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Trauma and Transformative Passage

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The strategic introduction of stressors to intentionally produce targeted psychological states has a long history among indigenous peoples. Rites of passage ceremonies commonly involve subjecting individuals to controlled violence to attain desired transformative outcomes. In this context, violence is held to be sacred and generative, ritually introducing distress in the service of loosening orientation and preparing the individual for spiritual advancement and the acquisition of a new identity. Traditional ritual initiation ceremonies are typically tripartite and characterized by stages of Separation, Ordeal, and Return. This article suggests that accounts of the experiences of initiates in Separation and Ordeal stages bear striking correspondences to trauma disorder phenomena, yielding insights that may contribute to improving the effectiveness of modern trauma interventions.

Keywords: *trauma, posttraumatic stress disorder (PTSD), ritual, passage, initiation*

Psychological trauma is surely a problem of the ages. The psychological impact of disease, war, and natural disasters has been a perennial concomitant of human experience. Early recorded history and religious writings were rife with references to traumatic events and representational interpretations of their origins and meanings. In the modern era, trauma first belonged to anthropology and comparative religion until it was usurped by the science of psychology. Before the current age of scientific hegemony, deities and demons instigated traumatic events, and shamans and their equivalents treated the fallout. In 1931, C. G. Jung noted the passing of that era when he observed that “the gods have become diseases” (1957/1967, p. 37). Jung’s comment was a metaphoric lament for the shift in symbolic language, from the pre-scientific to the scientific, which corresponded to a loss of intimate, direct relationships to psychological and spiritual phenomena and their powers to convey personal and cultural meaning. Modern thought welcomes the transfer of cultural lore to the scientific paradigm and calls it progress, but has it prematurely or too exclusively escorted trauma disorders to the non-Olympian realm of the Diagnostic and Statistical Manual of Mental Disorders (DSM)? Or do pre-scientific practices for dealing with trauma disorders, although considered obsolete, still have the power to inform contemporary psychological methods?

Trauma and Psychological Adaptation

Successful adaptation to trauma has been a determinant of survival throughout human evolution. It can be argued that the evolution of the human species, through

its neurological development to its social, cultural, and religious expressions, can be attributed to adaptations to trauma.¹ Surviving trauma has been a prime organizing principal for biological and social evolution. The first manifestations of culture and religion developed within contexts of attempts to come to terms with greater forces that, if not appeased, stamped-out life (Hart & Sussman, 2005). Following this line of thinking, early societies became deeply engaged in activities aimed at preventing traumatic losses and coping with the aftermaths of trauma. Stated in contemporary terms, human beings have always needed to diagnose and treat trauma in order to live. Diagnoses were generally drawn from mythic etiologies populated by legions of deities and demons, while treatment became the evolvments of ritual practices. Concerning the latter, anthropologists have reported on the correspondences between needs for preventing and treating the fallout from traumatic events and the proliferation of indigenous ritual practices (Turner, 1969/1995).

In fact, the cultural propensity for creating coping solutions to trauma may be anatomically hard-wired. D’Aquila and Laughlin (1996), a neuroscientist and an anthropologist, argued for a neurobiological imperative for the development of myths and rituals:

given an organism in which the neural mechanisms for abstract thought have evolved . . . that organism must necessarily use these mechanisms in an attempt

to explain his existential situation. Such explanation involves the obligatory structuring of myths, complete with the organization of the world into . . . observed reality that man calls gods, spirits, demons and the like. These mechanisms are not a matter of choice but are necessarily generated by the structure of the brain in response to the cognitive imperative. (p. 144)

D'Aquila and Laughlin contended that the generation of myths seeks to identify/diagnose a problem by placing it within a context of a god-man conflict, that is, a confusion of god-mortal boundaries. Donald Kalsched (1996), in *The Inner World of Trauma*, observed: "Mythology and all the great religions of the world are preoccupied with one essential question—the question of the relationship between the human and divine and how it is maintained in the face of human suffering" (p. 142). God-mortal boundary questions have traditionally arisen around traumatic events where loss of control has threatened loss of reason: What caused the trauma? Was trauma the result of a mortal transgression into godly domains? Are the gods and goddesses simply angry? How can they be appeased?

