

# Unlocking the Secrets of the Wounded Psyche: Interview with Donald Kalsched

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*Daniela Sieff*

The last 20 years have seen huge progress in our understanding of the injured psyche. Inner space is opening in a way that is helping us heal the deep psychological wounds that many of us carry. Donald Kalsched has been exploring the archetypal dimensions of the trauma process. His interest arose out of his work as a Jungian analyst: Many of his clients got stuck in their therapeutic journey, or worse, they tried to sabotage it—Kalsched wanted to understand why. He discovered that most of them had suffered childhood trauma. He asked: *What is it about trauma that leads people to sabotage the road to healing? What systems come into play to help a child to survive psychological trauma, and how do these systems limit later development?* His conclusion was that the psyche's internal response to trauma sets up a “self-care system” designed to ensure the person's survival, but that this defensive system ultimately retraumatizes the person from within, cutting off life-saving attachments to others and eclipsing all possibilities of true-self living in the real world. This theory has had a huge impact because it changes our understanding of what happens in psychological trauma and so opens the door to healing.

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Bruce Cohen, *Still Life with Anemone*, 2007, Oil on canvas, 28" × 21".

*psychoanalytic work. He and his wife Robin, also a Jungian analyst, live in Albuquerque, New Mexico, during the winter and in Trinity Bay, Newfoundland, Canada, during the summer.*

DANIELA SIEFF: Your work focuses on the psychological defense system that gets set up when a child undergoes some kind of unbearable trauma. What is the essence of the system?

DONALD KALSCHED: If a child's social and emotional environment is good enough, then the child will develop as an integrated whole. The child's creativity, confidence, and sense of self will unfold organically, and as the child grows up, he or she will learn how to protect his or her emotional self in a healthy way. However, when a child is abused, when his or her genuine needs are consistently unmet, or when the child is repeatedly shamed, this healthy developmental process is compromised. A psychological survival system "kicks in"; however, because the child is so young, this survival system has a very limited number of options available to it. A normal reaction to unbearable pain is to withdraw from the scene of injury. Because the child is highly dependent and can't leave, a part of the self withdraws instead, leaving a split in the psyche. One part regresses back to a time of relative innocence, before the trauma, and one part "progresses"—that is, grows up very fast.

The essence of the child—the creative, relational, authentic, innocent spark of life that is at the very core—goes into hiding, deep in the unconscious. At the same time, another part of the child's psyche—what Winnicott called the "false self"—grows up prematurely and becomes a rigid, adaptive self, complying with outer requirements as best it can, while also protecting the lost core of the self by hiding it out of harm's way.

The initial moment of psychological dissociation is a miraculous moment in that this defensive splitting saves the child's psychological essence in an encapsulated state, but it is also a tragic moment because with this splitting the child steps out of the reality and vivacity of his or her life. It is a moment when the child separates from experience and goes into trance—and when the child's capacity for genuine and trusting human relationships starts to disintegrate.

DANIELA: Can you expand on how this process of psychological dissociation occurs?

DONALD: Dissociation is an unconscious process that goes on outside awareness. It seems to be a hard-wired capacity in the human psyche, like the circuit breaker installed in the electrical panel of a house. If too much current (trauma) comes in, the circuit breaker trips and no more experience is registered. The painful experience continues, but it is not happening to

“me.” We now know that the painful experience does not disappear but is encoded in the body and is accessible only through the right hemisphere of the brain.

If a child's life is sufficiently traumatic to require a lot of dissociation, the narrative coherence of the child's inner sense of meaning is destroyed. Painful experience has not been made understandable by the child's caretakers, and this means that the child's interpretation of his or her own experience is deeply distorted by the self-care system. Traumatized children strive to understand why they are being neglected, abused, or shamed. Nearly every traumatized child ends up believing that he or she is in pain because he or she is fundamentally at fault: *“I would not be suffering like this if I was an adequate person. . . . There must be something fundamentally wrong with me. . . . Mommy/Daddy is right: I'm not lovable. . . . I'm not good enough.”* The

child probably comes to this self-blaming conclusion because (1) this is the explanation given by his or her parents—either explicitly or implicitly; (2) the child can wrestle out of it an (illusionary) feeling of control to combat his or her helplessness (*“If only I can become ‘good enough,’ then my pain will stop and they will love me”*);

and (3) it is too risky for the child to blame the parent on whom he or she depends for survival and whom he or she needs to idealize as “good” and lovable.

