

Posttraumatic Growth and Thriving with Heart-Centered Therapies

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“Human strengths are inevitably a two-act play involving plummeting descents and soaring heights.”

(Ryff & Singer, 2003, p. 272)

Abstract: The predominant themes in the paper by Stiles (2007) are: whether the dissociative states experienced during childhood sexual abuse influence the adult woman survivor’s spiritual development (defined as the process by which one actively engages in the search for purpose and meaning in one’s life), and whether the experiences were ultimately of value. Stiles also refers to “the human psyche’s capacity to expand through dissociative experience.” In particular, she suggests early dissociative patterns may contribute to: a tendency to experience boundarylessness; merging with something beyond the self; awareness of the existence of states of nonordinary reality; and acceptance of a state of out-of-control overwhelm as near-death, i.e., “being near death is akin to being near God.”

A proclivity to experience dissociative states, resulting from childhood sexual abuse, does contribute to the adult woman survivor’s spiritual development; however, it also adds the challenge to integrate dissociated parts that have grown into autonomous sub-personalities in order to avoid either unconscious emotionality or disconnection from emotion and the body. Thus, what begins as seeking psychic refuge through dissociation ideally evolves into allowing the dissolving of one’s psychic self. This article will discuss these themes utilizing several theoretical perspectives: (1) the Coactivation Model of healthy coping (Larsen et al., 2003); (2) “posttraumatic growth” or “resilience”; (3) current research into purpose in life, and wisdom; and (4) the neuropsychology of mystical experience.

We present here a discussion about one of “the ironies of well-being - the paradox that human strengths are frequently born in encounters with life difficulties. Strength is often fired in the crucible of adversity” (Ryff & Singer, 2003, p. 277).

“Posttraumatic growth” or “resilience”

Personal growth and trauma resolution frequently involve encounters with adversity that require one to dig deeply to find one’s inner strength.

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This phenomenon of growth through trauma and adversity (e.g., Emmons, Colby, & Kaiser, 1998; Ickovics & Park, 1998; Tedeschi, Park, & Calhoun, 1998) is commonly called “posttraumatic growth” or “resilience.”

“Posttraumatic growth is the experience of positive change that occurs as a result of the struggle with highly challenging life crises. It is manifested in a variety of ways, including an increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities, and a richer existential and spiritual life” (Tedeschi & Calhoun, 2004, p. 1).

Resilience is the capacity for well-being in the face of adversity (Ryff et al., 1998; Singer & Ryff, 1997, 1999; Singer et al., 1998).

Gottman, Katz, and Hooven (1996) observed that one of the most valuable contributions parents make to the development of their children is to “coach” them to recognize, name, and communicate their fears, frustrations, anger, and pain. Successful coping depends not only on “grappling with the stressor, but also on coming to grips with and gaining insight into it” (Larsen et al, 2003, p. 221). In fact, for individuals with terminal illness, confronting and overcoming negative emotions may actually extend life itself. Spiegel et al. (1989) found that breast cancer patients randomly assigned to a support group where they were encouraged to express their feelings about their illness survived on average 37 months, twice as long as control patients survived.

When an individual encounters adversity, be it accidental or malicious, sudden or lingering, there are at least four potential consequences (O’Leary & Ickovics, 1995). One possibility is a downward slide in which the initial detrimental effect is compounded and the person eventually *succumbs*, defeated. A second possibility is that the individual *survives* but is diminished or impaired permanently. A third potential outcome is that the individual returns to the pre-adversity level of functioning, that is to say he or she *recovers*. The fourth possibility is that the person may surpass the previous level of functioning, and he or she *thrives*. The thriving outcome has been studied extensively, and is generally called *traumatic growth*. The following graphic representation (Illustration 1) is taken from Carver (1998), who adapted it in turn from O’Leary & Ickovics (1995).

Nijenhuis, Van der Hart & Steele (2004) have found that exposure to stressful events can raise one’s mental level of functioning, i.e., his capacity to integrate the experience and encode it in memory, but when threat becomes massive and overwhelming, this level drops.

