Trauma-Worlds and the Wisdom of Marion Woodman

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Trauma-worlds and the wisdom of Marion Woodman

Daniela F. Sieff

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ABSTRACT

Growing up traumatized means that survival systems are activated in both our minds and bodies. As a result, our lives become rooted in a different biological and psychological reality. I've called this parallel reality a "trauma-world". At its core are fearfulness, disconnection and shame. If a trauma-world is formed during childhood, it becomes our normality, whereupon we are unconscious of its impact on our lives. However, without consciousness, healing is impossible.

Marion Woodman articulated the dynamics of trauma in a visceral and potent way, helping to bring trauma-worlds into consciousness. As importantly, together with dance educator Mary Hamilton, and voice coach Ann Skinner, Woodman developed BodySoul Rhythms®, an embodied, creative and integrative approach that can make a powerful contribution to healing.

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INTRODUCTION

We have become increasingly conscious of the destructive impact that trauma has on both mind and body. We have also become increasingly conscious of its impact on families, communities and the wider society. However, the actual dynamics that constitute trauma remain hidden from consciousness, and unless they are brought into awareness, healing is practically impossible.

The first aim of this article is to illuminate the dynamics of trauma and healing, by describing what I call "trauma-worlds" (Sieff 2015), their dynamics, and how we move beyond them. The second aim is to describe the contribution that Jungian analyst Marion

Woodman makes to this consciousness. Woodman frames her insights in mythopoetic language, so we do not normally think of her as contributing to the understanding of trauma. However, in both Woodman's writing, and in the BodySoul Rhythms® programs, which she co-created with Mary Hamilton and Ann Skinner, Woodman was working with trauma long before we had today's more explicit understanding.

DEFINING TRAUMA AND 'TRAUMA-WORLDS'

Popular culture tends to define trauma in terms of the experiences suffered, so a person is a survivor of *sexual abuse*, or a victim of *neglect*. This focus on outer events is useful when trying to prevent future trauma from happening, but when working to heal existing trauma, it is better to stick to the dictionary (Sieff 2017a). The dictionary defines trauma as a wound, shock, or injury, thus directing our focus onto the inner *impact* made by negative experiences.

One reason why it is best to define trauma by its impact is that the same experience will have different effects on different people. Events that pass virtually un-noticed by one person might overwhelm another and leave debilitating emotional wounds. Imagine two bicyclists caught in a crosswind; one might cycle onwards with hardly a wobble, whereas the other might fall and break a leg. The trauma is in the broken leg, not in the crosswind.

The extent to which we are derailed by an emotional experience will depend on several factors. First is the intensity of the experience; even Olympic cyclists will struggle to stay upright in a hurricane. Second is what we, as individuals, bring to the experience: our intrinsic sensitivity, age, previous history, and whether there is anybody to whom we can turn for support. In short, trauma occurs at the interface where negative experiences meet unique human beings.

When experiences trigger overwhelming pain and fear, we develop an implicit conviction that we are living in a dangerous world and that our lives are at risk. Consequently, survival systems are activated in both our unconscious minds and our physical bodies, whereupon we move onto a different path to the one we would have followed, had we not been traumatized. On this pathway, we live our lives from inside a parallel biological and psychological world. It is entry into this world that defines trauma, not the experiences per se.

What constitutes a trauma-world varies from person to person, depending on our individual experiences and unique disposition. However, three dynamics form the hub of all trauma-worlds:
1. *Hypervigilance.* The external world is perceived through a veil of fear: We carry an embodied and implicit mistrust of other people, situations and opportunities.
2. *Disconnection.* Parts of ourselves become exiled: We are distanced from our emotions, our bodies and aspects of our personality.
3. *Shame.* Our identity becomes interwoven with a visceral feeling of being fundamentally inadequate and unworthy of relationships.

I will return to each dynamic later; for now, I want to emphasise that fear, disconnection, and shame distort both inner and outer realities. They distort inner reality by warping our relationship with ourselves, and they distort outer reality by warping our relationships with other people and the world at large. Moreover, if we enter a trauma-world during childhood, the resulting distortions become our normality and we have no awareness of what we are living. Then we have little choice but to behave in ways that create repetitive and self-perpetuating cycles of trauma, both in ourselves and others.

There is no conscious decision to enter a trauma-world; rather it is what human brains and bodies have evolved to do in the face of overwhelming pain or fear. What is more, a trauma-world is not created in the relatively accessible cognitive systems of the brain; rather it is "hidden" in the embodied systems (muscles, hormones, nervous system and brain structure) that underlie our feelings as well as our ways of perceiving the world and engaging with it (van der Kolk 2014, Schore and Sieff 2015, Siegel 2015).