Given the circumstances, this self-attacking self-care system is the best that the child can come up with, and in its own way this process is miraculous because it does keep the child alive when the alternative would be psychological annihilation. However, the repercussions are tragic. The child's anger, which in healthier circumstances would get turned toward the abusers, gets turned inward. The energy contained in that anger is used to create a self-blaming system that splits the psyche between a supposedly inadequate inner child and the critical inner protector. This splitting of the psyche is a violent process, just like the splitting of the atom, and the fallout is equally deforming and toxic. The split is cemented into the fabric of the child's developing life, and a (false) shame-based identity becomes the filter through which the child (and later, the adult) sees his or her life. Simone Weil wrote that “the false god turns suffering into violence; the true god turns violence into suffering” (p. 104). The self-care system of the traumatized child becomes the “false god” that turns suffering into violence—against the self.

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A client with whom I worked remembered that when she was 4 years old, her family moved to its first real home. She had been promised a room of her own and a backyard in which to play. On arriving at the new home, my client spontaneously picked a bunch of flowers to give to her mother to show her excitement and joy. However, her mother realized that these flowers had come from the neighbor's yard and went ballistic. She yelled at her bewildered daughter: "What is the matter with you? How could you do that? You must go and apologize to the neighbor now!" The love, excitement, and spontaneous joy that the young girl was trying to express got cruelly quashed, and the result inside the little girl was shame. (Shame seems to be the affect we experience when our very life energy meets with no response or a negative response from others upon whom we depend.) Episodes like this one, which happen in every child's life, don't matter too much if they are occasional occurrences or if the mother's empathy intervenes, but this client was frequently shamed when expressing her emotions, and in time she learned to dissociate. Her self-care system buried the vibrant, spontaneous feeling child, while another part of her grew up prematurely, developing a self-sufficient armour and becoming identified with her very good mind. However, alongside this split my client began to hate her body, with its emotional feelings, and the expressive little girl who lived in that body and whose neediness seemed to cause all her trouble. By the time she was in her mid-30s, this woman had become a very successful journalist, but she had also developed bulimia, and her secret world of bingeing and vomiting proved to her that deep down she really was an inadequate failure. By this point she was living in a world that was severely compromised by her self-care system. It was a pathological, dissociated, and split world that caused her immense pain, but it was a world that her psyche had had to create in order to survive her childhood.

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DANIELA: You talk about the traumatized psyche becoming self-traumatizing. Can you elaborate on this point?

DONALD: Once the inner psychological protector has been constellated, it will fight for its life, and it will do all it can to prevent (what it believes will be) potential retraumatization. In doing so, it becomes

an unwitting and violent inner persecutor inflicting more pain, trauma, and abuse upon the person than the original trauma, and external world, ever did.

I like to use the analogy of autoimmune disease. In such disease—AIDS, for example—the killer T-cells “think” they’re attacking destructive intruders, but they’ve been tricked and are really attacking healthy tissue. In the same way, the protector/persecutor thinks the excitement or hope presented by a new life opportunity is a dangerous threat to its control, and so it attacks and demoralizes the person. This internal sabotage makes the pain carried by the trauma survivor much worse. In short, the traumatized psyche becomes self-traumatizing. The self-defense system turns against the very person it is supposed to be protecting.

DANIELA: How would you define trauma?

DONALD: In terms of the psyche, trauma is any experience that causes *unbearable* pain or anxiety. Pain is unbearable when it cannot be metabolized. This happens when the facilitating environment breaks down or when dissociation has ruptured the symbolic process, or both. Much of the trauma we encounter in psychotherapy happens through sexual or physical abuse, but it can also happen when the child’s needs are continually denied, when the child is neglected, when the child is not seen for who he or she is, or when the child is shamed and made to feel inadequate. Anything that leaves the child feeling that the essence of who he or she is, is defective or “bad” or missing in essential value and therefore at risk of annihilation, is traumatic.