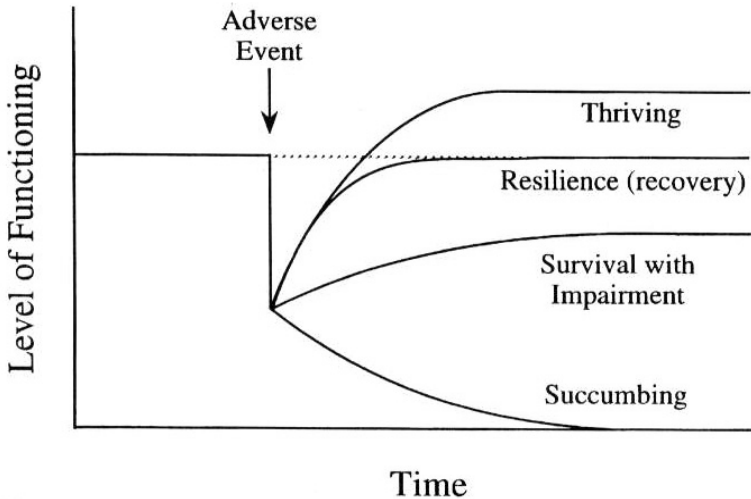


Illustration 1. Four Possible Outcomes of Adversity

This means that, contrary to popular belief, “All positive, all the time” would *not* be ideal, although it would certainly be preferable to “All negative, all the time.” In fact, the coactivation of positive *and* negative emotions may provide the most fertile ground for optimal growth and development. But what mix would be most ideal? Eighty percent positive and twenty percent negative? Fifty - fifty? Perhaps some other ratio?

Coactivation Model of healthy coping

Larsen et al. (2003) have proposed a Coactivation Model of healthy coping, based on extensive research into just these questions (Stein et al., 1997; Pennebaker, 1993; Pennebaker & Francis, 1996). Their findings are that “the optimal balance of positive and negative emotions for healthy coping is lower for more severe stressors. That is, effective coping with trivial stressors is associated with primarily positive thoughts and emotions, whereas effective coping with major traumas requires dealing with and working through much more negative information and, hence, is associated with a higher proportion of negative thoughts and emotions” (Larsen et al., 2003, p. 216).

The three charts presented in Table 1 on page 68, taken from Larsen et al. (2003, p. 217), represent the relationship between activation of positive and negative emotion and outcome following trauma. Several conclusions are obvious from these findings. One, recovering from a mild stressor (i.e.,

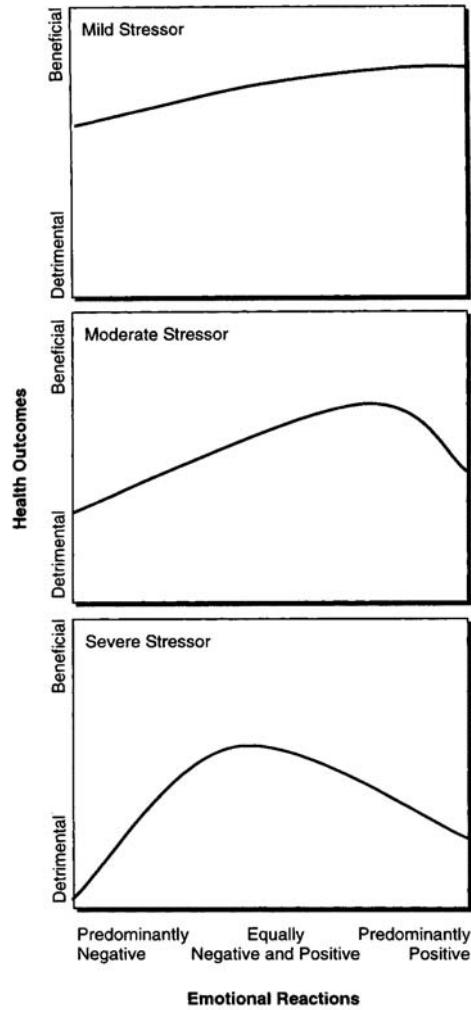


Table 1

The coactivation model of healthy coping. The curves depict a series of curvilinear relationships between emotional reactions to stressors and health outcomes. Beneficial health outcomes are not necessarily associated with entirely positive or entirely negative emotions, but rather with some optimal proportion of positive to total (i.e., positive + negative) emotions. The top, middle, and bottom panels represent stressors of increasing severity. As severity increases, the optimal proportion of positive emotions decreases (Larsen et al., 2003, p. 217).

minimal trauma) is facilitated by predominantly positive emotion. So “positive thinking” or repeating “positive affirmations” would be highly effective. However, as the original wounding experience becomes more severe or traumatic, recovery requires a higher proportion of negative thoughts and emotions.

