grimace]. [Long pause]. And um, I wasn't, I, I, I learned in, in um, my last significant, um, therapy a couple, 2 or 3 years ago, that I was not well taken care of [almost a whisper] as a little boy. And so um, those things. I be—oh, I, as, as a, I became obese as a child. You should see my fifth grade picture. A blimp. I looked *terrible.*

- [M]et with the therapist several times and he was doing the whole Masters and Johnson thing with this, [whispering] uhh, and, and so forth. [Pause] [Just above a whisper] We, we were not, we were not able, we had been married a year, probably, before [pause] um, we were able to have penetration.

K: So you finally got that resolved.

We got that, we got that, we got that resolved. Um, uh, but I, what, what happened was later on we found out it wasn't, it wasn't in my head. I-it was physical problems that, that I had . . . .

K: Physical problems that you had.

That, uh, yeah related, um, [phone rings] chronic infections?

K: Um hmm.

That I had in my foreskin?

K: Oh.

And, and it affected, um, the blood vessels in that part of my body. And weakened them causing me to not be able, not be able to maintain an erection for an extended period of time. Obviously we had [children]. [Laughs]. Uh, and um, uh working with that sex therapist at that, some point, we were going in together most of the time during that, but at one point I went in to him and I was talking, somehow something was brought up about [whispering] not being circumcised. And he said, "Well, I'm not circumcised." [Voice just above a whisper] And he told me [pause] what normal function for an uncircumcised person was.

K: And that's why you were having difficulty.

And that's, that's where I learned that there was something going on that wasn't right. And he said [normal voice tone] "You really need to call your urologist and make an appointment and get yourself clipped." Did. And that helped.

K: Good.

Helped a lot. Um, um it didn't resolve um the physical trauma that happened. OK. But, um, i-it, it allowed me the, the, the [whispering] glans of my penis was so sensitive you could hardly, I could hardly stand to touch it. [Normal voice tone] Not normal, but I didn't know that.

K: No, of course.

Um, [pause] so that resolved all that and, and, and so, um, that, that helped a lot. That helped a lot. Um, [pause] but, but those erections didn't last a whole, very long, so, um, uh, it was kind of slam bam thank-you ma'am, you know. . . . And, and uh, uhh, success of intercourse happened [pause] I think 40 to 50 % of the time. You get tired of that.

K: Yeah.

It all worked up to this [pause] and then it's over. [Pause] Or as a male [claps hands] I'm ready [laughs] you know and [laughs] she's just kind of thinking about it [laughs], you know. And by the time she gets to that point, you know, it's over for me. And because the physical problems, um, erection can't happen again.

K: Right.

Just right away. Has to be [changed to second tape]

K: Hold on. What you were talking about is that it was, you, it was just getting tiring.

Oh, oh, yeah, that, ab-absolutely. And, um, and, and that, that continued until um we found another avenue. Um, uh research had been done and we found another avenue with, with some medication that, that changed that. OK. So, that, that became, that

became better. Um, we're dealing with that once again, however, because um, the condition that I have as I've aged has continued, um, to worsen. And um, the only avenue, um, at this point, is um an implant surgery. Um, because the medication no longer works. And so, um [pause] I'm emotionally dealing with whether I, whether I want to do that. . . .

K: Um hmm.

. . . we're probably more versatile than, than most married couples because of, [laughs] of [normal voice tone] what we've had to, to, to go through. But the, but um, um we're a lot more lighthearted about it now than we used to be, you know. [Voice just above a whisper] It was, it was, it was pretty, it was pretty darn traumatic. [Pause]. So [voice trails off].

- No. There was no, um, uhhh physical abuse. She just slapped me a couple of times, but there was no physical abuse.

K: You mentioned earlier when we were talking off tape about fights with your brother. Did you consider that . . . ?

Uh, w-we were, we had terrible physical fights, um when I was 9 and 10 and he was, um, 6. So, at, at that point I was bigger and stronger than him so I always won. Um, of course that would have changed later but when he, as he got into puberty that, we quit having those kind of fights.

- Yep. B-but the other thing that I learned in later years, I had, um [pause] I have s-severe allergies to a lot of things. And, and especially uh, uh, I couldn't wear wool at all. Uh and, and can't. Uh, it just makes me crazy. But that, there, ah, but there's a lot of fabric textures. The tags in the back of clothes make me crazy. And one thing that I read is that children who, or people who are like that with those kind of allergies and sensitivities don't, it, it is hard for them to be, um, held.