DANIELA: You describe the psychological self-defense system as archetypal. What is an “archetypal” system?

DONALD: Archetypal energy is rooted deep in the unconscious, and it is “archaic,” primitive, and also “typical.” Archetypal energies and affects are not easily assimilated by the conscious mind. They can be luminous or dark, angelic or demonic, but because they exist in raw, unmediated form, they tend to be overpowering. Volcanic rage is an example. When it pours through, you’re possessed. It’s high-voltage stuff—let’s say, 440 volts, and in order to be integrated into a conscious hu-

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man ego, this high voltage needs to be transformed into a more manageable 220 volts. If archetypal energy is not mediated by human relationship and consciousness, it can’t be integrated into normal identity. Then when triggered, it can knock out the ego, so that the person effectively becomes possessed by it.

Because archetypal energy is located deep in our unconscious, the psyche's way of bringing it into consciousness is to personify and project it. Characters in myths, fairy tales, theatre, and film portray archetypes; our unconscious imagination projects an archetypal veneer onto real human beings, whom we either idealize or diabolize. Archetypes operate on the basis of polar opposites or extremes; one is good or bad, strong or weak, victim or perpetrator—"fundamentalist categories," we might say. Such figures populate our dreams and fantasies and are heard in some of our subtle, or not-so-subtle, inner voices.

In the self-defense system the caretaking side is typically personified by an inner figure who swings between protective and persecutory actions and qualities. The protector may take the form of an angel, a wise old man, a fairy friend, or a great good mother who accompanies the child and gives him or her strength. However, because this inner figure will do whatever it has to do in order to prevent a repeat of the original, unbearable experience, it can just as easily morph into an axe-man, an evil angel, a devil, a rigid, stone-cold statue, an extraterrestrial, or a terrorist with an AK47. *The Phantom of the Opera* vividly portrays both sides of this archetype in relationship to an orphaned girl. In the film *I, Robot* the protector/persecutor is personified as the central computer. Alternatively, the personification of this psychological system may exist as a subtle figure that lurks just below conscious awareness. It could be a background voice that leads you to believe that you are not good enough and should not risk exposing yourself in the world. Or it might inflate you with self-importance.

Once the archetypal self-defenses have been mobilized, the unmediated, unintegrated system ossifies into a closed, rigid paradigm that is shut off from human influence. The system resists being educated—a stance that leads to tragedy. Because the system is stuck at the original trauma, it doesn't take account of the fact that as the child grows, other defenses become available. Instead, the innocent, creative, relational essence of the child is eternally locked away in a prison for safe-keeping. The energy that should be propelling the child to grow into who he or she really is, is diverted into the process of survival, and living with a "survival self" at your core is like living in a prison. Paradoxically, in the name of survival, the archetypal self-care system says "NO!" to life.

DANIELA: How does the self-care system keep the terrified person away from the supposedly overwhelming dangers of life? What kinds of methods are used to achieve this end?

DONALD: The primary method used by the inner caretaker is the self-traumatizing inner voice that I have already described. This inner voice is

determined to prevent the hidden essential self from venturing into a world where it may be retraumatized, so it sits at the edges of consciousness and says things like *You're not lovable* (i.e., drop the hope of being loved because it is too risky)! *You're too fat to attract a man* (i.e., stop feeling your desire and give up)! *You have nothing of real interest to say* (i.e., you can't give that lecture because you could be exposed as stupid)! *You are crap at communicating* (i.e., don't try to relate to others—who may shame you)! The result of these inner attacks is often a deep sense of hopelessness and despair that takes over the person—a sense that life is for others and not for him- or herself. However, this negative inner voice is not the only method of self-defense used by the archetypal system, and although other strategies are less immediately obvious, they are equally powerful, life-denying, self-destructive, and self-traumatizing.