Recovery from a moderate stressor is achieved with a predominance of positive emotion, but the benefit falls off (becomes more detrimental) as the person’s experience approaches “All positive, all the time.” So here healing is aided by an acknowledgement and expression of the negativity absorbed, i.e., fears, anger, hurt, sadness, grief, shame, or guilt.

And recovery from a severe or traumatic stressor reaches optimal levels even before positive emotion outweighs negative emotion. That is, such an acknowledgement and expression of the negativity must be dealt with before any experience of forgiveness, compassion (even for oneself), or character strength is useful.

The coactivation of positive and negative emotions is unstable, unpleasant, and disharmonious, however (Cacioppo et al., 1997; Cacioppo & Berntson, 1999). The experience can feel chaotic, frightening, or discouraging. An active social support system and effective facilitation are immensely helpful to achieve success. But *necessary* to tolerating the negativity long enough to process it and to benefit from the processing is simultaneous positive experiencing, i.e., coactivation of positive along with negative emotions. This can take the form of revisiting the traumatic experience (ideally in age regression) accompanied by a strong and healthy facilitator to provide safety, encouragement, cognitive context, various forms of empowerment and corrective emotional experiences.

Purpose in life, and wisdom

One measure of spiritual development is *purpose in life*, defined as the capacity to find meaning and direction in one’s experiences, and it has been shown to be profoundly grounded in confrontations with adversity.

“Trauma acts to increase spiritual development if that development is defined as an increase in the search for purpose and meaning” (Decker, 1993, p. 33). The need to find meaning has been documented as psychologically important within the context of a wide range of traumatic life events (Affleck & Tennen, 1996; Bulman & Wortman, 1977; Silver, Boon, & Stones, 1983; Thompson, 1985).

The research seems to document that the ability to tolerate the tension of feeling both positive and negative emotions simultaneously may

represent an important human strength. That strength is probably not a single discrete trait such as one of the “signature strengths” identified by Martin Seligman (2002), but rather a combination of them. Actually, the research on people who are generally considered wise (Kramer, 2000) documents that they tend to share these attributes: openness; tolerance of ambiguity and complexity; capability of finding purpose and meaning in life’s turbulence and using their negative emotional experiences as catalysts for emotional growth, enriched understanding, and exploration of deeper meanings of human experience. “Wise people have learned to view the positive and negative and synthesize them to create a more human, more integrated sense of self, in all its frailty and vulnerability. This allows for openness, nondefensiveness and less judgmentalism, as well as a catalyzing influence of negative emotions” (p. 94).

Taft (1969) suggested the term *ego permissiveness* to convey the ego’s willingness to tolerantly relinquish some of its power in order to allow the actualization of the potentialities of the pre-conscious and unconscious aspects of the personality, just as a permissive parent or leader takes the repressive pressure off subordinate elements in the system so that they can grow. Ego permissiveness connotes a reduction of ego control in the interests of self expression and growth. Some dimensions of ego permissiveness are (1) peak experiences (a state of loosened identifications and fluid ego boundaries); (2) dissociated experiences (the experience of an ‘altered state of consciousness’ in which consciousness is dissociated from, yet still aware of, emotions, external perceptions, or somatic experience); (3) acceptance of fantasy (relatively easy suspension of disbelief); and (4) belief in the supernatural (belief in the reality of supernatural phenomena, outside the normal world of perception and logic; tolerance for logical inconsistencies and paradox).

Here we can see the causative influence of early dissociative patterns on the later development of the rich soil within which spiritual growth achieves fruition, a direct validation of Stiles’ reference to “the human psyche’s capacity to expand through dissociative experience” (p. 11). For a more complete discussion of ego permissiveness, refer to Hartman and Zimberoff (2003b).

The outcome for those trauma survivors with sufficient resilience to thrive is toleration of the tension of feeling both positive and negative emotions. Beyond that, as reported by Stiles (2007), they have a tendency to experience (1) boundarylessness; (2) merging with something beyond the self; (3) awareness of the existence of states of nonordinary reality; and

(4) acceptance of a state of out-of-control overwhelm as near-death, i.e., “being near death is akin to being near God.” We will review these tendencies in more detail shortly.