TRIGGERING TRAUMA-WORLDS

The most visible experiences that leave us feeling that our survival is threatened are those that cause acute suffering and fear. For adults, that might mean experiencing war or a terrorist incident, being attacked or raped, surviving a natural catastrophe or serious car accident. Witnessing such events can have the same effect. Children will feel similarly threatened by overt violence, and because children can neither fight as effectively as adults, nor run as fast, events that will not bother an adult may be terrifying for a child.

From an evolutionary perspective, our children's survival is as important as our own, and parents can be traumatized by losing their children. Conversely, children can be traumatized by losing parents.

Less obvious, but equally damaging is the insidious and chronic pain and fear of growing up feeling unloved, unvalued or inadequate. The consequences of what did *not* happen during childhood are hard to identify, but can be just as wounding as what did happen to us.

Sometimes we grow up feeling not exactly unloved or unwanted, but that we are never quite good enough. When family, peers or society, repeatedly set goals that are beyond our capabilities, we have no choice but to fail. It does not matter if the unreachable goals relate to academic achievement, physical appearance, sporting success, or to filling the gaps in our parents' inner lives; when we are repeatedly faced with inevitable failure, the resulting pain can propel us into a trauma-world.

Attachment theory has shown that trauma is triggered in infants and young children when parents or caregivers are unable to attune to them sensitively (Schore 2003a, Siegel 2015). At first glance it is hard to see why this lack of sensitivity should cause trauma, however, looking at the lives of our human ancestors can help us understand what is happening. In the environments in which humans evolved, around 30% of children died before they were five years old (Volk and Atkinson 2013), and under those conditions, having insensitive caregivers was a death sentence. Babies born in the West today have no way of knowing that their situation is different.

Sometimes, trauma comes to us across generations. When our parents and grand-parents carried unresolved trauma, we inherit their fears and distorted perceptions, and our trauma-world is formed around their experiences.

Research is revealing that it is not just pain and fear that constellate trauma; rather trauma is constellated when we experience pain and fear *and* there is nobody present to help us process these emotions. Again, an evolutionary perspective suggests why this might be the case. For our human ancestors, being part of a close-knit social network was crucial to survival; children and adults lacking social support were likely to die. Consequently, we feel safe when accompanied, but at risk when alone (Bowlby 1998, Cacioppo and Patrick 2008, Hyde et al. 2011). Suffering trauma without support heightens fear and contributes to the sense that one's life is threatened.

NEGATIVE MOTHER AND DEATH MOTHER

Marion Woodman's descriptions of how parents might fail to see their children's intrinsic value, has freed many to see their lives with more clarity,

> It could be that the child is a "mistake,", born amidst a certain amount of ambivalence. It may be that her parents wanted a boy, and so they cannot appreciate their child as a girl, or vice versa.

> Alternatively, a child may be brought into the world to fill a gap in her parent's life. …[A] woman may want a child to secure her place in the family, a man may desire a son to carry on the family name, a couple may hope that a child will save their marriage. When this happens, the child is unable to be herself — her intrinsic value is unrecognized.

> Other parents look to their children to live their unlived lives, thereby negating the fact that children have their own lives to lead....

> Alternatively ... a parent who needed to renounce his or her truth in order to survive, will typically invalidate the truth of their child. Teachers can have the same effect. (Woodman and Sieff 2015, p.65)

Additionally, Woodman's exploration of the dark feminine has brought consciousness to the different types of harmful energy that children might face (Holmquist 2015). First, Woodman shone a spotlight on the negative mother, whose modus operandi is relentless criticism,

> [The] negative mother... controls her child with unconscious power and judgement. Negative mother is the voice that rules in many households, whether it comes from mother or father. Her message is, "If you love me, you will do as I say. Be who I want you to be. I know you better than you know yourself; I know what is best for you." (Woodman 2005, p.32)

The negative mother changes how we think and feel about ourselves, thereby distorting our lives. However, even more damaging is the energy that Woodman came to identify as the "archetypal Death Mother." The Death Mother energy feeds on humiliation and shame,

powerlessness and the fear of annihilation (Holmquist 2015). Medusa, of the Greek myths, exemplifies the Death Mother (Sieff and Woodman 2009). Ultimately, the Death Mother carries the wish that we, or some part of us, did not exist. Woodman emphasised that facing the Death Mother energy not only changes what we think and feel about ourselves, but also changes the very cells of our body.