One key self-defense strategy is to create additional layers of psychological splitting and dissociation. Not only does the child split into a hidden inner child and a protector/persecutor, but the actual traumatic experiences are dismembered so that they

are not felt. When a jigsaw puzzle is lying in 500 pieces, you do not see the big picture. The secondary dissociation caused by the self-care system operates on similar lines. Many abused and traumatized children report a feeling of “not being there” during their ordeals. They learn how to move out of their bodies so that they don't feel the pain of what is happening to them.

They become a disembodied observer, cut off from their experience, from their feelings, and from their life in order to survive. They become zombie-like: dissociated from their experience, numbed and entranced. In one of her poems, Emily Dickinson described this in a powerful way:

There is a pain—so utter—  
It swallows substance up—  
Then covers the Abyss with Trance—  
So Memory can step  
Around—across—upon it—  
As one within a Swoon —

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The self-care system is the “trance” covering the unbearable abyss of the child's unmediated traumatic experience. And the trance comes up whenever the earlier trauma is “triggered.”

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Goes safely—where an open eye—  
Would drop Him—Bone by Bone.\*

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Another method commonly used by the protector/persecutor is to encapsulate the person in what Jung called the *mythopoetic* imagination—a world of fantasy. It is too risky to live a real life, so the psychological self-defense system recruits the inner world—which can provide a vibrant private space, where the spirit can live safe from the onslaughts of reality. In the fairy story of Rapunzel, the tower in which Rapunzel is imprisoned represents this magical world, and the witch personifies the archetypal protector/persecutor who is determined to keep Rapunzel (safely) out of real life. She is known as a sorceress, that is, a spell-caster—an expert in trance states. Peter Pan’s Neverland may have been created to serve a similar role. David, the favored elder brother of James Barrie, died when James was 7 years old. Barrie’s mother went into depression. In the fictionalized version of James Barrie’s life, portrayed in the film *Finding Neverland*, Barrie poignantly describes this episode: “That was the end of the boy James. I used to say to myself that he had gone to Neverland.” In other words the film portrays Neverland and Peter Pan as the fantastical creation of the young James Barrie, who needed a safe, magical world into which he could retreat, following overwhelming trauma. Stories about fairies stealing children are another way in which this archetypal dynamic has come to light. “*Away with the fairies*” means literally that for a traumatized child! Such a child has taken refuge in the world of fantasy, imagination, and dreams.

There is something miraculous in the psyche’s capacity to invent fantastical worlds that give a threatened spirit a meaningful, albeit magical, place in life and therefore some hope—but a high price has to be paid in terms of a person’s adaptation to reality. When a temporary world of fantasy becomes a permanent inner state of being, it takes over a person’s life. At this point fantasy has become a hypnotic spell that creates a “comfortable” prison, that encapsulates the person in limbo; neither dead nor alive.

Finally, the self-care system may take the traumatized person into the substitute world of addiction. Instead of real-life nourishment, the system says “have another drink” or “one more chocolate brownie.” I often use the

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image of a hydroponic garden I once saw that was growing the most incredible strawberries. Those plants had their roots in circulating water that was highly mineralized—it was like the ambrosia of the gods—analogue to the mythopoetic world of pure fantasy. The only problem was that these plants were slowly losing their capacity to root in real soil . . . in real life. Addiction is similar: We are fed on the mind-altering substitutes of pure “spirit,” and so we have the most magnificent experiences—or so we think. But meanwhile we become weaker and weaker. And the more we are fed by an addiction, the less able we become to take root in the world.

DANIELA: Is this defense system limited to those who suffered trauma? Have you met anybody who doesn't have this system?

DONALD: No—myself included! I lay awake the night before my last lecture listening to a bedtime story from the inner protector/persecutor . . . about how I didn't have anything to say and how my talk was so disorganized that everybody was going to have a terrible time with it. That is a minor form of what I think is a universal system. Not all of us have experienced unbearable trauma, but we are all injured to some degree. We all grow up in a home, or society, where only parts of ourselves have been allowed to blossom, while other parts that were unacceptable have been locked away in a hidden recess of our being. Few of us move into the second half of life having lived the first half in an environment where we were fully seen, mirrored, validated, and allowed to live. So we all have some kind of protector/persecutor system—what the psychoanalysts call a “sadistic superego.” If you haven't suffered trauma as a child, the system will not be so extreme, primitive, or rigid, but it will still limit your potential and prevent you from living fully.