The outcome for those trauma survivors with *insufficient* resilience to thrive is a tendency to experience as overwhelming the very same fluid ego boundaries, dissociated experiences, and imposition of nonordinary reality. The more cataclysmic and chaotic the disturbance of the status quo, the more regressive will be the individual’s reaction and the more it will be experienced as disintegrating to the (fragile) ego. The primary, archetypal images and drives that are activated with disintegration are then experienced as overwhelming. To defend oneself from the resulting feelings of catastrophic despair, annihilation, and disintegration, the individual develops primary defenses in the unconscious, fragmentation and derealization and depersonalization, which Fordham (1974) calls *defenses of the self*. Traumatic dissociation is known to produce profound feelings of unreality, out-of-body experiences, disconnection from one’s body, tunnel vision, lack of pain perception (analgesia), motor inhibitions, and a lack of personification, i.e., a sense that the registered event is not happening to one personally (Nijenhuis et al., 2001).

Boundarylessness is one of the seminal experiences of high spiritual, mystical, or shamanic states. From a spiritual perspective, we might call it “unboundaried radical connectedness” (Mayer, 2002), as if the personality is taking time off from being self, i.e., from being a rigidly defined identity sinking in the quicksand of ordinary reality. It may be dipping into formlessness for rest, or into an expanded sense of self which holds the natural world as a larger psyche which incorporates our individual psyches. From a psychological perspective, we might call it loosening one’s ego identification, *unintegration* (Winnicott, 1965), awareness without self-consciousness, or *flow* (Csikszentmihalyi, 1990).

Merging with something beyond the self requires a loosening of the ego, a capacity strengthened by early dissociative experience. Such a yearning for merging reflects the early unmet need for psychic intimacy and refuge, i.e., for secure attachment. It also requires a sense of security deep enough to allow surrender of the identified self, to tolerate the personal annihilation requisite in the process of merging.

Awareness of the existence of states of nonordinary reality is something that many people lose in “growing up,” in the transition from the wonders of childhood to the constricted sense of self of adulthood. In Stiles’ words, the trauma survivors’ experiences or perceptions of

nonordinary states of reality “were either discussed in relation to childhood dissociation or in relation to adult experiences resulting from controlled, meditation-type practices or spontaneous experiences resulting from the need for psychic refuge” (p. 47).

Acceptance of a state of out-of-control overwhelm, the prospect of psychic annihilation or near-death, or in the words of one of Stiles’ subjects “being near death is akin to being near God” (p. 46), is terrifying to most people. For dissociators it is at once intoxicatingly seductive and terrifying; seductive because it offers the long-sought independence from the tyranny of limitation and suffering inherent in the “normal” state, and terrifying because it highlights the separation anxiety and potential nothingness of surrender. Refer to Zimberoff and Hartman (2002) for more details about this two-edged dilemma.

The resilient individual is willing to utilize primary processes (pre-conscious and unconscious psychic content and expression) for personal and personality growth: “regression in the service of the ego” (Kris, 1952). What begins as seeking psychic refuge through dissociation evolves into allowing the dissolving of one’s psychic self.

The Neuropsychology of spiritual experience

Stiles refers to Tellegen and Atkinson’s (1974) position that memory, perception, and attention are “described and discussed widely in literature on meditation, expanded awareness, peak experiences, mysticism, esthetic experiences, regression in the service of the ego, altered states of consciousness, and in the literature on drug effects” (p. 274). Stiles suggests that a correlation exists in the three characteristics because of parallel dissociative processes, amplifying the experience of one part of reality, while other aspects recede from awareness. That fits precisely with current research into spiritual experience, including fMRI studies on brain activity during meditative states.

In 1997, neurologist Vilayanur Ramachandran, Director of the Center for Brain and Cognition at the University of California, San Diego, told the annual meeting of the Society for Neuroscience that there is “a neural basis for religious experience.” Then in 1999 Australian researchers found that people who report mystical and spiritual experiences tend to have unusually easy access to subliminal consciousness. Psychologist Michael Thalbourne of the University of Adelaide suggests that people whose unconscious thoughts tend to break through into consciousness more readily are more likely to have profound spiritual experiences. This

tendency for psychological material (imagery, ideation, affect, and perception) to cross thresholds into or out of consciousness with ease is called *transliminality* (Thalbourne, 2000). High levels of transliminality, then, account for spiritual and mystical experience.

