

POST-TRAUMATIC GROWTH: A HERO'S JOURNEY

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A thesis submitted in partial fulfillment of the degree of

Masters of Counselling

City University of Seattle

Vancouver BC, Canada site

Division of Arts and Sciences

September, 2018

SUBMITTED TO:

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Abstract

This thesis explores the current psychotherapeutic practices of trauma treatment as well as evaluating the process of Tedeschi and Calhoun's concept of Post-Traumatic Growth. Coupled with this study, is a parallel study of Campbell's Hero's Journey and how this narrative arc could assist in understanding and possibly facilitate Post-Traumatic Growth. For the purpose of this study, I have completed a qualitative study including a literature review, which incorporates the history of our understanding of trauma as a society, recently as therapists, and trauma's current and past treatments, quantitative studies of PTG as well as variations of understanding the Hero's Journey and how these could increase understanding of the process of Post-Traumatic Growth and facilitate therapeutic conversations. Trauma is not new to our society, but our awareness in both psychotherapy and as a modern society has been increasing and terms like 'trauma informed' and 'trauma sensitive' have been applied to therapy, yoga, literature, education and even medical treatment. Increasing our awareness of trauma and its effects could possibly decrease its occurrence in society and encourage more support those who have experienced trauma which could decrease their symptoms and increase awareness of situational context and contributing stressors. Utilizing common narrative arcs such as the Hero's Journey to understand trauma and its effects could assist clients and society's understanding of trauma and its lasting impacts as well as our capacity for growth following adverse experiences. Implications and recommendations for psychotherapeutic practices are included in this study, including increased studies on mind body connection using medical science to understand the adverse effects of trauma and its physical and psychological manifestations.

Acknowledgements

I would like to acknowledge the clients and research participants who not only experienced trauma but were willing to explore their experiences for the benefit of others. I would also like to acknowledge the support and encouragement from the staff and instructors at City University in Vancouver BC. I was given support above and beyond expectations during a difficult time and I will forever be grateful for my experience at City University in 2017-2019. I would in particular like to acknowledge my thesis advisor Glen Griggs who was inspirational and made the daunting process of writing a thesis not only possible but enjoyable.

I would also like to acknowledge my family, and my ancestors, many of who are no longer with us, but who provided inspiration and taught me resilience, which have enhanced my life and will support my future work as a counsellor.

Dedication

I would like to dedicate this to several members of my family and ancestors who experienced significant difficulties in their lives and persevered. I would also like to dedicate this to my niece Chelsea who was stronger than anyone knew.

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Chapter 1: Exploring Growth

In this study, I will be exploring the parallel processes between the concept of Post-Traumatic Growth and Joseph Campbell's "Hero's Journey". In our society, pathologizing and eradicating pain and suffering are often the focus of psychotherapy and throughout this process, trauma is often believed to be pervasive and something to be cured. However, in both the frameworks of Post-traumatic Growth and Campbell's 'Hero's Journey', trauma, and the suffering that follows it, can also be an important period of learning, healing, and growth.

Post Traumatic Growth is a concept Tedeschi and Calhoun developed which is both a "process and an outcome" measured by the experience of positive changes following trauma. (Tedeschi & Calhoun, 2004). The Hero's Journey is a concept developed by Joseph Campbell in his in depth research of world mythology and religious texts which he explores in his book *Hero With A Thousand Faces*. (Campbell, 1949)

Trauma: Common Factors

Trauma is an all too common experience in human existence and its impact can often be long reaching as it affects both our mind and our body. "Trauma shocks the brain, stuns the mind and freezes the body." (Levine, 2015) Typical treatment for trauma often focuses on healing our brain, mind and body. However, it was not until Bessel Van der Kolk's work that the long reaching effects and psychological alterations of trauma were understood. Van der Kolk's working definition of Post-Traumatic Stress Disorder developed in the 1980's, following the Vietnam War, ushered in a new understanding of

trauma, which was identified in the *DSM IV*. (APA, 1987) When returning soldiers presented their suffering as more than combat related traumas but also as internal traumas which affected their cognitive processing and moral perception over the long term, and often lead to suicidal thoughts or substance abuse. (Van Der Kolk, 2000) It was because of the pervasiveness of these veterans' experiences that effects of 'post-trauma' conditions began to make their way to the forefront of psychotherapy. Many of Van der Kolk's contemporaries, such as Levine, have begun to develop varying new methods of treatment as a result of this such as Somatic Experiencing and EMDR. (Levine, 1997; Van Der Kolk, 2000)

Questions

The questions I hope to address relating to trauma are: what are the effects of trauma on the brain or on our memory? What are the possible long-term effects on our psychology following trauma? How can we begin to look at the aftermath of trauma as a heroic journey of discovery rather than 'fall-out' from the initial incident? How can we combat our desire to clamor back to the original path and forge a new one? How can the effects of trauma be understood as potential for 'growth' rather than deficits? How does this cycle of growth compare to that of the Hero's Journey? Is this a helpful tool for therapists?

Purpose

The purpose of this study is to shed light on the often-ignored sides of trauma: growth and change. I wish to explore how trauma can teach us about ourselves and the world around us. While the lens of trauma and PTSD can sometimes feel limiting, it can also be expansive once safety is ensured. A greater understanding of our purpose and

ourselves can emerge from traumatic experiences. It is often through negative experiences where we are challenged to overcome obstacles and sometimes, even ourselves.

Trauma sensitive psychotherapies, which incorporate movement, yoga, art, meditation or music, are all growth industries in psychotherapy. Yet very few therapeutic methods focus on illuminating the growth that occurs in traumatic experiences and their aftermath; rather they focus on symptom reduction. Levine, Van der Kolk, Lineham and many other contemporary psychological researchers have identified that trauma, especially early trauma, is often the cause of many psychological issues in later life. (Levine, 1997; Lineham 1993; Van Der Kolk, 2004) However, what is often not studied is how the trauma has influenced the individual to adapt and change within their life; trauma is merely seen as a catalyst for suffering, and treating this suffering is psychotherapy's goal. Psychological issues such as anxiety, depression and even borderline personality disorder are believed to be results of trauma, yet examining the strength and resilience clients gain through surviving trauma are often excluded from our treatment and pathology. Psychotherapy primarily focuses on eliminating symptoms and modifying behaviours and environments so as to not repeat the effects of trauma. A core belief in Western society is that suffering is meant to be avoided, yet without examining the learning and growth that can emerge from negative experiences, we may miss a chance for growth. Using Campbell's Hero's Journey as a lens to view trauma allows us to examine our own suffering and we can learn and appreciate the value of our pain; rather than erasing it, only to move on without reflection and appreciation for what we have endured.

Defining and Measuring Post-Traumatic Growth

The American Psychological Association as defines post-traumatic growth: “a theory that explains this kind of transformation following trauma.” However, while it is compared to “resilience, hardiness, optimism (or) a sense of coherence (following trauma)” it is more than these elements. Resilience is “an ability to go on with life after hardship or adversity... hardiness shows tendencies towards commitment, control and challenge in response to life events... optimism involves expectations of positive outcomes to events.” In contrast, “post-traumatic growth refers to a change in people that goes beyond an ability to resist and not be damaged by highly stressful circumstances: it involves a movement beyond pre trauma levels of adaptation.” (Tedeschi and Calhoun, 2004) Post-traumatic growth does not set us back on the path we once were taking, it allows us to step back and take the path which we are best suited for; we must move beyond our ‘pre trauma’ selves and re-envision ourselves in order to grow beyond trauma. Campbell believes the heroic journey parallels “simple initiation ritual(s), where a child has to give up his childhood and become an adult, has to die, you might say, to his infantile personality and psyche and come back as a self-responsible adult.” (Campbell, 1988)

Post-traumatic growth can be empirically measured by using the Post Traumatic Growth Inventory. The PTGI asks clients to measure their ‘growth’ through self-reflection and by using scaling questioning following trauma. Some of the statements are: I changed my priorities about what is important in life, I can better appreciate each day or I discovered that I'm stronger than I thought I was. Clients are asked to reflect on their beliefs following trauma and measure their present experience against their past

understanding of themselves. While this is subjective and completed through personal reflection, it can give a sense of what changes have occurred for the client following trauma. Addressing the PTGI questions allows the client to reflect on their experience in a more positive light and to consider growth as part of the experience of trauma.

Therapeutically, PTG is often part of traumatic stories, yet it is hardly examined. The medical model of diagnosis, pathology and treatment excludes examining the positive outcomes of traumatic events; it merely focuses on eradicating problematic symptoms. (Van Der Kolk, 2014; Levine, 2010; Seigel However within a narrative framework PTG is about “re-authoring” your story and “re-identifying” yourself. This is important as trauma’s imprint ultimately changes us; we don’t have to become our ‘pre trauma’ selves, but we can grow into a new version of ourselves.

Using a narrative therapy lens, clients identify the ‘problem’ and externalize it from themselves. (White,1995) At this point, clients can begin to recognize the learning in their experiences. (Hilker, 2005) Narrative therapists co-examine the problem with their client attempting to understand how it came to be and how shifting their understanding to include the idea that *the problem is the problem*, the problem loses its influence. In this process the purpose is to redefine the client’s understanding of their difficulties, they are not something within them, but something they experience. For example, in narrative therapy a client who had experienced trauma would not identify as a victim who has a traumatic past, but rather as a survivor of a traumatic experience. This reframing parallels Joseph Campbell’s ‘Hero’s Journey’ as tragic and traumatic events are not just life experiences, but rather they are trials endured to gain new skills and develop one’s potential.

Using Story to Understand our Journey

Trauma has appeared in Western culture's collective narrative since Ancient Greece. From the epic tale of Odysseus' travels and trials following the Trojan War in *The Odyssey*, to Shakespearean tragedies such as *MacBeth* and *Othello*, Victorian poets such as Keats or Brontë, to Canadian Military General Romeo Dallaire's accounts of the UN's devastating mission in Rwanda, to George Lucas' science fiction films in the *Star Wars* anthology, or the King James Bible; trauma has been an influence in many of Western society's epic tales, both real and fictional. Trauma has also been accounted for in stories from other theologies such as the Koran and the Torah, but for the purposes of this study we will be focusing on Western literature. In addition our understanding of trauma has evolved and while an event may be named 'tragedy' in these early accounts, given what we know now, tragedy's impact is often traumatic. Re-understanding our social narratives can allow us to begin seeing our own cognitive processing as fluid and changeable. Our understanding of the story can change, even when the story cannot.

Narrative therapy operates under the principle, the problem is the problem, you are not the problem; this principle places the 'hero' in a position to examine the 'journey' rather than be consumed by it. By externalizing the client's presenting issues, they can begin to see the issues as separate from themselves and restructure their understanding of them. I believe that White's narrative techniques such as 're-authoring', 're-understanding' and 'externalizing' the problems to facilitate change in trauma treatment could not only be beneficial, but could be proven to be quantifiably beneficial using the PTGI. (White, 1995) By externalizing the client's problems, clients can begin to see the problems as separate from themselves and restructure their understanding of them.

Narrative therapy attempts to de-pathologize the practice of psychotherapy and work within the client's 'framework of understanding'. (White, 1995) Narrative therapy has also often positioned itself aside from the empirical evidence findings of modern psychotherapy. If I were to use the PGTI in a quantitative manner and apply its measurement to the changes clients experience, including narrative therapy's techniques of 're-authoring' and externalizing the problems experienced by clients, they could facilitate growth and expansion in a client's understanding of themselves and the world in which they live. (Carr, 1998)

Our basic instinct is to preserve life, and in traumatic situations we are prevented from doing so. Whether the initial trauma is a car accident, an assault, from combat or child abuse, during the experience of trauma, we are unable to safeguard ourselves, and this immobility is what causes us to carry the trauma with us; according to Levine, immobility indicates trauma is unresolved. (Levine, 2005) However, this sense of immobility can be alleviated in many ways including Levine's somatic experiencing and Van Der Kolk's re-enactment therapy. (Levine, 1997; Van Der Kolk, 2012) In these particular therapeutic experiences clients can begin to lift the trauma that is "riveted in the body's instinctive reactions to perceived threat" (Levine, 2015) It is when perceived threats begin appearing more frequently, that it is clear that trauma has left an "imprint on the brain... which causes the smoke signals to change. They either overreact or underreact." (Van der Kolk, 2012)

Gaining understanding of perceived threats and beginning to deduce whether or not a perceived threat is real or not, clients can begin to lift the imprints of trauma's impact. (Levine, 2015) We develop and rely on our social/narrative/ environmental

‘schemas’ that assist our understanding of the world. (Herman, 1997) When trauma occurs, it challenges our understanding of these ‘schemas’ and our “sense of meaning and purpose” is often questioned as a result. It is within this cognitive shift that PTG can occur. (Tedeschi and Calhoun, 2004) It is not within each psychological crisis that PTG occurs, but only when the ‘seismic’ set of events shifts a person’s understanding of themselves and the world in a way that causes them to shift their cognitive understanding and their resulting actions.

Being Open to Change

“We must be willing to get rid of the life we've planned, so as to have the life that is waiting for us. The cave you fear to enter holds the treasure you seek.”

Joseph Campbell, *Hero With a Thousand Faces*

Applying Campbell’s Hero’s Journey lens to Post-traumatic Growth, clients who are ‘willing to get rid of the life (they)’ve planned’ can assist in gaining new understanding of one’s self, goals and values. This process takes time, and the beginning stages of trauma recovery are more cyclical and narrow. “At the early stages of response to trauma, cognitive processing is more likely to be automatic... negative intrusive rumination is typically frequent.” (Tedeschi and Calhoun, 2004) Rumination has a cognitive purpose: to assist us with processing. It can also produce negative outcomes such as disengagement, or isolation. Rumination can also support us in disengaging with ‘negative influencers’ and an understanding that “the old way of living is no longer appropriate in radically changed circumstances.” (Tedeschi and Calhoun, 2004)

Trauma processing often involves ‘grief work’ which can be a “lengthy process during which distress persists (which) may actually be important for the maximum degree of post-traumatic growth to occur. This distress keeps the cognitive processing active,

whereas a rapid resolution is probably an indication that the assumptive world was not severely tested, and could accommodate the traumatic events.” (Tedeschi and Calhoun, 2004) It is when ‘the assumptive world’ is tested that we are forced to change. This is where growth occurs. In Campbell’s *Hero’s Journey*, the hero is forced to adapt to a new world. This affects their ‘schemas’ and their interactions in the world and they are forced to re-understand themselves, their abilities and their environment.

The cognitive processing of trauma is key to moving past it and growing beyond the experience: “narratives of trauma and survival are always important in post-traumatic growth, because the development of these narratives forces survivors to confront questions of meaning and how it can be reconstructed.” (Tedeschi and Calhoun, 2004; McAdams, 1993; Neimeyer 2001) The theoretical abstractions articulated above are concretely manifest in the clinical process of trauma treatment.

Assumptions

I am making the assumptions that current trauma treatment is mostly symptom based; looking to eradicate the negative effects of trauma and this course of treatment is limiting, pathologizing and does not account for growth. Theories I will be examining will be Somatic Experiencing, authored by Peter Levine and Van der Kolk’s ‘Re-experiencing’ and his definition of PTSD and its effects on survivors.

I am assuming that examining personal growth is a positive experience for survivors. Another assumption I am making is that a significant amount of stories, which fall into Campbell’s *Hero’s Journey*, are accounts which can be identified as traumatic. By making these assumptions, I am building a parallel structure between Campbell’s concept

and PTG. I am assuming this connection is both logical and could assist clients recovering from trauma.

Significance

It is my hope that this study will help both survivors and clinicians understand the after effects of trauma and assist clients in accounting for the growth and positive outcomes of surviving tragedy in their lives. It is also my hope that trauma will no longer be seen as limiting, pervasive or inherently negative but rather as a chance to witness and experience growth while acquiring new skills as an investment in clients' futures.

In order to successfully investigate PTG and its relationship to Campbell's Hero's Journey I will be reviewing contemporary and historical treatments of trauma and its development over time. I will also be examining historical stories of PTG such as accounts from the Holocaust, such as Victor Frankl or Romeo Dellaire's military accounts. I will also be exploring the body of work created by Tadeschi and Calhoun (1994-2015) in their development of Post Traumatic Growth theory and its application. In my literature review I will give a detailed account of what these texts contribute the concept of PTG and its relationship to the Hero's Journey.

Chapter Two: Methodology

This study will consist of a literature review, which will include quantitative studies, qualitative studies and other forms of literature. The question this study is trying to answer is: How is Post Traumatic Growth similar to Joseph Campbell's "The Hero's Journey"? A subsidiary question is: If a parallel can be found between PTG and HJ, does that also imply that, clinically, the assumption that traumatic experience connotes only damage and limitation, needs to be radically revised in clinical practice? In order to answer this, I will be examining traditional literature on trauma and trauma treatment (Levine, Van de Kolk etc.) as well defining literature on PTG including the works of Tedeschi and Calhoun. Lastly I will be using works such as Joseph Campbell's *Hero With a Thousand Faces*, Jean Houston's *The Wizard of Us* and literary work such as Victor Frankl's *Man's Search for Meaning* to draw a parallel between the experiences of those undergoing heroic journeys experience PTG? Is PTG similar to the heroism?

