

Trauma and the Archetype of the Invalid

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ABSTRACT

Helping traumatized souls heal in depth psychotherapy nourishes the psyche's drive for wholeness and shocks us with the reality of an unexpected lifelong issue—a soul restricted, on crutches. We never fully recover from profound trauma. We treat the damage, staunch the bleeding; but aches and pains and, at times, permanent damage to psychic structures present enduring challenges with emotional processing, self-regulation, and reality perception. They linger like a cancer in remission or war wounds stabilized but throbbing with vestiges of somatic and psychic memories.

Keywords: Trauma; Archetype; Soul; Psychic structures

INTRODUCTION

The soul on crutches

Helping traumatized souls heal in depth psychotherapy nourishes the psyche's drive for wholeness and shocks us with the reality of an unexpected lifelong issue—a soul restricted, on crutches. We never fully recover from profound trauma. We treat the damage, staunch the bleeding; but aches and pains and, at times, permanent damage to psychic structures present enduring challenges with emotional processing, self-regulation, and reality perception. They linger like a cancer in remission or war wounds stabilized but throbbing with vestiges of somatic and psychic memories.

LITERATURE REVIEW

Adolph Gueggenbuhl-Craig [1] in the classic book, *Eros on Crutches*, wrote of severe soul wounding precipitating a psychic invalidism that is archetypal and therefore autonomous. In this paper, I posit that the autonomous archetype of the invalid must be accepted and integrated, rendering the expectation of total recovery and independence unrealistic, a psychic reality that assists one to live with deficiency in a manner true to self and to continued, albeit incremental, healing and growth. Dynamically facing and exploring such truth engages a descent into and metabolization of enduring dark and crippled aspects of self, facilitating the constellation of realistic perspectives on what constitutes healing and wholeness within the context of the depth therapeutic relationship.

After more than thirty-five years of treating complex childhood trauma in depth psychotherapy, it has become increasingly evident that authentic healing, as opposed to rudimentary intervention and stabilization, benefits from long-term treatment,

perhaps for a lifetime—definitely for as long as the patient finds psychotherapeutic care helpful and meaningful. Early on in therapeutic care, traumatized patients are eager to stabilize and cease psychological intervention due to an expectation of unrealistic cure. Mainstream periodicals tout everything from drugs to psychological mind manipulations as effective in treating trauma. Indeed, psychic symptoms, terrible memories and nightmares, may be forced away with psychotropic medication or cognitive engineering; but, the dark energy of untreated trauma quickly reconstellates and discovers destructive outlets.

Terrorizing memories may stop, nightmares may fade into oblivion; however, a gray mood replaces black emotions when psychic trauma is quashed by drugs and mind manipulations. A very bright and psychically gifted person shared, “In my last psychotherapy, the doctor placed me on a high dosage of psychotropic medication and told me to get my life in accord with a particular religious practice. Watching my inhalations and exhalations, tending to nothing else would soothe me down and make the anxiety and traumatic feelings go away. They had written extensively in this area and were published in major presses. I thought they knew what they were talking about. I meditated hours per day without fail, and, with the help of drugs, forced my mind to clear. It worked. There were no more memories or nightmares. Extremely disciplined meditation and high doses of psychotropics forced them away. I was so grateful until I noticed that I missed my dreams and the color palate of my emotional life. They too had gone away. Things were gray. I was gray. No trauma, but no feelings. I felt without a soul.”

Medications have their place. Meditation may prove helpful. But, for this patient, they had been over emphasized. The patient noted that their marriage had gone from rocky to numb. There

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were no fights. There were no ups and downs. There was nothing. The marriage was soulless. It too, with its history of high-pitched encounters and battles due to unresolved emotional trauma, had succumbed to emptiness and meaninglessness. When psychic trauma is merely topically treated and quashed the soul leaves.