K: Um hmmm.

Uh, because it, it hurts. It hurts in the sense that certain clothings hurt. So I, I don't know that that fits, but I did find that interesting. [Pause]. So. Anyway. [Deep breath]. Ummmm.

- [Long pause]. What bothered me was the weight of it. The weight of it.

K: Of the choice?

Of life. Of life. It, it was soooo [pause] the responsibility was so heavy. [Softly] Was so heavy. I, I felt very tired and old. [Hand to mouth]. I remember thinking that in high school.

- But [very long pause] it was very hard. I was very frightened there. [Pause, scratching her head and chin]. Um, [pause] and I couldn't sleep. At all.

K: Um hmm.

And had to, um, get prescription for Ambien. Uh, [cleared throat]. And, uh, there was um one evening when I heard a noise in, a, just a, a little scratchy noise in the bathroom. And I was so keyed up and tense that I just screamed and screamed and screamed [left hand to face, trembling slightly]. [Sniffs]. And I remember thinkin' when I was screamin' I mean there was this other that, that left brain was going, "What are you doin' girl? [laughs] Because [very emphatic] I am not a fearful person. I'm, I have traveled alone. I, I have, I have, um, stayed alone in a tent in a campground in the middle of the forest of a, of a Caribbean Island. With all kind of strange noises going on around me. And I had no fear. But I was terrified in this house and I heard this little scratch and screaming and screaming [big smile]. Well, anyway but when I got done screaming I felt better like some tension had been released and I found that, discovered that I had bumped the toilet bowl brush and that that's what the little noise was. [Deep breath]

- My overall health is good. I have no [pause], well other than going blind [laughs].

K: And that happened just be-, from what, stress at the end of the first marriage you were—?

I, I, I let me answer that, um, in a little detail. Of course the doctor said that it was, um, probably congenital weakness exacerbated by severe myopathy. And I was severely nearsighted and had to get glasses at age, at uh, in third grade. [Pause] And nobody else in, in the family has glasses nobody in the family on either side has retinal detachments either [hand digging into leg through blanket]. Um, however, and I was working with a therapist at that time, and she said to me, "Yeah, but what would Perls say? What's the gestalt of this?" And I said, "Oh, well now that you ask it's become clear to me. I didn't want to see the fact that I was gonna be a divorced person."

K: That's interesting.

I didn't want to see it. [Pause] Um, so I just had retinal detachment. A-a-a go through a divorce a-a-after and after the loss of [child]. 'Cause it all happened right there together. Boom, boom, boom. Within the matter of a year. The [child] died the marriage ended the detachments happened. In a 12 month period.

K: So there was that incident, and you had good general health—

But anyway, uh, good general health, absolutely no, um, um diagnosable conditions. However, I don't have good stamina. I, I was sick a lot. With colds and, and childhood stuff. Measles and . . .

K: You said you had severe allergies.

I did have severe allergies, yes. That's true. Um [pause] and at the age of [current age] I've had seven major surgeries that were not elective.

K: Um hmm.

They were not, you know, cosmetic. And I think that's probably higher than average.

And [quick intake of breath] and here's the latest thing I'm chewing on. When I went in for the EKG before [surgery] [pause], um and I wasn't con—I, I've always had an a, well, always for many years had a, a little beat irregularity, a, a delayed beat.

K: Uh huh.

Periodically. Half a dozen times a year. That's normal. Um, probably everybody does that, the doctor said. Don't worry about that. It would keep you from being a pilot, but that's all. [Chuckles]. So, so, uh, if, if that showed up on an EKG that's, that's no concern to me? But the guy read the EKG, no the technician took it out, she said "I, I can't read this. I'm not skilled." And I thought "Well, that's strange." So then a doctor came back and he said [sniffs] "You have s-irregular, irregularities on here that could be a sign of some beginning heart disease."

K: Uh oh.

Auugh [laughing] Thank you so much.

K: [laughs].

And I said "I feel fine. I don't have shortness of breath. I exercise every day. We eat really well, a low-fat [voice trails off] He said, "Well, ah, you're probably OK then I'm going to, um, go ahead and sign off for you to have this foot surgery." So now I'm thinkin' "Well, now what has, what has dev—it's always something with me." But if I would go to a clinic and get a complete check-up they, they would all, allll results would be negative.

K: That be even now?

