

**Using autoethnographic methodology
to explore the healing potential of
non-ordinary experiences
as it relates to developmental
and intergenerational trauma**

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DECLARATION SHEET

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed (student)

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STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used the extent and nature of the correction is clearly marked in a footnote(s). Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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Abstract

This dissertation examines the ideas William James expressed in *Varieties of Religious Experience* (2011) as they relate to the healing potential of non-ordinary experiences in the context of intergenerational trauma. The research uses an autoethnographic methodology which allows for both the analytical and evocative identities, positionalities and voices of the researcher who is also the researched.

A key finding is that the hereditary source of the sick soul temperament is probably intergenerational trauma. This explains behaviours which James labelled as heterogeneous and psychopathic whilst other research connects religious melancholia with pathological shame. I argue that the psychopathic experience and the conversion experience are, to a point, biologically the same. How the sick soul subjectively experiences arousal results in the different outcomes of continued heterogeneity and division or a twice born unification or conversion experience. I also argue that the sick soul has a phobic reaction to autonomic nervous system arousal which 'highjacks' the conversion process and prevents further arousal and the ecstatic-samadhi rebound, ie, non-ordinary/religious experience.

This research concludes that sick souls, as a result of intergenerational trauma, have the capacity and propensity for heightened arousal, emotional intensity and automatisms - which induce fear and phobic responses. The challenge is supporting the sick soul to fully relax and let go whilst increasing and sustaining arousal levels thereby enabling ecstatic-samadhi rebound or twice-born conversion experience. The knowledge for achieving this exists within some religious institutions and also within some secular environments which support body movement, vocalisation, emotional expression and storytelling within an empathic and compassionate communal setting. I suggest there would be value in conducting further research to test these conclusions.

This research also concludes that assessment of non-ordinary experiences associated with intergenerational trauma by psychiatric professionals is essential to easing phobic responses to arousal without the use of anti-psychotics.

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Chapter 1

Introduction

My interest in non-ordinary experiences, healing and intergenerational trauma arises from two positionalities, one personal and the other professional. The personal position comes from the impact of intergenerational trauma on my family and myself and a spontaneous healing experience in 2003. The professional position comes from my work as psychotherapist supporting people with symptoms of complex post-traumatic stress disorder (cPTSD). Working with clients, I have noticed patterns of trauma that run through two or more generations of family stories which include traumatic bereavements, separation, war, violence, abuse and extreme poverty. Outwardly perceived as having everything they need to live full and satisfying lives, these clients are inwardly tormented by a sense of fundamental wrongness or badness. These feelings often have a sense of 'always' about them in that the person cannot remember a time of feeling differently about themselves. In these clients, I found a reflection of myself before 2003.

Over the past seventeen years, I have focused on trying to explain what I experienced as unexplainable. My thought was 'if this experience could happen to me, why not for everyone?' who was suffering similarly. I wanted to know why this experience had eluded me during personal psychotherapy. Such a sudden and overwhelming transformation of suffering seemed the pinnacle of what psychotherapy should be, yet I knew next to nothing about what had occurred. The experience itself had been so physical that I searched for healing approaches that involved the body. I retrained as a body psychotherapist, learnt Chi Kung, vipassana meditation, various forms of bodywork. I explored ecstatic dance and other creative practices. I also read Taoist, Buddhist and Christian mystical texts in search of answers.

In 2017, I felt ready to return to academic study with one foot in the psychological/ psychotherapeutic world and the other in religious/spiritual practice. The Masters by Research in Religious Experience introduced me to *The Varieties of Religious Experience* (VRE, 1901) and William James. Interestingly, despite twenty years of

psychological study, neither VRE nor James had come to my awareness. Being introduced to VRE provided a seminal text to consider and reflect upon prior experiences and research. Whilst drawing upon James's research I replace the term religious experience with 'non-ordinary experience' as proposed by Bettina Schmidt (2016) as it is more inclusive of experiences occurring outside the framework of religious and spiritual institutions.

Aim and objectives

Drawing on the foundational research of William James and George A Coe, the aim is to use an autoethnographic method to explore the healing potential of non-ordinary experiences in the context of intergenerational and associated developmental trauma.

Specifically, this research aims to:

1. Develop a thorough understanding of James's theories on the nature of non-ordinary experiences, the divided self, the extra-marginal field, and the process of unification including Coe's observation of the conditions for striking transformations.
2. To identify and critically assess the findings of James and Coe against contemporary research and intergenerational trauma.
3. To apply the research of James, Coe and subsequent researchers to an autoethnographic account of non-ordinary experience, and intergenerational trauma.
4. To establish whether there is value in conducting further field-based research into James, Coe and subsequent researcher's findings into the non-pathological nature of non-ordinary experiences and the healing of intergenerational trauma.

Structure of dissertation

This dissertation includes a brief literature review (chapter two) to lay out the importance of James and *VRE* to the study of religious experience and show his influence on dynamic theory and transpersonal psychology. In chapter three, I discuss the benefits and limitations of the autoethnographic method and address ethical and evaluation issues. In chapters four to six, the themes identified in the literature review are developed further with the focus of chapter four being the sick soul temperament and intergenerational trauma. Chapter five concentrates on James's non-pathological subconscious, automatisms, religious melancholia in the context of intergenerational trauma. Having established a link between the sick soul and intergenerational trauma, chapter six addresses the process by which the sick soul achieves unification.

The sections titled autoethnographic interlude which follow chapters four, five and six provide an evocative autoethnographic account of themes raised in the preceding chapter. The autoethnographic accounts are not discussed in relation to the theory until chapter seven. In chapter seven, chapters four to six are reviewed alongside their accompanying autoethnographic interlude and key findings are identified. Finally, chapter eight, returns to the research aims and autoethnographic methodology to assess the findings, draw conclusions and make suggestions for further research.

Chapter 2

Literature Review

As stated in the introduction, this dissertation engages with the work of James and secondly with that of Coe as it relates to James's reference of his research in *VRE* (2011). In this brief literature review, I provide an overview of the importance of James and *VRE* (2011) and his influence both within the realm of religious experience, dynamic theories of personality and transpersonal psychology. In chapters four to six, I expand upon many of the themes detailed in brief below.

William James is possibly the first psychologist and philosopher to link religion and experience and may therefore be considered a founder of the field known as the study of religious experience (Hood, 1995:3 citing J.E. Smith, 1985). In 1902, James published his Gifford lectures as *The Varieties of Religious Experience: A Study in Human Nature* (1902/2011). In the lectures, James stated that he was first and foremost a psychologist undertaking a psychological inquiry into religious feelings and religious impulses (James, 2011:2). James established a context for his lectures that bypassed the institutions of religion allowing him to focus only on '*the feelings, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine*' (James, 2011:27).

I concur with Charles Taylor's (2002:iv) assessment that *VRE* is an 'immensely rich and multifaceted book' covering a wide range of topics including religion and neurology, the reality of the unseen, a religious typology (healthy-minded, sick soul), religion and psychopathology, the subconscious, conversion, saintliness, mysticism and philosophy. Given its breadth, my research focuses on those aspects of James's research that relate to the healing potential of non-ordinary experiences specifically the sick soul, the divided self, the subconscious/subliminal, conversion and the process of unification. Other areas of James's research I briefly touch upon are the healthy-minded religious types and mysticism.

Lyn Bridgers, *Contemporary Varieties of Religious Experience (2005)*, describes how 'the singular voice of William James in *The Varieties of Religious Experience*' (2005:2) allowed her to make sense of a transformational experience. She credits this book as the '*beginning [of a] long, slow process of integration*' (2005:3). For myself, James and *VRE* appeared at the final stage of a seventeen-year integration process, in my first year of the Masters by Research in Religious Experience. Despite being nearly 120 years old, I found *VRE* to offer some surprisingly contemporary ideas regarding temperament, emotion, bodily felt-sense, altered states of consciousness and religious/non-ordinary experiences. I have found *Contemporary VRE* the only resource which explores *VRE* within the context of current research in Post Traumatic Stress Disorder (PTSD) and Complex-PTSD (cPTSD). I have drawn upon Bridgers work in chapter 4 as part of my research into temperament, trauma and intergenerational trauma.