Mythic explanations narratively differentiate the realms of the deities from the mundane domains of mortals and proffer clarifying explanations for otherwise inexplicable phenomena. This kind of folk diagnosis, although anxiety reducing, usually cannot completely solve problems because analysis alone is a passive activity. Ritual naturally followed myth as an active mode for reducing tension and initiating resolution in the forms of experiencing unified wholeness, harmony, appeasement, and spiritual justice. Because rituals typically involve intensely arousing repetitive behaviors, D'Aquila and Laughlin (1996) associated the neural basis of myth-making phenomena with ergotrophic (energy expending) sympathetic and central nervous system (CNS) activation. The trophotropic (energy conserving) systems that extend to parasympathetic and CNS regions are ordinarily reciprocal to the ergotrophic processes. However, upon maximal excitation, the ergotrophic system "spills-over" and stimulates intense trophotropic reactions. The mutual activations, according to D'Aquila and Laughlin, translate to dual hemispheric stimulation in high arousal states, which can lead to experiential solutions to problems posed by myth. In this condition, individuals have reported feelings of unity and well-being

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using terms such as oceanic and ineffable. To summarize this line of thinking, neural substrates, when presented with trauma, endogenously create explicative myths, which call for neural mediation via ritual behaviors. The neurological expressions of rituals can provide means for processing trauma symptoms from levels of high activation to those characterized by tension reduction and emblematic of problem resolution.

Myths, according to this logic, are spontaneously generated and impel the creation of rituals to supply resolutions to mythic dilemmas.² Rituals answer a neurobiological need for creating a treatment for the mythically diagnosed problem. If rituals are not available, then the deities become autonomous unconscious forces. As such, they make themselves known as psychopathological symptoms, hence Jung's (1957/1967) observation. If the CNS spontaneously gives rise to myths and rituals as palliatives and defenses against trauma, then the structure of the human psyche must correspondingly reflect and evidence this activity. The term archetype was used, primarily by Jung and his followers, to describe the nexus of biology and psychology. This is the liminal psychological space where mortals encounter gods.

The image of the archetype may offer humans' best cognizance of that which cannot be further reduced or articulated except by the imaginal. Pursuing this line of inquiry, Wilson (2004) described trauma as an archetypal phenomenon and imaged the experience evoked by the archetype of trauma an "Abyss Experience," characterized by "the core set of fear based emotional responses inherent in traumatic experiences and integral to understanding the unconscious dynamic of trauma's impact to psychological functioning" (p. 51). In Wilson's view, trauma is associated with an autonomous archetypal reaction that constellates in a human psyche by way of a trauma complex. The trauma complex, in context of Jungian theory, becomes a cluster of emotions and images surrounding the archetypal event. In the case of trauma, the complex describes the impact of the Abyss Experience upon the human psyche: "the undifferentiated state of death, profound psychological uncertainty and the potential for psychic disintegration" (p. 56).

Ritual and Death

The psychological experience of death is common to both modern posttrauma symptomatology and to certain ritual practices, particularly those involving

initiation. In indigenous initiation rites, it was (and still is today³), common for controlled trauma to be introduced to produce desired effects upon candidates. In puberty initiation ceremonies described by Eliade (1958/1995), candidates in some initiation rites were deliberately frightened until they were certain that death was imminent. Proximity to death prepared the candidate to advance to new stages of spiritual development by loosening the candidates' ego-dependent bearings on foundations for maintaining personal and tribal identity. When everything familiar and safe was stripped away by trauma, the candidates became vulnerable and more apt to adopt new identities and new beliefs. The inclusion of trauma in initiation ceremonies accomplished more than mere manipulation of youthful psyches. It prepared the individual for a world where the threat of traumatic death was recognized as real and ubiquitous. The initiate, by virtue of encountering ritual trauma, was prepared to meet real-life trauma on terms that were integrative to the tribe's social system and spiritual beliefs. Rather than encounter trauma as senseless and random, as many tend to do today, the initiate could meet trauma as an opportunity for meaningful participation with the greater spiritual powers.