Description of the Design

The purpose of the study is to examine how trauma can be transformed into PTG. What do current studies state helps facilitate PTG? How can we as clinicians support this transformation? Secondly, the study will examine what has come before. How has PTG been used in clinical settings before? Has it been successfully measured? What increases or decreases its chance of PTG? Once it is established how PTG develops, I will begin examining how the facilitation of PTG can be parallel to the Hero's Journey. While examining the Hero's Journey and its parallel properties to PTG, I will also examine other studies which have been done to facilitate change using the Hero's Journey such as Clive Williams' *Mudmap for Living*, where he uses the Hero's Journey as a guide to overcome life difficulties. (Williams, 2016)

The quantitative studies that will be examined will have used the Post Traumatic Growth Index which is a self reflective questionnaire that inquires about the after effects of trauma. This is often measured in clinical settings where clients have worked through their trauma, often with focused rumination and cognitive processing which allows them distance to reflect on the outcomes of their trauma. These outcome measures will be examined as evidence of the increase of PTG and the influence of exploring the narrative of one's traumatic experience. It is in the process of exploring the narrative that I believe a parallel between PTG and The Hero's Journey can be made. I will be using literature on heroism such as *The Heroic Client* (2008), *Wizard of Us* (2012), *Mudmap for Living* (2016) and *Hero With a Thousand Faces* (1949) to explore this parallel process.

“As you set for Ithaka
 I hope your road is a long one
 Full of adventure, full of discovery
 Laistrygonians, Cyclops,
 Angry Poseidon- don’t be afraid of them:
 You’ll never find things like that in your way
 As long as you keep your thoughts raised high,
 As long as a rare excitement
 Stirs your spirit and your body
 Laistrygonians, Cyclops,
 wild Poseidon-- you won’t encounter them
 Unless you bring them along inside your soul,
 Unless your soul sets them up in front of you.”
The Odyssey, Homer

Campbell envisioned the archetype of the Hero’s Journey through his extensive studies of world mythology, religion and literature, which he explains most notably in his book, *The Hero With a Thousand Faces*. After studying world mythology and religion, Campbell devised the “Hero’s Journey”, a monomyth, which served as a framework for the heroic tales of mythology. The Hero’s Journey is a story structure that follows a particular pattern. This pattern came from Campbell’s studies in mythology, where he learned “myths were clues to our spiritual nature and they can help guide us to a sacred place within ... to a deeper understanding of our inner selves” (Campbell, 1988) Paraphrasing what Carl Jung believed regarding myth: “Symbols are the vehicle for communication. They must not be mistaken for the final term, the tenor of their reference.” (Campbell, 1949) If symbols indicate our spiritual nature, or a passage to a sacred place, it is important to understand that we are therefore constantly between two states: conscious and the unconscious.

“Mythology, in other words, is psychology misread as biography, history and cosmology. The modern psychologist can translate it back to its proper

denotations and thus rescue for the contemporary world an... eloquent document of the profoundest depths of human character.” (Campbell, 1949)

If myth is misread biography, and psychology is rooted in mythology, then the Hero’s Journey should illuminate a deeper understanding of the human experience, including trauma. Within the framework of Hero’s Journey, Campbell explored the concept of the inner journey we all face when challenges cause us to question ourselves, our beliefs and often change our path. It is through the framework of Campbell’s Hero’s Journey that I will be examining the psychological model of Post Traumatic Growth.

Mythology and Psychology

“While trauma can be hell on earth, trauma resolved is a gift of the gods—a heroic journey that belongs to each of us.”

Peter Levine, *Waking the Tiger*

There are many examples of Campbell’s monomyth, the Hero’s Journey, but within each example, there are three main elements of the journey: *Initiation, Separation and Return*. (Campbell, 1949) Initiation is when the hero is introduced to the new world either by a spiritual guide or guardian, Separation occurs when the hero leaves the ordinary world and all that is familiar, whereas the Return is when the hero returns to the ordinary world having survived and learned from all their experiences in the new world.

This is also illustrated in what Arnold van Gennep “has called the ‘liminal phase’ of rites de passage, which describes all rights of passage or ‘transition’ are marked by three phases: separation, crossing the threshold and aggregation.” (Gennep, 1960, Turner, 1969) Turner’s illustration of the liminal phase is parallel to Campbell’s Hero’s Journey in many ways as it illustrates a passage from one reality to another. “The first phase (of separation) comprises symbolic behaviour signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural

conditions (a "state"), or from both.” (Deflem, 1991; Turner, 1969) Liminality is about what is in between, when we are caught betwixt two worlds. In Campbell’s Hero’s Journey, the hero grapples with ‘two worlds’ throughout their journey, and again when they return.

In Crossing the Threshold, the hero is challenged and initiated into another realm separate from the known world. The Return however, is not a return to *what was*, but rather the ‘hero’ is changed by their experience and therefore brings new skills and perspectives making the return much more complicated. (Campbell, 1949) Without the challenges of the Separation, Initiation and Return however, the hero does not experience growth. It is only through challenges that we can begin to grow and advance, yet many people resist these challenges, choosing comfort and familiarity over change; also known as the refusal of the call.

It is important to recall, at all times, that Campbell sees the protagonist of the Hero’s Journey as a metaphor for what Jung called the “deep self”, or “authentic self”; the territory traveled in a heroic story as metaphorical of the human psyche, both personal and collective, and the journey itself, metaphorical of the processes of transformation that occur in any deep psychological transformation. Campbell understands that metaphor is absolutely necessary for this description because most human cultures lack a vocabulary to refer directly to psychic transformation and personal subjectivity.(Campbell, 1949) Once the hero answered the call, they were met with a Guardian at the Threshold, where they would crossover into another world. This is parallel to the process of the ‘assumptive world’ being challenged. All we know is now out of place, and we have to make sense of an unfamiliar future. (Segal, 1960)

The word 'hero' is Greek, and means "to protect and serve", and is often someone who is 'willing to sacrifice his own needs on behalf of others'. (Vogler, 2007) Much of modern psychology's focus has been individual psychology, rather than exploring relationships and connection with society. Therefore by introducing the Hero's Journey to clients as a way to navigate trauma, they can begin to see their connection to the world around them and their role within it. Individual psychology was criticized in the mid 20th century as psychology focused on a path of self-focussed individualism, evident in Lasch's critique *The Culture of Narcissism*. (Lasch, 1969) "The narcissistic patients treated by contemporary therapists did not exhibit 'symptom neuroses' treated by Freud but 'character disorders'. These were more diffuse and less susceptible to treatment than the earlier, or 'primary', narcissistic conditions." (Lasch, 1969) Within the context of the Hero's Journey, the hero is forced to not only challenge themselves and their worldview, but also their sense of belonging is also challenged causing them to look outside themselves to gain insight and navigate their new reality.

A hero's initiation is the 'call to adventure', which alerts the her, and to question their current status, their life and their future. Separate from the known world, the hero is challenged and therefore initiated into another realm. The hero often learns from others in the new 'realm' where they gather stories and gain energy from their interactions. (Vogler, 2007) The return is not however a return to *what was*, but rather the 'hero' is changed by their experience and gains new skills and perspectives making the return complex to say the least. Without the challenges of the separation and initiation however, the hero does not grow. It is only through challenges that we can begin to grow and

advance, yet many people resist this path, choosing comfort and familiarity over change; also known as the *refusal of the call*.

The ‘refusal of the call’ is exemplified in Plato’s allegory of The Cave, found in Plato’s *The Republic*, is where prisoners inside a cave only see shadows on a wall, reflecting an external reality. However, without experiencing the other ‘realm’, they believe the shadows to be their reality. When one prisoner leaves the cave, he is enlightened and enjoys his experience, yet struggles to adjust to life in the cave again when he returns and is thrown out by his companions. (Plato, trans.1943)

It is when we have a choice to experience a different reality, we have an opportunity to change, however, many resist, believing the outside world to be dangerous. “The ideal forms exist in the language of the creator.” Through observation, we create our own reality only when we shifting our viewpoint, can our perspective can be altered. (Plato, trans.1943) It is only through separation from the attachment to our current reality, that we can begin to change. While changes that occur during separation are challenging, adapting to re-enter the ‘ordinary world’ with newfound knowledge and skills is also challenging. Similar to the prisoner who left the cave and returned, others may not accept you with all of you newfound understandings. The first problem of the returning hero is to accept as real, after an experience of the soul-satisfying vision of fulfillment the passing joys and sorrows, banalities and noisy obscenities of life. Why re-enter such a world?” (Campbell, 1949)

The Purpose of Myth

Campbell states that mythology has always served to “supply the symbols that carry the human spirit forward, in counteraction to those constant human fantasies that tend to tie it back.” It is in myth that we can see the emergence of the Hero’s Journey emerge. (Campbell, 1949) While most of us choose less adventurous ways of being, instinctually we are all “seekers... saved by virtue of the inherited symbolic aids of society, the rites of passage (and) the grace-yielding sacraments... it is only those who know neither an inner call or an outer doctrine whose plight truly is desperate... most of us today, (are) in this labyrinth without and within the heart.” (Campbell, 1949) What Campbell is describing is that the hero’s journey is universal- yet many of us are unaware of our journey as we are not attuned or aware of it, often ignoring the rites of passage before us. It is when we are made aware of the symbols and their influence on our lives that we can begin to see our possible heroic journeys. Answering the Call fosters culture. Campbell asserts that it is the role of a functioning culture to remind the members of that culture that the events of their lives are not confined to mundane domesticity, and that the struggles that define our character and make possible psychological growth are the same encounters with the energies of psychic life that are encountered in all tales of heroism.

In Campbell’s mythical framework, the “call to adventure...signifies that destiny has summoned the hero and transferred his spiritual centre of gravity from within... to a zone unknown.” (Campbell, 1949) It is in this ‘zone unknown’ where the hero experiences challenges, and “absorb(s) and integrate(s) the new forces.” (Campbell, 1949) However, many of us choose comfort over change, and therefore avoid our heroic journey. Campbell believes ignoring the call causes a great deal of discomfort, as he believes the Hero’s Journey is aligned with our true path, our ‘bliss’ which means that by

ignoring it we are not attuned to ourselves and therefore living a “miserable life.”

(Campbell, 1988)

Jungian Archetypes

The word archetype is “from the Greek *arkhetupon*, first mould or model, the initial version of something later multiplied”. (Stenudd, 2006) This definition mirrors Campbell’s understanding of mythology and Jung’s archetypes.

Jung founded analytic psychology after studying under Freud. Jung saw the unconscious as having two dimensions, the personal and the collective. His research countered Freud’s examination of psychoanalysis, as Jung believed the unconscious had many dimensions and was not only rooted in early childhood experience or sexuality, but rather it was shared in, and informed by a concept, such as our *collective unconscious*. The collective unconscious is “ a level of unconscious shared with other members of the human species comprising latent memories from our ancestral and evolutionary past.” (McLeod, 2014) Jung saw the unconscious as a resource, and not merely a source of neurosis. (McLeod, 2014)

Jung’s research developed the concept of unconscious archetypes, which represented our unconscious desires; similar to what Campbell believed the Hero’s Journey represents in world religion and mythology. Jung and Campbell both pushed the dimensions of the unconscious desire and collective unconscious beyond the psychological realm, and both believed that myths themselves were projections of human desire. (Segal, 1960; Campbell, 1988) It is in the shared, or collective, dimensions of the unconscious that we find the archetypes. Jung was a student of Pierre Janet, who studied ‘hysteria’ which he believed to be a result of the repression of unconscious desires. Janet

believed that his clients' repression was often the cause of dissociation or 'psychosis', which he believed was a disconnection between the individual's conscious and unconscious mind resulting in fragmented personality and behaviour. (Shamdasani, 2010; Jung, 1959) Jung's archetypes have many similar forms to the Hero's Journey; the Hero, the Sage, the Self, the Journey etc. Campbell's studies focused on mythology, which is essentially a manifestation of a given culture's collective unconscious; whereas Jung's studies were of the unconscious minds of his clients. Both Jung and Campbell believed that humans have common unconscious desires, which are shown in either our 'archetype' or our 'journey': "I trace the origin of dreams back to age-old mythological influences." (Jung, 1959) Jung, similar to Campbell, believed that "man was on a quest towards self-realization and myths serve as clues." (Jung, 1959) Whether we are 'flung' into our hero's journey, are overcoming trauma Jung and Campbell both believed when we engage with our unconscious desires we are our true selves.

When examining mythology Jung felt that it was difficult to interpret, because "their meaning is symbolic, rather than literal." (Segal, 1960) Jung believed that myths were produced as a result of our unconscious mind, and in fact were "an expression of it." (Segal, 1960) If this is the case, then Joseph Campbell's monomyth, The Hero's Journey, possibly proves within our collective unconscious we all desire to overcome our challenges, learn new skills and return a 'hero'. While Jung studied myth, he did so to understand the collective unconscious of man, as he believed myth was "symbolic rather than literal" and were "projection(s)" of humanity's unconscious desires. Jung also believed that "humans can project onto the world the gods already in their minds". (Segal, 1960) Jung spoke of the 'hero' as an archetype, a projection of what man wished to be:

“more than human stature.” (Segal, 1960) Examining myths as “preconscious to the psyche” developed Jung’s archetypes; as humanity developed, so did myths, which acted as guides and moral tales to inspire human action. However in Jung’s mind, myth was created in the preconscious, and projected. Therefore, under the influence of myth we are aspiring to be what we aspire to be. It is an infinite loop of unconscious desire. Myth’s “origin can only be explained by assuming them to be deposits of the constantly repeated experiences of humanity.” (Segal, 1960) It is no wonder Campbell was able to find the Hero’s Journey across the world; we all unconsciously desire to overcome our tragedies and emerge a hero.

Heroic Patterns

The hero ‘sequence’ can be found in world history, religion and mythology. According to Campbell, ‘the hero’ is someone “who has found or achieved or done something beyond the normal range of achievement or experience. Someone who has given his/her life to something bigger than themselves.” (Campbell, 1988) “The function of ritual and myth is to make possible and then to facilitate the jump-- by analogy.” (Campbell, 1949) The basic cycle of the Hero’s Journey is: Initiation, Crossing the Threshold, Belly of the Whale and the Return. (Campbell, 1949) Tedeschi and Calhoun’s cycle of Post Traumatic Growth pattern is: a traumatic incident, perspective shift, rumination and psychological growth that facilitates new understanding of the world and themselves. (Tedeschi & Calhoun, 2014)

A major premise of this thesis is that there is a direct psychological parallel between the nature and sequence of events and processes that culminate in PTG and the sequential unfolding markers of the Hero’s Journey. Initiation corresponds to a traumatic

event and the crossing of a threshold is the encounter with that which cannot be assimilated into normal experience.

A parallel process to the Hero's Journey can even be seen in each of our individual development from childhood to adulthood; "in this universal process there is a death and a rebirth" Campbell states. (Campbell, 1988) We are 'initiated' into the world as babies, and then as we age, our 'childhood dies' in order for us to become adults where we 'return' to our lives with new understandings of our purpose. While this transformation is not beyond 'the normal range of achievement' it extends our understanding as individuals beyond what we experience as children and 'initiates' us to adapt beyond what is 'known' in our lives.

Tedeschi and Calhoun's model of PTG includes a period of rumination, which is also present in both the Hero's Journey. When the hero is adjusting to the new world, and is either physically or intellectually stuck, this is rumination. In the Hero's Journey, this is called the 'belly of the whale'. Campbell relates this to the unconscious describing it as:

"(a)descent into the dark... standard motif of going into the whale and coming out... water is the unconscious, (and) the creature in the water is the dynamism of the unconscious which has to be controlled by consciousness." (Campbell, 1988) Campbell describes this 'descent' after the 'threshold', when the hero must adjust to their new surroundings. Campbell compares the biblical story of Moses and the ark; Moses crosses the threshold when he has to leave all that is known and enters the water- the unconscious- and trust in God's direction in order to reach the next step in his journey to start life on Earth again. (Campbell, 1988; Campbell, 1949)

There are two hero's journeys according to Campbell: "there's on- into which you are thrown and pitched; for instance, being drafted into the army. You didn't intend it, (but) you're in." The other kind is when "you're in another transformation. You've undergone a death and resurrection, you put on a uniform, you're another creature." (Campbell, 1988) Campbell states that by denying the call, we can cause problems in our psychology: "if the person doesn't listen to the spiritual path of their life (they) will end up with ... a problematic life..." (Campbell, 1988) At the beginning of the Hero's Journey, it is common for the hero to refuse the call, but ultimately the call ignites something in the hero, which cannot be ignored. Van Der Kolk states in his book, *The Body Keeps Score*, that by ignoring our inner reality it eats away at our sense of self, identity, and purpose. (Van Der Kolk, 2014) It is often through the experience of trauma that we are forced to 'face ourselves' and dive into our unconscious beliefs. Trauma's 'shock to the system' can loosen our beliefs causing us to question not only our actions but also our purpose. It is through understanding our unconscious desires and our innate beliefs that we can facilitate personal growth.