DANIELA: How important is it to you to put this psychological system into a spiritual framework?

DONALD: The spiritual dimension of the archetypal self-care system is increasingly important to me because I've become very interested in the process of what we might call “ensoulment,” or the way the essence of a person takes up residence. D.W. Winnicott called it “indwelling,” by which he meant a gradual inhabiting of the infant's body by the spirit. In theological language we speak of the “incarnation.” The way that I now see the process is best told through a Gnostic myth: At birth, a spark of the divine comes into each of us. If our childhood is well enough mediated, the divinity incarnates. Archetypal energies are humanized and the central archetype, which Jung called the Self, sets up residence inwardly and both animates our life and begins to guide the individuation process. But if the child's pain is too great, then archetypal defenses make sure that feelings are not experienced in the body in an

integrated way. The mediation of divine energies is curtailed. That spark of divinity never makes the journey to ensoulment, and instead it becomes cloistered in an autistic enclave: It is split off into the psyche's deepest recesses. It is kept safe until such time as the person can find mediation for the pain that could not be suffered at the time that it was experienced.

This way of seeing the process has become more important to me because I've been impressed that people who have been driven into an inner world often have privileged access to "spiritual" realities through mystical experience. The benevolent side of the defense system commonly constellates as a helpful spiritual figure. One client, in a moment of life-threatening childhood illness, had a vision of an angel who said, "You can leave [i.e., die] or you can stay in life. If you stay, it will be hard and painful." She chose to live, and it has been hard, but since then she has had a sense that she is "companioned," knowing that there is something in her psyche that holds a larger picture of her whole self. That is very reassuring to her.

It is my experience that the divine often comes to us through the broken places, through those split-off and shameful places that are almost always traumatic. When the exiled parts of us are re-membered, and re-collected, and we can welcome them into our lives, there is profound healing. When the banished parts of us return and we can hold them with compassion, a sense of the divine often enters our lives as a sense of wholeness.

DANIELA: How do we move beyond the prison of the self-care system? What is the way through this?

DONALD: It takes great patience, great perseverance, and a willingness to suffer the unknown in ourselves and in the world. In short, it takes great affect tolerance, and affect is what the self-care system is least tolerant of. So we need compassionate containers to do this work—therapy containers, friendship containers, religious containers. Another requirement is to move from our "false suffering" to a deeper kind of true suffering where the "innocent" parts of us that have been shut away can begin to enter the process of a feeling relationship. For the trauma survivor this is a very frightening process.

Everyone who has suffered trauma has a story of his or her own suffering. The problem is that the original story—as told by the child to him- or herself—is a victim/persecutor story that prevents the now grown child from experiencing the unbearable pain that is part of the real story. It also prevents the adult from taking any personal responsibility for the healing of trauma's wounds. This is why we use "interpretation" in psychotherapy—to help undo the false or partial interpretations made by the child's self-care system to explain his or her original pain—the shameful and self-blaming story we discussed earlier. Remember that the child who is looking for meaning to

explain his or her pain creates an almost universal story: *"It hurts because I'm not good enough, or have failed, or am bad."* In the development of

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The pain that surrounds this meaning is what I call "false grief." It is often endless—and therefore worse than the genuine but split-off and hidden pain that surrounds the original childhood suffering.

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that belief, the unbearable and unmediated suffering of the child got turned to violence, directed inward. The process of healing depends on transforming that violence back into its rightful suffering. To do that requires a lot of grief work *in relationship*, and this is tricky because the self-care system has a whole story about the "grievances" the person has suffered and how real people are not trustable, etc., and

this story makes the person quite miserable. But it's a comfortable, familiar misery—neurotic suffering as contrasted to everyday misery, as Freud would say. So one has to distinguish between true grief and false, or superficial, grief.

DANIELA: What is the difference between true and false grief?