Arnold van Gennep (1960), in his seminal work *Rites of Passage*, described the role of death in Australian aboriginal initiation ceremonies:

In some tribes the novice is considered dead, and he remains dead for the duration of his novitiate. It lasts for a fairly long time and consists of a physical and mental weakening which is undoubtedly intended to make him lose all recollection of his childhood existence. Then follows the positive part: instruction in tribal law and a gradual education as the novice witnesses totem ceremonies, recitations of myths, etc. The final act is a religious ceremony. . . . Where the novice is considered dead, he is resurrected and taught how to live, differently than in childhood. Whatever the variations of detail, a series which conforms to the general pattern of rites of passage can always be discerned. (p. 75)

Initiation rites intentionally incorporate ceremonial activities that lead initiates from life to death and back to life again. Rites typically include three sub-phases to accommodate the tripartite transitional nature of the process. Robert Moore (2001) maintained that the

tripartite initiation process, described by van Gennep, is in itself archetypal, rooted in instinct and "wired into human beings" (p. 39). The ceremonies serve as containers for what may be called archetypal neuropsychological manifestations (Bion, 1962/1984). They make the archetypal dimension accessible to conscious experience and cultural life.

Van Gennep (1960) found these stages occurring across cultures, throughout time, and across continents: "Beneath a multiplicity of forms, either consciously expressed or merely implied, a typical pattern always recurs: *the pattern of the rites of passage*" (p. 191). He defined the three stages as *preliminal*, *liminal*, and *postliminal* and corresponded them to "rites of separation, transition rites and rites of incorporation" (p. 11). The renowned ethnologist Victor Turner (1969/1995) also elaborated upon the concept of liminality. Turner called liminality the state of transition and those in liminal states as "neither here nor there; they are betwixt and between . . . thus liminality is frequently likened to death, to being in the womb, in invisibility, to darkness, to bisexuality, to the wilderness, and to an eclipse of the sun or moon" (p. 95).

Initiation rites often forced initiates from preliminary mundane life into experiences of abject loss and death in order to set the stage for profound spiritual transformations. The liminal stage was key to losing all vestiges of ordinary identity and to creating a spiritual and psychological vacuum to be filled by new teachings, new identities of self, and a new postliminal place in a world that is sacred and of the deities.

Stages of Initiation

World religion historian Mircea Eliade's (1958/1995) accounts of initiation rites conformed to patterned stages he called *Separation*, *Ordeal*, and *Return*. Initiation, for Eliade, was a series of structured, culturally prescribed procedures through which an individual became a full human being. To be fully human, within this context, meant entering, enduring, and completing a triadic process through which the individual gained access to the religious life of the culture. Initiation, for Eliade, was the "fundamental existential experience" (p. 3) that made the human condition possible.

Separation

According to Eliade (1958/1995), the pattern typically begins with a phase of Separation or, in certain cases, actual abduction from the candidate's community. The initiates are brought, by elders, to a location that

is deliberately unfamiliar and frightening. They are separated, often violently, from all that is familiar, safe, and known and thrust into a space that becomes wild, dark, dangerous, and threatening.

Ordeal

The Ordeal stage is where spiritual death and rebirth are encountered. Eliade (1958/1995) conceptualized it as containing two sub-phases. The first involves the induction of trauma and leads to the precipitation of a profound spiritual crisis; the second phase engenders spiritual rebirth and resolution.

The first sub-phase of the Ordeal stage (i.e., the unfamiliar/hostile location where the separation stage is enacted) is conceptually analogous to what Kalsched (1996) called *profane space*. In terms of ritual, it is the site where trauma is intentionally introduced and strategically sustained. Within the context of initiation, trauma moves from profane to sacred when it is used to prepare the initiate for sacred transformation. In the second sub-phase of the Ordeal stage, the appointed elders, at an opportune time, introduce the candidates to sacred space via a new spiritually informed vision of reality and identity, a second birth (Moore, 2001). Sometimes the candidates are physically moved to a new location, a physical analog to sacred space, but actual physical re-location is not necessary. It is in this space where tribal secrets, cosmic stories and interpretations of mysterious symbols are revealed and experienced. The candidates, now initiates, are given symbolic keys for decoding the mysteries of life. Through this process, the initiates undergo profound changes. Often they are given new names. They emerge with new understandings of their places in the community and in the cosmos.