Journeying inward, the doing of soul work, requires listening to vital feeling states as they lead the way to dark realms and buried injury. During sleep, dreams dramatically enact these vital feeling states and open up worlds of consciousness that assist us in making unsettling encounters that shock then transform the soul. In one dream, a highly resistant trauma patient reported, "I was held down on an operating table by a dark figure with fire in the palm of his hand. We were in the shadowy depths of the earth. The fire in his hand glowed white-hot. He touched my solar plexus. I yelled, and at the same time, everything cleared, and I awakened." We went on to do markedly insightful work during that session and sessions following, leading to much insight and relief. To this day, that dream visitation continues to offer energy that furthers emotional respite for a tormented soul, and incremental, extremely slight, psychic movement and growth. Hephaestus, wounded god of fire, appeared within volcanic Etna and bequeathed searing energy to traverse therapeutic realms of insight and empowerment of the self relative to the capabilities of one frightened and permanently scarred soul.

Nothing can rid the mind of numinous energies, independent powers, those of the healer and invalid. Sensitivity to invalidism keeps us grounded and real. We are all invalids in one way or another. Knowing of our invalidism counteracts inflation, provides a memento mori [1], an appropriate respect for our physical and psychic limitations. Psychotherapy can only do so much, but what it can do is humane, and therefore necessary, in its ability to alleviate suffering and sustain and further life; but, to be effective in the treatment of trauma, depth work requires patience and open-ended empathic availability.

Numinous energies are autonomous and will bypass impatient mindsets with their emotion numbing drugs, behavioral machinations and cognitive incantations. They will exact their due. They and their message must be heard and tended to lest sufferings (perhaps not of the original variety if they have been quashed) abound. They shift into a plethora of addictive possibilities, relational torments, or miserable numbness.

Ultimately, the human psyche wins out in the battle with trauma. The ego fights against feeling, the feeling leaves, maybe—and with it, the soul. A humdrum life, lack of vitality and desire, results. Where there is no soul, there is no life. Trauma requires heeding the soul's reality and insistence on patient tending, therapeutic care, even if it be for a lifetime.

Tending inner wounds and relational impairments associated with trauma is an undertaking replete with its own troubles and potentials; however, the unconscious, quick to compensate the trauma survivor for the proclivity toward utter despair, provides inspiration and guidance. A numinous figure may appear in dreams as trusted guide and knowing healer, an autonomous psychic force. She or he comes during visionary sleep as the wounded god, Hephaestus, invalid deity of fire, the vulnerable divinity, Achilles, or Ganesha, god of the broken tusk, beheaded yet brought back to life in another form. The numinous energy of the transpersonal unconscious holds us down in the midst

of psychic writhing while we are humbled regarding unrealistic expectations of the traumatized self, healed in relation to what is realistically possible, and forged into an unexpected, albeit restricted, life—a soul on crutches.

Unobtrusive inner companionship

Receptivity, attunement to the psychic needs of the traumatized soul, renders the therapist's unconscious into what Farber [2] refers to as a telepathic tuning fork capable of connecting to emotional registers of unfathomable psychic neediness. Where there is traumatic damage, sustained over time, there is the need for empathic attunement in order to access repressed, vital feeling states replete with trauma and despair. Both therapist and patient must descend into primal regions of psyche that have as their compass the empathic tuning fork of authentic and consistent emotional engagement.

Profound psychological damage requires sensitivity on the part of the therapist to the dynamic reality that Grossmark [3] refers to when he writes, "... the path to healing and growth is via companionship the patient into the darker, more regressed and unformed states of illusion and merger rather than via the promotion of separateness and relatedness., which, I propose, will accrue form within the companionship register" (p. 698). Thus, intensive, long-term—even lifelong—trauma-based depth psychotherapy refers not to collusion with counter-therapeutic dependency needs related to thwarted childhood development that can be outgrown but to realistic dependency needs that compensate for damaged psychic structures.

Trauma-damaged psychic structures are chronically overwhelmed by dark and regressed feeling states. One cannot experience and express emotion or experiences without it being too much. Self-care and self-regulation are impaired. Energy is too high or too low. Affective states burn too hot or too cold. Self-care issues related to diet, exercise, relationality, rest, and other daily matters seem insurmountable, waxing and waning in terms of consistency. There is no balance, no middle ground. Within the context of a long-term empathic therapeutic relationship, balance can be restored, at least temporarily until the next depth intervention when sustenance that maximizes the probability of stability and incremental growth is once again administered. As one patient said, "When we talk, things settle. I'm calm. I can see clearly. And then, in between sessions, they gradually become foggy again; but the foggy feeling seems to be lessening over time." The relationship, the sense of being together and therapeutic merger between therapist and patient, compensates for a damaged psyche, one in which psychic experience is impaired, unregulated, and cannot be regulated in any way approaching a relatively normal state and so is mediated via consistent therapeutic relating and intervention.