> [The Death Mother energy] is a deadening energy which permeates both psyche and body, turning us to stone. It stifles growth and imprints our cells with profound fear and hopelessness. In time, our vitality drains away and we find ourselves yearning for the oblivion of death. Ultimately, our body may turn against itself as it does with cancer or auto-immune diseases. (Woodman and Sieff 2015, p.64)

Although Woodman saw the archetypal Death Mother as a psychological reality rather than a literal one (Holmquist 2015), she recognized the importance of early developmental experiences:

> If this child knew in the womb that it was not the gender the parents longed for, or there was no money for another child, or timing in the marriage was bad, or it barely escaped abortion, this child knows it is not welcomed into life. ...**Not Wanted.** Is there anything worse for a helpless infant to experience in its bones? (Woodman 2005, p.38, original emphasis)

The fact that infants are so frightened by feeling that they are not wanted is due, in part, to our evolutionary heritage. Most people believe that women evolved to love all their children instinctively and unconditionally. However, anthropologists have established that maternal love did not evolve to be unconditional; rather, ancestral women needed to take account of several factors when deciding whether or not to nurture a particular child. When food was plentiful, when women had support and when the baby was healthy, it made sense to commit to the child. When the situation was less propitious, it sometimes made sense for mothers to abandon their babies to die (Hrdy 1999, Hrdy and Sieff 2015). For most of our deep history, being born to a woman who carried the Death Mother energy was genuinely life-threatening (Sieff 2017b).

DYNAMICS OF TRAUMA-WORLDS

Returning to the three dynamics that form the hub of a trauma-world—fear, disconnection and shame—I will begin by discussing fear.

FEAR

In response to experiencing overwhelming pain and fear, biological changes occur that leave our minds and bodies extremely sensitive to potential danger. This sensitization is a survival strategy that has been shaped by evolution and occurs in many different species.

There are costs to having a sensitized fear system, however. We suffer from anxiety. We perceive the world as dangerous. We see threats where perhaps none exist, and we over-react to these imagined threats in ways that create self-fulfilling prophecies. We spend so

much energy watching for danger, that we have little left over to invest in play, creative pursuits, and the relationships that would contribute to a sense of well-being. Also, the hormonal profile that underlies hypervigilance impacts the immune system and leaves us at risk of suffering from autoimmune and other diseases (Lanius, Vermetten, and Pain 2010). As Woodman intuited, our cells are indeed changed. However, if we are living in a dangerous environment, these costs are worth paying because without being alert to danger, we are likely to die young (Chisholm 1999).

We are particularly alert to danger around the original traumatizing experiences. At the core of a trauma-world is the imperative to avoid retraumatization (Van der Hart, Nijenhuis, and Steele 2006, Kalsched 1996, 2013). Typically, this imperative is held unconsciously, so we do not know that it is driving us; all the same it impacts our lives in ways that can cause more pain than the original wounding (Kalsched and Sieff 2015).

One of Woodman's insights is that fear of retraumatization leaves us with a desperate (though often unconscious) need to control other people. To achieve that control, we might use shame, criticism, or violence against them. Alternatively, we might try to manipulate them by assuming the victim role or through trying to please them,

> What people call love is often an unconscious and addictive quest for power. How often are we nice to somebody—burying our anger and disappointment and professing our love for them—when we are actually trying to ensure they stay with us because we are terrified of abandonment and loneliness? Paradoxically, an overwhelming desire to please is rooted in an addictive quest for control — by pleasing others we are better able to manipulate them, albeit unconsciously. (Woodman and Sieff 2015, p.67)

Irrespective of how our fear-driven need for control is manifest, it contaminates our relationships. It also creates new layers of fear, because now we are not only frightened of being retraumatized, we are also frightened of losing control.

Sometimes it is impossible to avoid situations that appear similar to the ones that traumatized us. When this happens, our old trauma comes back to life, not as a memory of the past but as a knee-jerk, living reaction. I call these "trauma-reactions" (Sieff 2015). Trauma-reactions seem to come out of nowhere because of the way that traumatizing events are recorded in memory. Normally, when we commit an event to memory, a "tag" is added that notes when and where the event occurred. When these memories are activated, the tag informs us that the experience happened at a particular moment *in our past*. In contrast, overwhelming painful and frightening experiences are committed to memory without this tag. Consequently, when these memories are activated, we are not aware that we remembering the past; instead, we re-live the visceral feelings and reactions of earlier experiences as if they were present reality.