Return

In this final stage, the new initiates have returned from psychological death to a spiritual rebirth that has important individual and social ramifications. When the new initiates return to the community, they are typically welcomed by tribal ceremonies that recognize and honor their initiation experiences. The initiates may have new names that validate their new identities and new social positions; other members of the society know to no longer use the initiate's old name. Although initiates may enjoy a new status as individuals, initiation grants them a deeper, more profound connection to their communities. The process of initiation has carried them through a state of sacred community, a *communitas* (Turner, 1969/1995) that remains a spiritual influence

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throughout their lives. Most importantly, through the transformation of individuals, the society as a whole is enriched and renewed.

Trauma and Transformation

The ideas that psychotherapy is a therapeutic ritual and that there are corresponding methods for performing psychotherapeutic rituals have been well documented in the literature (Cole, 2003; Krippner & Feinstein, 2006; Moore, 1983; Wyrostok, 1995). However, it is not an aim of this article to reiterate these assertions or to prescribe methods for the practice of psychotherapy with trauma victims, but rather to invite psychotherapists to examine trauma symptoms within a context of the progressions of ritual. The template of ritual phases allows the psychotherapist to re-discover trauma symptoms as belonging to a progressive and purposeful arc, a natural and autonomous movement in the direction of intrinsic transformative healing. This notion is consistent with analyst Robert Moore's insistence that the psychotherapist must find, amid the patient's chaos and suffering, the "germ of a creative adaptive response" (p. 289). Here, the recognition of a ritualizing adaptation to trauma is the creative germ. The job of the psychotherapist then becomes, in Moore's words, to provide a "special kind of transformative space for the individual in therapy" (p. 289) that in this case supports and allows for participation with the natural ritualizing process. The psychotherapist's own orientation, training, and preferences determine what "ritual" methods will be used. However, while psychotherapeutic methods are constantly evolving and mutating, ritual structure and its properties are ancient, timeless, and paradigmatic. Herein dwells the crux of its creative power.

There are striking parallels between the phenomenology of traumatic incidents and the structure of ritual initiation that suggest common archetypal roots. The Separation and Ordeal stages have characteristics that correspond to those of typical anecdotal reports of trauma survivors. Trauma, whether born of initiation ceremonies, pre-meditated criminal actions, or natural causes, abducts victims and initiates alike from the confines of their day-to-day lives. It is socially separating and often psychologically dissociating. Suddenly, and without warning, trauma victims and ritual initiates are forcibly removed from familiar circumstances and involuntarily deposited into unfamiliar psychological environments. Trauma victims next undergo ordeals

of suffering and pain. They are held against their wills and subjected to alienating (and often life-threatening) assaults upon physical and psychological survival. Unfortunately, the paths followed by trauma victims and initiates are rarely coterminous. Most initiates do not actually die during initiation rites. Real-life trauma abducts too many of its victims into situations that can only end in horrible and tragic death. Biological death is the worst outcome of trauma, but not the only maleficent one. Trauma victims who become survivors can be hostages of “living deaths” marked by protracted psychological and spiritual torment.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) diagnostic description of posttraumatic stress disorder could well describe the experiences of candidates for initiation in the first sub-phase of the Ordeal stage. The DSM-IV-TR diagnostic criteria for posttraumatic stress disorder (PTSD) include the following:

- 1) re-experiencing the trauma via intrusive thoughts, dreams, hallucinations, and dissociative flashbacks;
- 2) persistent avoidance of stimuli associated with the trauma;
- 3) numbing of general responsiveness including restricted range of affect, feelings of detachment and estrangement; and
- 4) persistent symptoms of increased arousal which may include impairments to sleep, and concentration, emotional outbursts, hypervigilance, exaggerated startle response. (pp. 467-468)

From the perspective of rites of passage, modern day trauma victims are stuck in an aborted ritual, waylaid in liminal sacred space and awaiting passage through to a transformative identity.⁴ These are victims of “failed initiations” who suffer from a protracted “chronic liminality” (Moore, 2001, p. 31). If these trauma survivors are to achieve a full initiation experience, they must be able to move forward through the initiation process. Trauma must become a rite of passage.