I also draw upon other texts from James, *The Principles of Psychology volumes 1 & 2 (1890)* which preceded *VRE* and *A Pluralistic Universe (1909)* the last book published before his death in 1910. Together these books demonstrate the evolution of James's thought from his early career to his death. I also have drawn on the work of Ann Taves (1999, 2003, 2009), Charles Taylor (2002) and Eugene Taylor (2010a, b, 2009), Francesca Bordogna (2007), Gerald E Myers (1986) all of whom have written extensively about James and his contribution to the study of religious experience. Their contributions are discussed predominantly in chapters four and five, where I discuss James's theories of the sick soul, the psychopathic temperament and religious melancholia.

Dynamic Theory of Personality

Whilst James did not develop a system of psychotherapy, *VRE* includes concepts of personality and models of the unconscious positioning him psychologically within '*dynamic theory*' (Taylor, 2009:1). These theories are dynamic because '*they involve some explanation of how psychic energy is transformed as it passes back and forth between the waking rational everyday state of consciousness and the unconscious within the interior life of the individual*' (Taylor, 2012; 2009). Whilst

James does not have a fully formed system of psychotherapy, *VRE* demonstrates a developing theory of unification and psychic energy transfer.

Eugene Taylor (2009) points out that the field of psychology which James positioned himself within has never been one homogenised field. Taylor describes three different and predominantly independent streams of psychology - experimental, clinical and experiential. Understanding this is important to appreciating the evolution of James's work to the present day as it relates to conversion and the process of unification which I explore in chapter 6. James, an experimental psychologist, developed his ideas at a time when dynamic psychology (personality, models of unconscious and systems of psychotherapy) was a legitimate focus of research within the academy. Since the early 1900's dynamic psychology has been out of favour within the academy supplanted by behaviourism and Social Learning Theory (Skinner, 1938), Cognitive Psychology (Tolman, 1948; Neisser, 1967; and more recently Cognitive Behaviour Psychology (Beck, 1979) and Neuroscience (Damasio, 2006, 2000; Newberg, 1999, 2010; Levitin, 2002, 2010).

Taves (1999) supports the above viewpoint, stating that the transformation occurring within higher education after World War 1 resulted in departmental fragmentation. Whereas James was active at a time when philosophy and psychology mingled and a wide field of interest was permissible, this was not the case after the war. Taves (1999:306) states that these changes brought '*empirical work on the psychology of religion to a halt*'. As the field of psychology sought scientific respectability, the breadth allowed James's generation separated philosophy from psychology. Within psychology, religious experience was increasing pathologised (Freud, 1927).

James has remained significant as a founder of the psychology of religious experience, whilst marginalised by mainstream psychology. The dynamic theories in which James was interested became the sole province of the experiential stream in psychology, placing it almost entirely outside the academy (Taylor, 1996:2009). These theories have continued to develop (and flourish), but historians of psychology have tended to minimise them in favour of a mainstream

history of psychology (ibid; 2009). Outside of the academy, the role James's played in the development of dynamic theories was forgotten because he did not explicitly develop a process of psychotherapy. However, James's influence can be found in contemporary psychotherapies which have drawn on Analytical Psychology/Jungian Psychology (Ellenberger, 1970; Melo & Resende, 2019) such as Process Oriented Psychology (Mindell, 1989) which I discuss in chapters 5 and 6. Transpersonal psychology is another field upon which I draw that recognises the contribution of James, partly due to his influence on Carl Jung (1933, 1961, 1964) and Roberto Assagioli (1973). Significant contributors to the development of Transpersonal Psychology include Stanislav Grof (1975), Charles Tart, Ken Wilber (1990), Michael Washburn (1988), Ralph Metzner (1995), David Luckoff (1985, 1996) and, Richard Heckler (1988).

In chapter 6, I will draw upon research from within transpersonal psychology and dynamic theory specifically Steve Taylor (2018, 2017, 2013, 2012a & b), Arthur Deikman (2014) and Roland Fischer (1971, 1978, 1992) to explore powerful conversion experiences. Another body of work which I draw upon is that of Wilhelm Reich (1971, 1990, 1999, 2013), a psychoanalyst who developed a dynamic theory of psychology and whilst others might place him within the transpersonal field he would never have considered himself a transpersonal psychologist.

Summary

In the preceding paragraphs, I presented the lineage from William James through to the present-day field of transpersonal psychology. I highlight how their shared appreciation of James and *VRE* creates a vital link between the study of religious experience and the study of transpersonal psychology. These theories will be expanded upon in chapters four, five and six.

Chapter 3

Research Methodology

Research Philosophy

This research is situated within the qualitative research arena, which, according to Denzin and Lincoln (2011:6) is '*a set of interpretive activities*' which '*privileges no single methodological practice over another*'. Whilst qualitative research draws upon '*many different approaches, methods and techniques*' (ibid.,6) it has an underpinning epistemological stance which '*locates the observer in the world*' (ibid.,3) and makes '*the world visible*' but in different ways dependent upon the '*interpretative practices*' (ibid.,4) deployed by the qualitative researcher.

This research project will draw upon one specific qualitative method, that of autoethnography, an approach to research and writing that seeks to describe and systematically analyse (graphy) personal experience (auto) to understand cultural experience (ethno) (Ellis and Bochner, 2000:740). Autoethnography emerged from postmodernist, constructivist, feminist, colonial critiques of ethnography. Traditionally ethnography was seen as objective analysis of communities and an application of a scientific method. However postmodern and social constructivist theories emerging between 1990-1995 (Denzin and Lincoln, 2011:3) questioned the objectivity and neutrality claims of such studies and the idea of an impartial researcher and the issues of power and privilege that arise from this perspective.

The postmodernist and constructivist perspective is that we construct reality. Cybernetician, anthropologist and therapist, Bradford Keeney states, '*we literally create the world we distinguish by distinguishing it*' (Keeney, 1983:51). The implication is that to make an observation, we have to make a distinction, based upon our construction of reality. In Keeney's view, reality can best be defined as '*ones knowing...recycled in the constant reconstruction of the world*' (ibid.,108) and suggests that '*there is no such thing as an objective free description of a situation which can be objectively assessed*' (ibid., 51). We also find this perspective in the writings of Gregory Bateson: '*ontology and epistemology cannot*

be separated'....[a person's] (commonly unconscious) beliefs about what sort of world it is will determine how he sees it and acts within it, and his ways of perceiving and acting will determine his beliefs about its nature. The living man is thus bound within a net of epistemological and ontological premises which regardless of ultimate truth or falsity becomes partially self-validating for him' (2000:314).

One of the arguments made by postmodernists and constructivists regarding ethnographic texts is that they can often reveal more about the culture and the pre-occupations of the researcher than of the people being studied, which, by default makes these texts little more than fictions (Brown, 1992). In response, reflexivity became an approach within the study of religion to address concerns relating to the researcher's inherent subjectivity. The reflexive approach involves *'bringing the subject, the "doer" of the knowledge-making into the activity, back into the account of the knowledge'* (Hufford, 2005:295). It involves becoming *'aware of our awareness as we reflect on our reflections'* (ibid.,295). Hufford states that *'if impartiality cannot consist of having no personal beliefs then it must be a methodological stance where one acknowledges one's personal beliefs and sets them aside for scholarly purposes'* and that reflexivity is *'a strong light that shines on the importance of viewpoint and urges on us a multiplication of perspectives'* (ibid.,296).

Within the written texts, the reflexive approach often consisted of no more than *'a token reflection'* or *'a paragraph in an otherwise neutral and objectively presented manuscript'* (Wall, 2006:148). Autoethnography, as developed by Ellis and Bochner (Ellis, 2004) sought to change this by extending reflexivity into a full narrative, with first-person voice and autobiographical content in research. This is a different way to how autoethnography was initially conceived by David Hayano (1979) who was describing studies that included the *'anthropologists "own people" in which the researcher is a full insider by view of being "native"'* (Ellis & Bochner, 2000:739).

Autoethnography has seen substantive growth in the past 30 years (Anderson, 2006; Wall, 2016; Leavy, 2015) but still considered an *'intriguing method'* (Wall, 2016) suggests that it lacks provenance within the academic world. Whilst

postmodernists reject the traditional scientific paradigm based on objectivist empiricism and neutrality, it continues to be the dominant paradigm. Unsurprisingly the debate on what constitutes research is a hot topic within the autoethnographic field with some championing an analytical approach (Anderson, 2006) and others supporting evocative methods (Ellis & Bochner, 2006). Some consider the analytic-evocative labels as opposing positions (Wall, 2016:3) whereas others see them as different ends of a continuum (Allen-Collinson, 2013; Wall, 2016:3). Ellis (Ellis et al. 2010:5) suggests some form of a continuum when she writes that meaning and application of autoethnography is dependent upon where the researcher places her emphasis between the study of others, the researcher's self, interaction with others, traditional analysis, interview context and power relationships.