The single strongest predictor of such experiences is dissociation, and a clear developmental antecedent to adult transliminality is childhood trauma (Thalbourne & Crawley, 2003). Survivors of childhood abuse score significantly higher than others on these aspects of transliminality: the altered state of cosmic enlightenment, fantasy proneness, special wisdom, sensing an evil presence, absorption in nature or art, a transformative state of consciousness, mystical experience, hyperesthesia, and the sense of gaining or losing energy. “Childhood trauma seems predictive of the broad domain of transliminality” (p. 692).

Extreme transliminality may have negative as well as positive outcomes, however; excessive transliminality may allow unrestricted subliminal material into consciousness, or too much material too soon. An example is mania, with its flight of ideas, overly optimistic elation, and delusions of grandeur. Another is depression, in which highly unpleasant memories and morbid delusions rise up again and again. This also accounts for the intrusive thoughts or flashbacks common to those who suffer from PTSD.

Reporting on research by Richard Davidson at the University of Wisconsin, Madison, Begley (2007) discusses several interesting changes in brain activity for individuals experiencing meditation. Using fMRI imaging to detect which regions of the brain became active during meditation, Davidson found that brains became activated in regions that monitor one’s emotions, plan movements, and generate positive feelings such as happiness, i.e., the region of the brain he calls “the chief operating officer of the brain.” This part of the cortex is known to powerfully inhibit the center of impulsive emotions and instinctual urges, the amygdala, and plays an important role in maternal/infant and social bonding. Other regions became quieter during meditation, those that keep track of what is self and what is other, explaining the experience of boundarylessness, loosened identifications and fluid ego boundaries. In its simplest terms, the trained meditator has gradually learned to empty the mind.

Newberg and co-workers (d’Aquili & Newberg, 1993; Newberg & d’Aquili, 2000; Newberg et al., 2001) suggest that there are two dimensions shared by most individuals who use a practice to heighten their spiritual or religious experience: “(1) intermittent emotional discharges

involving the subjective sensation of awe, peace, tranquility, or ecstasy; and (2) varying degrees of unitary experience correlating with the emotional discharges just mentioned (d'Aquili & Newberg, 1993). These unitary experiences may consist of a decreased sense or awareness of the boundaries between the self and the external world" (Newberg & d'Aquili, 2000, pp. 252-253). They used single photon emission computed tomography (SPECT), a brain imaging technique, to investigate patterns of blood flow in experienced meditators. Their results parallel those of Davidson, and are corroborated by Hankey (2006). The frontal cortex became active, while activity decreased in the posterior superior parietal lobe, known as the Orientation Association Area (OAA). According to SPECT imaging studies, the left OAA serves to create one's spatial sense of self, while the right side creates the physical space in which that self exists (Newberg et al., 2001). The OAA, for example, is related to a lack of sense of self in patients with depersonalization disorder (Simeon et al., 2000). In meditators, the OAA demonstrated minimal activity levels during peak meditation times, correlating with the subjective experience of blurred distinction between the self and external reality, that is the unitary nature of many transcendental states.

Newberg et al. (2001) extend their examination for the process of spiritual connection and mystical experience beyond the brain, looking to the autonomic nervous system; namely, the sympathetic system (SNS), responsible for the arousal states of fight-or-flight and the expenditure of energy such as hunting and mating, and the counterbalancing parasympathetic system (PNS), responsible for the freeze response to threat and energy-conservation such as sleep and digestion. These two systems, the SNS "arousal" and PNS "quiescent" systems, normally act in an antagonistic fashion, i.e., increased activity of one tends to produce decreased activity in the other, alternately activating arousal when presented with threat or opportunities to satisfy needs, and shutting down external activation when the threat is absent or the need is satisfied.

Studies have shown that maximal stimulation of either component may induce a "spillover" effect which, rather than inhibiting the activation of the other, results in the simultaneous activation of both systems (Gellhorn, 1969; Gellhorn & Keily, 1972; Hugdahl, 1996). For example, the "hyperquiescent" state achieved through meditation, experienced as oceanic bliss, may trigger the activation of the arousal system, resulting in a "burst of energy." That may lead one to feel the profound excitation of kundalini rising, or to be absorbed by an outside object, an experience of

boundarylessness and mystical merging that Buddhists refer to as *Appana samahdi*. Conversely, the researchers assert that a state of “hyperarousal” interrupted by a parasympathetic breakthrough may contribute to the trancelike condition achieved in many religious and shamanic rituals, often resulting from the rhythmic driving of drumming, chanting, dancing, etc.