This visceral re-living of past experiences is what scientists refer to as "implicit memory." To get a sense of how implicit memory works, imagine riding a bicycle: when we pedal, we do not consciously remember to contract this muscle or lean in that direction; rather the original childhood learning, which was written into our brains and bodies, comes alive the instant is it needed. Instant reactions are vital to keep the bicycle upright; they can also save our lives, if we grow up in a hostile environment. However, with trauma this lightning fast, embodied response is problematic, because trauma-reactions can be activated when

there is no danger. Worse, because we are unaware that traumatic memories have returned, we are convinced that our feelings represent current reality, and so we behave in ways that re-create the very situation we are desperate to avoid.

Trauma-reactions are generally built around mammalian responses to danger: freeze, flight, fight, submission and collapse. The initial response to danger is to *freeze* (more formally called the *startle response*). In this state, we can neither move nor speak, but we are hyperalert, our attention is focused on the threat, our heart rate is high and our muscles are tense. In short, we are fully prepared for action. If the danger moves closer to us, we generally snap out of the startle response, and try to get away. *Flight* might mean making a run for it, or it might mean sneaking quietly out of the house. If flight is not possible, we sometimes attempt to *fight* off the danger. However, if we are small and weak—as children are—we will struggle to fight our way to safety. Then, we are more likely to enter a state of *submission*. Submission can be effective if the aggressor is a member of our own species. If all else fails, we may *collapse* and play dead. The state of collapse is very different to freezing; there is a loss of consciousness, we become numbed, our heart rate drops and muscles go limp. Recently, trauma theorists have focused on the collapse response (Schore 2003a, Schore and Sieff 2015). This is a dynamic that Woodman intuited from her own experiences, and which she helped others recognize:

> If, for whatever reason, we were unwanted in the womb, if we were the wrong gender, if we survived an unsuccessful abortion, we carry that knowledge in our cells. We know that our mother carried the power of life and death over us. We know our cells were not resonating with her. In adulthood, those cell memories cause a bodysoul to "numb out", to become petrified, when it suddenly realises it is no longer pleasing someone and is thus no longer loveable, and therefore even in danger of annihilation. (Bly and Woodman 1998, p.144)

Woodman elaborated on this concept in later work, creating deeply resonant images:

> I call this "possum mentality"; as soon as we sense a whiff of rejection we are paralysed with fear, close down and stay absolutely still in order to survive. Eventually, that possum becomes a permanent feature in our body and psyche; then life is experienced as a minefield in which we are knocked down by explosions that are inaudible to others. If there is unconscious hostility in the environment, the inner body, acting autonomously, retreats and falls over "dead." (Woodman and Sieff 2015, p.70)

Another facet of the fear intrinsic to trauma-worlds is fear of change. However tough and painful our lives are, and however much we want things to be different, change means giving up control and going into the unknown—and that is terrifying. Additionally, traumatizing events are often foreshadowed by change (mother gets ill, father leaves, etc), and so we associate change itself with being traumatized (Van der Hart, Nijenhuis, and Steele 2006). Woodman, whose parents wanted a son and upon her birth were disappointed to find themselves with a daughter, put it thus: "Every time [I go into the new] I am overcome with the terror of getting born into a new reality. .... Being born had taken me into a hostile and dangerous environment, and that seeded a bone-deep ambivalence about change and growth." (Woodman and Sieff 2015, p.72). Woodman used to talk about being dragged towards change as though she were a pig squealing on the way to slaughter!

DISCONNECTION

Disconnection, which involves becoming distanced from aspects of ourselves, is the second system that characterizes a trauma-world. Disconnection takes many forms; all provide us with some protection, but all are ultimately harmful because they leave us alienated from our internal reality and from the reality of the external situation.

Disconnection first occurs during the original traumatizing experiences. In the heat of a terrible situation, the release of natural opiates blocks the pain and fear coursing through our bodies. This response is adaptive: it allows us to make the most of any opportunity to escape, whereas escape would be impossible if we were incapacitated by pain and fear. After the danger has passed, and if we have enough support, we may be able to reconnect to the overwhelming emotions and process them. However, without support, the unprocessed fear and pain remain locked in our unconscious minds and bodies; we simply could not function if they came into awareness. Woodman was ahead of her time in recognising this protective mechanism: "Her attempts to escape from her feelings only locked them into the tears which she carried on her hips and thighs.... So long as her ego was not strong enough to handle the tension, the pain moved into her body." (Woodman 1982, p.87).

There are many harmful consequences of remaining disconnected from the traumatizing pain and fear we have experienced:

First, our desperate compulsion to avoid the unprocessed emotions, will poison relationships, reinforce the need for control, and prevent us from saying "yes" to new opportunities. The avoidance may also leave us trying to sabotage the healing process, because healing requires us to reconnect with our buried pain and fear (Kalsched 1996, Kalsched and Sieff 2015).