DONALD: In therapy, when you start working with traumatized individuals, you have to help them separate the chronic pain of the trauma story they bring to you from the often acute pain that follows when the innocent part of themselves is allowed back into relationship. We live in a very "therapeutic culture," and almost everyone has a story about how they have been victimized. The person is a survivor of incest, or the child of an alcoholic, or a victim of physical abuse. Sometimes the person doesn't have a trauma story at all; instead he or she has only an overriding conviction of his or her own inadequacy—his or her own badness. In other words, at some level the person feels a victim to him- or herself. The conviction of badness or the externally focused trauma story supposedly explains the person's pain, and as such, it constitutes the "meaning" that he or she (or others) has made out of the suffering. The pain that surrounds this meaning is what I call "false grief." It is often endless—and therefore worse than the genuine but split-off and hidden pain that surrounds the original childhood suffering.

In psychotherapy, sharing and processing the pain of that self-care story is always the first step. Necessary trust is often established in this way, and it is an important first stage in healing. But often the therapy gets bogged down at this stage because it's not the whole story. In fact, the shame-based

trauma story is actually designed (by the self-care system) to prevent the deeper, original pain from surfacing. In the words of Emily Dickinson, the defensive system “covers the abyss with trance,” and this layer of the trauma story is central to that trance. Hidden deeply behind the feeling of badness or the conviction of being an innocent victim is the more profound original pain: the pain of the threatened part of the child’s psyche that had to go into hiding for fear of annihilation. It is the pain of the “lost heart of the self” that was innocent and yet suffered terribly. True grief really doesn’t emerge until that innocent part of us starts to suffer, and that rarely happens until we start to trust another person outside the system, and that usually occurs in the transference. Remember that the self-care system’s whole reason for being is to isolate that innocent regressed part of the self from the “slings and arrows of outrageous fortune.” When we open to that deeper pain with self-compassion, we begin to cry the tears that bring real healing.

DANIELA: As I understand it, the trance created by seeing ourselves as a victim to either our own innate badness or to an external source also prevents healing because it shields the inner protector/persecutor from our awareness. Thus obscured, the protector/persecutor can hide in the shadows, only to return as soon as some supposed threat is detected. Any kind of victim or blame story allows us to avoid the disturbing fact that it is our own traumatized psyche that has become self-traumatizing, and that change will only become possible when we can begin to see our own inner protector/persecutor, appreciate the survival value of that system, but accept that it is outdated and take the risk of letting it go. Healing only becomes possible once we take responsibility for the life-denying, limiting, and self-destructive system that we have constructed, and when we grieve for the trauma that our self-created defenses have inflicted upon ourselves.

DONALD: That’s very well expressed and original. And there’s something else that hides in the shadows of the system, and that’s an authentic experience of one’s own innocence. Trauma survivors may tell stories about their suffering that includes “innocence,” but it’s a kind of righteous or malignant innocence, and often they don’t really believe it. Underneath they feel convinced of their own innate badness. Often they can see goodness and innocent suffering in others but not in themselves. If they become therapists, they are often passionate advocates for the injustice and innocence in others but can’t get to it in themselves.

So to come back to your point, it’s hard to move away from blaming others, or our supposed “innate” badness, and to find the courage and strength to move toward a place where we take responsibility for our own pain instead.

Moreover, this vital shift is only possible if we are able to look at ourselves with deep compassion and forgiveness, realizing that our collusion with the self-traumatizing system was the only way that we could ensure our psychological survival and the only way that we could protect the animating spark of life at our core.

In other words, if we remain focused on our badness or on how we have been a victim to others in the external world, we remain stuck in false grief. Then both the wounds that were unbearable to us because we were so little, and also the wounds that our own self-care system inflicted upon us to secure psychological survival, remain inaccessible. Without opening to these depths, we remain in the prison erected by the self-care system. However, when we are strong enough to open to the original pain of our innocent self, and when we can take responsibility for how we have participated in the cover-up of the original pain (how we have colluded with the self-care system, as it were), we can open the doors to the lost spark of life that is imprisoned within us. Then we feel true grief, and we set out on the path of real healing. And here's the best part. If we can suffer that deeper pain—really allow it in and share it with another—then an unexpected dimension of the psyche opens to us. A powerful healing presence makes itself felt, a sense of real love and gratitude. Almost all mythology describes how a willingness to embrace true suffering brings a revelation of the divine. This is why (mythologically) the Christ child, the child of light, is always born at the darkest time of the year in the least likely place—a stable—and why this same Christ figure finds a resurrected life in the spirit after volunteering to suffer real pain—even death—in the service of truth.