So, yeah, and probably. Yeah, probably. So, I don't know, is that good health or not? [Laughs]

- ["That is something I had to teach myself in [professional] training, you will not die if someone looks at you." With her permission I turned the recorder on to capture what she was saying about this.]

K: You will not die, if someone . . .

You will not die if someone looks directly upon you and sees you.

K: And was that like from childhood or—

Ummm.

K: —or adult as you became aware of that.

Well uh, uh that was, the a, as a result of my childhood—

K: Um hmm.

—and I became aware of that as, um, and, and probably through my [professional] training.

K: Um hmm.

Became aware of the importance of nonverbals.

K: Um hmm.

And became aware that I couldn't look at people, or, or I didn't want to see them looking at me perhaps is m-more accurate.

- "I feel butterflies in my stomach, a little anxious." [She placed her hand high on her stomach.] "My breath is also a little shallow. I do a little disconnect when I feel this way. Maybe I'll dissociate.

- K: Was your mouth getting dry at any point in time there? Did I pick that up observing you? Or not.

Um, no but I, I, don't remember it being, um, dry but I can tell you like I, I, I feel real like turned inside, real tense inside. Kind of jittery, you know?

K: You're gesturing around like around your chest your chest.

Like where you don't, where you don't breathe deeply enough and so you get that kind of feeling [very softly spoken] like what's coming up now. Yeah.

K: Um hmm.

[More loudly]. And I can feel, [gesturing] like around my mouth, I can feel, like uh, tension.

K: In your jaw?

In my jaw and in my, yeah.

K: Is that normal for you?

No. It's just tension.

- Within an hour of that incident, um, I had just b-broken out entirely in hives from head to toe. Just these big, huge, red welts all over my entire body. Well, I've never had that before and I've never had that since. . . .

K: How did you, how did the hives, did the hives just naturally recede?

Yeah.

K: Or did you have to go on medication?

No, I think they just naturally receded. As I remember.

K: OK, any other physical manifestation like that?

Immediate one?

K: Just anything that comes to mind. During any of it . . . you never broke out in hives again?

Never. Never broke out in hives. Um, well, I remember following I had eating disorders and, you know, substance abuse. I drank a lot. Um, you know, which I think was just sort of lost in, perhaps, uh, viewed as, oh well she's just, you know, uh, difficult college student. But um [pause] it was all, you know, past. I never got stuck there for any length of time but certainly that [voice trails off]

K: Happened.

Yeah, certainly that happened. Yeah.

K: And you said, I think you said, it could have been on the tape earlier, that you gained a lot of weight.

Gained a lot of weight. Yeah, that's true. Yeah. Eating disorders. Bulimia. Alcohol. Street drugs. Left. I ran away. I didn't run away. I mean I didn't run away like a kid

runs away but I quit school and I went up to um, uh, I decided [chuckles] that I wanted to go up to Canada so I went up to Canada and took a train across Canada and wandered around. And just [pause] really like a little kid ran away is what I did. You know?

- No. I mean it was. It wasn't even a dream. I mean I, I, it was in the dream but it was part of what woke me up. And I woke up and I was, I was literally almost laughing out loud. I was so filled with joy.

K: That's great.

And I was so, but I, it jolted me awake and I thought it was, it was that, it was as visceral as a, it wasn't that, you know where you have a happy dream and you wake up and you go, oh, that's great.

K: Uh huh.

Or you have a sad dream and you wake up. It's the difference [pause] between having a nightmare where you're just like you're, you wake up and you're, your breath is gone and your like it was, it would've been like you've been physically shaken.

- [T]hey wanted me to take my sweater off and walk around so they could see real clearly that I wasn't pregnant. [Laughing] Just fat. [Laughing]. God. I was just, yeah, it was just embarrassing. [Laughing].

K: That makes you laugh, eh?

[Laughing]. I was, it was just, I think about it now and I think how incredibly, how incre [laughing], yeah [laughing] turn that off.

K: OK.

[Our processing continued and included the following elements I recorded by hand, with Pam's permission].

P: [After the laughter].Now the tension rising from stomach is all the way up to here. [She grabs her throat].

- This is so hard to relate. I wish I had a lobotomy that would have eliminated this from my memory. I hate going over and over this. Nothing changes and I am sick of it. My brain feels [grabs head] like it needs to be readjusted now. It feels agitated.

- I, I found that out, just maybe within the last 2 years.

K: Ummm.

My Dad shared that with me. Um [Big sigh]. All right, again, I, I've lost—

K: That's OK you're doing fine, you're—

I've got so much stuff going on here.