Rarely both SNS and PNS systems are stimulated maximally, resulting in the most intense forms of mystical experience, near-death experience, and other types of peak experience (Newberg & d’Aquili, 1994). This phenomenon is created utilizing cognitive/emotional activity to drive the SNS and PNS systems to maximal activation. This state can be produced by mentally focusing on an object so intently that the meditator’s absorption into the object of meditation results in a total blocking of input to the OAA region of the brain, obliterating the self/other dichotomy, and creating a sense of union between the self and something outside the self (the object of meditation, usually God or some aspect of divinity). Actually, this occurs with a blocking of the *left* posterior superior parietal lobe. Blocking of the *right* posterior superior parietal lobe results in loss of the usual orientation to space and time, and thus in orientation toward nothing, a sense of complete nothingness, or union with the formless. With no information from the senses arriving, the left orientation area cannot find any boundary between the self and the world. As a result, the brain seems to have no choice but to perceive the self as endless and intimately interwoven with everything. The right orientation area, equally bereft of sensory data, defaults to a feeling of infinite space. The meditators feel that they have touched infinity. When both hemispheres are synchronized and both halves of the OAA are non-activated, the meditator has the sense of self merging with all that is, with the vast Absolute (Newberg & d’Aquili, 2000).

These factors may identify the process in consciousness conveyed by the concept of “regression in the service of the ego” in which “the ego can utilize pre-conscious and unconscious potentialities” (Hood, 1975, p. 36):

1. tolerance of ambiguity, i.e., coactivation of positive and negative emotions, and of sympathetic and parasympathetic activations;
2. capability of finding purpose and meaning in life’s turbulence and using negative emotional experiences as catalysts for emotional growth;
3. willingness to loosen one’s ego identification through experiencing states of nonordinary reality, boundarylessness, merging, and acceptance that being near God may be akin to being near death.

Structural dissociation

There may be a connection between the neurological damage done by early abuse and “posttraumatic growth,” including receptivity to spiritual exploration. While it is premature to assert such a connection, we will identify some of the known neurological consequences of early child abuse. “The integrative failure that is characteristic of traumatized individuals may also relate to structural brain changes, notably in the hippocampus” (Nijenhuis, Van der Hart, & Steele, 2004). The hippocampus is a brain structure instrumental in the synthesis of experiences, providing a conscious structure, context and a time stamp to the experience in the process of memory encoding, storage and retrieval. Smaller hippocampal volumes were reported in female adult survivors of childhood sexual abuse (Bremner et al., 1997). That damage consists of a loss of neurons and synapses (a loss of up to 18%), and results in corruption of thought process and learning, particularly deficits of encoding short-term into long-term memory (Squire, 1992).

The traumatic experiences, etched in procedural memory but not converted into long-term memory, interfere with current working memory. Past threats are perceived to be present threats, suggested by intrusive thoughts, flashbacks, and hypervigilance. Not only does PTSD obscure the ability to distinguish between past and present lost, but the “repertoire of survival skills remains confined to those skills that were acquired up to the time of the trauma, and they lack the resilience to learn new strategies” (Scaer, 2005, p. 67). An aspect of this individual is frozen in the past, or perhaps more accurately that frozen dissociated part of the person is carried like deadweight in the ever-present – a “primitively organized alternative self” (Davies & Frawley, 1992, p. 16).

Fortunately, however, the hippocampus is the only known region of the human brain which can replicate new neurons. Treatment of PTSD and resolution of early childhood trauma can reverse the damage to the hippocampus, and there is evidence that the hippocampal volume actually increases along with a decrease of PTSD symptoms and significant improvements in verbal declarative memory (Ehling, Nijenhuis, & Krikke, 2003; Vermetten et al., 2003).

The dissociation so prevalent in traumatized children, including those who are sexually abused, results in more than one parts (sub-personalities, or personalities) each with its own unique configuration of neural circuitry. These autonomous parts of the individual share one brain, one heart, and one nervous system, of course. Yet they each have separate identifiable

patterns of reaction in the heart and brain. Before looking at the evidence for these statements, we examine one theoretical model of dissociation that will help increase our understanding.