DANIELA: In order to reach that place of new life or healing, the whole story on which the person has built his or her life and the system that enabled the child to survive have to be dismantled. That is terrifying. It does not change without enormous resistance, pain, fear, and a huge fight.

DONALD: Yes, and it happens one step at a time; there is no quick way through it. Individuals come into therapy because something has happened that makes them realize that they cannot continue as they are—something needs to

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change. But understandably, they are very ambivalent about giving up the defensive belief system that has ensured survival.

And this system is most often challenged when the patient actually starts to care about the therapist—or shall we say, the little girl or boy inside the patient, hidden from view, starts to make a new attachment to a real person outside the system. When this happens, the protector/persecutor is challenged, and the self-defense system goes into overdrive. It will try to sabotage the therapy and the relationship with the therapist—anything to regain control. For example, I was about to go on holiday and a client, with whom I had worked for a year, finally let down her self-sufficient, fortress-like defenses. With tears in her eyes she said that she would miss me, and her therapy, while I was away. In voicing this feeling the client moved beyond the clutches of her self-sufficient but isolating protector/persecutor. She took the risk of allowing her wounded, vulnerable, and previously hidden child to come to the surface and express its feelings for another person. We then discussed ways that she could keep connected to me during my holiday, but that night her protector/persecutor returned with a vengeance: She wrote me a long letter explaining that she could not continue therapy because she had become “too dependent” on me. Through that letter a panicking protector/persecutor tried to backtrack by slamming the door shut on our relationship. The self-care system went all out to prevent this woman from living her need to engage in meaningful relationships, because as a child the only way that she could survive was to bury that need.

In this case we were able to work through the attempted sabotage, but this kind of dynamic runs though the lives of almost everybody who has suffered trauma, and in some cases the protector/persecutor system *does* manage to sabotage the journey into a fuller life—whatever that fuller life might be. Then the person is caught in a tragic and repetitive self-traumatizing cycle. Even with those who do successfully challenge the system, every step of the journey involves a huge inner struggle and enormous fear, requiring tremendous courage.

DANIELA: You describe the process of healing as one that happens in stages. Can you describe these stages?

DONALD: Well, let me try to illustrate the broad outline of these stages through the Grimm's fairy tale “The Woman without Hands.” This story is a graphic illustration of how suffering is turned into violence. The central image is that of a young woman whose father chops off her hands in order to escape possession by the devil. The young woman is thus traumatically dismembered, cut off from her own wholeness, her own creativity—her own *agency*—dissociated, we might say.

In this story, the king falls in love with the handless maiden, despite her disfigurement, and because he sees her as whole, healing begins. In the analogous situation of psychotherapy, the therapist sees the trauma survivor's wholeness, despite his or her dismembered state, and this *seeing* can have a profound effect that initiates healing. The handless maiden also, of course, falls in love with the king. He holds an image that no one else has ever held of her beauty and wholeness.

The king then makes the handless maiden a pair of silver hands—substitutes for what she has lost. Thus, she is halfway healed. She and the king live together and a child (representing the true potential in this situation) is born. Similarly, when a client risks letting down his or her defensive guard and begins to “hand over” his or her self-defense system to the therapist, he or she is accepting the equivalent of silver hands. These silver hands, given by the therapist, help to show the client that there is a healthier way to protect him- or herself, one that will also allow the client to live a more feeling, full, and vibrant life. But the risk of attachment to the therapist is fraught with great danger. There are limitations, especially what is known in analysis as the “frame” around the professional relationship. The time and space-bound framework of the therapy relationship conflicts directly with the necessary illusion that has grown up around the new attachment relationship. This illusion says that the silver hands are fine and that the therapy will go on forever, happily ever after.