Second, having locked the overwhelming pain and fear in our bodies, we must subsequently disconnect from our bodies to prevent these feelings from surfacing. This somatic disconnection creates additional layers of suffering. Bodies that are left to carry unprocessed pain and fear can become frozen, collapsed, tense or inflamed (Stromsted and Sieff 2015). We risk being drawn into addictions, both those that take us out of our bodies, and those which represent our bodies' heartfelt attempts to be noticed (Woodman and Sieff 2015, Woodman 1990, 1983, 1982). Disconnected from our bodies, we lose access not just to the original pain and fear, but also to emotions more generally, whereupon life feels flattened and dulled (Siegel 2007). Emotions evolved to guide our responses to the world (Nesse 2009), and without access to them, the sense of danger that is already part of a trauma-world intensifies. Woodman wrote evocatively about this process more than thirty years ago: "Good sailors… build their ego strong enough to ride with the power of wind and wave. And that ego can only be strong enough if it is supported by the wisdom of the body whose messages are directly in touch with the instincts." (Woodman 1983, p.16).

Third, in its most extreme form, the drive to separate from the original pain and fear can result in a dissociative identity disorder. Jungians sometimes call this state being "identified with a complex". Again, Woodman wrote about it powerfully:

> If a person has never confronted the childhood betrayal that led to trauma, the process
> of fragmentation can gain such ascendancy that it becomes autonomous. The individual
> is unable to understand his or her own behavior, particularly when that behavior
> repeatedly results in actions that are the opposite of the conscious intent. (Woodman
> 1990, p.49)

Underlying the disconnection that has just been discussed is fear of the unprocessed and
overwhelming emotions experienced during the past, as part of the original trauma. There
is another kind of disconnection too—one that is underlain by fear of being attacked or
abandoned in the present. This fear typically arises when parts of ourselves are
unacceptable to our family, teachers or society; under these circumstances, we bury the
unacceptable parts to protect ourselves from future retraumatization.

The parts that we bury might be so-called "negative" emotions such as pain, fear or anger,
but we can just as easily bury joy, passion, vulnerability, sexuality, intellect, ambition and
creativity. We might also bury our need for love and connection, or the need for
independence and self-expression (Stromsted and Sieff 2015).

Sometimes we try to bury the "unacceptable" parts by imposing self-control and willpower.
Other times critical inner voices attempt to shame these parts into oblivion. Sometimes the
unacceptable parts are locked in our bodies, perhaps through clenching particular muscles,
and by adopting a specific posture or voice. Often this disconnection occurs unconsciously;
then we are unaware of what we have lost. Sharing one of her own dreams Woodman
writes:

> I go to the attic of my childhood home to find a black box. I put my hand in and feel the
> quivering, warm body of my pet bird. I cry because I have forgotten him and left him
> alone to die. I am afraid of what I may see when I take him out of the box, but I do so. As
> my tears fall over his tiny skeletal body, he turns into a tiny baby, and says "I only
> wanted to sing my song." (Woodman and Sieff 2015, p.68)

Writing on the same theme in a different place, Woodman deepened this dream: "Without
love, fear of life splits our throat. We cannot sing our own song. Some of us cannot even
remember we ever had a song to sing." (Woodman 1990, p.139).

Being cut off from parts of ourselves contributes to the underlying sense of loneliness that
is inherent to trauma, because we have abandoned aspects of who we are. Disconnection
also exacerbates the sense of danger that is built in to a trauma-world, because we are not
grounded in the fullness of our own reality.

SHAME

Shame is the third system at the core of a trauma-world (Sieff 2015). Shame is a visceral
and pervasive feeling of being fundamentally flawed and inadequate as a human being
(Kaufman 1992). Shame is primarily relational; although it leaves us feeling absolutely
alone, the origins of shame lie in an implicit conviction that we are somehow unworthy of
enjoying meaningful relationships (DeYoung 2015). Shame is often confused with guilt, but

with guilt we feel bad about *things we have done*; with shame, we feel bad about *who we are*.

Shame is mediated by the emotional networks of the brain (Schore and Sieff 2015), so although shame is typically accompanied by self-critical thoughts such as "I'm stupid/useless/fat," and so on, it is ultimately lived as an embodied experience that resides deep beneath consciousness, and sucks us into the psychological equivalent of a black hole.

Shame is a product of evolution and it is experienced as a passing emotion in almost everybody. It evolved to tell us that we are at risk of losing important social relationships (Tomasello 2014, Gilbert 2007), or that we might be thrown out of the group (Boehm 2012, Fessler 2004). However, if we have been traumatized, shame becomes indelibly interwoven with our implicit sense of ourselves, whereupon our identity becomes "shame-based" (Kaufman 1992, Lloyd and Sieff 2015). There are several routes to becoming shame-based.