"I know I can get along without our work, but it would be hard, very, very hard," commented another patient. This reflects the humane quality of ongoing psychological companionship for those disabled by trauma. To do otherwise would be akin to refusing a prosthetic to a crippled man or woman. They could hobble their way through an unnecessarily bumpy life, they could crawl rather than walk along rocky paths, and they could drag themselves along the concrete corridors of a meager existence. But, human decency and depth psychotherapeutic conscience necessitate intervention and assistance: a psychological prosthetic for the survivor of severe trauma.

Antonino Ferro [4] in his book, *In the Analyst's Consulting Room*, wrote, "Another cause for alarm is interminability, experienced as a defeat rather than indicating that the treatment cannot be ended owing to the particular pathology of the patient and the field—for such an analysis—dialysis may on occasion also be necessary" (p. 4). There is enlightenment in understanding both the helpfulness and necessity of therapeutic dialysis. Instead of therapists giving up, stating that there is simply no healing because healing does not take place in a discreet and finite manner, in observable steps forward, we can open our minds to the potency of simply and compassionately being there for someone in need—for as long as they need us to be there. Being present and doing so willingly and empathically, for as long as is needed, is healing in action. As is the case with chronic kidney complications, open-ended therapeutic dialysis for the human psyche permits the otherwise stable patient to live a loving and productive life without having to hobble, crawl, or drag themselves through life.

Gueggenbuhl-Craig [1] notes, "More often than not a client's dependency reflects not the child but the invalid. Sometimes clients remain dependent on therapists for years—the child seems never to grow up. How can it? We are not dealing with a child but with an invalid and his or her corresponding need to be dependent . . . the goal of total independence is simply unrealistic." Years back in clinical practice specializing in treating those traumatized by religion—patients who suffered severe psychic damage within the context of a church, synagogue, ashram, yoga and meditation community, or a rigidly religious family—I was startled by the depth of human need once stability had been achieved and the initial, albeit complex, wound had been staunched. I discovered that profound therapeutic dependency was not counterproductive but was in fact as necessary as an amputee's prosthetic.

Attuning the self to the realistic therapeutic dependency needs of the wounded soul necessitates what Grossmark [2] delineates as unobtrusive companionship. I found that attuning myself to the patient's spoken need, unconscious derivative material manifest in dream images and symbols, and our mutual understanding gained over time required refraining from yielding to mainstream mental health pressures to engage in cut-and-dry psychological care. Rather a dynamic understanding of the patient and their spoken and unspoken, derivative, needs necessitated unobtrusive psychic companionship, surrendering to active empathic engagement with the traumatized soul for as long as he or she found our relationship helpful and meaningful. The therapeutic relationship became the necessary psychic crutch for the stable but permanently damaged human being.

I am now returning to a regular schedule of depth psychotherapy practice after the winter holiday. Without exception, each long-term patient expressed worry in advance about the upcoming break. Consciously expressed concern and unconscious communication in dream images was riddled with worry over how they would do over the break. It was no more than ten days time off in total. We had processed the missing of appointments in advance. Preparation for changes in consistent therapeutic care is vital for those in great psychological need. Even with preparation and thoughtful supportiveness and encouragement, there was suffering. This last week of returning to our schedule witnessed sighs of relief, spoken appreciation for returning to the wellspring of the therapeutic relationship for resources that were running dry. Dreams spoke of mind weariness, car batteries having died,

food supplies run low, sewage backups that required repair.

Each of these patients have long been stable and some have been working in our therapeutic relationship for well over a decade, several for decades. They are all sufferers of complex childhood trauma. They are all high functioning, the majority in the professional and business class. Few people, if any outside of our relationship, know of their plight. It is contained within the sacred vessel of depth psychotherapy. They function as well as they do because we function as well as we do. We agree to an unobtrusive, sustained and consistent, companionship into dark and damaged realms of mind. We agree to unobtrusive companionship, a mutual commitment to consistently nourish the stabilization and ongoing incremental healing of unconscious dynamics associated with the long-lasting damage precipitated by severe trauma.