Many traumatized individuals alternate between re-experiencing their trauma and being detached from, or even relatively unaware of the trauma and its effects. Each of these alternative ways of being can better be conceptualized as a cluster of mental/emotional states, proposed as a Theory of Structural Dissociation by Nijenhuis and associates (2004). Severe threat may provoke a structural dissociation of the pre-traumatized personality (Van der Hart, 2000), creating a split between the defensive system on one hand (re-experiencing trauma), and the systems that involve managing daily life and survival of the species on the other hand (detachment from trauma). The traumatized individual, then, develops an “emotional” part of the personality (EP) and an “apparently normal” part of the personality (ANP) that engages in matters of daily life (and that has failed to integrate the traumatic experience) (Myers, 1940).

These dissociative parts of the individual’s personality each have a different sense of self, and respond to trauma memories differently (Nijenhuis et al., 1999; Reinders et al., 2003). This dissociation compromises the development of a coherent sense of personal existence in a framework of the past, the present, and the future. The *emotional personality* carries memories somatically, and often pre-verbally, and experiences the memories of traumas as personal to their emotional personality. The *emotional personality* presents with the identity of a child, the arrested development inner child stuck in time at the point of the original traumatizing event(s). The traumatized individual’s *apparently normal personality* does not experience memories of traumas as personal, or may have no access to them at all (Van der Hart & Op den Velde, 1995). The *apparently normal personality*, dissociated from her body and her emotions, presents as the precocious caregiver, willing to tolerate age-inappropriate responsibilities. She is condemned to live life “on the surface of consciousness” (Appelfeld, 1994, p. 18).

In other words, when the emotional personality is activated, the individual tends to lose access to a range of memories that are readily available for the apparently normal personality, and vice versa. The lost memories typically involve episodic memories, i.e., personified memories of personal experiences (Van der Hart & Nijenhuis, 2001). The emotional personality cannot function in the world like the apparently normal personality, because its brain does not have access to the memories

necessary to function in that way. We now turn to the known physiological differences between these sub-personalities, and in particular how that impacts on potential spiritual growth.

One research project (Nijenhuis et al., 1999) found large differences in regional neural activity for these dissociative sub-personalities of traumatized individuals when they listened to trauma memory scripts. The *apparently normal personalities*, who did not regard the recounted memories as personal, had more activity in parietal and occipital regions which we have noted are related to lack of sense of self. The *emotional personalities* displayed decreases of heart rate variability, and increases of heart rate frequency, systolic blood pressure, and diastolic blood pressure. Studies link reduced heart rate variability with various outcomes indicative of emotional dysregulation, such as anxiety, depression, and rigid attentional processing of threat (Appelhans & Luecken, 2006). Increased heart rate and blood pressure, of course, are symptomatic of stress. Both dissociative parts of the personality responded differently to recounted traumatic memories, but did not have differential physiological responses to neutral (non-traumatic) memories. “. . . [E]motional personalities have strong emotional responses to traumatizing events that escape inhibition by prefrontal regions, whereas *apparently normal personalities* inhibit emotional reactions, while being depersonalized and not well in contact with bodily feelings” (Nijenhuis, van der Hart, & Steele, 2004).

What are the implications of these results for Stiles’ basic question of whether the dissociative states experienced during childhood sexual abuse influence the adult woman survivor’s spiritual development. It appears that the more an adult survivor has integrated sub-personalities, and the more she has healed the wounds of the damaged inner child, the better her chances of avoiding “rigid attentional processing,” i.e., fear of loosening ego identification. On the other hand, it is dysfunctional to avoid that rigidity at the expense of personification, i.e., by dissociating from personal involvement with emotions and the body, by living superficially, “on the surface of consciousness.”

We conclude this article with a brief discussion of the therapeutic and healing methods best suited to helping the survivor’s elevation beyond survival, beyond recovery, to the level of thriving.

Hypnotherapy and loss of soul

There are three major types of altered states of consciousness revealed by cross-cultural research: shamanistic, mediumistic, and meditative

(Winkelman, 2000). All three are to some degree a parasympathetic dominant state with EEG slow-wave discharges, particularly in the theta range, synchronous alpha patterns, and continued self-awareness; in short, penetration of the dream mode of consciousness into the waking mode. Another element common to these altered states of consciousness is the flight or journey of the soul, or an out-of-body experience during which the soul or spirit is experienced as leaving the body and entering into other worlds (Eliade, 1964).

We have thus far looked at research on meditative states to better understand the contribution to spiritual development of a proclivity to dissociation, tolerance of ambiguity, experiencing states of nonordinary reality, boundarylessness, merging, and fluid ego boundaries. We suggest the possibility that some of the same factors apply to the state of hypnosis (McClenon, 1997), known to promote a state of being deeply engrossed in imaginative activities, to produce vivid imagery, and to engage in “holistic information-processing styles” (Crawford, 1994, p. 223).