First, shame can originate outside of us. When we are explicitly or implicitly made to feel inadequate by our family, caregivers, peers, teachers, culture, or sociopolitical environment, we absorb that judgement. In this case, being shamed constitutes the original painful and frightening experience around which a trauma-world is formed (Lloyd and Sieff 2015).

Second, human infants need sensitive and responsive nurturing. When this basic need is unmet, children develop an embodied and nonverbal sense of being unworthy of love and inadequate. They also develop an embodied and nonverbal sense of inadequacy around the need for nurturing, implicitly feeling that having that need makes them inadequate (DeYoung 2015).

Third, shame can originate inside us, as an internal response to traumatizing experiences. Painful and frightening experiences occur that have nothing to do with being shamed; however, we have evolved a desire to understand why these things have happened to us, and for various reasons we tend to believe that we are at fault (Nesse and Sieff 2015, Kalsched 2013). For example, children whose parents divorce commonly feel that if they had been "better," their parents would not have separated.

Fourth, once we have entered a trauma-world, shame is created in response to our own behavior (van der Kolk 2014). There are times when we know we are overreacting, but because we are unaware that our fear system has been sensitized, we perceive these trauma-reactions as evidence of our supposed inadequacy. Similarly, if a complex takes over, or we move into an addiction, we often feel inadequate (Lloyd and Sieff 2015). In addition, exiling parts of ourselves leaves us with an implicit sense of inauthenticity, which also creates shame.

Irrespective of how shame originates, once we are functioning from a shame-based inner core, we cannot recognize shame for what it is. Then we see ourselves through a distorted lens, experience ourselves as contemptible, and feel a victim to our own believed inadequacy. In this state, we are sucked into a downward spiral of shame. We become increasingly desperate to obliterate the parts of ourselves that we believe make us inadequate, often redoubling our efforts to shame those parts into submission. However, when we shame ourselves, we wound ourselves, and in response to such wounding our trauma-worlds are refortified.

At the same time, we try to cajole ourselves into success, believing that if we can force ourselves to become more than we are—or ideally perfect—then the gnawing pain of being shame-based will abate. However, if we are shame-based, no amount of success will be enough. No matter what we do, we are never enough (Lloyd and Sieff 2015, Woodman 1983).

Being shame-based poisons not only our relationship with ourselves, but also our relationships with others. Terrified that if others get to know us, they will see us as the inadequate person we believe ourselves to be, we put up barriers, push people away and sabotage relationships (Siegel and Sieff 2015, Lloyd and Sieff 2015, Nathanson 1992). Alternatively, and returning to an earlier theme, we may intensify our efforts to control others, hoping to prevent them from doing anything that could inadvertently expose our shame. We are generally unconscious of what we are doing, however because we are left with a murky feeling that our relationships lack trust and intimacy, we feel increasingly isolated. And, as we have seen, feeling isolated propels us into a state of heightened fear. Also, because humans are a profoundly social species, when we lack meaningful relationships we feel subhuman, which, in turn, exacerbates shame.

In short, shame creates more shame. Shame also generates isolation and fear, and reinforces the need to disconnect. Ultimately, shame keeps us locked in trauma-worlds.

Woodman did not talk explicitly about shame. Before Donald Kalsched's (Kalsched 1996, 2013), paradigm-changing work, only a few Jungians wrote about shame. All the same, much of Woodman's writing speaks to shame. In particular, her second book, *Addiction to Perfection*, powerfully addresses the insatiable drive for perfection that is a hallmark of being shame-based. Additionally, aspects of Woodman's portrayal of the Death Mother encapsulate the toxic impact of shame (Sieff and Woodman 2009).

HEALING TRAUMA

Healing trauma is difficult. Although trauma-worlds are created in response to external events, once established they form closed and rigid internal systems. Locked inside these systems, our own behavior then sets us up to be retraumatized by other people. Additionally, our behavior toward ourselves is retraumatizing (Kalsched 1996, Kalsched and Sieff 2015, Nijenhuis and Sieff 2015). Trauma-worlds are self-perpetuating.

Locked inside these systems, we also struggle to see trauma for what it is. That leaves us little choice but to focus on the visible symptoms and the chronic, deadening pain that they create. In addition to the fear, disconnection, and shame that lie at the heart of a trauma-world, there may also be depression, rage, addictions, self-harm, impoverished relationships and unexplained physical ailments. Focusing on such symptoms, we, as individuals and as a society, put resources into trying to alleviate them, perhaps through short-term therapy or psychopharmalogical drugs, or by pinning our hopes on something like success at work, a new romantic relationship, weight loss or cosmetic surgery. Any one of these may offer a temporary respite, but because the deeper internal systems are not changed, we invariably fall back into suffering.