This is too rarely the case, as Ronald Grimes (2000) observed, we can go through life passages without transformative ritual passage:

Not every passage is a rite of passage. We undergo passages, but we enact rites. Life passages are rough, fraught with spiritual potholes, even mortal dangers. Some passages we know are coming; others happen

upon us. Birth, coming of age, marriage, and death are widely anticipated as precarious moments requiring rites for their successful negotiation. But there are other treacherous occasions less regularly handled by ritual means: the start of school, abortion, a serious illness, divorce, job loss, rape, menopause and retirement. More often than not, these events especially when they arrive unanticipated are undergone without benefit of ritual. (p. 5)

Following this logic, “treacherous” events that become traumatic are most likely attended passively and undergone without the containment of ritual enactment. In the case of trauma, ritual enactment can provide symbolic means for incorporating and co-opting otherwise violent events for transformation. According to Eliade (1958/1995), ritual violence takes on a transitional function that leads to the symbolic death of the profane identity and rebirth of a sacred one. Rene Girard (1977) called this kind of violence the “secret soul of the sacred” (p. 30) and distinguished between degenerative violence and generative violence. Generative violence is the intentional and purposeful violence of sacred ritual that is instrumental in creating the transformative passage.

Degenerative violence is associated with psychopathology. Following the indications of D’Aquila and Laughlin (1996), degenerative violence must correspond to a spontaneously created pathological mythology, which in turn, prompts pathological rituals. These are the cognitions, behaviors, and symptoms of PTSD. The therapeutic task, therefore, must begin with the identification of the extant pathologizing mythology and its corresponding rituals. The pathologizing mythology will usually represent a limiting story that ends with the suspension of the trauma survivor in an ordeal of liminal suffering. The trauma-bound story cannot tolerate and symbolize a complete passage. The following case, from the author’s psychotherapy practice, serves as an illustration.

Calvin: An Unsuccessful Passage

Calvin was 55 when he began psychotherapy to treat heroin addiction. He had been using alcohol and marijuana since age 12 and heroin since he was 30. Heroin addiction quickly became the organizing principle in his life, numbing his pain, but bringing chaos to his family and his professional career. Later, in psychotherapy, he came to recognize that heroin provided a way to

anesthetize the psychological and social consequences of an early life of physical and emotional abuse by his father and multiple rapes by an older boy in his neighborhood beginning at age eight. Calvin fit the PTSD profile. His symptoms, when he was not self-medicating, included periods of intense depression with frequent flirtations with suicide, free-floating anxiety, intrusive memories of sexual abuse, periodic flashbacks to sexual abuse episodes, compulsive sex with prostitutes, compulsive use of pornography, and global insomnia.

Separation. Calvin, like many addicts, was coerced into psychotherapy; his wife insisted he get help or move out. I agreed to meet with him and perform an assessment. Since his addiction was powerful and active, I referred him to an inpatient detoxification and substance abuse treatment program; completion was prerequisite for beginning therapy. In my experience, psychotherapy with substance dependent patients cannot be effective until physical dependency is addressed and until the patient receives an exposure to substance abuse education and treatment that establishes a language and framework for recovery. Inpatient treatment also served the ritual initiation schema by affecting its initial stage, that of Separation from preliminal life. Separation operated on multiple levels for Calvin: separation from drugs, the drug subculture, and his distressed family. It also helped introduce an internal boundary, separating him from identification with his symptoms⁵, containing them and placing them in a context where they could be exploited for the psyche's rituals. Calvin successfully completed treatment and reported for psychotherapy clean and sober.

Ordeal. Early in my work with Calvin, I recommended that he participate in Narcotics Anonymous (NA). A 12-Step program can supply the all-important element of *communitas*, in this case, a spiritually oriented social structure with the requisite companionship and mentoring to act as a ritual container. *Communitas* is essential for surviving the first sub-phase of Ordeal stage, that of creating a sacred space where the pain and chaos that routinely bombard an addict's life can be exploited for a purposeful suffering that is the hallmark of a transformative passage.