Wall's (2016) critique of several autoethnographic papers for publishing calls for a balanced and moderate autoethnography - a middle ground between analytical and evocative - one that '*allows for innovation, imagination and the representation of a range of voices in qualitative inquiry whilst...sustaining confidence in the quality, rigor, and usefulness of academic research*' (Wall, 2016:1). She states that the '*important goals of analysis and theorising... [are lost]... when undertaking passionate, evocative acts of storytelling and sense-making*' (ibid.,7) as described by Ellis and Bochner. At the same time, she says, the approach envisioned by Anderson risks losing '*legitimate and unique sources of knowledge and insight*' (ibid.,7). Wall calls for an autoethnography that is evocative, ethical and analytical. At the evocative end of the spectrum, she supports researchers use of poetry and stories, but they must incorporate thick description, analysis and theory. Wall's position is that stories alone by not making explicit the links between personal experience and cultural issues do not achieve the stated aims of autoethnography.

I suggest that a middle ground already exists, within the layered account (Ronai, 1992, 1995, Ellis et al. 2010). This approach allows the researcher to '*draw on their personal experience alongside abstract analysis and relevant literature*' (Ellis et al. 2010:6). Layered accounts, according to Ellis et al (2010) and Charmaz (1983:110), have similarities with Grounded Theory in that it illustrates how data

collection and analysis proceed simultaneously but unlike Grounded Theory, 'layered accounts use vignettes, reflexivity, multiple voices, and introspection' (Ellis et al., 2010:4.1). Carol Rambo (1992, 1995) attributed with the development of layered accounts combines 'systematic introspection and emotional experience, moving between self as subject and object, fantasies, abstract theoretical thinking and statistics'. This approach based on 'identity as an emergent process' (Rambo, 2005:583) is a crucial aspect of constructivist theories of self. The self exists not as one essential self but as a multiplicity of selves with access to different ways of knowing dependent upon which temporal, spatial and attitudinal realms are inhabited (Rambo/Ronai, 1992). Rambo does not privilege one identity, or self, over another, but shifts between them using asterisks to denote a change of temporal/spatial/attitudinal realms (Rambo/Ronia, 1992). Ronai acknowledges her identity as a sociologist, amongst other identities. At times throughout her paper she shifts to this sociologist identity to frame experiences in other temporal/spatial/attitudinal realms.

Ellis (2016) differentiates Rambo's use of theory from that of Analytical Autoethnography as follows: the layered account 'value and include theoretical understanding, but [...] view theory as a kind of story and story as a mode of theorising and analysing. Theory and story are interwoven, put into conversation, and work together, side by side [...] seek[ing] to evoke with theory as well as story' (ibid., 210). Bochner and Ellis (2016) comment that Anderson's (2011) analytic autoethnography of skydiving is akin to a layered account, but they believe there is still a difference (2016:2010-2011). Whereas Ellis and Bochner believe 'a story alone can do the work of theory' (2016:211), Anderson's approach is one where only theory can do the work of theory even if it derives from a story.

Whilst I appreciate Bochner and Ellis's perspective regarding analytic autoethnography, if I bring in Rambo/Ronai's layered account which acknowledges different identities and does not privilege one identity over another, then the analytic identity is as valid as the evocative identity. Bochner states that analytical autoethnographer's are story analysts rather than storytellers (Bochner & Ellis, 2016:62). As a story analyst, the analytical autoethnographer inhabits traditional roles which generalises, offers a distanced analysis, builds theory and directs their

work towards other academics whereas the evocative autoethnographer wants to 'make people feel in their guts and in their bones' (Bochner & Ellis, 2016:62). In this autoethnography, storyteller and story analyser, the evocative and the analytical are present. I have created the illustration below (Figure 1) to demonstrate how these positions come together to produce original research.

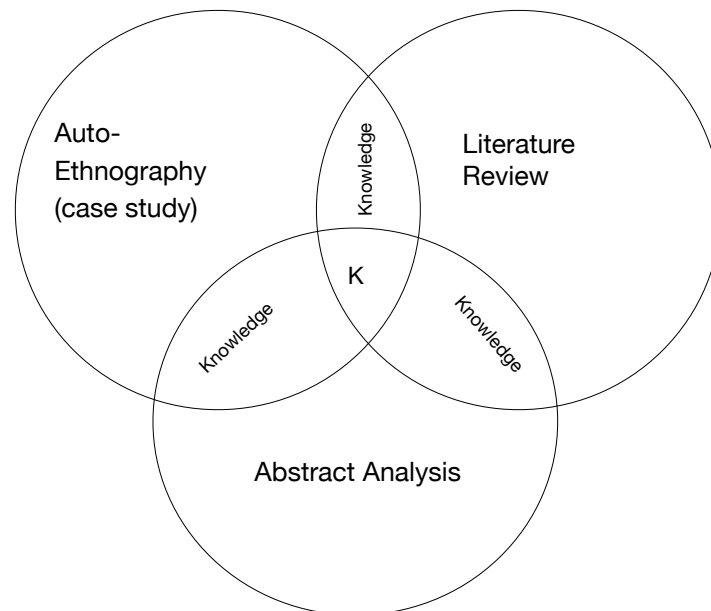


Figure 1
Research Method

The Evaluation of Autoethnographic Research Methods

How to evaluate autoethnographic research methods has been an issue within qualitative research. Criteria, according to Arthur Bochner (2000), is a term that separates modernists from postmodernists. Modernists believe objective methods and procedures can be applied to determine the choices we make, whereas postmodernists believe these choices are a reflection of our values and our subjectivities (ibid.,266).

Ellis (2000) approaches the subject of reviewing and evaluating autoethnography by inviting the reader to join her whilst she reviews and evaluates an autoethnographic article. She describes her hopes as she picks up an article: hoping to be 'engaged', 'to feel and think with the paper', to 'see what the paper

does to me'. She '*privileges...evocation over cognitive contemplation*' whilst not wanting to ignore a cognitive desire to be provoked and to '*argue back and forth with the author's interpretation*'. Ellis's second reading of the article is more detachment. She reflects upon her biases and life experiences that might influence her engagement with the paper. Next, Ellis considers what has been learnt from this paper '*about social life, social process, the experience of others, about the author's experience, my own life*'. Finally, Ellis, as she evaluates the effectiveness of the writing process (plots, characters, show don't tell, believability) considers whether the researchers goals have been demonstrably achieved and ethics considered and communicated. Ellis's story educated me by providing an experience which resulted in a deeper understanding of how she evaluates an autoethnographic paper.

Where Ellis uses storytelling to show us her criteria for evaluating an autoethnographic paper, Richardson (2000b) tells us by providing a list which I paraphrase below:

1. Does it [the work] make a substantive contribution?
2. Does it [the work] have aesthetic merit?
3. Does it [the work] demonstrate reflexivity and accountability?
4. Does it [the work] make an impact [upon the reader]?
5. Does it [the work] express a credible account of cultural, social, individual lived-experience?

As I read and evaluated Ellis's story I was reminded of Roland Barthes' *The Death of the Author* (1967; 1977) in which Barthes argues that the circumstances in which a piece of writing is interpreted and subsequently evaluated will always rest in the circumstances of the reader. The reader will create meaning from the text, and this always overpowers the author. '*The birth of the reader must be at the cost of the death of the Author*' says Barthes (1977:148). I can only guess what Ellis's evocative account and Richardson's analytic approach were trying to convey. Ultimately the interpretation and meaning derived from it comes from my lived experience. I can never articulate to the readers of this paper all the sub-criteria, which exists in a non-verbal realm, that I used to assess the aesthetic merit of

Ellis's writing. In the same way, the interpretation and evaluation of this thesis rests with the readers subjectivities.

Bochner articulates this well stating that there are no criteria '*beyond culture, beyond ourselves and our own conventions, beyond human choice and interpretation*' and to believe that there is we must '*hold on to the illusion that eventually we will unanimously agree on the culture-free standards to which all evidence must appeal*' (Bochner, 2000:267).

Research Ethics

Ethical approval and permission to proceed with the research was granted by the University of Wales Trinity St David (UWTSD) Ethics Committee on 10 September 2019.