Post-Traumatic Growth: An Overview

Post Traumatic Growth has been characterized as many things: "positive adjustment, positive by-products, benefit finding and even a 'silver lining.'" (Tedeschi & Calhoun, 2004; Linley & Joseph, 2004; Helgeson et al., 2006). It has also been compared to: resilience, hardiness and optimism. (Scheier, 1986) While it is not as simple as these terms, it is a potential by-product of trauma and could be viewed as a 'silver lining' to the cloudy experience of trauma. It is more complex than this and in order to extrapolate PTG we need to understand its origins.

In ancient Greece, “medicine was a complex practice perceived as something between myth and reality, as an expression of a magical divinatory, hieratic, and empirical technical practice.” (Tzeferakos, 2014) Plato and Socrates’ writing and teachings were considered to be ‘trials of the mind’ which would have included Socratic questioning.

“Socratic philosophy questions, transforms, and affirms the cultural, political, and intellectual structures that make it possible. In the same way that Sophocles’ drama provokes and admonishes its citizen audience to reflect on the conventions the play dramatizes ... Socrates challenges his interlocutors to reflect on their own contemporary practices, beliefs, and values.” (Rocco, 1997)

Campbell also examines Greek myths such as Achilles and Artemis in his essays on the Hero’s Journey and his book, *Hero With a Thousand Faces*. Without enduring suffering neither of these gods would have gained their supernatural powers. When dipped in the river Styx, Achilles becomes immortal, but was left with a weakness: mortality in his heel. Artemis gained her powers in childbirth by helping deliver her brother Apollo and saving her mother Leto. Without engaging in the Trojan War, Achilles would not have known the limitations of his immortality or had the opportunity to rise above it, thus becoming a ‘hero’. Similarly, Artemis was presented with a dire medical situation in her family, and without this she would not have discovered her capacity to support life or become a ‘hero’. In modern times we see physical ailments fostering artistic creation, such as Frida Kahlo’s bus accident which left her in a body cast, only able to express herself through painting, thus expressing her pain and emotions for others

to resonate with. Another example would be American novelist Jack Kerouac's football injury, which landed him in the library at Columbia University. Unable to run or train, he began his love affair with words and discovered Walt Whitman, the inspiration for the 'beat poets' of San Francisco.

How We See The World: Multiple Lenses

In Western culture clients often aim to find a resolution following trauma.

“[They] assume(s) more personal responsibility for the event and therefore need to explain their traumatic experiences based on their own actions... (we are) more likely to identify changes in personal strengths as they deal with the event and assume personal responsibility for positive changes.” (Ji, Zhang, Osborne, and Guan, 2004) In Eastern culture, clients may ask questions such as “How can I adapt myself in this situation?”

Cultural practices of Islam and Buddhism teach that ‘suffering is inevitable’ and therefore invest more energy in finding ways to accept the natural consequences of traumatic events, rather than focusing on responsibility. (Ji, Zhang, Osborne, and Guan, 2004) These cultural contrasts form the social narratives and schemas that we experience in this world. How we approach problems is directly influential to our capacity to resolve trauma. Western culture seeks responsibility for our circumstances, and a search for justice whether it is about blaming someone else, or even ourselves; whereas Eastern culture builds capacity for adaptation and understanding. Western culture's focus on responsibility can be supportive, as when we move through trauma, we can begin to feel pride and regain a sense of self. Eastern perspectives however focus on adapting and reflecting for inevitable challenges ahead without acknowledging growth. It is therefore

necessary that in order to facilitate PTG, it “may require a significant threat of the shattering of fundamental (social) schemas.” (Tedeschi & Calhoun, 2004)

For the purpose of this study, I will examine trauma through a Western lens when discussing its relationship to PTG. For instance, consider a time when you were given devastating news. Maybe you lost someone you were close to, or someone you love was in a terrible accident. These situations have the capacity to change the course of our life and it is in this devastation that we begin to know ourselves when we are stretched beyond our limits. Trauma can cause a “frightening and confusing aftermath... where fundamental assumptions are severely challenged.” (Tedeschi & Calhoun, 2004) It is when we are faced with tragedy that we begin to question our existential beliefs. It is during this period that trauma “can be fertile ground for unexpected outcomes that can be observed in survivors: Post-traumatic Growth.” (Tedeschi & Calhoun, 2004) We can only begin to grow once we extend ourselves beyond our current assumptions and abilities; we need to shed our current ‘lens’ and see the world differently. Similar to Achilles’ combat experiences in Troy or Artemis’ experience of her brother’s birth, both extended beyond their ‘assumptions and skills’ when presented with dangerous and tragic situations and therefore experienced PTG.

Understanding Trauma: Early Literature

“Give sorrow words; the grief that does not speak knits up the o’er wrought heart and bids it break.” William Shakespeare, *MacBeth*

Throughout Western literature there are many accounts of tragedy. Examples of this include: the Bible's story of Cain killing his brother Abel, and also early literature including Goethe, who critiqued what he saw as a 'spiritual sickness', evident in his short story *Werther*, "The rich and ardent feeling which filled my heart with a love of Nature, overwhelmed me with a torrent of delight, and brought all paradise before me, has now become an insupportable torment—a demon which perpetually pursues me," (Goethe, 1774) The sense of social despair illustrated in Goethe is also apparent Dickens' *A Christmas Carol*, when Scrooge is confronted with the plight of children suffering poverty and participating in child labour: "Where graceful youth should have filled their features out, and touched them with its freshest tints, a stale and shrivelled hand, like that of age, had pinched, and twisted them, and pulled them into shreds." (Dickens, 1843) This is also evident in Shakespeare's tragedies such as *MacBeth* when Macbeth sees Banquo's ghost and gasps: "quit my sight, let the earth hide thee," or the infamous line "out damn spot" as Lady MacBeth grapples with the evidence, blood on her hands, representing her part in the murder of the king. (Shakespeare, 1603)

Historically, what we know today as trauma, has also been documented in many early societies, although it is not explicitly named; for instance, in Mesopotamia as they spoke of "spirit affliction", as many warriors would struggle psychologically following battle. This is not dissimilar to what was known as 'neurostynia' in WWI, a result of the trials of trench warfare. However, ancient Greece is stated to be the first society to document post-traumatic stress disorder. (Abdul-Hamid, 2014) The Greeks examined "equilibrium of the different humours: blood, phlegm, black bile and yellow bile (and

believed) all sickness is caused by the disturbance of equilibrium.” (Abdul-Hamid, 2014)

The Mesopotamians believed that diseases were “punishments from the God(s) ... and the signs and symptoms of the victim were attributed to as... ghosts, as was the case with mental and psychosomatic disorders seen during that period.” (Abdul-Hamid, 2014)

There are accounts of “ghost induced mutism with vivid nightmares... (as well as) slurred speech and loss of cognitive functions” could very well be similar to what we call dissociation today. (Abdul-Hamid, 2014) There are also several Greek mythological accounts of post-traumatic stress as well such as Herodotus’ account of the Athenian spear carrier Epizelus’ psychogenic blindness.

“There was no physical cause for his blindness — no blow had been landed upon him – but Epizelus himself would later relate ... this *phasma*, or phantom as Epizelus termed it, passed him by, and slew instead the man at his side.” (Crocq & Crocq 2000; Abdul-Hamid, 2014)

Trauma Through the Lens of Anthropology

Robert Sapolsky, an ethnologist, neuroscientist and psychologist, and author of *Behave* (2017), believes that the ‘stress response’ we experience, was not designed for human psychological evolution. Our current ‘stress response’ is suppressing our digestion, growth and reproductive organs. Stress, is essentially the “mobilization of energy” to “enhance immunity”, as well as a “sharpening of our cognition”. (Sapolsky, 2017) However, stress threatens our own homeostasis, often causing ‘anticipatory stress responses’ such as anxiety or neurosis. (Sapolsky, 2017) Sapolsky states that “if every day

is an emergency we never grow”; this leads to diseases such as adult onset diabetes, myopathy and cardiovascular issues. Essentially we absorb tension, which causes “toxic hostility” which is both harmful and unpredictable in nature. (Sapolsky, 2017) Stress ignites our sympathetic nervous system, and shuts down our parasympathetic nervous system. Increasing stress therefore limits our ability to achieve REM sleep, increase our immune response, reproduction, memory and emotional regulation. Trauma, especially early childhood trauma, can cause lifelong issues such as immunosuppression such as H-Pylori, a digestive disorder caused by internalized stress. (Sapolsky, 2017)

Observing primates has complemented Sapolsky’s primary studies. Sapolsky observed that similar to our communities and society there is rank; high-ranking primates experience less stress whereas low ranking primates experience more. What occurs next is increased anxiety and depression for those in low ranking positions, as they have less control over their daily lives. In trauma, we experience a loss of control, power and self-efficacy. Therefore, those who have experienced trauma would experience much of what the low ranking primates do: increased stress hormones (cortisol) which suppresses daily functioning such as digestion, sleep and sexual health. Sapolsky claims that trauma is influential in our development and by reducing stress we can regain our daily functioning and self-efficacy. (Sapolsky, 2017)

Trauma’s Journey Into Psychology

Despite trauma’s prevalence in Western history and literature, it wasn’t until 1984 that PTSD was in the DSM IV following the Vietnam War. While combat is a common environment to experience trauma, it also occurs in many other arenas such as domestic relationships, families and workplaces. Pierre Janet first noticed trauma as dissociation in

1889. (Van Der Kolk, 2014) It was then believed to be ‘traumatic hysteria’ which could be traced to the subconscious by Freud in 1893. During the Franco-Prussian War, 1870-1871, the term ‘war neurosis’ was used in medical documentation and in WWI, ‘shell shock’ and ‘neurostynia’ were both used to describe veterans’ experiences in the trenches. One soldier’s account of the aftermath of WWI was that “the state takes away our responsibility but cannot ease our grief. We have to carry it alone and it reaches deep within our dreams.” (Crocq and Crocq, 2000) Combat ‘trauma’ challenged the previous notion that “all cases (of trauma) were caused by childhood traumas.” (Crocq and Crocq, 2000) The introduction of PTSD in the *DSM* was a pivotal moment in psychology. It defined trauma as long lasting and not only brought upon by childhood or combat strife. Following this important moment, psychologists Bessel Van Der Kolk and Peter Levine emerged as trauma specialists using both somatic experiencing and re-experiencing techniques to alleviate the effects of trauma.

Trauma’s Past, Present and Future

Psychology’s theorizing of trauma began when the experience was viewed as a ‘split’ from reality. This is where Janet’s theory of ‘dissociation’ and Freud’s theory of ‘hysteria’ come in. Often those who have experienced trauma have difficulty integrating their traumatic experience into their current reality. The “vehement emotions” they are experiencing are overwhelming and at times, distort their understanding of the present. (Rutger, 1989) Janet stated “when patients fail to integrate the traumatic experience into the totality of their personal awareness, they seem to develop problems assimilating new experiences” (Van Der Kolk, 2000) Clients who have had trauma often experience “numbness, withdrawal, confusion, shock, and speechless terror. Some victims try to cope

by taking action, others dissociate.” (Van Der Kolk, 2000) There are a variety of psychological problems, which emerge following trauma including: affect deregulation, aggression, amnesia, dissociation, somatization, addiction, depression, distrust, shame and self-hatred. (Van Der Kolk, 2000) In order to diagnose PTSD the following must be present: repeated reliving of memories of traumatic experiences, avoidance of reminders of the trauma, and a pattern of increased arousal such as: hyper vigilance or a startle response. (Van Der Kolk, 2012) Levine argues:

“For effective therapy, it is critical to appreciate just how trauma becomes riveted in the body’s instinctive reactions to a perceived threat; how it becomes fixated in certain emotions, particularly those of fear, terror, rage, as well as habitual affective mood states such as depression, bipolarity, and loss of vital energy; and finally, how it plays out in various self-destructive and repetitive behaviours” (Levine, 2015)

When we examine what happens to our body following trauma, Levine believes we can begin to re-inhabit our bodies and move past the effects of trauma. Levine’s work is focused on somatic experiencing, which is a series of exercises to release trauma from the body, as his theory is that: “trauma shocks the brain, stuns the mind, and freezes the body. Trauma overwhelms its unfortunate victims and hurls them adrift in a raging sea of torment, helplessness, and despair.” (Levine, 2015) This ‘shock’ leaves the client in a state of limbo, and “if the message to normalize is not given, the brain just continues to release high levels of adrenaline and cortisol, and the body holds onto its high-energy, ramped up state.” (Levine, 2008) Therefore, trauma becomes trapped in the body; this can cause dissociation or hyper vigilance, both of which function as ways of avoiding

future trauma, but also skew the client's reality, as they are unable to process new experiences.

Levine believes that therapy, including somatic experiencing, can alter the pattern of hyper arousal and anxiety by extrapolating the “memory imprints in body, brain and mind as well as psyche and soul” through a constant reminder of the present moment and cultivating mind body connection. (Levine, 2015) Hollis, a Jungian psychologist states:

“all of us, to varying degrees, experience two categories of existential wounding that affect the rest of our lives... the primal internalization of life's encrypted messages, this identification of self with a contingent and demanding world, has been embedded as a paradigm for our core sense of self.” (Hollis, 2006)

Both Levine's concept of trauma being trapped in the body, and Hollis' view that the imprints of trauma become embedded in our 'core sense of self', are similar to Janet's studies in 1889, which state Janet's 1889 observations and confirm the notion that “what makes memories traumatic is a failure of the central nervous system to synthesize the sensations related to the traumatic memory into an integrated semantic memory.” (Van Der Kolk, 2012)

Today somatic experiencing, EMDR, neurofeedback, DBT, mindfulness therapy, trauma informed yoga, and in a small margin, the use of hallucinogens, or MDMA in the form of micro dosing, are just some of the modern treatments for trauma. (Van Der Kolk, 2014) All of these treatments focus on cultivating a mind-body connection through altering our experiences of the present moment to be more in touch with our physical state either through awareness, mirroring or releasing ourselves from the mind-over-body

control state we are so often experiencing in this world. Current leaders in this field in North America are: Levine, Van Der Kolk, Porges and Maté. (Levine, 1997; Van Der Kolk, 2000; Porges, 2005; Maté, 2003)

Hero's Journey: An Inner Journey

In Rick Hanson's book, *Buddha's Brain*, he explores how mindfulness can expand our understanding of ourselves and the world around us. (Hanson, 2009) He too examines the mind-body connection similar to Van Der Kolk and Levine, but also focuses on developing inner spirituality.

“Working with the mind and body to encourage the development of what's wholesome-and the uprooting of what's not- is central to every path of psychological and spiritual development.” (Hanson, 2009)

Connecting our mind and body not only supports our ability to overcome trauma, as Levine's somatic therapy indicates, but this process can also incite spiritual understandings, similar to those of Campbell's heroes.

Instinctually, we desire to be safe from harm. We accomplish this by maintaining separation, stability and avoiding threats. However, within the hero's journey and in traumatic experiences, we are challenged by all of these things: we are often separated from support, unstable and threatened during trauma. Hanson indicates that in order to overcome these challenges, we must remember: “everything is connected, everything keeps changing and opportunities routinely remain unfulfilled.... and many threats are inescapable.” (Hanson, 2009) Hanson's theory outlines a way to ‘outsmart’ threats by accepting that our “equilibrium will continue to be challenged”; it is however up to us to regulate our reactions to these challenges. It is within mindfulness, where hope can

coexist with rumination and by experiencing this duality, we can learn to become more aware of ourselves and reflect on our thoughts. Despite trauma's jarring impact and 'shock' to our system, mindfulness can point us in the direction of what we truly desire through forced introspection and rediscovery. (Levine, 1997) Following trauma, our nervous system highly engaged in trying to protect us. We become hypervigilant, often anxious and unable to withstand loud noises and our physical systems become overactive or underactive such as our digestive, excretory or sexual reproductive systems. (Sapolsky, 2017) In the diagram below, Hanson explores how our attention tendencies can affect our mental capacities. (Hanson, 2009)

Table 3.1, *Three Aspects of Attention* (Hanson, 2009)

**The Results of Different Tendencies
in the Three Aspects of Attention**

Tendency Regarding Aspect of Attention	Aspect of Attention, and Its Results		
	Holding onto Information	Updating Awareness	Seeking Stimulation
High	Obsessiveness "Over-focusing"	Porous filters Distractibility Sensory overload	Hyperactivity Thrill-seeking
Moderate	Good concentration Ability to divide attention	Mental flexibility Assimilation Accommodation	Enthusiasm Adaptability
Low	Concentration fatigue Small working memory	Fixed views Obliviousness Flat learning curve	Stuckness Apathy Lethargy

Hanson's model is parallel to that of Post-Traumatic Growth; the road to PTG is through self-awareness following a significant change of perspective. In PTG one of the processes that is key is 'rumination', as following a traumatic incident, one must contend with a significant shift in perspectives as well as forming a new understanding of the world. (Tedeschi & Calhoun, 2014) This can often be overwhelming and leaves us feeling 'stuck, apathetic and lethargic' as per Hanson's diagram. Following trauma, it is difficult to

concentrate, to remember details or keep your life organized. To facilitate a significant shift, rumination must occur. This can be painful and often a period that resembles depression as it is often solitary and sometimes isolating, but by taking inventory of our thoughts and determining what we believe following trauma can greatly assist us going forward. Mindfulness leads us to self understanding and rumination leads to clarification. This can be done through meditation, journaling or talk therapy. Reflecting on your experiences and feelings increases awareness, which opens the door for change.