But in reality, you see, the silver hands are not fine. They are artificial. And because they come from the therapist, they are not really the client's own, and eventually the client has to risk giving up the silver hands in order to grow his or her own human hands. This transition is a “moment of urgency” in the fairy tale, and it begins when the king must go away on a long journey. Through a series of betrayals and misunderstandings, the handless maiden is now exiled to the forest, where she and her son (named Sorrowful) live in genuine misery and poverty, cared for by angelic beings—again, support from the mythopoetic psyche. All the while, the king is longing for her but cannot find her, and all the while, she is slowly growing her own hands.

In many cases in the work with trauma survivors, there is also a crisis in which the patient feels deeply betrayed by the therapist and in which the apparent “promise” of endless love and togetherness runs into the reality limits of the therapist. Perhaps he or she leaves town like the king did. Perhaps he or she is inattentive or does or says something that reveals the professional aspect of the relationship. Often this “truth” about the relationship—that it is *both* loving *and* professional—is too much for the child in the patient to bear and a withdrawal occurs. This withdrawal is engineered by the self-care system, the caretaking part of which now fills the patient with recriminations such as, “*I told you so*” and “*How could you be so stupid?!*” etc. If the



bond between the therapeutic partners is strong enough, these ruptures can be repaired, and each time a reparation is integrated, an increment of the previously unbearable pain is experienced and becomes part of the patient's relational life. With each such rupture and repair, the patient, now with a deeper connection to his or her child "Sorrowful," grows his or her own hands back. In others words, the previous dissociation is being bridged.

DANIELA: You have said that not everybody who has suffered trauma can make this tortuous journey into life. What is the difference between those who can and those who can't?

DONALD: I've often wondered that myself. Some people will never be able to surrender the world created by the self-care system. Giving up what has saved them in trauma, and reconnecting with the underlying pain, is too much for them to bear. They are happy with a partial healing and with the silver hands provided by an external support system—and who can blame them. Still others make the full journey into their own unique lives. Certainly one of the important factors is whether a therapist is present who can see through a relational process with them. It's not easy, and we are only just beginning to know how to do this.

As far as internal factors, there is something about will . . . something innate . . . a creative passion for life and desire to live all of it. There are also environmental factors in early development. Was there anybody on the side of life, so to speak, who offered the child the love that was needed? You don't need many people to keep that possibility alive for a child: an uncle, even a good teacher who saw the child who wanted to live. And that spark of life doesn't need a human being to keep it alive; it can find a safe haven through a special loved animal, through music, art, nature. However, in order to make the tortuous journey into life, a person does need to have had *some* experience where that spark was seen and valued by another person.

DANIELA: You use fairy tales to illuminate the creation and dissolution of the self-care system. However, many fairy tales have "happy-ever-after" endings. Aren't they misleading? My experience is that even if you go through one crisis where you successfully take on the protector/persecutor, you are very lucky if you get through 6 months without coming face-to-face with it again!

DONALD: Fairy tales are a wonderful vehicle for talking about the struggle of the soul through life, and even though they may not be "realistic," I think that we all need stories with happy endings. The happy ending is like the vanishing point in a painting that gives it perspective. We may never get there, but it is the goal, and it helps to know where we are heading. The happy ending

is peace where there was war . . . freedom where there was imprisonment . . . wakefulness where there was trance . . . love where there was hate . . . wholeness where there was fragmentation . . . suffering where there was violence.

Sure, the protector/persecutor does keep returning if you are on a journey of growth, and the happy ending is misleading if it is understood in a superficial way or as a bypass of the struggle with darkness and evil. But every time you are successful in challenging the self-care system, your world expands, you take one more step toward wholeness, your experience becomes a little fuller, and another glimmer of the divine spark returns to animate your life.

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## FURTHER READING

Kalsched, D. (1996). *The inner world of trauma: Defenses of the personal spirit*. London: Routledge.

Weil, S. (1952). *Gravity and grace*. Translated by F. Kemp. Munich: Routledge.

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