This research captures the stories of intergenerational trauma from within my family. The primary source for the personal experiences used in this research will be from my own and one other member of my family who has provided consent (appendices: signed informed consent). The research draws upon stories of deceased relatives who will not be able to consent. However, the risk posed to them from revealing these stories died with them.

The main ethical issue to address is 'relational ethics' (Ellis, Adams, Bochner, 2011:4.3) as well as potential researcher self-harm (Tollich, 2010). The issues to consider are implicating others, usually close others and one's self by disclosing information that would typically reside in a personal domain to public view. There may be potential for distress by revealing personal material without assessing the potential for either researcher or those implied by the research. Once this disclosure has occurred, it cannot be reversed.

Ellis et al. (2011) provide some ethical steps to address relational ethics:

- Show the work to other(s) who have been implicated by the text
- Allow the other(s) to respond

- Acknowledge how the other(s) feel about what is being written about them
- Allow the other(s) to talk back regarding how they have been represented in the text.

Martin Tollich (2010:1608) proposes two further cautions: One being '*to choose the topic carefully*' and the second '*to treat all the persons mentioned in the text as vulnerable, including the researcher*'. The autoethnographic researcher needs to sensitise or re-sensitise themselves to the research and feel it in their body. Only through embodiment can the researcher assess whether their research could be an act of self-harm.

The measures put in place to limit adverse effects or outcomes of this research to the research participants and the researcher included:

- sharing this work with her psychotherapeutic supervisor to explore with emotional depth the potential impact of this information being in the public domain now and in the future.
- identifying with her psychotherapeutic supervisor, who is implicated in this research, what is implied and potential impact.
- addressing relational concerns by showing the work to those implicated, allowing them to respond, acknowledging their feelings and giving them the right to respond.
- If necessary, presenting the work using a pseudonym to protect the identities of those implied through the work.
- retaining the right to adopt '*mindful slippage*' (Ellis, 2007; Medford, 2006) in which the researcher makes literary choices to blur and protect the identities of others. It may also include the use of pseudonyms and changes in details which would identify the other. Mindful slippage is a recognised and accepted practice not only in autoethnography but within the psychotherapeutic profession of which I am a member.

Data Collection/ Sourcing and Selecting Data / Data Analysis Tools

Recruitment: Other than the researcher there was only one person recruited for this research. The researcher went through a process of obtaining informed consent (see appendices) with this person before commencing interviews and at the beginning of each interview. It was agreed that before the research was submitted the researcher would meet with this individual to read through the information to review, comment, discuss the material and provide the opportunity to make corrections, amendments or to withdraw partially or entirely from the research. The individual involved was also given the option to request anonymity via a pseudonym.

Data Collection: the data collection method included three, two-hour meetings with the researcher and the research participant. It also involved one, two-hour meeting where data was collected from the researcher using the same preset questions (see appendices 1). Whilst following a structure of preset questions the meetings were conversational in style, allowing other questions to arise with the aim of thick description (Geertz, 1973). The researcher was influenced by Ellis's approach to working with others, known as compassionate research, collaborative witnessing and relational ethics of care. These are relational approaches which emphasise the sharing of power and authority, listening empathically and respectfully to everyone, including one's self.

The meetings were taped and transcribed by the researcher. The researcher reviewed the transcripts with the same compassionate witnessing to identify stories relating to the narrative of the preceding chapter and were drawn together into an autoethnographic interlude using whole sections of interview verbatim.

Other materials used by the researcher included historical family documents and photographs, diary entries made by the researcher between 1991 and 2006, other written material including poetry and artwork created over the same period.

Data Storage: interviews were taped using a Phillips Voice Recorder. These interviews were transcribed on a laptop and then saved to an independent

password protected storage unit. This storage unit is kept in a locked cabinet in the researchers home office. The participant has been given the choice to have the recordings and transcripts transferred to their ownership or destroyed at the conclusion of this research.

Relational ethics: the researcher met with her clinical psychological supervisor throughout the research. The implications and impact of the autoethnographic research for both the sole research participant and the researcher was reviewed and discussed throughout and also prior to final submission. The researcher met, as per the Informed Consent, with the research participant to read and discuss the research and provide an opportunity to correct, amend or withdraw. At this meeting no changes were requested and permission was given to proceed (appendices).

Summary

This chapter introduced the research method of autoethnography and how it could be applied to this research. An autoethnographic approach which takes the middle ground between evocative and analytic, storytelling and sense-making was identified as most appropriate for this research. Relational ethics and actions to mitigate risk to participants and researcher are identified as is criteria for evaluating autoethnographic research.

*There is balm in Gilead,
To make the wounded whole;
There's power enough in heaven,
To cure a sin-sick soul.*

*Washington Glass's 1854 hymn
"The Sinner's Cure"*

Chapter 4

The Sick Soul, Trauma and Intergenerational Trauma

Even though exposure to overwhelming terror leading to troubling memories, arousal and avoidance has been well documented in literature from Homer's *Illiad* (Mackowiak & Batten, 2008:1158) to the present day, Bessel van der Kolk (2010:19) writes that '*the psychiatry profession has a troubled relationship with the idea that reality can profoundly and permanently alter people's psychology and biology*'. There have been vehement arguments about the aetiology of traumatic stress: is it organic or psychological? Is it the event itself that causes the disturbance or its subjective interpretation? To what extent are pre-existing vulnerabilities responsible for the psychological disintegration that accompanies traumatic stress responses? These have not been definitively settled in the 21st century (van der Kolk, 2010).

Into this mass of unknowns, I bring William James's concept of the sick soul to ask whether it might be linked to psychological trauma and more specifically, intergenerational trauma. I start by asking whether trauma was known to William James and whether James would have considered the difficulties of the sick soul as a reaction to lived experience. The first use of the term 'traumatic neurosis' is attributed to German neurologist Herman Oppenheim in 1889 (van der Kolk, 2010:20). Two years before, in 1887, Charcot proposed that the symptoms of patients with hysteria originated in early trauma (ibid.,21). Pierre Janet's research proposes that 'a phobia of memory' prevents the integration of traumatic events and split these traumatic memories off from ordinary consciousness (van der Kolk & van der Hart, 1990:6). Van der Kolk also includes James in a list of leading psychologists who accepted Janet's clinical observations as '*correct formulations of the effects of trauma on the mind*' (2010:24). In a review of *L'etatmental*, James writes: '*the nucleus of subconscious fixed ideas usually consist of reminiscences of the shock by which the mind was originally shattered*' (James cited by Cotsell, 2008:47). James references trauma four times in *Principles* (1918) 'traumatic inhibition' (1918:35) and 'traumatic injury' (1918:38) and original traumatic injury (1918:569). Whilst there is no use of the term 'trauma' in *VRE* (2011) there are four

references to shock: 'outward shocks' (2011:262) and an 'outer world too full of shocks to dwell in' (2011:271), a 'sudden emotional shock' (2011:179) and one of his case studies includes a case of shock from being hit by lightning '*from which the effects of which I never knew exemption until I had dissolved partnership with worry*' (2011:166). Shock trauma is a term used by contemporary trauma therapists to refer to events which overwhelm the ego's capacity to function (Brantbjerg et al., 2006:25). All of this would suggest that James was familiar with the theories linking adverse life events to psychological health but innate temperament and character development, both of which he discussed extensively in *VRE*, were his main focus.

William James: Character and Temperament

According to Bordogna (2007:9), James deals extensively with the concept of character in *Principles of Psychology* (Principles, 1890), whilst he is vaguer in his definition of temperament. James view of character was that it was acquired and developed through education and one's own efforts of will. Character was something '*grooved into the brain by repetition of nervous events*' (Bordogna, 2007:9). James believed that those with a normal nervous system were able to develop their character through their own efforts. The development of the moral and intellectual constitution, i.e., character is detailed in Chapter X, Concept of Self (James, 1918). These earlier theories underpin his theories regarding the healthy-minded individual in *VRE* (2011).

Even though James used the term temperament extensively in *VRE*, he never provided a clear definition of what he meant (Bordogna, 2001:9). Therefore, Bordogna argues that to understand James's understanding of temperament, we need to look at his contemporaries, in the late-nineteenth and early twentieth century, used this terminology. Bordogna concludes from her review of James's contemporaries that he would have thought '*like most turn-of-the-century psychologists*' that temperament was inborn and linked to the physiology of the nervous system' (ibid.,9). She states that James viewed temperament as the complete emotional, passional and aesthetic response governing an individual's complete reaction to all outer stimuli and mostly 'unverbalized', 'inarticulate' and

'half unconscious' (ibid.,15). Bordogna also states that James thought of temperament as a mediator of higher reflex action processes meaning the functions of perception, conception and '*a person's response to the universe at large*' (ibid.,14).