Rumination and Reintegration

To arrive where you are, to get from where you are not,
 You must go by a way wherein there is no ecstasy.
 In order to arrive at what you do not know
 You must go by a way which is the way of ignorance.
 In order to possess what you do not possess
 You must go by the way of dispossession.
 In order to arrive at what you are not
 You must go through the way in which you are not.
T. S. Eliot, "East Coker III" (From Four Quartets)

In order to reclaim one's self after trauma, it is important to develop a pattern of self-care, self-awareness and connection. "Attending to issues of day-to-day safety, self care, connections with other human beings and competence are critical elements in the therapy of chronically traumatized individuals." (Reich, 1937; Van Der Kolk, 2000)

Therapy is not about re-experiencing the trauma or focusing on the fear and pain the client has experienced, but rather "actively work on gaining emotional distance from their overwhelming memories." (Van Der Kolk & Ducey, 1989; Van Der Kolk, 2014) Marsha Linehan, the primary psychological researcher behind Dialectical Behaviour Therapy and expert on Borderline Personality Disorder, a diagnosis in the DSM she frequently critiques, believes that "(the) prime psychological resource that allows mastery over

physiological arousal is mindfulness.” (Lineham & Heard, 1994; Van Der Kolk 2000) Mindfulness allows clients to observe their thoughts rather than experiencing them, gaining ‘emotional distance’ as Van Der Kolk suggests. (Van Der Kolk, 1989) Levine coined the term ‘pendulating’ between traumatic memory and experience and present emotions and physical states. (Levine, 1997; Van Der Kolk, 2014) Levine’s concept of pendulating is also evident in treatments such as EMDR, which allows the therapist to anchor the client in the present through physical action (tracing the therapist’s finger movements with their eyes or tactile stimulation) while discussing a traumatic memory. The client is able to release the memories while remaining connected to the present. (Van Der Kolk, 2014)

“The core of recovery is self-awareness... Traumatized people live with seemingly unbearable sensations: They feel heartbroken and suffer from intolerable sensations in the pit of their stomach or tightness in their chest. Yet avoiding feeling these sensations in our bodies increases our vulnerability to being overwhelmed by them.” (Levine, 1997; Van Der Kolk, 2014)

It is by witnessing the intolerable feelings and ‘sitting in the discomfort’ allows clients to begin to moving forward with new understanding of themselves and what they experienced. Van Der Kolk suggests that it is once this shift has occurred, relationships are the key to healing from trauma:

“traumatized human beings recover in the context of relationships: with families, loved ones, AA meetings... the role of those relationships is to provide physical and emotional safety from feeling shamed, admonished or

judged and to bolster the courage to tolerate, face, and process the reality of what has happened.” (Van Der Kolk, 2014)

Van Der Kolk hypothesizes that through forming new relationships, connecting with old friends and family, clients can begin a new pattern of interaction and move beyond the cycle of trauma. Similar to Campbell’s Hero’s Journey, distress tolerance is key to enduring the ‘unknown worlds’ of our journeys; whether we have been plunked down in a war zone or we are contending with our own internal suffering, in order to move past our distress we need to be able to sit with the pain and understand it.

Rumination: Quantitative Studies

Soo and Sherman’s study, *Rumination, Psychological Distress and Post-Traumatic Growth in Women Diagnosed With Breast Cancer*, (2014), explores the benefits of rumination in women who are in treatment for breast cancer. They found that amongst the population they studied “psychological distress is highly prevalent, positive psychological changes have also been demonstrated.” (Soo & Sherman, 2014)

The study itself consisted of women diagnosed with primary breast cancer ($n = 185$), mean age 55.98 years ($SD = 9.26$), completed an online survey including the Multi-dimensional Rumination in Illness Scale, Depression Anxiety and Stress Scales, Post-traumatic Growth Inventory, Medical Outcomes Social Support Survey, demographic and health-related questions. (Soo & Sherman, 2014)

The purpose of this study was to understand PTG among patients undergoing treatment for cancer, and clarify the process of PTG, specifically rumination. What they found was:

“rumination can be broken down into three parts: Instrumental rumination, related to a purposeful self-focus... brooding, a preservative, passive focus on negative events or emotions... is more of an intrusive process. However, intrusive rumination may also trigger purposeful reflection, thus serving as a precursor to PTG.” (Soo & Sherman, 2014)

Rumination can therefore both be healing as well as harmful. Instrumental rumination attempts to find the purpose of the negative event, which can facilitate growth, whereas brooding can focus on negative outcomes and events; our brains are wired to remember negative events more clearly, as this helps us survive. Without understanding how to escape a threatening situation a second time, we may perish; however if rumination is focused on pervasive negative thoughts the thoughts could become intrusive and recreate the effects of the initial traumatic event. Soo and Sherman explain that intrusion (is) related to both negative psychological outcomes and the five dimensions of PTG reflecting a dual role both as an “automatic, invasive, uncontrollable response to trauma and as a trigger to purposeful reflection.” (Soo & Sherman, 2014) Part of Soo and Sherman’s methods were to apply Depressive and Anxiety Scales and 21-item post-traumatic growth inventory. The results showed:

“high internal consistency was demonstrated for the subscales of relating to others...new possibilities... personal strength... spiritual change... and appreciation.” These results indicate that the patients were experiencing Post Traumatic Growth following their treatment and diagnosis, as they were able to identify what was important to them and appreciate their experiences more. (Soo & Sherman, 2014)

In a separate study, *Experience of Post-Traumatic Growth in UK Veterans with PTSD: A Qualitative Study*, by Emily Palmer, D. Murphy and L. Spencer-Harper in 2017, the authors found:

“acceptance of nuance in negative events and emotions, appreciation of the external world, connecting with others, re-evaluating sense of purpose and gradual process of time. How individuals themselves make sense of growth occurred has been described by the following sub-themes: catalyzing crisis, proactively commit to change, open mindset to seeking help, connecting with others through common trauma-related experiences, understanding reactions to trauma and well-informed support network.” (Palmer, Murphy & Spencer-Harper, 2017)

While trauma often causes us to retreat, it can also spur us to open up, ask for assistance and connect with others; sometimes to survive and sometimes out of circumstance.

Palmer, Murphy and Spencer-Harper’s study consisted of: using the PTGI and the Interpretative phenomenological analysis (IPA) to interpret individual responses. Clients in this study had undergone a six-week residential treatment for PTSD, data was collected in a semi-structured interviews and a collation of imperative statements and developing emerging themes were recorded. (Palmer, Murphy & Spencer-Harper, 2017) “Several participants understood that their perspectives and reactions to negative or unpleasant experiences changed- acceptance of nuance in positive and negative events and emotions, as opposed to the ‘black and white’ views on them.” (Palmer, Murphy & Spencer-Harper, 2017) Once veterans in this study were able to see that their reactions, while logical, they could begin to see they were triggered by external stimuli and brought back into their traumatic memories. With increased efficacy and mindfulness they were able to

‘pendulate’ between their triggers and their current environment. Some positive experiences the veterans in this study noted were: appreciation improved or rekindled relationships and self-efficacy in overcoming the symptoms of their PTSD. (Palmer, Murphy & Spencer-Harper, 2017) Again, connection is mentioned as an instrument of healing; something the veterans experienced at the treatment centre and followed up with in weekly meetings. What these routine gatherings gave the veterans is: community, support and increased self-efficacy, which influences rapid recovery over trauma.

An argument could be made that the rumination process prior to experiencing PTG is about becoming more aware of your unconscious desires, accepting them, and then living them out. This is something that Campbell, Hanson and Jung believed was necessary before any expansion of knowledge or awareness could be possible. Specifically, both Jung and Campbell believed increasing awareness of our unconscious desires was necessary for personal growth and overcoming our challenges. (Segal, 1960; Campbell, 1949) I would like to argue that rumination is comparable to Campbell’s ‘belly of the whale’ analogy; we are left in the dark, forced to find our own way out without any instructions, using only our own minds.

I believe that through rumination, both invasive and instrumental, we are forced to reckon with our unconscious desires, as well as our fears. In order to move forward in our journeys, or experience growth, we must align with our desires and go in a new (often foreign) direction.

Healing Trauma: Double Consciousness

Janet and Freud stated that following trauma, there is a ‘double consciousness’. (Freud, 1920) This can manifest either by rearranging one’s life to avoid repeating

trauma, or subconsciously repeating it. Freud stated that clients “often experienced a lack of conscious preoccupation with the memories of their accident.” (Freud, 1920, Van Der Kolk, 2000) It is important to begin ‘meaning making’ following trauma so that memories and their significance can be reintegrated into the client’s social and personal schemas. Freud focused on the “patient’s intrapsychic reality: interest in personal meaning making crowded out interest in the external reality that had given rise to these meaning systems” (Freud, 1920, Van Der Kolk, 2000) Whereas neuropsychologist Paul McLean “defined the brain as a detecting, amplifying and analyzing device for maintaining us in our internal and external environment.” (Van Der Kolk, 2000) Porges studied client’s capacities to “modulate arousal” after noticing that “when the bodily signals become harbingers of helplessness and defeat... people often learn to avoid feeling them.” (Van Der Kolk, 2000) Therefore, if a client can integrate their intrapsychic reality, by making meaning out of their experiences and therefore increase awareness of their bodily signals and modulate their response to these, they can begin to reintegrate their experience into their reality. “Being in touch with oneself is indispensable for mastery and for having the mental flexibility to contrast and compare... and imagine a range of alternative outcomes...” (Freud 1920, as cited in Van Der Kolk, 2000)

In Judith Herman’s book: *Trauma and Recovery*, (2015), she examines the idea that connection is what heals trauma; with one’s self or with others. “Trauma is healed with relationships... when survivors have abdicated responsibility for their own self care or threatens immediate harm to themselves, rapid intervention is necessary.” (Herman, p.47, 2015) In this she argues that connection and relationships are the way to overcome trauma. However, she also illustrates there are many obstacles which impede growth

beyond trauma. One of the obstacles is ‘dissociation’, while helpful during a traumatic event, as a protective factor, it can later cause disconnection. It is through reconnection to one’s self, one’s environment and through relationships that trauma can be remedied. Similar to Levine and Van Der Kolk’s therapeutic interventions of reinstating the mind-body connection, Herman argue that social, inner and environmental connection are keys to overcoming trauma.

Post Traumatic Growth: A Matter of Survival

Post Traumatic Growth is “positive change resulting from the struggle with major life crisis” (Weiss & Berger, 2010) Weiss and Berger illustrate the idea that “struggling with major difficulties in life can lead to positive changes, sometimes radical transformations, is part of ancient myth, literature and religion.” There are two major influences in our world’s attempts to contend with trauma: Western, Christian cultural examples: “everything happens for a reason” and Eastern, Buddhist and Islamist beliefs that “life is suffering and we are meant to endure suffering.” (Weiss & Berger, 2010) In order to facilitate PTG one’s assumptive beliefs must be disrupted by a significant change or disruption. “Traumatic events are likely to cause some examination of assumptive world beliefs (such as rumination) with more devastating or seismic events leading to more disruption...” however, “rumination most likely to facilitate PTG involves rebuilding basic assumptions about how events unfold in one’s world.” (Janoff-Bulman, 1992; Weiss & Berger, 2010)

An examples of modern stories which contain Post Traumatic Growth are common, yet upon examining them more closely, it becomes apparent that the common ‘triumph over tragedy’ story archetype is not enough to facilitate PTG. In order to

achieve growth, rumination must facilitate a change in one's perspective and understanding of the world. An example of this is found in Victor Frankl's *Man's Search for Meaning*. In Frankl's work, he reflects on his time in a Nazi concentration camp, where he endures long days of hard labour, malnutrition and isolation. He also recognizes once he resumes 'normal life again' that his understanding of what he endured is vastly different than those around him.

“Long after I had resumed normal life again ... somebody showed me an illustrated weekly with photographs of the prisoners lying crowded on their bunks, staring dully at a visitor; ‘Isn’t this terrible, the dreadful staring faces...?’ ‘Why?’ I asked, for I genuinely did not understand. For at that moment I saw it all again: at 5:00AM it was still pitch dark outside. I was lying on the hard boards in an earthen hut... we were sick and did not have to leave camp for work; we did not have to go on parade. ...but how content we were; happy in spite of everything.”
(Frankl, p.68, 1959)

In this passage, Frankl illustrates his genuine understanding of not only the horrors he witnessed at camp, but also for the moments of joy he felt when he was with his bunkmates. While at camp, Frankl did his best to observe and reflect what he was experiencing and by doing this, he was able to shift his perspective to not only one of endurance, but also appreciation. “I did not find the photograph so terrible: the people shown on it might not have been so unhappy after all.” (Frankl, 1959) Frankl also notes that camp provided a “kind of negative happiness- ‘freedom from suffering’ as Schopenhauer put it.” (Frankl, p.47, 1959)

In the depths of his days at camp and his challenging and devastating circumstances, Frankl was able to see beyond his own suffering through developing a significant 'inner life'. "This intensification of inner life helped the prisoner find a refuge from the emptiness, desolation and spiritual poverty of his existence, by letting him escape into the past." It is here, that Frankl not only endures and withstands the difficulties at camp, but he uses this time to 'ruminate' on his past and reflect. "As the inner life of the prisoner tended to become more intense, he also experienced the beauty of art and nature as never before." (Frankl, 1959, p.39) It was through tragedy that Frankl was able to reflect and appreciate the minute details of his life and his memories, giving him a new perspective and challenging his previous schemas of understanding. Had he just endured the trauma of the camps and viewed the pictures similarly to his family friend as merely 'horrible' he would not have experienced PTG, however, enduring the trauma and cultivating an 'inner life' Frankl was able to grow beyond his previous belief system and perspective and begin his 'normal life' with a broader understanding and deeper appreciation for his experiences for "with nothing to lose except our ridiculously naked lives" he and his campmates persevered, often finding joy in the small things when they had time to notice them. They were able to increase their awareness beyond their current experiences to see their unconscious desire to find joy and beauty even in the direst situations. (Frankl, 1959)

Measuring Post Traumatic Growth

“Reports of growth experiences in the aftermath of traumatic events far outnumber reports of psychiatric disorders,” yet these are not discussed as frequently. (Tedeschi and Calhoun, 2002) The medical model is more focused on diagnosis and treatment rather than evaluating the client’s experience of trauma and how it has shaped their worldview. Without this distinction, or narrative shift, the client is paralyzed from their former experiences. Frequently used psychological scales measure symptoms and effects of medication are all too often the focus of our current mental health system, which for the most part, excludes PTG.

Post-traumatic growth is measured in five domains: personal strength, recognizing new possibilities, relating to others, appreciation for life and spiritual change. (Tedeschi & Calhoun 1994) Early work in PTG has cited that following trauma, there can be “perceived benefits, positive aspects and ... stress-related growth, flourishing, by-products, discovery of meaning, positive emotions and thriving... (and) positive reinterpretation” (Scheier, 1986; Tedeschi & Calhoun, 2004) People who have experienced PTG often: have warmer and more intimate relationships with others, a greater sense of personal strength, recognition of new possibilities and cultivate spiritual development. (Tedeschi & Calhoun, 2004) In the hero’s journey, the hero must overcome obstacles, experience change and adapt to their new circumstances, as well as foster relationships with unknown beings to survive and navigate their new world. It is in this process that they begin to appreciate their past life, although the return is not easy, as similar to Odysseus, we are forever changed by trauma.

Emerging Heroes: Sign of the Times?