Calvin complied with the recommendation and attended faithfully; he acquired a sponsor, diligently worked the steps, and achieved substantial "clean time." Through his step work and dream work, he began to see that when drug-free he could allow trauma symptoms

to strip away his defenses, making him vulnerable not just to pain, but to spiritual experiences. He was shedding a profane identity based upon a trauma-based pathologizing mythology and opening to a new life story. Although Calvin's success in psychotherapy and NA was predictably punctuated by setbacks and relapses typical of an Ordeal stage of ritual initiation, the degenerative violence that had dominated his life had begun to give way to a generative progression of meaning and healing. At this point, I was optimistic; it appeared that Calvin was advancing through the second sub-phase of the Ordeal stage, working towards resolution and rebirth. I was wrong.

Return. Success proved Calvin's undoing. Calvin had a charismatic personality that encouraged others in his NA home group to place him on a high, precarious pedestal as a role model and confidante. Calvin did nothing to discourage them; he loved the attention and basked in the adulation. Ritual initiation, when successful, supplants an immature pre-initiation identity with a maturing spiritually-oriented one, analogous to the Jungian notion of the ego within an individuating psyche submitting to the authority of the Self (Edinger, 1972). This is the critical shift that precedes and allows for a sacred return to a profane world. Calvin, however, ultimately found it impossible to allow a heroic, adolescent-like ego identification to die and surrender to a rebirth into a mature postliminal identity. His recovery waxed and waned as he fought pitched battles against the relentless demons of trauma and addiction, all the while suspended in an abysmal chronic liminality from which he would never effectively return. I was grief stricken when I learned that Calvin was found dead of a heroin overdose in a downtown motel.

From Death to Life

The limiting mythic container must be supplanted by a larger narrative that can hold and symbolically structure a complete ritual passage that leads to transformation. Kalsched (1996) observed: "The symbol is itself a bridge or link between us and the mystery of existence" (p. 142). An effective mythology contextually places the individual in relationship to the greater mysteries of life in such a way that personal meaning is connected to the transcendent (White, 1997). The new mythology must encompass the threat of death in a portrayal of sacred ritual death. It must move death from the physical to the psychological,

transitioning death from the ultimate threat to life into a prerequisite opportunity for initiation into a new life. The following is a case from the author's practice that illustrates a transformative outcome.

Kathy: A Case of a Successful Passage

Kathy, a 44 year old woman, entered psychotherapy complaining of panic attacks, dissociative episodes of flashbacks to early trauma experiences, hypervigilance, pervasive anxiety that unpredictably erupted into episodes of agitation and anger, global insomnia, periods of depression with suicidal ideations, and a deteriorating marriage. Her symptoms were lifelong, but now threatened a 20-year marriage she cherished. She found relief, temporarily, by literally escaping—impulsively jumping into her car and driving hundreds of miles, usually at night. She typically called her husband the next day to arrange to come home.

Separation. Kathy, at the beginning of her psychotherapy, asked that her husband attend with her. The husband was supportive by his own account and by hers; she insisted he was the only person she trusted and that she could not possibly come to therapy without him. After a few months, she felt comfortable enough to attend by herself. The therapeutic relationship had begun to provide a protective *temenos* that paralleled the preliminal Separation stage of ritual initiation. The term *temenos* is an alchemical allusion, used by Jung and his followers, to describe the sacred dimensions of intrapsychic or relational containment (Samuels, Shorter, & Plaut, 1986). Gradually, within well-defined boundaries, she became able to relate and reflect upon historical information that supported a complex posttrauma disorder diagnosis (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

Kathy also revealed that she felt an unusual closeness to animals, that is, she felt she could communicate with them. She worked as a veterinary technician and maintained that animals, particularly dogs, could tell her what was wrong with them. Her intuitive diagnoses were nearly always borne out by her boss, the veterinarian. The veterinarian trusted her intuitive abilities and sometimes asked Kathy to consult on difficult cases. This was very satisfying to Kathy.

Ordeal. Kathy's first Ordeal sub-phase was a living hell. She reported intact memories of brutal sexual molestation by her father, from ages 4 through 8. Her mother knew of the molestation, but failed to protect her. She described the memories as intrusive

and sometimes of a re-experiencing, flashback nature. Kathy also reported occasionally seeing ghosts or visions, primarily of an old woman who watched her. The visions frightened her because she realized no one else could see them and feared they signaled severe mental illness. Therapy aimed at helping her create a *temenos*, for the second sub-phase of the Ordeal stage, by first focusing upon self-regulation (diaphragmatic breathing and meditation) to help her contain and withstand the onslaught of symptoms. Further exploration entailed dreamwork, active imagination, and grief counseling.