To support her conclusions, Bordogna quotes from *VRE* with James's healthy-minded temperament '*organically* weighted on the side of cheer' and, sick soul temperament '*congenitally* fated to suffer' [my italics] (James cited by Bordogna, 2001:13). The sick soul is '*born* close to the pain-threshold' where the '*slightest irritant* fatally send[s] [her] over' (James cited by Bordogna, 2001:13). James himself refers to the sick souls as heterogeneous personalities who suffer from conflicting impulses, desires and tendencies with their existence 'little more than a series of zig-zags, as now one tendency and now another gets the upper hand' (2011:152).

Exactly how temperament operates to both react to and mediate higher level reflex arc processes remains unclear. However, a couple of quotes from James: '*the paths of natural impulse are so pervious in these characters that the slightest rise in the level of innervation produces an overflow*' (1918:512) and '*the inhibitory power fails to arrest the explosions of impulsive discharge*' (ibid.,511), would indicate that James was aware of the phenomenon now referred to as dysregulation of the Autonomic Nervous System (ANS) (van der Kolk, 2000; Rothschild, 2017). The term ANS was not in use during James's lifetime and critical discoveries came after his death (Friedman, 2009; Langley, 1921). However, James's claim that feelings were reflections of body state changes (Damasio, 2000; 2006), was a precursor to contemporary trauma studies understanding of how the ANS impacts the whole self.

'What kind of an emotion of fear would be left if the feeling neither of quickened heart-beats nor of shallow breathing, neither of trembling lips nor of weakened limbs, neither of goose-flesh nor of visceral stirrings, were present, it is quite impossible for me to think ... I say that for us emotion dissociated from all bodily feeling is inconceivable.'

William James, 1893 (*Principles*, 1918:379)

Writing about instincts, James includes examples of pathological fear, terror-paralysis, crouching immobility, insanity due to general anxiety and fear of everything. Regarding a case of agoraphobia, he includes palpitations and terror, but for James, it was an 'emotion which 'has no utility in a, civilised man' (1918:467). Alongside these writings, James mused about how fears of the dark might be linked to savage ancestors and innumerable generations meeting dangerous beasts in dark caves or attacked in the night (ibid.,466).

The extreme fear responses James writes about (and referenced above) refer to dysregulation of the emotional brain (van der Kolk, 2000b). This emotional brain includes the reptilian brain (brain stem) working in conjunction with the mammalian brain (limbic system). Together these two systems override the rational brain (the neo-cortex) preventing higher-level cognitive processing. The emotional brain is responsible for our automatic responses to threat and opportunity. It releases hormones which trigger visceral (internal body) sensations designed to initiate responses to the perceived stimuli. When a threat is perceived, these responses can result in a fight, flight, or freeze response. When a threat has passed our nervous system should return to a state of equilibrium. Previously regulated nervous systems that remain dysregulated, i.e., the ANS continues to respond to a threat despite an absence of stimuli, might lead to a diagnosis of post-traumatic stress disorder (PTSD). Those individuals who have never experienced a regulated nervous system due to childhood trauma may be diagnosed with complex PTSD (cPTSD). In either case, a feedback mechanism based on a threat not currently present results in the continued production of stress hormones flooding the emotional and cognitive brain. I suggest that the phenomenon James refers to as 'overflow' in *Principles* (1918:152) and zig-zags in *VRE* (2011:152) are a reference to this normalised dysregulated state. When dysregulation has become the norm *seemingly* small and inconsequential stimuli can trigger an extreme traumatic stress response.

William James: Temperament in Contemporary Research

Lyn Bridgers in *Contemporary Varieties of Experience* (2005), seeks evidence of James typology of healthy-minded and sick souls in contemporary temperament studies. Bridgers finds this support in Jerome Kagan's (1994) behavioural inhibition studies and Elaine Aaron's (1996) highly sensitive persons (HSP) research. Using Kagan's studies of children exhibiting low and high reaction behaviours, Bridger's (ibid.,55-62) correlates James healthy-minded type with Kagan's uninhibited child and Kagan's inhibited child with James sick soul type. This research supports James's inherited biology hypothesis, including brain chemistry, which predisposes these children to either an uninhibited or an inhibited response to life. Like James's healthy-minded type, Kagan's uninhibited child responds to life in a relaxed and relatively fearless manner, whereas the inhibited child tends to respond with anxiety and fear.

Bridgers also attempts to find a correlation between James sub-type sick souls, the volitional and self-surrender conversion types and Kagan's research. However, she is not able to do so, acknowledging that James's self-surrender type is a difficult group to study as a mystical experience does not wait for an MRI scan (ibid.,140). Bridgers believes the self-surrender types fall into Kagan's category of highly reactive infants. As infants, these types would have demonstrated a low capacity for fear, reacting with worry, as well as exhibiting extreme sensitivity to criticism, reprimand and guilt (ibid.,57).

According to Bridgers (2005:201), temperament alone does not result in James's self-surrender types. Their susceptibility for conversion experiences are, she states, due to cPTSD. Therefore susceptibility to conversion is a combination of temperament and trauma. The relationship between cPTSD and dissociation is critical to Bridgers argument as it connects *VRE* with Pierre Janet via modern trauma studies whilst sustaining the connection between dissociation and subliminal consciousness and the trans-marginal field as conceived by James. This point is addressed further in the next chapter but included here to demonstrate how Bridgers research separates temperament from trauma. The remainder of chapter 4, progresses the argument that temperament and trauma

are not separate phenomena but the same when understood through the lens of intergenerational trauma.

Background to Intergenerational Trauma

Intergenerational trauma (also known as transgenerational trauma, multigenerational trauma, historical trauma and cultural trauma) is a relatively recent area of focus within the field of traumatic stress (Yarvis, 2012; Coll et al., 2012). According to Coll et al. (2012:95), Intergenerational trauma is '*the idea that subsequent generations learn from and are affected by parents, grandparents, and other extend family adults who are traumatised*'.

Intergenerational trauma was first highlighted by trauma-focused therapists in Canada, the USA and Israel working with second and third-generation children of Holocaust survivors (Danieli et al., 2016). Subsequent research with other communities impacted by genocide oppression, persecution and violence has drawn upon Japanese survivors of Hiroshima and Nagasaki bombings in World War II, the genocide in Cambodia, ethnic cleansing in Rwanda and the Balkans, colonialism (Quinn, 2007), apartheid in South Africa (Yarvis, 2012), combat veterans from World War II (Yarvis, 2012) and Vietnam (Yehuda & Lehmer, 2018) American Indians (Brave Heart, 1995, 1998, 1999, 2003, 2011) and, the Irish Famine (Coll et al. 2012).

Developmental Transmission of Intergenerational Trauma

Intergenerational trauma tends to focus on responses to trauma within families and how the effects of traumatic experiences may be transmitted from one generation to the next (Cavalli, 2012). Historical and cultural trauma focuses on the impacts of traumatic events on entire communities leaving '*indelible marks upon the group's consciousness*' (Smelser et al. 2004) resulting in emotional and collective injury over the lifespan and over the generations (Brave Heart, 1999). I do not make a distinction between intergenerational trauma transmitted in the context of family, culture or history as I consider the individual in the context of their family, within their community and its culture passed down as stories referred

to by subsequent generations as history. The individual is a microcosm of the familial, communal and cultural macrocosm.

Yehuda and Lehmer (2018) cite as 'pivotal' a paper by the psychiatrist, Vivien Rakoff (1966) about his experience with three patients: 'The parents are not broken conspicuously, yet their children, all of whom were born after the Holocaust, display severe psychiatric symptomology. It would almost be easier to believe that they, rather than their parents, had suffered the corrupting, searing hell' (Yehuda & Lehmer citing Rakoff, 2018:244). Initially, Rakoff's paper was negatively received as it was seen to stigmatise survivors but the volume of research since the 1970s, both corroborating and criticising, has legitimised his observations (Yehuda & Lehmer, 2018).