Heroes must contend with life, death and reinvention of self. Jean Houston argues that we are often faced with these trials, and this is when heroes emerge. In her book, *Heroes and Goddesses*, (1992) Houston uses Campbell's monomyth as a scaffold for her exploration, and develops her argument that we are 'all heroes' once we 'accept the call'. Houston believes this is how heroes overcome tragedy. "Heroes always emerge in a time of dying-- of self, of social sanctions, of society's forms, of standard-brand religions, governments, economics, psychologies, and relationships." (Houston, 1992, p.73)

Houston's book came at a time of political strife: the Berlin Wall was being torn down and Communism was exiting much of its European landscape receding to China and remaining in lower economic superpowers such as Cuba and other parts of South America. The Cold War for the most part had ended. This was also a time of the racist division of Apartheid being challenged in South Africa, where Nelson Mandela was in jail for his part in the resistance. The AIDS epidemic was ravaging Africa and the social landscape of North America, causing more stigma for the LGBT community as it was just beginning to gain some traction towards equality in modern society. The first Gulf War was beginning, and leaders like Saddam Hussein emerged as powerful dictators in the Middle East causing America to focus on a new target for its military prowess when they invaded Iraq. It is in these times of strife, Houston argues that: "there is a Sacred Wound, which reframes life's cruelties and betrayals, both physical and psychological, in such a fashion we come to see them as gateways to deeper understanding, greater vulnerability, and empathy." (Houston, 1992, p.77) Houston argues that when forces challenge us beyond our control, we are forced to 'reframe' them and through this, we can gain 'deeper understanding'. While Houston was not addressing Post Traumatic Growth directly, she

has outlined a clear parallel between the Hero's Journey and PTG. It is in this 'Sacred Wound' that we begin to reframe our understandings and develop new narrative schemas; either we are defeated by the new challenge in front of us, or we emerge a hero and overcome it.

Individually we will all experience tragedy, struggle and challenges. It is when these challenges become seemingly insurmountable that we are forced to change. Our previous methods of contending with adversity are no longer valid, and we must change course. It is at this point that Houston argues "we prove ourselves worthy and able to make the passage to another realm by feeling the guardian's expectations, (and) by outwitting its monstrous presumption." (Houston, 1992, p.108) To illustrate this, Houston discusses the epic story of Odysseus. "Odysseus is caught between the archaic heroic age and the more culturally advanced society." (Houston, 1992, p.107) Odysseus' experiences in *The Odyssey* consisted of trials and challenges with many supernatural creatures and experiences, which test his faith in himself. Upon his return, he was unsure of how to re-enter his former life and instead 'hid' as an old man, observing his family from a distance. His fear of re-entry was justified, as this is the hardest part: reintegrating our learning from trauma and adversity into our lives can be extremely challenging.

Houston suggests that instead of forcing Odysseus' experiences back into his life in Ithaca, "Odysseus will find his true identity between the two realities." (Houston, 1992, p.116) It is when we prove ourselves capable of overcoming adversity, that we are able to move beyond our current reality therefore "mak(ing) the passage to another realm by feeling the guardian's expectations, by outwitting its monstrous presumption." (Houston, 1992, p.108) However, we need to integrate realities, our adversities and our day to day

life, in order to facilitate growth. When we outwit the ‘monstrous’ presumptions of failure and defeat, we emerge heroic. However, this moment is fleeting. It is only when we can reintegrate our learning through obtaining a deeper understanding of our experiences that we can facilitate Post-Traumatic Growth.

We’re Not in Kansas Anymore: The Wizard of Us

Jean Houston’s research on the Hero’s Journey also uses L. Frank Baum’s novel, *The Wizard of Oz*, (1900), to illustrate how our lives can be parallel to the Hero’s Journey in her book *The Wizard of Us*. (2012) In this book, Houston reiterates “myth is about the making of a soul” and when we often experience the “refusal of the call: (we are) putting off summons... because it comes at an inconvenient time” (Houston, 2012, p.3) It is in this parallel structure, Houston believes that “Dorothy discovers her own world of sufficiency and abundance” while overcoming the challenges of Oz she “does not act with desire to be aggressive or dominate- only with care and protection of her beloved companions.” (Houston, 2012, p.5) Dorothy’s life in Kansas is described as mundane, and as a ‘wasteland’, which she wishes to leave. In the 1939 film adaptation, *The Wizard of Oz*, Dorothy sings “Somewhere Over the Rainbow” illustrating her strong desire to leave and experience something new. (Metro-Golden-Mayer, 1939) It is only when change is thrust upon her, by way of a tornado scooping her up and landing her in Oz, that she is forced to reconcile her feelings about home and her place in it. (Metro-Golden-Mayer, 1939) The paths in front of her in Kansas were limited and she longed for bigger experiences. However, once she lands in Oz, she must continuously make decisions to find her way to the wizard, the central characters will be ‘complete’ as “other paths are equal to other parts of ourselves” (Houston, 2012, p.4) In this theory, each of her

companions desire to be ‘complete’ and are willing to endure the trials and difficulties of Oz to attain this. It has been stated that the story of *Wizard of Oz* is also comparable to Maslow’s model, *Hierarchy of Needs*. In Maslow’s work, he identifies that we are consistently working towards higher orders of being and doing, to attain “self actualization”, but often we are stuck in the base levels of survival. Houston suggests that Maslow’s hierarchy is similar to Campbell’s Hero’s Journey, except it can no longer be seen as a pyramid to climb, but rather as a cycle. (Houston, 2012, p. 17) It has also been argued that one can experience self actualization through the maintenance of survival needs: the base needs are not merely a stepping stone to self understanding, but are the foundation of self esteem: “which would make self-esteem follow self-actualization as a motivator.” (Houston 2012; Gordon Rouse, 2004) Throughout Oz, Dorothy becomes more sure of herself and asserts her needs, as well as protects her companions needs, and not only chooses to go home, but does so by overcoming the ultimate adversity in Oz, the Wicked Witch of the West.

Houston also argues that Dorothy is successful because she maintains her ‘heart connection’ and this is important because “our heart of the centre of our intelligence.” (Houston, 2012, p.17) This could possibly be related to Jung’s focus on unconscious desires as without connection to our heart, or our nervous system for that matter, we experience the ‘Descartes split’. Trauma experts such as Van Der Kolk and Levine argue without mind-body connection we are unable to reconcile traumatic experiences leaving us divided and often susceptible to using what Gabor Mate calls “intellectual armour” to understand the world, rather than accessing our intuition and minding our connection to our heart. (Maté, 2018) Within this ‘armour’ we are unable to access our needs and

desires, and we are therefore living a life of disconnection. If we are able to reconcile this divide we are able to then integrate our experiences in both mind and body, fostering a deeper connection with our present experiences and our relationship to those around us. If Dorothy had spent her time analyzing her experiences in Oz, she would not have been able to resolve her predicament. Rather than ‘intellectualizing’ her situation, she facilitated change for herself and her companions through her instincts and ‘heart connection’ in order to return home. While it has been hypothesized that each companion represents a part of Dorothy herself (heart, brain, courage) and her trip home is the unification of these parts, it is through this process - the journey home- that this story is still parallel to both Campbell’s *Hero’s Journey* and the Post-Traumatic Growth cycle. (Houston, 2012) Dorothy is wounded, but not destroyed by her experiences in Oz. She acts on her own behalf and that of others to overcome the dangers they experience in Oz therefore navigating her Hero’s Journey with her heart and overcoming her fears while learning new skills, only to return home to Kansas a changed person.

Re-entry and Reintegration

We have opportunities for growth each day, yet we often miss them. The human mind is conditioned to ‘keep us safe’ and this often leads us to focus on the past, or the future. These do not allow us to be open to the present, which is where awareness grows and understanding deepens. After overcoming the challenges in *The Odyssey*, Odysseus is forced to return home to Ithaca. Similarly to Dorothy’s return to Kansas, “the first problem of the returning hero is to accept as real, after an experience of the soul-satisfying vision of fulfillment... (one is presented with) the passing joys and sorrows, banalities and noisy obscenities of life. Why re-enter such a world?” (Campbell, 1949) *The Wizard*

of Oz ends with Dorothy's awakening in Kansas, where she states, "it's so good to be home", but it is not until the 1985 film, *Return to Oz* that we are given the possible story of Dorothy's difficulties upon her return. In this variation, Dorothy is receiving Electroconvulsive Therapy to treat her 'delusions' and is believed to be disjointed from reality because her experiences in Oz appear 'real' to her when those around her in Kansas, have decided Oz is a figment of her imagination, or psychosis, which needs to be eradicated through ECT. (Disney, 1985) Campbell also discusses the re-entry of Rip Van Winkle in his book, *A Hero With a Thousand Faces*. Van Winkle slept for over several years only to awake having missed many important life events. (Irving, 1819; Campbell, 1949) Campbell states "Rip Van Winkle... descended consciously to the kingdom of the unconscious and had incorporated the values of the subliminal experience into his waking personality. A transmutation had been effected." (Campbell, 1949, p.191) In Van Winkle's experience, similar to Dorothy's emergence from Oz, they were both forced to face changes to their previous realities, as well as changes to their inner world. It could be tempting to drop all that we learn from our experiences and dip back into the comforts of 'home' only to 'return' to the banality of our previous existence. However, it is not possible. We do not fit. We must change how we move in the world; how we relate to others and cultivate a deeper understanding of what it is we now need and understand in this world. "Not only do we have here a masterly passage, back and forth, across the world threshold, but we observe a profounder, very much profounder penetration of the depths." (Campbell, 1949, p. 97) In order to find depth, we must observe and master our understanding of both our experiences and our present. Again, this appears parallel to the

experience of someone who has attained self-actualization according to Maslow's hierarchy. (Maslow, 1943)

“Mythology, in other words, is psychology misread as biography, history and cosmology. The modern psychologist can translate it back to its proper denotations and thus rescue for the contemporary world an... Eloquent document of the profoundest depths of human character...” (Campbell, 1949, p.291) Myths give us analogy, morality, inspiration, and a foundation of understanding of various cultures.

Throughout human history myth has been the vehicle in which beliefs, values and lessons have been delivered. “The function of ritual and myth is to make possible and then to facilitate the jump-- by analogy.” (Campbell, 1949) When we are attempting to learn from our experiences, we need insight as they can feel like a weight we cannot escape. Myth can illuminate our stories, shedding light as we draw parallels between our journey and the stories we read. Consider the power of story in your life? What stories are you attracted to? What draws you into these plots? Many people become so consumed by external stories that they must act out the characters or plots at such events as Comic Con, or Halloween. At this time, the Hero's Journey is essential in modern film such as in *The Avengers*, *The Last Jedi*, *Black Panther* and even Disney's *Moana*. Stories facilitate growth and deepen our understanding of our world; and we cannot get enough of them.

Cycles of Growth: A Comparison of PTG and Hero's Journey

In Heather Adams' study, “Insights into Processes of Post-Traumatic Growth Through Narrative Analysis of Chronic Illness Stories”(Adams, 2015), she illustrates that patients undergoing treatment and management of chronic illnesses, often follow a cycle

of growth similar to Tedeschi and Calhoun's model of Post Traumatic Growth. Adams investigates patients' ability to modify and alter their 'schemas' of understanding to fit their new reality of chronic illness. This model identifies many pathways to achieve growth, it is not linear nor is it cyclical like the Hero's Journey model. When we adjust our schemas, we adjust our narrative. When confronted with a chronic illness, our lives change. Patients who are experiencing chronic health issues are often no longer capable of the things they once were, their time is consumed by health issues and they must adjust their expectations of the future.

Similar to the Hero's Journey model, the PTG model has a 'familiar world' that of Pre-Trauma, then the 'call' occurs, a Seismic Event causing challenges which interrupt schemas (belief systems) and cause Emotional Distress. Similar to the 'Belly of the Whale', PTG is facilitated through 'Rumination' which can take the form of intrusive thoughts, it is here in the Hero's Journey that the hero realizes there is no going back, and they must push forward. In post trauma, this can appear similar to dissociation or depression as often when in a state of depression, we withdraw from the world in order to heal and make sense of what has occurred in our lives. Rumination can facilitate understanding, but without support and connection (such as Spiritual Aid as in the Hero's Journey) we are unable to 'anchor' in our present world.

The biggest challenge of trauma is altering our personal narrative, or schema of understanding: we develop this from childhood, and nurture it through the decisions we make and the paths we choose. However, when our perception of reality has been challenged by a traumatic experience, we are forced to change our narrative. This may result in a narrow and even dark understanding of the world, but it could also open us up

to being more receptive of help and connection while we move through the trauma. It is only once we navigate our way to the other side of the traumatic event that we can begin to reflect on our experiences can we measure any sense of growth (re: the five domains of growth). The PTG model is parallel to the Hero's Journey model as once the challenges of the 'other world' are conquered, that upon our return can we begin to reflect and understand our growth.

A Mudmap for Living: A practical guide to daily living based on Joseph Campbell's The Hero Journey, by Clive Williams explores how Joseph Campbell's Hero's Journey could support us face daily challenges and the obstacles life gives us. Williams uses the Hero's Journey as a guide for overcoming challenges and working through difficulties in life. Williams explores the Hero's Journey as a lens to see our lives; each challenge could be a 'gift from (a) spiritual guide' rather than a stumbling block. Williams also explores the idea of the Hero's Journey as a 'true path' or a way to find our 'bliss'. Williams states, "within our 'comfort zone' feeling 'fully alive' is not possible. It is only possible at the edge of our comfort zone, with one foot in unfamiliar territory, with tests and obstacles, where we are pushed to our limits and then beyond.... Even if we fail the test, we have crossed our own threshold of what we thought possible." (Williams, 2016, p.15) Williams' book, examines his own life and trials from coming out to pursuing a career in theatre despite the challenges he endured. In the latter part of his book, he examines Christopher Vogler's book, *The Writer's Journey*, which challenges writers to examine the Hero's Journey as a guide to storytelling and the writing process itself. (Vogler, 2007) The Hero's Journey has been also used in examples of play therapy utilizing the concept of overcoming challenges and past trauma as a 'heroic' act. An

example of this is *A Hero's Journey: A Boy Who Lost His Parents and Found Himself*, by Vincent L. Pastore. (Pastore, 2007 ; Rubin, 2007) In this article, Pastore uses the framework of Campbell's Hero's Journey to support children who have experienced trauma. Specifically in this piece, the story of losing one's parents is used as a narrative to support a child's own hero's journey while resolving the grief that was his parents' deaths. Using the narrative of the hero's journey, Pastore is able to navigate supporting children who have lost their parents. "It is the metaphoric place where problems of the past and present meet the possibilities of the future, in conflicts both minor and epic. It is the place in which children and adults escape from but also make sense of their worlds by creating and then living their stories— their own personal mythologies." (Pastore, 2007; Rubin 2007) Assisting children to rework their 'personal mythologies' is what Pastore is proposing to do by using the Hero's Journey as a guide. (Pastore, 2007; Rubin, 2007) By giving children a framework to understand loss and highlight their strengths – superpowers- they are able to see themselves transcend it.

Healing Mythology: Storytelling as a Way to Transcend Trauma

Storytelling in Aboriginal culture has been used as a healing agent for many generations. Storytelling is a way to pass down knowledge, history, healing and provide connection. In *Surviving, healing and moving forward: Journeys towards resilience among Canadian Cree Adults*, (Isaak et al, 1999) the authors explore storytelling as a way to understand and overcome "adversities in Aboriginal environments includ(ing) Indigenous historical trauma such as colonial injury by European settlers and collective experiences of these injuries by communities... across generations" (Brave Heart, 2003; Hartmann & Gone, 2014; Isaak et al, 1999) It is through story that collective

experiences, and desires according to Jung, are carried forward. While there has been much historical trauma in Aboriginal communities, there is also a rebirth happening and story is at the centre of this.

The power of myth and story is explored in many contemporary aboriginal stories: Wagamese's *Him Standing* (2013), Van Camp's *Lesser Blessed* (1997), and Hayden-Taylor's *The Night Wanderer* (2007) as well as acclaimed writer Eden Robinson's novel *Monkey Beach* (2000). In Robinson's novel, *Monkey Beach*, the central character, Lisamarie Hill, is searching for her missing brother Jimmy. She calls on her deceased grandmother, Ma ma oo, and other spirits including B'gwus and ravens to help find her brother in the Haisla waters off of Kitimat village. "Lisamarie's relationship with the spirit world allows her to transgress (her) history of abuse and reconnect with her heritage, though she must contend with North American ideologies that consider spiritual practices dysfunctional." (Purhaur, 2011) Lisamarie endures a Hero's Journey in her search for Jimmy, using oral history and the supernatural as a guide. Throughout the novel Lisamarie finds not only herself but with the help of her Ma-ma-oo she also uncovers traditional knowledge of the land and ocean around her village. The oral histories her Ma-ma-oo told her support her search for her brother Jimmy and the spirit world both inspires and comforts her when she is faced with loss and past trauma. Through this connection, she is able to tether herself to the spirit world to continue the difficult journey to find her brother. The framework of the Hero's Journey is evident in Lisamarie's journey; she goes into the unknown, to Monkey Beach, where she confronts the spirit world. It is also at this time she confronts her childhood trauma and that of her family's experiences at residential school. When she returns home to Kitimat village, she

faces significant changes in her family, herself and her understanding of the world. It is apparent she needs to return when she finds Ma-ma-oo at Monkey Beach. “Ma-ma-oo sees her. Pulls her up out of the water, tells her to listen. “‘You have a dangerous gift... it’s like oxasuli. Unless you know how to use it, it will kill you.’ Her Ma-ma-oo tells her that when it’s time for a person to go, they go. When Lisa asks about Jimmy, Ma-ma-oo tells her to go back, “you’ve come too far into this world. Go back” (Robinson, 2000, p.124) The oral history that grounded Lisamarie in her journey, also carries her through her re-integration once she returns home.