Even when we see the traumatizing experiences beneath the symptoms, we are unlikely to recognize the trauma-worlds in which we are living, so the first port of call is to blame whoever, or whatever, caused the original wounds and look for retribution. That is a valuable initial step and a necessary part of the process, for we do need to recognize what happened to us. We need to validate the traumatizing experience and understand that we were not at fault. However, focusing on the experience or on punishing the perpetrators is not enough to bring deep healing, because those actions will not change the embodied systems that form trauma-worlds. It is akin to being hit by a drunken driver and breaking a leg. Focusing on the accident and jailing the driver will not heal our leg.

Healing trauma requires the courage to recognize that ultimately our lives are compromised not by the original traumatizing experiences themselves, but by the trauma-worlds created by our own minds and bodies in response to those experiences. And we need to recognize this reality without blaming and judging ourselves; we need to understand that creating a trauma-world is what human beings do to survive. At the same time, we must take responsibility for moving beyond our trauma-worlds. Woodman wrote about this point:

> In analysis, this process toward self-responsibility is the key factor if any growth or transformation is to take place. Until we recognize and accept that change is up to us, we are stuck in infantile judge-and-blame games… Granted, a situation "out there" may be far from perfect from an objective point of view… but the fact remains that the only person we can take responsibility for is our self. (Woodman and Dickson 1997, p.66)

What does it mean to take responsibility for ourselves and our own healing? What must we do if we are to move beyond our trauma-worlds? Developing a cognitive awareness of the original traumatizing experiences, and of the systems created in their wake, is a good start, but it is not enough. Woodman writes:

> … we believe that once we have the words to describe a phenomenon, we understand it, but although words are necessary, they are insufficient. Meaningful discovery becomes possible only when knowledge is enlivened by experience that is lived through the body. If an experience is not coming from the body, then it is not known (Woodman and Sieff 2015, p.76)

Thus, to create lasting change, we must enter our emotional minds *and* bodies and develop an embodied consciousness of what we carry *from the inside*. That means opening to the original traumatizing pain and fear, learning how to tolerate its presence in both mind and body, and integrating it into our sense of who we are (Kalsched and Sieff 2015, Schore 2003b, Van der Hart, Nijenhuis, and Steele 2006). It is only when we find ways of relating to the buried pain and fear that our lives are no longer organized around the imperative to avoid anything that might trigger these emotions (Lloyd and Sieff 2015).

Equally crucial is that we work with the fear, disconnection, and shame that form trauma-worlds. First, we must engage with these systems and become conscious of how we feel in both mind and body when they are active. Then we have learn to calm our sensitised fear system, reconnect to the exiled parts of ourselves, and challenge our shame (Lloyd and Sieff 2015, Van der Hart, Nijenhuis, and Steele 2006). Finally, we need to develop new and healthier ways to protect ourselves (Nijenhuis and Sieff 2015).

It is daunting, slow, and arduous work. Trauma-worlds are created to survive overwhelming pain and fear; when trying to transform them, we are besieged by the conviction that we will be annihilated. Thus, we need patience, perseverance, determination, and courage. It is also imperative that we have support and guidance from those who have been through this process themselves (DeYoung 2015, Lloyd and Sieff 2015, Schore 2012, Sieff 2015).

To heal trauma, we need not only an embodied consciousness of what we carry from the past, but we also need new experiences. Real change happens in the present moment through lived experiences (Stern 2004, Bromberg 2011). Woodman, in a heartfelt collaboration with Mary Hamilton (dance educator, teacher and writer) and Ann Skinner (voice and mask teacher and coach), created the BodySoul Rhythms® intensives: residential workshops that provide women with opportunities for powerful new experiences that bring healing.

Reinau (2016) offers an in-depth description of BodySoul Rhythms® intensives and explores their healing potential from Jungian and neurobiological perspectives. Reinau (2016) also presents interviews with six women about their BodySoul Rhythms® experiences. I share parts of my story as one of the interviewees (Sieff and Reinau 2016), so I will keep these remarks relatively brief. However, because the BodySoul Rhythms® intensives are a vital element in Woodman's contribution to healing trauma, and because they illustrate crucial ingredients necessary for healing, this article would be incomplete without some discussion of them.