Psychoanalyst Alexandra Cavalli (2012) writes the story of three generations of women. The first, a concentration camp survivor, never spoke about her ordeal to the extent that her daughter was unaware of her Jewish heritage. According to Cavalli (2012), the mother changed by her experiences transmitted non-verbally the horror of her experience to such an extent that her daughter somatised this experience through anorexia nervosa. The granddaughter, the third-generation, had bulimia. Cavalli's paper (2012) traces the gradual transition from a badness 'out there' which the second generation daughter/mother could not be taken in, to a badness inside with the daughter/granddaughter (third-generation) needed to evacuate through bulimia. By the third-generation, the initial trauma was assimilated in such a way that it became a part of the granddaughter.

Coll et al.'s (2012) research focus on the developmental aspects of trauma transmission where one generation's experiences of intense fear, helplessness, or horror are absorbed by the next generation who then proceed to behave in the same way as if they had experienced the trauma firsthand. Stone (2003) and Levine (2001) identified intergenerational themes of exaggerated and conflicted feelings of anxiety, panic and depression. Others have found recurring themes of chronic and severe depression, disturbance of memory and cognition, feelings of guilt, anxiety, sleep disturbance, high levels of anger and depression.

Early intergenerational trauma studies focused on psychological and behavioural approaches to explain the transmission of trauma. The theory being that one generation transmits its unassimilated memories to the next. Others focused on social and family systems where an entire culture carries the trauma through its organ history, literature, film, politics, religious rituals and spiritual study (Yarvis, 2012).

Epigenetic Transmission of Intergenerational Trauma

An emerging area of intergenerational research is from neuroscience, biology and epigenetics. Epigenetics is the idea that trauma is transmitted not only developmentally but also biologically. Trauma is passed from one generation to the next through non-genomic, possibly epigenetic mechanisms affecting DNA function or gene transcription' (Yehuda & Lehmer, 2018:256).

One of the theories for transmission of trauma is DNA methylation (DNAm) which '*wraps DNA sequence with [an] additional layer of material that determines how DNA is read*' (Hayes, 2018:235). This process can change the organic structure of the body, create long term hormone changes and, effect the hypothalamic-pituitary-adrenal axis (ibid., 235) key in both contemporary temperament and trauma studies. DNAm, according to Hayes, explains how humans have responded so quickly to their environment even though the genetic code itself (DNA) is very slow to change. Hayes also says that how the DNAm is wrapped around the DNA is significant as it is '*often under our influence or our control*' (ibid., 236). Hayes points out that the environment we are in, our life choices and experiences can alter it. Kellerman reinforces this perspective that inherited genetics can be turned on or off dependent upon '*aggravating and mitigating (environmental) factors*' (2013:38). He also states that it is possible '*to reverse the deleterious effects of trauma and find some closure to the endless multigenerational saga*' (2013:38). Bridger's makes the same point in her review of Kagan's temperament studies, stating that it points to a disposition and not a statement of an individuals destiny (2005:57).

Some specific research studies into intergenerational trauma and epigenetic changes include the Dutch famine from 1944-45 (Carey, 2011; Spector, 2012; Rutter & Pickles, 2016; Scorza et al., 2019, Branje et al. 2020), Holocaust survivors (Yehuda et al., 2008, Yehuda et al., 2014; Yehuda & Lehmer, 2018) and in the area of substance abuse and addiction (Cecil et al. 2016). Researchers of the Dutch famine were able to pinpoint individuals 6 or 7 decades later conceived during the famine due to lower methylation in specific parts of the DNA sequence. A study of adult offspring of Holocaust survivors identified alterations to specific genes in the form of methylation. A study by Cecil, Walton and Riding (2016) also produced tentative evidence implicating intergenerational transmission of DNAm patterns.

Epigenetics and Kagan's Temperament Research

Returning to Kagan's research a review and meta-analysis of inhibited temperament and genetics by Clauss, Avery and Blackford (2015) confirms the inheritability of inhibited temperament. Whilst the '*genetic basis remains elusive*' they state the most popular theory are changes to genes implicated in anxiety and stress including those that regulate neurotransmitter function (serotonin transporter polymorphisms (5-HTTLPR) and corticotropin-releasing hormone (CRH)) and the hypothalamic-pituitary-adrenal axis (HPA axis). Clauss et al. (2015:23) suggest that these adaptations are rewards for behaviour that avoids novelty and exposure to an external threat. It is conceivable that these genetic adaptations are intended to benefit the next generation by conferring evolutionary advantages.

Despite many writing about these discoveries as revolutionary and groundbreaking, they come with a cautionary note (Hayes, 2018; Rutter and Pickles, 2016; Kellerman, 2013) as they cannot '*sufficiently explain how the unconscious trauma of a PTSD parent can be epigenetically transmitted to a child [whilst] epigenetic factors [are] widely accepted as having an important role*' (Kellerman, 2013:33-34).

This section has discussed the genetic, psychological and social/cultural transmission of intergenerational trauma. Research confirming that inhibited temperament is genetically transmitted provides a link from this research to James's sick soul via Bridgers (2005) correlation with Kagan's inhibited type. This section has also shown that the behaviours associated with the inhibited temperament (highly reactive, easily aroused, aversion to novel situations, sensitive to criticism and punishment, dour, serious, fearful, prone to anxiety, panic attacks, restrained and timidity) can be attributed to intergenerational trauma.

Why might trauma be transmitted from one generation to the next

As mentioned earlier, the first scientific studies noting the impact of traumatic events on an individual's psychology occurred in 1866 (van der Kolk, 2010). By the end of the 19th century and early 20th century, Pierre Janet was writing about the potential for traumatic events to affect an individual's psychological and emotional functioning in a way that a psychologist or psychotherapist today might diagnose as PTSD. Janet was aware that memories of a traumatic nature were difficult to integrate due to extreme emotional arousal (ibid., 23) which resulted in the inability to assimilate new experiences (Janet, 1911:532) and that the individual 'experience[s] a slow decline in personal and occupational functioning' (van der Kolk & van der Hart, 1989:7).

Janet's theories were widely accepted in the early 20th century but disappeared until the role of dissociation in the formation of PTSD was identified in the 1980s (van der Kolk, 2010). Van der Kolk writing about the history of trauma in psychiatry (ibid.,26) shows that Janet's discoveries *were forgotten* and following World War 1 others made discoveries independent of Janet's research. These discoveries *were also forgotten*, only to be rediscovered in the aftermath of World War II and after the Vietnam War (ibid.,28). Van der Kolk's research highlights multiple forgetting - amnesia - across generations of medical and psychological practitioners. From the late 1880s to the 1980s, the knowledge of the effect of traumatic events repeatedly forgotten. It is a process mirroring the traumatised individual's response to an event too overwhelming to digest fully. Forgotten but not entirely as fragments of traumatic experience push through into consciousness in ways that overwhelm the

individual but in ways that often retraumatise. I suggest that the history of trauma studies demonstrates how dissociation operates not only at the individual level but at the family, community, country and global level. Severe traumatic events, like war or genocide, too difficult to fully contemplate and digest remain fragmented within the society (or societies) that experienced them only to push through in disturbing ways.

Trauma studies have shown that people who have experienced traumatic events are motivated either by a desire to forget or conversely by being unable to remember. In the first instance, the individual actively avoids anything that stimulates unwanted memories - an example being war veterans who never speak about their experiences (<https://www.nytimes.com/2019/06/05/us/world-war-2-history-research-archives-.html>). The events are buried but not forgotten. Those working with intergenerational trauma believe that this buried trauma comes to haunt future generations.

Exploring James's Sick Soul from an Intergenerational Trauma Perspective

James did not consider psychological trauma as causing the sick soul believing instead that physiology of the nervous system is an innate/inborn temperament arising from the theory of natural selection as formulated by Charles Darwin (Taylor, E. 2006). A healthy-minded temperament created a '*man of sensibility... who finds more difficulty than is common in keeping his spiritual [inner] house in order and running his furrow straight, because his feelings and impulses are too keen and too discrepant mutually*' (James, 2011:153).

James suspected that heterogeneity was the starting point for everyone: we all start in '*comparative chaos from which a stable system*' (2011:153) must be created. From this chaos, '*higher and lower feelings and useful and erring impulses*' (ibid.,153) must be brought into '*right subordination*'. According to James, everyone goes through a period of '*order-making and struggle*' and accompanying '*unhappiness*' (ibid.,153) usually in adolescence (ibid.,10). The process of establishing a stable and continuous self from the ever-flowing stream

of consciousness is described in detail by James in *Principles of Psychology* (1911).