Storytelling has also aided in healing among the Jewish community. An example of this is TRT, which is a method called To Reflect and Trust, practiced among not only survivors of the Holocaust, but also those who were employed by the opposing side. “Employing the storytelling method in encounters between members of the opposing sides helped the participants reach deeper, underlying issues of their conflicts which political, legal, or financial steps or which time had not succeeded in healing.” (Bar On & Kassem, 2004) This process could be considered parallel to the current Truth and Reconciliation Commission’s purpose as “shaming and pointing out wrongdoing were not the purpose of the Commission’s mandate. Ultimately, the Commission’s focus on truth determination was intended to lay the foundation for the important question of reconciliation.” (www.nctr.ca) The initial steps of the National Centre of Truth and Reconciliation were to allow survivors to tell their story, and for them to be heard. The next, and more difficult process is that of reconciliation. Similar to TRF, the NCTR focused on allowing survivors to tell their story, and for others to witness this truth.

The goals of the working-through process have changed also; if the original goal of the working-through process was the letting go of the influence of the repressed content, the later goal was more modest in that it aimed for the individual to learn to live with the painful traumatic event better than she/he had done before.

(Bar On & Kassem, 2004)

Simply telling our story is the first step to letting its hold on us lessen, and deflate trauma's impact. Using the framework of the Hero's Journey could empower us to not only tell our story, but acknowledge our growth following trauma. Witnesses at the NCTR were not just sharing their story, they were healing themselves and others as their experience was not singular, it was collective. It is through our collective unconscious that we dream beyond our current circumstances.

Chapter Four: Results

It is the space between the notes that makes the music. Without that emptiness, that silence in between, there is no music, only noise.

Wayne W. Dyer, Wisdom of the Ages, 1998

This chapter will describe how PTG and the metaphor of hero's journey have been analyzed, compared, contrasted, and ultimately synthesized to show how the concept of a heroic journey, an extended and epistemic metaphor that refers to a process that leads to a transformation of consciousness. This process and the concept of post-traumatic growth, share a common outcome: changing the effects of traumatic experience from constraint and destruction to potential and personal enhancement.

As shown by such diverse writers as Levine (1997), van der Kolk, (2014), Hermann (2015) and many others, trauma is an experience like no other. Traumatic memories are not like other memories in that they are not integrated into a narrative, they are not anchored in time, and they are beyond the conscious control of the trauma sufferer, and can thereby become intrusive. All of this creates memories detached from narrative. Given the scale of traumatic experience, the analysis of this paper has been focused on rebuilding a life narrative, and using Campbell's framework of a Hero's Journey, with its demonstrated cross-cultural deep psychological resonance, as a guide for rebuilding, restarting, and re-invigorating personal narrative. The psychology of PTG combined with the metaphor of heroic journey suggest that even though trauma 'interrupts the narrative', and causes moments of silence for many, we can still begin a new story or reinvent our character. Instead of an event being a tragedy, it could be a challenge, and instead of seeing ourselves as a victim, we can emerge a hero. These are the tools of Post Traumatic Growth. Theoretically linking Campbell's Hero's Journey

and Tedeschi and Calhoun's Post Traumatic Growth Model is an intriguing parallel to draw, but how could it this model be helpful for clients?

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Deliberately Ruminating on Trauma

No matter what one's stable predisposition to engage in intrusive or deliberate thinking, a major life crisis is likely to temporarily provoke both.

Richard G. Tedeschi & Lawrence Calhoun, 2011

Rumination is defined as persistent and recurrent "thoughts that focus one's attention on one's depressive symptoms and on the implication of those symptoms" (Garcia, Cova, Rincon & Valzquez, 2014; Nolen-Hoeksema & Morrow, 1991) Or "a mode of responding to distress that involves repetitively and passively focusing on symptoms of distress and on the possible causes and consequences of these symptoms" (Garcia, Cova, 2017; Nolen-Hoeksema, Wisco, & Lyubormirsky, 2008) I will explore how it can be beneficial to explore negative emotions and experiences. First we need to differentiate rumination from brooding.

"Brooding is characterized by passive focus on the causes and consequences of negative emotions or experiences, recurrent comparison of the current situation with one that was not achieved, [or thoughts of how our lives were 'interrupted'] and dwelling on obstacles that prevent problems from being overcome such as,

‘What am I doing to deserve this?’” (Garcia, Cova, Rincon & Valzquez, 2014; Treynor et al., 2003)

Distinguishing between brooding and deliberate rumination is key, as brooding often amplifies depression and anxiety whereas deliberate rumination is about identifying feelings and the effects of traumatic events. Brooding is defined as “a passive comparison of one’s current situation with some unachieved standard” (Garcia & Cova, 2017; Treynor et al., 2003) In addition to it being a source of frustration and depreciation of self-worth, “brooding is (often) responsible for triggering intrusive thoughts in PTSD.” (Haligan, Clark & Ehlers, 2007) However, “brooding can be replaced by a more deliberate style of rumination that facilitates the reconstruction of core assumptions about the world that have been shattered.” (Garcia & Cova, 2017; Rincon & Valzquez, 2014) This deliberate style, could also be referred to as ‘reflection’ which is more focused on problem solving than self-blame or doubt. (Garcia & Cova, 2017)

How can Deliberate Rumination, or reflection, be facilitated or measured? Many studies have used the Deliberate Rumination, or use the DR subscale of Event Related Rumination Inventory (ERRI) questionnaire, which asks participants to rate the frequency of intrusive thoughts and their consequences. (Garcia, Cova, Rincon & Valzquez, 2014) “The Rumination-Reflection Questionnaire” (Trapnell & Campbell, 1999) pictured below demonstrates what kind of questioning can help understand thought patterns including rumination, brooding, deliberate rumination and reflection.

Figure 4.1, The Rumination-Reflection Questionnaire” (Trapnell & Campbell, 1999)

Instructions

For each of the following statements, rate your level of agreement using the following scale: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly agree (5).

Items**Rumination**

1. My attention is often focused on aspects of myself I wish I'd stop thinking about.
2. I always seem to be rehashing in my mind recent things I've said or done.
3. Sometimes it is hard for me to shut off thoughts about myself.
4. Long after an argument or disagreement is over with, my thoughts keep going back to what happened.
5. I tend to "ruminate" or dwell over things that happen to me for a really long time afterward.
6. I don't waste time rethinking things that are over and done with.
7. Often I'm playing back over in my mind how I acted in a past situation.
8. I often find myself reevaluating something I've done.
9. I never ruminate or dwell on myself for very long.
10. It is easy for me to put unwanted thoughts out of my mind.
11. I often reflect on episodes in my life that I should no longer concern myself with.
12. I spend a great deal of time thinking back over my embarrassing or disappointing moments.

Reflection

13. Philosophical or abstract thinking doesn't appeal to me that much.
14. I'm not really a meditative type of person.
15. I love exploring my "inner" self.
16. My attitudes and feelings about things fascinate me.
17. I don't really care for introspective or self-reflective thinking.
18. I love analyzing why I do things.
19. People often say I'm a "deep," introspective type of person.
20. I don't care much for self-analysis.
21. I'm very self-inquisitive by nature.
22. I love to meditate on the nature and meaning of things.
23. I often love to look at my life in philosophical ways.
24. Contemplating myself isn't my idea of fun.
25. Reverse-scored item

Scoring

Items 6, 9, 10, 13, 14, 17, 20, 24, 25 are reverse scored.

“The RRQ assesses the general disposition to be ruminatively self-focused, dwelling on past threats or losses, or reflectively self-focused, seeking meaning or more global understanding of the self.” (Cann, Calhoun, Tedeschi, Triplett, Vishnevsky & Lindstrom, 2011) First clients must learn how to differentiate between the following thought patterns: reflection, brooding, intrusive, and deliberate rumination. (Garcia & Nova, 2017) Next once they recognize these thought patterns, they not only increase their awareness of them, but can also measure them. Measuring a client's thought patterns can illuminate how to interrupt the patterns. If there is a “presence of negative thoughts about a traumatic experience (this) can be harmful, especially when they fail to lead to more deliberate thought processes or when those thoughts are perceived only as stressors.” (Garcia, Cova, Rincon & Valquez, 2014) In Garcia, Cova, Rincon and Valquez's 2014 study, it was found that rumination is important whereas brooding is maladaptive. “Brooding allows intrusive thoughts whereas DR is adaptive and supports integration of

memories.” (Garcia, Cova, Rincon & Valzquez, 2014) However, when our thoughts are more mindful, reflective or inquisitive, rumination can provide greater understanding.

“Alternatively, Deliberate Rumination that is not negatively focused, but reflects potential problem solving and meaning-seeking, should be more predictive of PTG.” (Cann, Calhoun, Tedeschi, Triplett, Vishnevsky & Lindstrom, 2011)

How can counselors facilitate Deliberate Rumination? There are several modalities, which use DR such as: addictions ‘processing’, EMDR, and narrative therapy, all of which I will discuss below.

In addictions counseling, DR is often referred to as ‘processing’. Clients in recovery take several steps to achieve sobriety and one of them is to discuss what events led them to use substances in the first place. Processing occurs once a client is stable and has had some time abstinent from their substance use. Sometimes processing can be overwhelming, or even triggering, but it is important to unpack this information before clients can maintain sobriety. Tracking ‘intrusive thoughts’ allows clients to notice when and possibly why these thoughts come up and finding alternative coping mechanisms to support their recovery. Tracking also empowers clients as they are now monitoring their own symptoms, which also increases mindfulness. “Event-related deliberate rumination, that is not negatively focused, is more likely to be related to eventual PTG, and event-related intrusive rumination, which is not controlled by the individual, is more likely to be related to various kinds of posttraumatic distress.” (Cann, Calhoun, Tedeschi, Triplett, Vishnevsky & Lindstrom, 2011; Affleck & Tennen, 1996; Calhoun, Cann, Tedeschi & McMillan, 2000) Discussing precipitating events that lead to substance use is imperative to recovery, as clients can begin to let go of past trauma and negative beliefs so they can

begin to work on their sobriety. If clients do not process, increase mindfulness, or deliberately ruminate about why they choose to use substances, they will likely not change their behavior patterns. By studying mindfulness based recovery techniques, clients can learn “the role of thoughts and their relationship to relapse; understanding that thoughts are only thoughts and may not reflect facts; the difference between lapse and relapse; (and avoid) individual unhealthy thought patterns that may lead to relapse.”(Zgierska, Shapiro, Burzinski, Lerner & Goodman-Strenski, 2017)

Eye Movement Desensitization and Reprocessing, or EMDR, is another example of Deliberate Rumination. A process created by Shapiro (2001, 2013), “EMDR is guided by the adaptive information-processing (AIP) model, which posits that psychological disorders not organically based (e.g., through injury, toxicity, genetic defect) are caused by unprocessed memories stored in the brain.” (Shapiro, 2013; Shapiro, 2001). Post trauma, clients experience ‘triggers’ which can activate negative memories, “causing the person to re-experience the stored information that colors current perceptions and drives dysfunctional behaviors. The focus of treatment in EMDR therapy is the direct processing of these experiences, which causes a transmutation of emotions, beliefs, and somatic responses from dysfunction to health. The previously debilitating experiences become the basis of resilience and strength.” (Shapiro, 2013) EMDR asks clients to focus on the specific moments of their trauma and process the grief that is tied to their intrusive memories. Counselors are not to interrupt the client’s process, but rather support the client through their processing by anchoring them in the moment with either visual or other stimuli (such as vibration through electronic paddles a client would hold onto). During EMDR the counselor cannot interrupt the client’s process with questions or verbal cues,

as this would disturb the deliberate rumination. One of the effects of EMDR can be a readiness and optimism: “successful EMDR processing of initial trauma targets usually leads to a sense of hope and deeper commitment to the overall therapy process.” (Shapiro, 2013)

Deliberate Rumination, or DR, does not always have to focus on negative events or feelings, but can also be part of a strengths based approach. “Alternatively, deliberate rumination that is not negatively focused, but reflects potential problem solving and meaning-seeking, should be more predictive of PTG.” (Cann, Calhoun, Tedeschi, Triplett, Vishnevsky & Lindstrom, 2011) Meaning making and problem solving are supportive in facilitating change and growth for clients. By not focusing on the negative outcomes, but rather by focusing on skill building, such as in the Hero’s Journey model, a client can begin to feel empowered by their experiences. When Odysseus is confronted by the Cyclops, he does not shrink in despair and ask ‘why me’ but rather devises a plan to defeat the monster. This is what DR can do; clients examine the trauma in a safe and supportive space, and by doing so, illuminate their negative thought patterns. Once they recognize these patterns, they can start to see how to change them. DR also interrupts brooding, and by doing so, provides the client with a chance to facilitate change in their lives rather than maintain negative thought patterns. “Deliberate rumination, in the aftermath of a highly stressful experience, should be most strongly, and positively, related to PTG, while intrusive rumination should be positively related to symptoms of distress.” (Cann, Calhoun, Tedeschi, Triplett, Vishnevsky & Lindstrom, 2011; Affleck & Tennen, 1996; Calhoun & Tedeschi, 2006; Janoff-Bulman, 1992)

Creative therapies are also suggested as beneficial forms of deliberate rumination.

“The ISTSS (International Survey on Trauma Sensitive Studies) statement underscores the growing interest the relationship between the creative arts therapies and the brain, including how the brain processes traumatic events and the possibilities for reparation through expressive arts therapies-- art, music, movement, play, and drama interventions.” (Malchiodi, 2012) Reparation through expressive arts, mind-body connections, as well as ‘re-authoring’ the client’s story through narrative therapy, are other ways to ‘deliberately ruminate’ when it comes to trauma.

“Art, movement and creative therapies are supporting clients post trauma as ‘this approach takes into consideration, but is not limited to, the following 1) how the mind and body respond to traumatic events; 2) recognition that symptoms are adaptive coping strategies rather than pathology; 3) emphasis on cultural sensitivity and empowerment; and 4) helping to move individuals from being not only survivors, but ultimately to becoming ‘thrivers’ through skill building, support networks, and resilience enhancement.’” (Malchiodi, 2011)

Comparably, Levine’s belief that trauma remains ‘frozen’ in the body until it is released; “traumatic memories don’t change, however non traumatic memories can be reconsolidated.”(Levine, 2015) Levine believes that the ‘fight or flight’ impulse is frozen, as our instinct is to protect ourselves, and without completing this task, we are essentially stuck. (Levine, 2015) It is when we begin to have a wider perspective and see beyond our trauma that we can begin to activate our self protection system, and therefore become ‘unstuck’.

The Five Dimensions of Growth: PTG and the Hero's Journey

When unresolved, trauma forms an overpowering, chaotic and disorganizing complex. In order to transform this unipolar distortion, a specific, 'parallel' multipolar archetypal system must be awakened and put into communication with the trauma complex. This occurs through a dynamic exchange of energy and information flowing between the two systems. *Peter Levine, 2015*

While the above-mentioned therapeutic methods can facilitate growth beyond trauma, it is important to examine the dimensions of Posttraumatic growth as they relate to healing within the framework of the Hero's Journey. Levine suggests that the 'archetypal system' must be awakened to support the trauma complex. These archetypal systems reflect both the steps within Post Traumatic Growth as well as the Hero's Journey.

There are five dimensions of Posttraumatic Growth: Relating to Others, New possibilities, Personal Strength, Spiritual Change and Appreciation of Life. (Tedeschi & Calhoun, 2011)

- *“Relating to Others* includes the realization of how good and supportive people are as well as a sense of increased closeness in relationships.
- *New Possibilities* is the experience of new options that had previously not been considered, and it can include the discovery of a new life path.
- *Personal Strength* is the realization of oneself as being stronger than was previously thought.
- *Spiritual Change* is illustrated by a greater understanding of spirituality and increased faith in a higher power.
- *Appreciation of Life* can entail a revision of life priorities and a new appreciation for how precious life is.”(Tedeschi & Calhoun, 2011)

However, the journey to gain these dimensions follows a similar trajectory as the

Hero's Journey as illustrated in Table 4.1. Below are the questions clients are asked in the short form of the PTGI.