Intensity requirement and the wounded healer

Three decades ago when the onslaught of the autonomous archetypal energies of religious trauma first hit my therapy practice, I was caught unaware. Organized religion had inflicted terrible emotional, sexual, and spiritual abuse among its devotees, scandals breaking loose across news media internationally. Sufferers sought sanctuary and healing in my psychotherapy office. Seeking consultation from a colleague, I sensitized myself to the shocking neediness of these severely emotionally and spiritually traumatized souls. I also had to deepen my understanding of my own woundedness, limitations, and potential. It was a hard and painful lesson that continues to inform my life and my work.

Exercise has long been an effective stress reliever and antidote for the pressures associated with professional psychotherapy. I was forty years old (twenty-four years ago), on the tennis court under the blistering Saturday afternoon New Mexico sun. Paul, my son, was always a tennis lover, and he and I enjoyed many an afternoon on the courts. It was hot outside, very hot. Work with trauma patients during the week left me seeking the tension release that intense exercise such as running and tennis always provided. That day on the court with Paul I ran hard, played hard, and hit the ground hard, stunned to have gone down. The orthopedic surgeon asked me, "Did you think someone shot you?" "As a matter of fact," I answered, "I did hear what sounded like a gunshot, and then I collapsed, hit the ground." "Yes," he informed me, "that often happens when the Achilles snaps."

Before operating he told me, "We'll get you fixed, but you'll always need to wear shoes with a lift. Can't do anything that you couldn't do in cowboy boots." The night after my surgery, in a sleep expedited by narcotic pain relievers, Achilles flickered in then out. It was a faint image of the Greek deity, left ankle reddened but healed. He looked at me, smiled a mischievous smile, and disappeared. I knew I would be all right, and would be able to return to athletics albeit in a more gentle and sensitive way. After surgery, the orthopedic surgeon cautioned me when I left his office after the final visit, "Remember, there's no guarantees. It could happen again. So, go easy."

Achilles, his presence and inspiration, were right on the mark in terms of healing—full but limited. Today, I have healed and do not require shoe lifts (and certainly not cowboy boots); but, I can see the reddened mark, the scar, on my left ankle that reminds me that I can do anything I could do before popping my Achilles, however I have to be easier and gentler. Easefulness has never been my forte.

Intensity rules my psychic day. As I continued my own healing and growth process as a depth psychotherapist engaged in trauma care, it has been critical to acknowledge and respect the intensity requirements of the therapeutic relationship. So easily, I absorbed the intensity of trauma therapy with my patients and acted it out in my personal life. Exercise was too intense, damaging. I too, along with my patients, needed to grow in self-regulation, acknowledging both the intensity requirements of my life and profession and the consequent need for compensatory mellowing and soothing.

I'm still, now nearly forty years into trauma treatment, exploring and learning the ways of a vital sensitivity that serves as an antidote to the mind-boggling intensity that comes with the professional territory. As I'm able to nourish psychic balance, I'm reminded of and grateful for the appearance of the autonomous psychic force of Achilles, a wounded healer encouraging the healing of one now more in touch with the energy requirements involved in the care of traumatized souls.

Ganesha—New but different mind

According to the ancient text, Shiva Purana, Ganesha was the son of the goddess, Parvati. She had created him out of turmeric paste in order to guard her as she bathed. The great god, Shiva, came and tried to enter the house. Ganesha stopped him. Infuriated, Shiva severed his head with his trident. Parvati was enraged and demanded that Shiva bring Ganesha back to life; but, the boy's head had been hurled far off and was lost. Shiva replaced Ganesha's head with that of the first being he encountered a dying elephant. And so was born Ganesha, yet another archetype of woundedness and transformation, but with a difference.

After processing in therapy a dream of Ganesha, an insightful soul commented, "I know I'll never be who I would have been without my background. I'm damaged, and scarred from it. Elephants never forget, we say. I can never and should never forget what's happened. It's part of me." It took years to help this individual come to the point of accepting their truth. Their mind was different because of what they had suffered. They would never be as they would have been had severe trauma not occurred. Before the treatment of the unconscious mind, they were dying; now, they lived but their way of seeing things, relating to others, being who they were as a person in the world, was forever altered.