The individual who fails to complete this '*straightening out and unifying task*' has an '*incomplete unification of moral and intellectual constitution*' and is '*consigned to a life of prolonged suffering*' (James, 2011:115). Unable to unify the self through one's efforts, the sick souls live with inner tension and competition between the '*higher and lower feelings and useful and erring impulses*' (ibid.,153). The psychopathic temperament is the most extreme example of this heterogeneous personality. The historical meaning of psychopathic temperament is different to present-day usage, i.e., anti-social behaviour with potential links with criminality. In James's time, it was similar to our current use of the term mental illness and covered a wide range of conditions from mild depression to schizophrenia. James applied the term psychopathy to behaviours '*inconvenient in the extreme*' (ibid., 151) to borderland insanity, crankiness, insane temperament, loss of mental balance and psychopathic degeneration (ibid.,19).

Present-day researchers of intergenerational trauma use similar terms when describing the symptoms of the intergenerationally traumatised. For example, Cavalli (2012:610) writes about the need to tolerate '*the chaotic mass, to tolerate the unknown, to free-associate with horror and vacuum in which the patient exists*'. Lisa Blackman (2016:257) suggests that those traditionally diagnosed as schizophrenic (what James would have referred to as auditory and visual automatisms) are sometimes transmutations of disavowed, displaced and submerged historical traumas. Angela Connolly writes about the nightmares of the children and grandchildren of trauma survivors, not as '*a reflection of the unconscious of the child but an attempt to represent and come to terms with the reality of the parents' trauma*' (2011:614). Coll et al. (2012) writing about the legacy of the Irish Potato Famine share the lyrics from the song Famine by Sinead O'Connor and the lines: '*we feel all the painful feels but have **lost contact with the memory**.....there has to be healing through remembering, grieving, and forgiving through knowledge and understanding*'.

I suggest that James's sick soul also felt these painful feelings whilst having lost contact with the originating memory. It is conceivable that the religious melancholia from which James sick souls suffer have their genesis in trauma: the 'conviction of sin' that results in a *'battleground between two deadly hostile selves, one actual and other ideal'* (2011:153). A battleground of *'self loathing, self despair, an unintelligible and intolerable burden to which one is mysteriously the heir'* (James citing St Paul. 2011:153). The religious melancholia of which James writes possesses a high degree of self-condemnation and a sense of wrongness of self that the other forms of melancholia do not possess. James (ibid.,141) writing about Bunyan states:

'He was a typical case of psychopathic temperament, sensitive of conscience to a diseased degree, beset by doubts, fears and insistent ideas, and a victim of verbal automatisms, both motor and sensory. These were usually texts of Scripture which, sometimes damnatory and sometimes favourable, would come in a half-hallucinatory form as if they were voices, and fasten on his mind and buffet it between them like a shuttlecock. Added to this were a fearful melancholy self-contempt and despair.' (my bold)

James writes extensively about the role of evil in the life of the sick soul. It is the *'refusal to trivialise evil'* and instead *'maximising evil..based on the persuasion that the evil aspects of our life are its very essence'* (2011:118) that leads James to conclude that the sick soul cannot be healed through her own will. She needs a twice-born solution. According to Alexander (1980:199), it is the refusal to deny the essential reality of evil that is the essential difference between the healthy-minded temperament and the sick soul. The sick soul lives in a discordant universe in which evil is the bedrock.

In her paper, 'Failure, Then Failure', Jill McNish (2003) makes an argument that shame causes the psychic anguish of the sick soul. Quoting Sylvan Tomkins (1963) McNish associates James's 'something wrongness' to shame:

'[S]hame strikes deepest into the heart of man. While terror and distress hurt, they are wounds, inflicted from outside which penetrate the smooth surface of the ego; but shame is felt as an inner torment, a sickness of the soul. It does not matter whether the humiliated one has been shamed by derisive laughter or whether he mocks himself. In either event he feels himself naked, defeated, alienated, lacking in dignity or worth.' (Tomkins, 1963:118, emphasis added by McNish, 2003:394).

Writing from an intergenerational perspective John Bradshaw (2005:55) says:

'Family secrets can go back for generations. They can be about suicides, homicides, incest, abortions, addictions, public loss of face, financial disaster, etc. All the secrets get acted out. This is the power of toxic shame. The pain and suffering of shame generate automatic and unconscious defences. Because they are unconscious, we lose touch with the shame, hurt and pain they cover up. We cannot heal what we cannot feel. So without recovery, our toxic shame gets carried for generations.'

In physiological and psychological terms, the experience of neurotic, pathological or toxic shame is so similar to that of Post-Traumatic Stress (PTS) and Post-Traumatic Stress Disorder (PTSD) to be all but indistinguishable. Prolonged shame affects in early life can result in dysregulated autonomic nervous system (ANS) functioning. Chronic shame is often a precognitive development and therefore embodied in sensations and feelings of implicit wrongness, badness, disgust, and unacceptability. It is the distinction between 'I feel bad' and 'I am bad'. Intergenerational trauma is more complicated as future generations absorb and act from the undigested shame of their ancestors.

Before finishing this section, I want to bring in a curious citation by James where he quotes the inheritance theory of Smith Baker (1893) suggesting that the heterogeneous character may be caused by *'traits incompatible and antagonistic ancestors preserved alongside each other'* (James, 2011:153). Academics (Bordogna, 2007:522; Capps, 2015:87) do not believe that James ever really considered this theory. However, I am curious as to why James included this

reference and would like to believe that it captured James's imagination. However, Capps states that James would not have considered any inheritance theory as he believed that man was an '*educable animal...par excellence*' (Capps citing James, 2015:94). The plasticity of the brain which James observed means we are not doomed to keep repeating either developmental or intergenerational trauma.

Present-day epigenetic researchers agree with James. Whilst we may inherit a genetic disposition, it can be turned on or off. Genetic disposition can activate either overwhelming anxiety or sufficient coping in the same person at different times, depending up whether environmental factors aggravate or mitigate one's predispositions (Kellerman, 2013:38). Due to the malleable nature of human beings, the negative impact of trauma can be reversed bringing an end to intergenerational trauma. Kellerman suggests this can be achieved through psychotherapy, psychopharmacological drugs or a combination of both (ibid.,38). I suggest that those experiences which we define as non-ordinary either religious, spiritual, ecstatic or otherwise designated as extraordinary may also support the process of healing from intergenerational trauma.

Summary

The focus of this chapter was to identify whether a connection existed between James's sick soul temperament and contemporary trauma research. An explicit connection between these phenomenon was necessary to progress the research and use James's research into conversion experiences and processes of unification to address the central question.

Initially Bridgers (2005), research was considered as she had already provided a link between James and contemporary trauma research particularly in relation to James's self-surrender subtype and dissociation resulting from early childhood trauma. However, Bridgers research did not specifically consider whether the sick soul temperament itself derived from traumatic experiences. Instead Bridgers research drew upon Jerome Kagan's behavioural inhibition studies and Elaine Aaron's highly sensitive persons (HSP) research. Neither Kagan or Aaron's

research explicitly identifies trauma as a underlying cause for the behaviours they study.

Subsequently intergenerational trauma studies, which Bridgers had not included in her research, was identified as a potential source of James's inborn sick soul temperament. An in-depth review of the intergenerational trauma literature supported the proposition that James's sick souls were the inheritors of a traumatised physiology and psychology. Therefore behaviours James labelled psychopathic, are redefined as a dysregulated nervous system. Drawing on epigenetics, the behaviours of the sick soul may be behavioural adaptations intended to benefit the next generation by rewarding behaviours that avoid novelty and exposure to external threat (Clauss et al., 2015:33). However, an environment that neither understands these adaptations and exacerbates with additional environmental stressors results in the traumatised sick soul.

Autoethnographic Interlude 1

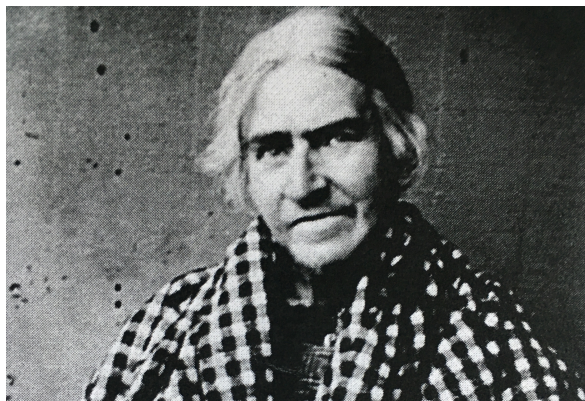
The Sick Soul, Trauma and Intergenerational Trauma

It is Monday, 25 May 2020, my mother and I are meeting over zoom. It is week 10 of covid-19 lockdown. Everyone living in their isolation bubbles. This is the first time we've met over video conferencing. My mother is still getting to grips with the technology.