Figure 4.2, *Short Form of the Post-Traumatic Growth Index* (Cann, A., Calhoun, L., Tedeschi, R., & Taku, K., 2010)

1. I changed my priorities about what is important in life.
2. I have a greater appreciation for the value of my own life.
3. I am able to do better things with my life.
4. I have a better understanding of spiritual matters.
5. I have a greater sense of closeness with others.
6. I established a new path for my life.
7. I know better that I can handle difficulties.
8. I have a stronger religious faith.
9. I discovered that I'm stronger than I thought I was.
10. I learned a great deal about how wonderful people are.

Because Posttraumatic Growth has several dimensions, people who have experienced PTSD can often identify growth in one or more area. In trauma therapy, reducing symptoms allows fewer interruptions aiding in recovering the client's identity. "Reduction in trauma symptom intensity... (allowing) assurance that normal physiological or psychological reactions to combat exposure are not indicative of character defects or capabilities." (Palmer, Garcia & Occhietti; Tedeschi, 2011) Post-Traumatic Growth does not work like pathology or treatment; it reframes the outcome of trauma. The dimensions of the Hero's Journey are parallel: The Call to Adventure-New Possibilities, Threshold Guardian-Relating to Others. It is in the Challenges and Temptations that clients experience difficulties, and where Personal Strength is needed. After entering the Abyss, a shift occurs, either through reflection or rumination, creating a significant change in life perspective and social schemas. These shifts open us to Spiritual Change or Atonement, which allow us to begin again, often on a new path but with faith in ourselves and in the world around us again. It is in the phase of Return, or Appreciation of Life, that we can move forward into new experiences.

Illustrating the similarities of Post Traumatic Growth model (Tedeschi & Calhoun, 2014) and Campbell's Hero's Journey, as captured by Vogler (Campbell, 1988; Vogler, 1992) is crucial to conceptualize their parallel structures. In the PTG model, the onset of trauma causes Challenges, Emotional Distress and Challenges to both personal Schemas and Beliefs. These concepts reflect Campbell's Call to Adventure and Refusal of the Call. In both cases a shift has occurred and personal schemas and narratives are challenged. The second part of PTG is Rumination, which involves Self Disclosure and Creation. Rumination is closely linked to Campbell's concept Belly of the Whale, which includes Road of Trials and Temptation. In the Belly of the Whale, Campbell proposes that contemplation and decisive action are necessary, which is the purpose of Tedeschi and Calhoun's concept of Rumination. In PTG Rumination leads to a 'Deliberate Schema Change' which aids in Coping, Narrative Development and Enduring Stress; once a schema change occurs the lens changes, allowing clients to see the world differently and therefore alter their narrative and endure stress through increased resiliency. Campbell's stage of Atonement also indicates a narrative shift where the hero refuses to return, or finds that the journey has changed them significantly and they no longer yearn for their past life. This could also include what is called the Magic Flight where a supernatural aid delivers the hero home against their wishes only realize it was necessary to achieve their journey's purpose. The five domains of PTG are: Personal Strength, New Possibilities, Relating to Others, Appreciation of Life and Spiritual Change. These relate very much to Campbell's concept of Master of Two Worlds. PTG does not erase what was, but instead recognizes what has occurred and the effects of trauma and the strength and self efficacy gained as a result of these changes. Campbell's concept of Master of Two Worlds,

indicates that the hero does not forget what they learned across the Threshold, but rather they integrate their new skills in their 'ordinary world'. Once the hero returns they are likely to experience Personal Strength, New Possibilities, Relating to Others, Appreciation of Life and Spiritual Change. This is evident in many stories but also of veterans who received treatment for PTSD through Van Der Kolk's work (2012) and Palmer, Murphy & Specncer-Hebert's study of veterans in the UK (2017).

Figure 4.2, Post Traumatic Growth Model (Tedeschi & Calhoun, 2015)

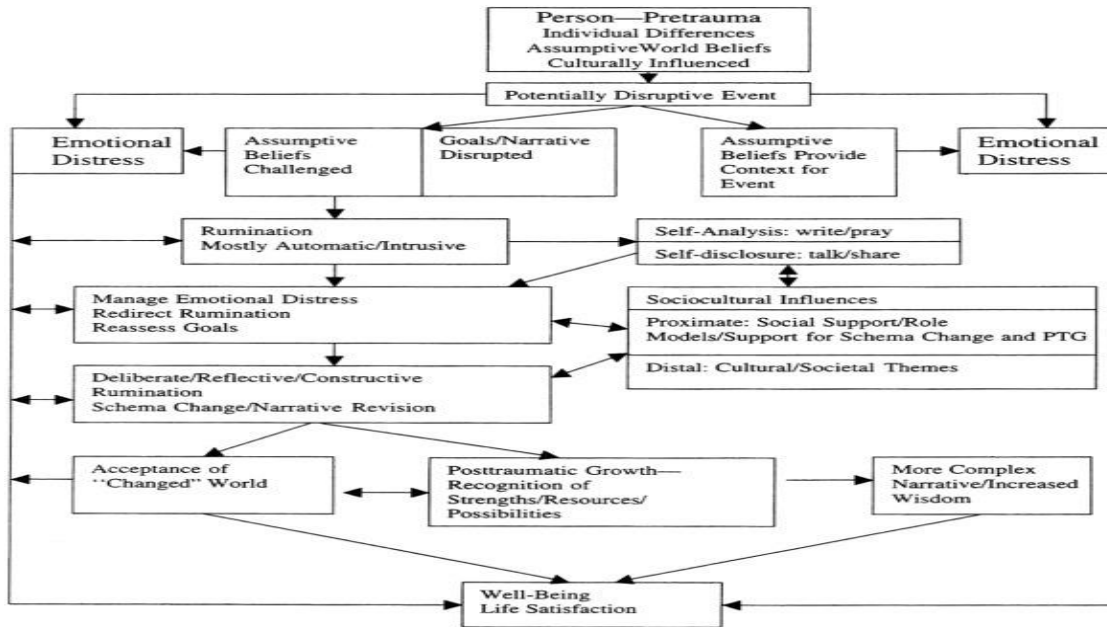


Figure 4.3, Stages of Campbell’s The Hero’s Journey (Vogler, 2007; Campbell, 1949)

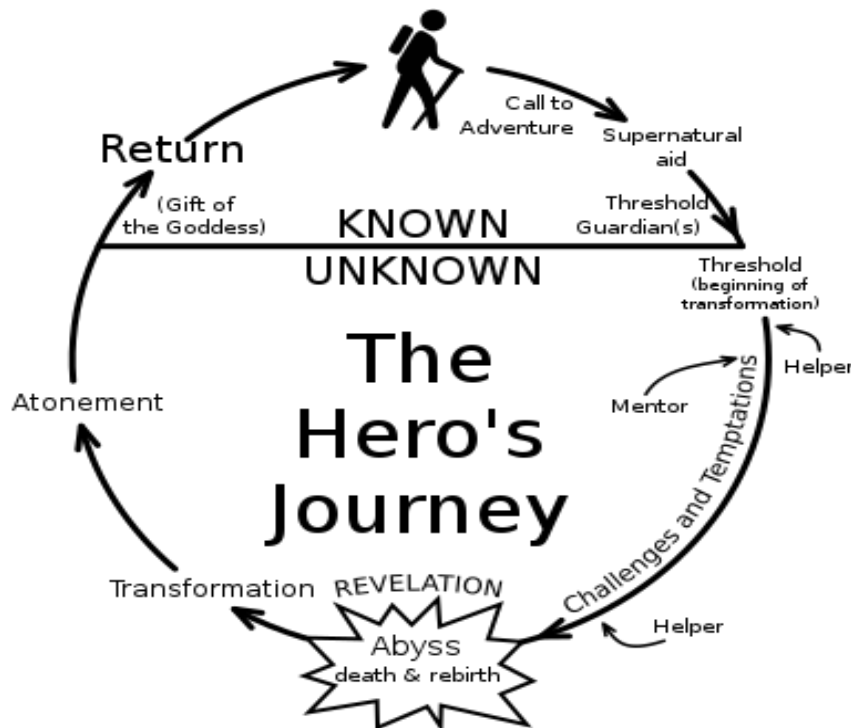
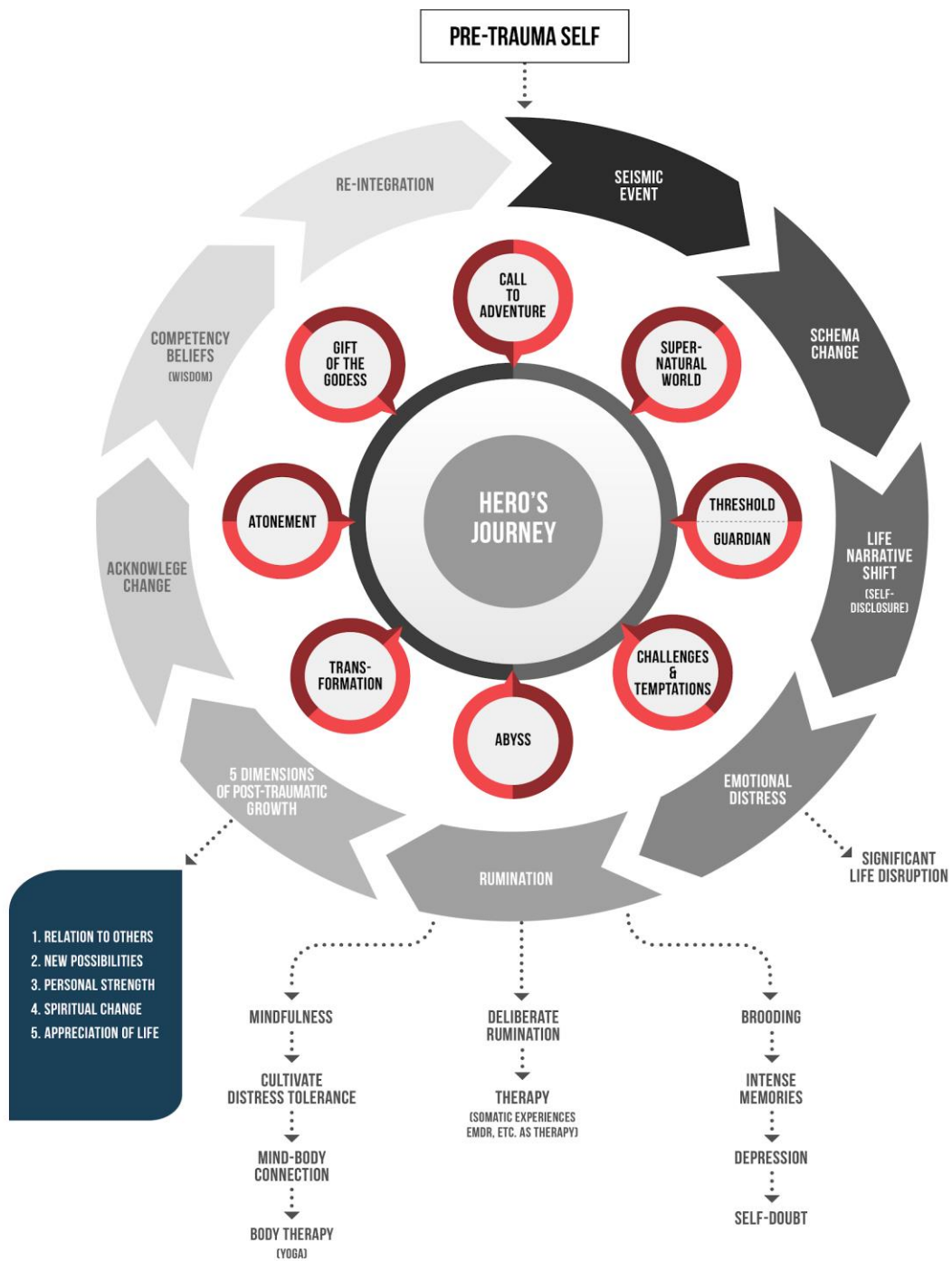


Figure 4.4, Integrated Post Traumatic Growth and Hero's Journey Model (Simpson, 2018)



J. SIMPSON, 2018 | ADAPTED FROM VOGLER, 2007; TEDESCHI & CALHOUN, 2015

Levine, Jung and Campbell: Integrated Growth

Myths are first and foremost psychic phenomena that reveal the nature of the soul.

Carl Jung

Peter Levine, leading trauma therapist, spoke at the Jung Society of Austin in 2015, and discussed “Spirituality, Archetypes and Trauma”. In this lecture, he illustrated some key parallels between Jung and Campbell and how these can influence trauma therapy today. Levine states “Jung saw archetypes as ‘biological, instinctual constellations’ that have tremendous power beneath waking consciousness.” (Levine, 2015) Jung’s belief of the unconscious as individual and collective is key to Campbell’s monomyth, *The Hero’s Journey*, as both concepts suppose that we do not have individual mythologies, but rather a collective mythology and yearning to go beyond our current lives to experience something bigger than ourselves. “Jung conceives of the psychic structure fundamentally as an instinctual one, layered from the dawn of life to the complex social and spiritual domains of modern humans.” (Levine, 2015) Therefore our collective unconscious drives our collective mythology. “His exploration of the politics of myth reminds us that the political—and those many sectors of contemporary theory that take such ‘power relations’ as their foundation—is always also to some extent mythic.” (Frye, 1998)

As described by Levine, Jung believed our psychic structure was fundamentally instinctual, and has existed since the ‘dawn of life’. If this is true, then according to Jung the caterpillar building a cocoon and emerging as a butterfly would have an instinctual unconscious desire to evolve. Similarly, Campbell’s study of myth and mystical experiences, demonstrates a collective yearning for something beyond our current

existence. “The person who has had a mystical experience knows the symbolic expressions of it are faulty. The symbols don’t render the experience, they suggest it.” (Levine, 2015; Campbell, 1949) What Campbell is suggesting is that while mythology has a place, and its story is important to our cultural evolution, its collective purpose suggests something deeper about our unconscious selves. This again relates to Jung’s collective unconscious. If we collectively wish to move beyond our mortal selves, and experience new things despite our circumstances, we very much are living a ‘hero’s journey’ and transcending through the ‘mire and muck’ to achieve something beyond our reach. Similarly, we often get caught up in imagery or archetypes, believing they can symbolize our collective experiences, yet as Jung suggests “the archetype is a matrix, (and) imagery is one part” (Levine, 2015) What Levine states is that Jung’s archetypal ‘structure’ is similar to our own survival instincts, something Levine has studied extensively in his somatic experiencing work, and while the symbolism of Jung’s archetypes can provide understanding of the multitudes within ourselves, they can also demonstrate the variations of how our survival has been supported through our adaptations of these ‘multitudes’. This concept is also demonstrated in Walt Whitman’s poem, “Song of Myself”:

“ I CELEBRATE myself, and sing myself,
And what I assume you shall assume,
For every atom belonging to me as good belongs to you.”

Whitman, similar to Jung and to Campbell, implies that we are all made from the same molecules and unconscious desires. It is when we lose touch with our unconscious desires that we struggle; unfortunately this occurs post trauma, when we lose our mind-body connection. Levine believes that by harnessing the energies that are within our unconscious desires we can begin to piece together our selves again.

Upon examination, Jung's archetypes are woven into both Campbell's Hero's Journey and Tedeschi & Calhoun's Post Traumatic Growth models.