One of the remarkable facets of this person's recovery was their ability to understand, after many years of dream work, the meaning of this dream. Trauma impairs the symbolic ability of the psyche. Bromberg [5,6] makes clear that trauma compromises the capacity for symbolic processing. Individuals ravaged by chronic trauma struggle with the world of symbols, making connections, links between the obviously frightening world of the primary process unconscious and that of waking reality. They have learned to close down what does not make sense. This helped them survive the horror that did not make sense, was overwhelming, and not assimilable by their conscious mind; thus, the capacity to experience, process, and understand dream symbols is impacted and can be destroyed. The therapist serves a compensatory function as one who assists the mind, circumscribed in its abilities, to either strengthen itself and gradually discover and nourish the psychic facility to assimilate symbolic meaning or permanently acts as a psychic prosthetic in the quest for emotional resonance. Then, those who have suffered trauma metabolize the symbol and take in meaning with its hard-won insight and relational caring. Ganesha

may appear a dream symbol for one who could not remember trauma and, once remembered, could not assimilate its meaning but now is able to remember and not forget.

Ganesha also manifests in the dreams of the depth therapist as she or he undergoes a mind shift away from mainstream, ordinary ways of conducting treatment and risks yielding to psychological companionship. If one is to meet the clinical needs of patients and not abandon them due to external pressures to conform to regimented treatment guidelines, then a new model of care, of depth therapeutic mindedness, is critical. We must free ourselves to empathically exercise the talking cure to see souls through traumatic suffering in a reflective, supportive, unhurried manner that may go contrary to conventional mental health strictures. This is depth therapeutic healing in action.

Christopher Bollas [7] writes in, *Catch Them Before They Fall*, "As time went on, my experience was telling me that the psychoanalytic process was, in itself, so efficacious that one should allow it to be modified for a person in dire straits, with extended sessions, increased frequency or, occasionally, with all-day sessions. I believed that the analytical experience itself functioned as a third object which could be the vehicle of transformation" (p. 6).

Thus, the transformation of psychotherapeutic mindset implicates both trauma patient and trauma therapist. Both are at work seeing trauma through together so as to effect healing relative to the patient's suffering and capability. What Bollas [7] refers to as the depth therapist's idiom of being must be allowed to shift, to radically alter, for the sake of facilitating the healing of highly vulnerable and permanently wounded human beings.

Functionaries of the archetype

The most we ever do is approach the vast wonder of psychic healing for trauma, never able to fully absorb it, but, at our best, willing yield, unobtrusively companion our traumatized patients into its unfathomable yet palpably transformative current.

William James [8], father of American depth psychology, spoke to the movement and transformation inherent in authentically touching the soul: "Neither threats nor pleadings can move a man unless they touch someone of his potential or actual selves." It is this to which Bromberg [6] refers when addressing the necessity of abiding with traumatized patients in the multiplicity of their fractured self states, rather than engaging in a defensive escape, a psychically injurious maneuver via arbitrary termination. Such abiding evolves purposeful containment and processing of suffering that leads to incremental psychic movement.

DISCUSSION

Listening to our traumatized patients, accepting and yielding to the multiplicity of their self states, traumas, and potentials, attempting always to be there for them in the way they need us—listening, talking, empathically offering what we see and feel—is the essence of the depth healing journey. The soul stabilized but on crutches, requires such assistance in the form of an empathically attuned and open-ended therapeutic relationship. To do less, whether by overt adherence to rigid professional dictums; by subtly or silently feeling put off or put out by need; or by cleverly (in our minds) rushing the process in veiled ways is psychologically damaging—what Crastopol [9] diagnoses as micro-traumatic.

CONCLUSION

From the above discussion we can conclude that effectively, even subtle coercions to conform to conventional treatment strictures, undermines the intensity of the patient's traumatic reality and emotional need, and therefore wounds sense of self, reality, and worth—the very dynamics a depth psychotherapist is devoted to unobtrusively and open-endedly tending and healing as a functionary of the archetype of the invalid in the treatment of trauma.

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