The original intensives, which took place over six days and were structured as an initiation, were framed by a myth, a fairy tale, or by one of Jung's texts. During the first days, the facilitators created a safe container and set the scene. The middle days were structured to help us descend beneath the surface of consciousness, reconnect to what had been buried, and explore new ways of being. The last days were devoted to helping us bring our discoveries to the surface and begin the painstaking process of integrating them into daily life.

The mornings were spent with words; we worked with the containing myth, fairy tale or text, and with participants' dreams. The afternoons were spent working with movement, voice and art. We also made plaster of paris masks on our own faces, and were guided through a series of exercises in which we each embodied our mask's energy. Sometimes, it was an energy we were already living, but which was so engrained that we had no consciousness of it. Other times it was an energy that had been exiled to protect ourselves from traumatizing attacks (Sieff and Reinau 2016).

Moving back and forth between mind and body contributed to healing trauma in two ways. First, the bodywork encouraged us to venture beyond the relatively safe and controlled world of the mind and into the more charged world of embodied experience, feelings, and implicit memories. Yet, to use embodied experience as a stepping-stone toward change, we needed to reflect on the experiences and bring them into consciousness—and for most of us, that meant translating lived experience into words. Second, the actual process of alternating between mind and body quietly began to bridge the disconnection that is a defining feature of trauma-worlds.

As we worked with our bodies, we were witnessed in a compassionate and non-judgemental way by both the leaders, as well as by a partner. I know now that there are several reasons why being witnessed is vital to healing. First, if we have grown up in the shadow of the negative or Death Mother, to be seen without judgement is a new experience that can bring healing, in and of itself. Second, to heal shame, we need to expose that shame to another person and be received with compassion. We also need to learn, through a lived experience, that we are worthy of being in relationship; we cannot heal shame alone (DeYoung 2015, Lloyd and Sieff 2015). Third, being seen in a non-judgemental and supportive way counteracts the sense of isolation that is inherent to trauma.

There was just as much growth in witnessing others as there was in being witnessed. Most of us had not learned to be present with others in a truly supportive way because it was not modelled for us in our families; in the intensives, we started to learn. Put differently, in taking on the witnessing role, we had an opportunity to develop genuine empathy—not the kind of empathy that comes from the head, or the kind used to control people, but the kind that allows us to be present to others in a meaningful way. This is also the kind of empathy that allows us to be present to ourselves in a compassionate way, and self-compassion is crucial to counteracting the shame that runs riot in trauma-worlds. Also, humans are particularly good at learning from others, so if we were too terrified to approach our original pain or challenge our trauma-worlds, witnessing others do so showed us that it could done.

We not only learned from one another in the group, but we also learned from the workshop leaders. Woodman shared stories from her life in a way that was profoundly healing. Today's therapists are trained not to reveal their personal history, but Woodman lived her own truth. Her sharing gave us an example of somebody speaking one's personal reality in a way that was authentically connected to feeling, but which was also contained and responsible. Most people living in a trauma-world have no idea how to do that. Woodman's sharing also inspired hope. Growing up in a trauma-world, our lives become organized around fear, disconnection and shame. At some barely conscious level we sense that we are wounded and are desperate to find new ways of being. However, the trauma-world is all we know, and we cannot truly imagine anything else. Thus, to have any chance of changing, we need a model of somebody who has lived through trauma and who has found a different way to be. Marion Woodman, Mary Hamilton and Ann Skinner provided this model implicitly through their humanity, and Woodman also helped us forge an explicit sense of what that might mean by sharing parts of her story with us.

In Rilke's *Sonnets to Orpheus*, a poem that Woodman loves, there is a line about how the unicorn is fed not with corn, but with "the possibility of being". Through Marion Woodman's writing and the BodySoul Rhythms® programs, many who carry trauma have been fed with the possibility of being.

WHAT DOES IT MEAN TO BE HEALED?

When we embark on trying to heal our trauma, many of us naively imagine that we will arrive at a place where we are free from the suffering that arises from our wounds, and where trauma no longer affects our lives. That is not what happens. We cannot change our

past. Our wounds remain part of us. However, what can be changed is how we relate to our wounds, as well as to ourselves and to others. To achieve these crucial changes, we must go inside both mind and body to find new and healthier ways of being with the pain and fear embedded in those wounds, and just as importantly, we must transform the trauma-world that forms around them.

It is a challenging process. It takes time. Many people, and indeed most public health services, look for an easier and faster route. But there is no easy and fast route. To address trauma in a meaningful way, we need to commit ourselves to this challenge. We also need to be accompanied by those who know trauma through what they themselves have lived in psyche, body and soul. Marion Woodman is one such person.

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