Table 4.1, Comparison Chart of Jung, Campbell and PTG (Segal, 1960; Campbell, 1949; Tedeschi & Calhoun, 2014)

Jung's Archetypes:	Campbell's Hero's Journey:	Tedeschi & Calhoun's Post Traumatic Growth:
The hero , who pursues a great quest to realize his destiny	Hero- central character	Hero- client who is impacted by trauma
The self , the personality striving towards its own complete realization.	Self- Inner journey of the hero	Self- inner journey of rediscovery and restructuring wholeness of self
The shadow , the amoral remnant of our instinctual animal past.	Shadow- inner doubt/ subconscious of the hero	Shadow- new fears and triggers in the subconscious which can surface
The sage , or wise old man, one who has the profound knowledge.	Sage- Mentor or supernatural helper	Sage- Mentor/ counsellor/ helper/ leader who would assist the client to lift themselves out of trauma
The journey , a representation of the quest towards self-realization.	The Journey- Ordinary world, threshold, new world, re-entry, new understanding of old world	Journey: The process of change following trauma
Life , death and rebirth, the cyclic nature of existence.	Life- leaving the ordinary world, is a death of one's understanding, the other world is a new understanding, or a rebirth, which shifts the hero's beliefs, and the re-entry can be seen as a resurrection.	Life- death of what we previously believed, rebirth of ourselves with new understanding of life/ purpose/ the world.
Water , the unconscious and the emotions.	Water- unconscious beliefs of the hero which change. (Odysseus' journey was primarily on water, similar to Moby Dyck or Moses or Jonah and the whale)	Water: our subconscious which holds the fragmented pieces of trauma which come up until we resolve them and make them whole again (Levine, Van der Kolk)

Trauma as a catalyst for change

As explored in the first three chapters, trauma is an interruption. While trauma is shocking to both our physical and psychological systems, it is also a chance to make

change. Victor Frankl would not have increased his resilience without WWII, Odysseus would not have set out to sea if the Trojan war had not occurred, and Dorothy would not have landed in Oz if it weren't for a fierce tornado. Loss can lead us to new realizations of ourselves, our relationships and reconsider our values. Trauma follows a similar path as the Hero's Journey, as it goes deep into the 'unknown' often our subconscious self, as trauma causes our world view to shift, pushing us to cross the threshold, and often leaving us in the dark. Trauma often causes our thoughts to be trapped in our subconscious, which holds us back from living out our desires. Often this occurs in what Levine calls the mind - body split, similar to the Decartes split of hemispheres where the mind cannot connect with the body. (Levine, 1997) Without integration trauma cannot be expelled. Jung believed that the origins of myths and dreams are similar to our subconscious and by understanding our subconscious, we can help us understand ourselves again. Therefore, examining our 'archetypes' and integrating our subconscious desires on a conscious level can help us reintegrate and become whole again. These are the goals of Somatic Experiencing, EMDR and creative arts therapy.

While trauma has historically been a 'seismic event', even common events can incur trauma. "Recent research has supported this conceptualization, indicating that ubiquitous disturbing 'life experiences' can cause even more symptoms of PTSD than full-blown trauma." (Shapiro, 2013; Mol et al., 2005) This echoes Campbell's connection of the Hero's Journey to the natural transformation from childhood to adult, can be a 'hero's journey'. "There is a death, one's childhood and innocence and then a rebirth into adulthood, an unknown land where you need to gain skills to survive and overcome obstacles." (Campbell, 1988)

Chapter 5: Discussion

Why Study PTG and the Hero's Journey?

The purpose of this study was to examine the possible connections between Tedeschi and Calhoun's studies of the phenomenon of Post Traumatic Growth (1994) and Campbell's Hero's Journey as described in *A Hero With a Thousand Faces* (1949) and *A Hero's Journey* (1988). The question underlying this study is: 'How could the lens of the Hero's Journey aid healing in trauma and increase clients' potential for PTG?' The meaning of this comparison is to align the concept of Post Traumatic Growth with a common narrative as a framework, The Hero's Journey, which is complete with metaphors and process descriptions, to enhance greater understanding of clients' potential, highlighting the significance of their experiences. The concept of PTG, while having been studied for thirty years by Tedeschi and Calhoun (1995), is still a relatively new therapeutic concept and has had eight clinical studies as documented by the Posttraumatic Growth Research Group at the University of Northern Carolina, under the clinical supervision of Tedeschi and Calhoun. (<https://ptgi.uncc.edu>) The primary measurement tool of PTG is the Post Traumatic Growth Index. The PTGI allows clients to respond subjectively to their own experiences with PTG. However measuring PTG provides an index of outcome; what an outcome measure does not provide is a sense of process that has an individual inflection, particular to a unique individual, while at the same time having correspondence in a deeper pattern. However, increasing clients' awareness of their potential for growth, they may be more likely to experience future growth. This is what the metaphor of a journey adds to the client's awareness, and what the metaphor of heroism adds to the client's capacity to organize a positive and adaptive

identity. Alligning the experience of trauma and potential for PTG with the Hero's Journey could potentially assist clients identify growth after trauma and facilitate a positive and adaptive identity by using an effective metaphor to contain and enhance understanding of their experiences.

Interpretations

Initially, this study was to examine growth following trauma using narrative and Jungian concepts. These concepts were then applied to trauma and the suffering that follows it, revealing the potential of post traumatic growth experience to be an important period of learning, healing and growth. As discussed in Chapter Four, the parameters of facilitating PTG, one of the ways to facilitate growth was through rumination, which was defined as attunement with one's thoughts, feelings and purposeful reflection on past events in order to understand and lessen the impact of trauma. Evidence suggests that purposeful reflection, rather than passive reflection, i.e. brooding, could illuminate potential for existential understanding and potential for growth.(Garcia, 2016)

Rumination and purposeful self reflection connects to Campbell and Jung's belief of the collective unconscious; Jung's proposition that there are psychological dimensions, typically outside of immediate awareness, that are shared by almost all humans and that can be described as a unconscious desires allow us to dream and grow beyond our current circumstances.(Segal, 1960) Campbell explicitly identified his work on the Hero's Journey as a cross-cultural metaphor for this inner healing process. (Campbell, 1988) This is especially key in PTG as a client must access their unconscious desires to reflect on their purpose and potential for growth.

A major premise of this thesis is that trauma processing is similar to ‘grief work’. Significant losses (either loved ones or our own sense of identity) can cause us to question our understanding of the world, or shift ‘the assumptive world’. Processing the grief of what was (rumination), and opening ourselves to what is, can allow growth can occur. (Tadeschi and Calhoun, 2004)

Implications For Further Research

If further research of the concept of PTG and the Hero’s Journey were conducted, I believe a client response study to the combined framework of PTG and the Hero’s Journey would be useful. Possibly what could be studied is to have clients work through this with a counsellor or in group and measure their sense of PTG before and after a guided psychological process in which their adaptation to change brought about by trauma is explicitly compared to the transitions, processes, supports and tasks described in the Hero’s Journey. A precedent for this kind of study is Palmer, Graca & Occhietti’s study of veterans, in which clients were given an opportunity to identify psychological growth; using the PGTI as a follow up to a group intervention for PTSD. (Palmer, Graca & Occhietti, 2012) Facilitating growth through group work is aligned to Jung’s concept of the collective unconscious as an active ingredient in what is shared within a group; healing comes from identifying commonalities. The psychological proposition is that when we feel less isolated, both socially and ideologically, and more connected with a shared human experience, we can see potential for growth. Furthermore, it is also within group counselling that clients can begin to integrate themselves into society again, which is the last step in both PTG and the Hero’s Journey. It would be beneficial to measure PTG before and after group sessions to see the possible growth that may occur. It would

also be clinically useful to track change during the process of the group in parallel with the proposition that a healing journey involves trials as well as triumphs, challenges as well as successes. Knowing how these play out in formal indices of mood, confidence, therapeutic alliance, self-compassion, and self-compassion will provide a phenomenological trail to add to the map of post-traumatic heroic change. Much of this fluctuation and purpose of therapeutic alliance is also outlined in Scott Miller's Feedback Informed Treatment outlined in his book *Motivational Interviewing* (Miller & Rollnick, 2002). If we are to measure the client's experience in a subjective way, we must also get their feedback on the therapeutic methods to enhance agency and increase their self efficacy throughout their heroic journey.

Recommendations

Further research is needed using medical imaging technology to see the shifts in our neurology when experiencing trauma, rumination and PTG. I have developed a conviction, based on my own experience as well as a review of scientific literature that it is important for those who are experiencing significant traumatic symptoms to access research based treatments such as Somatic Experiencing or EMDR. However, as rumination and PTG are measured subjectively, it would be important to study the effects of these measurements alongside brain scans/ body imaging to see if there are identifiable neurological or physiological correlatives that accompany facilitating PTG through narrative reframing or deliberate rumination. As Siegel has pointed out in his book, *Mindsight*, psychological change in the direction of resilience is often accompanied by identifiable changes in neural activity and neural connections, particularly between the frontal lobes, identified with planning, and the mid-brain hippocampal system, identified

with memory and sensory integration. It is this integration of intention and planning with personal memory that is so disrupted in traumatic experience, and it makes at least intuitive sense that changes in the basics of psychological integration would accompany effective healing processes. (Siegel, 2011, p.73-75) Through medical imaging, we could see changes in brain waves, neural pathways and body temperature which could indicate the state of the central nervous system.

Growth in Counselling

Levine (1997) and Van Der Kolk (2012) have identified the somatic and imprints of trauma on our nervous systems and cognitive memories and Tedeschi and Calhoun (2004) have provided a framework to understand and identify growth following trauma. In combination, clients could examine the following suggestions for growth:

- Recognize schema changes, or changes in assumptive beliefs. Is how you see the world different following trauma? How so?
- Identify trusted companions, or supports. They can be your ‘threshold guardian’ as you dig deep and explore the effects of trauma. They could be a professional (therapist, psychologist, Doctor, or a friend or family member). They are there to anchor you when your traumatic memories are overwhelming.
- Accept and welcome emotional distress and grieving are part of the process. Surviving trauma is not the end. Grieving what is lost or what could have been is part of this process. It may not make sense to others, but it is necessary. Trauma interrupts your life, changing it forever. There is great loss here. Grieve it.
- Become aware that rumination is both helpful and hurtful. Tracking your thoughts is important. Are you allowing memories to flood your nervous system and take

- you into dark corners of your mind? Are you experiencing symptoms of depression? Notice them. Journal them. Become more mindful of your thoughts and begin deliberately checking in with these dark thoughts. Are they true? Are they helpful? Discuss your struggles with your therapist/ trusted support.
- Reclaim your mind and body. Mindfulness allows us to see our mind and assess our thinking. Notice distress. Breathe. Move your body, notice how it feels. Eat, sleep, drink water, stretch. Our bodies freeze when we experience trauma, and if we don't connect with our bodily needs or sensations we may not recover from trauma.
 - Recognize your progress. Are you more connected than at the beginning? Do you see possibilities in your future? Journal. Review your journal. What are your strengths? What have you overcome? What are your beliefs now? Write gratitude journals. Recognize the good things. You deserve them.
 - Embrace transformation, knowing that you will not be your 'Pre-Trauma Self'. This is okay. Trauma changes us, and it can allow us to grow and gain skills. We will not be the same person, but we will be a stronger version of ourselves.

My Own Experiences: Depression, Trauma and Growth

In many ways this research has been of a personal nature. I have been attempting to facilitate PTG in my own life since I learned of this concept. Over the past 18 months I have been working to overcome interpersonal trauma in my life and I have experienced significant depression. Learning the differences between brooding and rumination has been immensely helpful in my own healing.

Since my experience with trauma I have discovered new coping methods and treatments such as neuro feedback, medication changes, attending trauma counselling and have brought yoga back into my life. I have also accessed nature as much as possible and been supported by my dog Molly and many friends and family. Depression is in essence is mental isolation, and in order to combat it you need connection. Sometimes it does not stick, and you feel like you're in a fog, but if you persist, it eventually clears. As Levine has suggested, in order to overcome the effects of trauma, you have to establish a sense of safety for the nervous system, therefore you must establish connection (with a therapist, or another trusted individual) so that the nervous system can feel attached and secure before you can explore the effects of the trauma. (Levine, 2012) By increasing my interactions with nature, seeing a therapist, visiting with friends, doing yoga and receiving neurofeedback, I began to feel more present in my body and mind. This allowed me to gain perspective on my experiences and supported me in changing my recurrent thoughts of depression, isolation and despair. There were however moments, even weeks of brooding where I felt trapped by my circumstances and limitations. This is when brooding caused me to feel hopeless. Without a way to 'change the tape' with distraction, nature, therapy, yoga etc., I would often dive into a wormhole of self-criticism and emerge a tattered and tired version of myself. There were times during my medication change in 2018 that I felt nervous for my own safety; reducing Selective Serotonin Reuptake Inhibitors' is likely one of the most difficult things you can do when it comes to antidepressants.

“Haddad and Anderson provide a more detailed description of the primary SSRI discontinuation syndrome, dividing symptoms into six subgroups

(sensory symptoms, disequilibrium, general somatic symptoms, affective symptoms, gastrointestinal symptoms and sleep disturbance) and differentiating from rarer symptoms such as mania and extra-pyramidal syndromes.” (Wilson & Lader, 2015; Haddad & Anderson, 2007)

The concept of the hero’s journey has always been comforting to me; stories like the *Wizard of Oz* and *Star Wars* have always been guideposts for me in terms of life lessons which facilitated my own moral compass as both deal with the complications of right and wrong and overcoming personal tragedies and fears. I grew up as an only child and my constant companion was our family dog. While I would often navigate our way through the woods or to either our neighbours or my uncle’s houses, both of which were about a kilometre away, often a heroic journey would occur in my own imagination. As an only child, I was often more influenced by stories as I immersed myself in such as, *Anne of Green Gables (1908)*, *Alice in Wonderland (1865)*, *Annie (1982)* or *The Black Stallion (1941)*. I had few older peer models of behaviour as an only child living on an acreage in rural Ontario; my cousins were in the next town and I only saw friends at school or events. I often looked up to characters in my novels or films. One such film which had a profound impact on me was *Ewoks: Battle for Endor (1985)* which centred on a young girl, Cyndel, who had crashed onto Endor with her family. She was eventually alone with the Ewoks after losing her parents and brother and had to trust her instincts, new friends, and forge ahead in the wilderness of Endor. (Korty, 1985)

It has been through the concept of the Hero’s Journey that I still find solace as a caring professional (teacher and now counsellor). While the concept of the Hero’s Journey is individualist, it has allowed me to feel stronger and more connected to the

world. (Frye, 1998) In both Jung and Campbell's view, as shown in Figure 4.5, following my trauma, I was on a quest for independence, and was experiencing an inner journey that both was heroic and full of doubt; I had many mentors, or sages, who would support me in my journey, helping me see the world in a new ways, often facilitating change. In my experiences I have experienced shifts in my social schemas and have experienced many deaths, not just of loved ones, but of previous ideas of what my future would look like. Throughout this time I have also experienced the cycle of death and rebirth and have intensified a sense of purpose and connection to the world. While these changes may have occurred unconsciously at times, I have appreciated them in my conscious mind, especially when I am journaling or reflecting on my own experiences. This study has allowed me to understand my own journey more clearly and has provided a framework to understand that while the weight of the Abyss feels heavy at times, through introspection and cultivating connection, you can transform and begin to reintegrate once again into the world.

On the Writing Process

Studying trauma, while exploring the effects of trauma in your own life, can seem like an endless cycle of reexperiencing and flooding of memories. However, Levine's (1997) tools and Van Der Kolk's (2012) structural analysis of trauma provided guideposts with which to contain the effects of traumatic memory. There were many times when I began researching a concept such as Jung's archetypes, that I was concerned it would not align with the Hero's Journey or PTG but eventually the parallel structures emerged. Given that Campbell was Jung's contemporary, the Hero's Journey and Jungian Archetypes fit together well; it wasn't until I discovered Tedeschi & Calhoun's model of

PTG that I saw the similarity between the three concepts. (Tedeschi & Calhoun, 2014) Jung's study of the unconscious mind and the collective unconscious demonstrates that not only do we have individual desires, but they connect us to others; Campbell demonstrated the patterns of world mythology which revealed our social stories aligned as well. (Frye, 1998; Campbell 1949) As trauma is a universal experience, these frameworks could help us understand the 'story' of trauma and how to shift the narrative.

Conclusion and summary

Initially this study was about an interesting pattern to explore trauma and its potential for growth. I had imagined Post-Traumatic Growth to be a kaleidoscope of hope in a Viewfinder- insert trauma here and it will burst into a colourful source of growth! However, upon further investigation, I learned that the process of growth following trauma is a great deal of work. It is not bright, colourful or easy.

Tedeschi and Calhoun are the original positive psychologists, they haven't succumb to Instagram memes or self-help tarot cards, but they have created a framework for understanding the possibilities of growth following trauma through clinical studies as well as qualitative research to seek what facilitates growth and what hinders it. It is important for clinicians to use this framework with clients who have experienced trauma; their experiences do not need to define them, diagnose them or label them. Trauma is simply something they need to move through. I believe that the practice of alleviating emotional pain is supportive of clients with trauma, but to do this without recognizing the achievement of moving through traumatic memories or the client's perseverance is a disservice. In order to build their lives again after trauma has shaken them, clients need to self-advocate and build efficacy again; the narrative of Post Traumatic Growth highlights

self-efficacy through acknowledgement and resiliency. Without self-efficacy and Siegel's concept of resilience, clients are permeable to traumatic memories and may very well be stuck in a brooding cycle of self-doubt. (Siegel, 2011, p.72) Through counselling and group work, clients can build their resiliency and recognize the pitfalls and patterns of post-trauma symptoms and begin working towards Post-Traumatic Growth. Using the framework of the Hero's Journey as a narrative pattern clients can begin to recognize patterns in their behaviour and start to see the challenges before them as problems to work through, rather than insurmountable obstacles. They can also begin to see when they are in the Abyss, and begin to navigate their way out of it, rather than unknowingly getting swallowed whole. Clients come to us because want to change their negative patterns and experience growth; they just need a map. (Williams, 2016)

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