As the experiences of her Ordeal stage became generative, Kathy came to see that her psyche was engaged in a healing process that was transformative. In the beginning, she only wanted the symptoms to stop and to "be normal like everyone else." Gradually, she came to an understanding that her trauma history both wounded her and granted her unique opportunities to achieve the self-acceptance and self-esteem that had always eluded her. She learned that she could actively participate with what she came to recognize as a natural healing process. During her course of therapy, she successfully let go of her pathologizing mythology: fear-based strategies for managing her life and old self-images relating to failure and inadequacy. As a result, she assumed a spiritual outlook that granted new purpose and meaning to her life.

Return. The traumatic incidents of her past came to be viewed as events that ultimately, though painfully, forged a unique identity and created exceptional gifts. She felt that she had metaphorically died and had been reborn. At the close of her six years of psychotherapy, Kathy was no longer afraid to identify herself as a healer of animals and no longer afraid of her visions. She came to view her envisioned old woman as a wise spirit guide whose presence comforted her and gave her the confirming sense of security that her mother never could offer. Kathy's debilitating symptoms relinquished, and she became serene and confident. Her passage through trauma enriched her marriage and the lives of many others she touched, including her psychotherapist.

Transformative Passage

Eliade (1958/1995) wrote: "It is only in initiation that death is given positive value" (p. xix). In the language of traditional ritual passage, it must narrate a way for the survivor and the gods to mend their differences and live together. The survivor, of course must submit to the deities and learn to live on their terms. A new relationship to the

gods and goddesses and to one's own life is required. It is this new relationship that allows for the integration of the traumatic past into a new posttrauma identity. When the gods are discovered in the disease, trauma is made sacred and ritual passage becomes possible. In contemporary terms, the subsequent psychotherapeutic acquisition of new identity is analogous to the ritual work of the Return stage. Identity, moral values, self-image, social standing, occupation, relationships of all kinds, and spiritual beliefs are all subject to revision and re-integration. It is a ritualized therapeutic enactment that reveals, transforms, and heals.

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Notes

1. Jerome Bernstein (2005) made the case that passage through trauma can play a role in a new evolvment of the human psyche. Trauma, according to Bernstein, can open a portal to a domain of exceptional consciousness that he referred to as Borderland. Borderland phenomena, as differentiated from Borderline psychopathology, may be concurrent with the debilitating symptoms of posttraumatic stress disorder (PTSD); however, it represents a perspective and a body of new attributes that can enrich and enhance the trauma survivor's life.
2. The sequential generation of myths followed by ritual may not be universally supported. Research exists (Pfaller, 2003) identifying rites occurring without corresponding myths.
3. For an eloquent and dramatic account of a modern indigenous initiation, see *Of Water and the Spirit: Ritual, Magic and Initiation in the Life of an African Shaman* by Malidoma Somé (1994).
4. Far too many soldiers who have returned from today's wars tragically belong to this group. For a powerful account linking battlefield trauma to incomplete initiation, see *Walking the Point: Male Initiation and the Vietnam Experience* by Daryl Paulson (2005).
5. For the original presentation of this classic concept in the psychotherapy of substance abuse, see John Wallace's (1985) chapter on theoretical orientation in *Practical Approaches to Alcoholism Psychotherapy*.

About the Author

Reed Morrison, PhD, is a licensed psychologist in private practice in Baltimore, Maryland, specializing in the treatment of addiction and trauma. He received his doctorate in psychology from Saybrook University in 1978. His postdoctoral studies include the Advance Studies Seminar of the Philadelphia Jung Society (2000-2002) and the Maryland Psychological Association Post Doctoral Institute on Psychological Trauma (2007-2009). He co-founded and directed a publically funded drug treatment program in Baltimore (1973-1983), served as adjunct faculty in the Department of Psychiatry, University of Maryland School of Medicine (1979-1986), and is currently collaborating on research in conjunction with the Johns Hopkins University Center for Learning and Health. Dr. Morrison holds the APA-CPP Certificate

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