Because of this affinity to shamanic and meditative spiritual states, hypnosis is an ideal modality to assist trauma survivors in their healing journey, including their spiritual development that incorporates integration of the self with the soul.

An important part of the trauma resolution work in Heart-Centered therapies has to do with recognizing the *soul* of each individual and understanding when people have *soul issues*. We have discovered during the course of doing trauma work that traumatized individuals often have a splitting or fragmentation of the soul. Just as the personality can split off when trauma occurs, e.g. into *apparently normal personalities* and *emotional personalities*, so too does the soul split off or fragment (Modi, 1997, p. 368). If the trauma is extreme enough, the entire soul may actually separate from the body. This fragmentation produces an individual who is disconnected and dissociated personally, socially, and spiritually.

In the Jungian perspective, therapeutic healing begins with bringing pathological complexes (sub-personalities) into experienced, not just intellectual, consciousness. Not all complexes are pathological; only when complexes remain unconscious and operate autonomously do they create difficulties in daily life. Complexes become autonomous when they “dissociate” (split off), accumulating enough psychical energy and content to usurp the executive function of the ego and work against the overall good of the individual. Only when dissociation is reconnected and the

complex is brought to consciousness can the emotional charge be assimilated and the autonomous nature of the complex be dissolved.

Jung refers to the diminution of the personality known in primitive psychology as 'loss of soul' (1959, p. 119). We have learned from shamanic sources how to retrieve and integrate the "lost soul," retrieving any fragments that were separated at moments of trauma or unbearable pain and consolidating them. This work surpasses the healing of pathology and aims at the fulfillment of individual wholeness, what Jung called the "cure of souls" (1961, p. 124).

Hypnotherapy provides an optimal modality for treatment, trauma resolution, and spiritual expansion. In the therapeutic trance state, changes in ego boundary are easily accomplished (Brenman, Gill, & Hacker, 1947). In hypnotic trance, the normal distinction between executive and monitoring functions are loosened so that aspects of the self normally out of awareness may come into consciousness and may actually plan and direct experience. In other words, the usual dissociative ego boundary control comes under self-control. For a more detailed discussion of this topic, refer to Hartman and Zimberoff (2003a, p. 64).

The altered state allows access to these dissociated complexes, and the vehicle for reintegration. The trance state brings them into consciousness, and provides a natural way to integrate them, emotionally, physically and spiritually. The hypnotic trance provides fertile interconnection between the cortex and the midbrain which is the requirement for repair of the damage done to the brain's hippocampus in childhood abuse. The hypnotic trance attends to the need of *emotional personalities* as arrested development inner children for accessing memories somatically and personally, and for processing the experience emotionally and perhaps pre-verbally. Also, the hypnotic trance attends to the need of *apparently normal personalities* as overly-responsible caregivers for insight, reconnected access to memories, and compassion for her own body and emotions as allies rather than enemies.

Either terminology, soul fragments or dissociated complexes, can be used to explain the therapeutic phenomena. A young man with a serious sexual addiction appeared to be very "empty" inside. He experienced deep feelings of loneliness and terror which he "medicated" with excessive and inappropriate sexual behavior. As we regressed him back to the source of his pain, he found himself at age six cowering under his bed after having been beaten by his father. The six-year-old ego state was able to retrieve a

fragment of his soul from under that bed, and thus began the healing process of that young man's filling his black hole of emptiness.

A woman with cancer had been sexually abused by her grandfather and literally felt her soul shattered onto the walls of her childhood bedroom. She was delighted to discover that those "primitively organized alternative selves," her fragmented soul, was waiting for her to come reclaim them, retrieve them, bringing them back to life. As we collect the soul fragments and return them to the body, the individual begins to feel more whole and complete inside. A new sense of Self, of wholeness, is activated that has not been previously experienced.

In conclusion, a proclivity to experience dissociative states, resulting from childhood sexual abuse, does contribute to the adult woman survivor's spiritual development; however, it also adds the challenge to integrate dissociated parts that have grown into autonomous sub-personalities in order to avoid either unconscious emotionality or disconnection from emotion and the body. Thus, what begins as seeking psychic refuge through dissociation ideally evolves into allowing the dissolving of one's psychic self.

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