We've talked a little about my research in the past month and how the family story has become a part of it but this is our first 'official' meeting. We have three meetings in all. These meetings are to reveal our stories of five generations of women including our own. We have always known that there was a history of mental illness in the family but only recently had we traced it back 170 years to my great-great-grandmother. Just before lock-down my mother gave me a copy of Annie Hilton's clinical notes written between July 1897 and January 1901 in Derbyshire County Asylum.

This first autoethnographic interlude follows the chapter on The Sick Soul and Trauma and includes five short stories covering five generations of sick souled women.

Annie (Hilton): 1851 to 1901



**ANNIE
46 YEARS OLD**

It maybe that what happened to Annie is the key to the struggles with mental illness experienced by the next four generations. It may be that Annie herself was just another women in a long chain of women. What we've managed to piece together is a story of a woman born in 1851 who until the age of 30 is living with her parents in Wolverhampton. Sometime between the 1881 census and 1887 she moves to Manchester where she gives birth to an illegitimate daughter. My mother and I assume she's was sent away because of the pregnancy. I imagine sent away in some disgrace. She is probably living with her younger brother James and his family. James's occupation is a Cotton Printers Stoker. According to ancestry.co.uk one of the hardest, dirtiest jobs in any mill. I imagine life in Manchester was not easy.

Jane Robinson (2015), writing about illegitimacy between The Great War and the Swinging Sixties writes about the toxicity of illegitimacy in 1949 when any child born out of wedlock is called a bastard. In her book she traces how common opinion on legitimacy and illegitimacy changed from not really existing in the medieval period to being systematically recorded in parish registers from the sixteenth century. A paper by Dorothy L. Haller (2009) on 'Bastardy and Baby Farming in Victorian England' shows the extent of the stigma attached to the unwed mother and her illegitimate child(ren). Many unwed mothers she says placed their babies in the workhouse, committed infanticide or turned to baby farmers who specialised in premeditated and systematic murder of illegitimate infants. Under these conditions, with the options available to her, it is understandable why Annie would marry Edward Thornhill, a 78 year old widower in Derbyshire. Researching Edward's story using the census from 1841 to 1891 it is evident that he is in financial decline when he marries Annie. One year after the marriage Annie gives birth to a second daughter. Seven years later the family are in the Union Workhouse in Chapel-en-le-Frith, Derbyshire where Edward dies. His death certificate cites senile dementia.

A few months later, Annie is found attempting to drown herself in a bath. 9 July 1897, aged 46 years, she is transferred to the Derbyshire County Asylum where she remains until her death on 26 January 1901. She is 50 years old. Her clinical notes state:

'Annie Thornhill's eyes are vacant in expression and her face is dull and stupid in appearance. She is very taciturn and appears to have little memory. She says she would like to go into service, but when she get up her dressing has to be looked after and when left alone she goes back to bed.

Isabella Jane Hankey the workhouse nurse says that nearly a week ago she found Annie Thornhill trying to drown herself in the half-filled bath in the bath-room. She says that at time she is rough with the other inmates, but for the most part is taciturn or if roused says everything is lost. K.. S. Anderson'

'Before her husband's illness and death about the beginning of this present year, she enjoyed good health. She has two children. The exact time of onset cannot be ascertained, but it was somewhat sudden (less than a week)... during this time her hair has rapidly gone grey.'

There are 3 months between Edward's death and Annie's sudden decline. It is a mystery as to what happened during that week when 'everything is lost'.

Annie's remaining years are recorded in 24 brief clinical notes (see appendices).

* * * *

Annie Beatrice (1889 - 1950)



**ANNIE BEATRICE
AGE UNKNOWN**

Annie's daughters remain in the Union Workhouse. They are just 8 and 9 years old. The younger daughter (Annie Beatrice) is my great-grandmother. She dies in 1950, aged 60, when my mother is 2 years old. So all we have are stories and very few of them.

H: what were the stories you were left with about her?

P: the story I had was that she wasn't mentally well

H: so.. was there anything in particular... how did you come about that knowledge?

P: I don't know if its right or wrong. They used to lock her in the bedroom upstairs to keep her safe.

H: So is there anything that your mum said about her mum?

P: That she was lovely. How lovely she was. No, I can't remember anything really.

* * * *

I am curious about what my mother thinks the repercussions of Annie's life might have had on her daughter, Annie Beatrice and subsequent generations:

P: it makes you wonder... repercussion from all of that or something in the genes

H: what's your sense?

P: they all suffered with nerves and anxiety. They didn't come across as though they were but they all had breakdowns... not the men though!

H: breakdowns?

P: Auntie Beet... I wasn't in touch but I heard through the grapevine.. Auntie Bertha she did.. but I think she had Parkinson's... Then my mum and then my Auntie Marj. That's all the girls.

H: what were the repercussions on the boys?

P: both quite hard people as I remember them.

H: so is there anything else ... your views on the repercussions?

P: well could it be the genes? could it be what happened? How far down does it come even though you didn't live through it?

* * * *

May (1921 - 1985)



C. 45 YEARS

May McEvoy, my grandmother, is born 5 May 1921. She is the 6th child. The first to be born after her father is invalided out of the army in 1918 with melancholia. He had served on the front as a Gunner.

My grandmother's story from my mother's perspective:

H: when was the first time you were aware that all was not well?

P: you want me to say? the first I knew I came back from school and she had tried to hang herself...

—I was either 10 or 11. I was still at primary... no juniors. Getting ready to leave for high school.

My mother tells the story of they (her father, younger sister and her) going to Parkside asylum to visit every Wednesday afternoon. She does not remember whether it was for weeks or months.

P: all I know is that she came [home] and she was bright and breezy and doing the washing and singing. She was a great one for singing. Lying in bed thinking "thank you, mum's alright again". It's funny how things don't leave you. You don't think about them at all and then something happens and it's as if it's yesterday.

My mother remembers being given a bible:

P: she bought me this bible which I've still got from Marshes at Cheadle. Not long before she was ill actually. See that's what happened then you see. When what happened I took to reading this bible. It's very complicated. I really believed that God was going to heal my mum. And why I didn't give up years ago I don't know but I plodded on

H: what do you mean?

P: believing... you know. Its difficult. When anything has happened...I believed God was going to be with me and sort it out.

* * * *

It wasn't always bad:

H: what is your first memory?

P: it would be sitting on the steps at the farm... sitting on the steps looking at the horses through the window...loads of memories really... there was a big bank, with all these roots down it and I used to love to climb down it. I used to love being outside playing on the farm that was my life. Lovely life.

... we had hens. pigs. didn't have sheep. we had turkeys at Christmas. Cattle. They used to milk them by hand not like today.

.... we led a good life. good food. Of course it was difficult we had no amenities. We had a copper in the kitchen to wash our clothes... it was hard.. I didn't know... we had a mangle. It was lovely. I can still see the fire now lying on my tummy reading the newspaper.

* * * *

P: I do not know why she attempted suicide.

...They had a great marriage; mum, she is lovely; he was a good dad.

...There was an accident at work, a sheet of glass hit her foot opening an artery.

... I can remember her drinking sanotogen wine. You know to try and get herself going again.

Sanatogen Tonic Wine: "Food tonic. A concentrated nutrient with tonic properties. It is very easily digested and absorbed and is recommended as an effective means of reinforcing the daily diet of anaemic and convalescent patients, including children, and in cases of weakness and exhaustion from overwork or illness."

H: it must have been quite severe for her to try to commit suicide...

P: I was a child... you know you put these things together... it might have been nothing to with that but that's how I relate it...this accident happened and then this happened.

A sudden memory appears that precedes the work accident:

M: they had a really good marriage before that came...but I've not told you about *that night*... that must be prior to this happening we had a good sized kitchen table and M is sat on one side on dad's knee and I'm sat on the other side and we're all crying. Crying over what I'd love to know.

...I will think about that until my dying day unless I go senile... I'll never forget that night.

* * * * *

My mother's father (my grandfather) starts drinking.

P: I used to do sandwiches and stuff for me and [my sister] and then as it was getting dark we would go and get in bed.... I *could* light the lamps but I *wouldn't* because it was getting late...

...I remember on occasions feeling uneasy... you know the coal man came banging on the door and I got scared and I said to [my sister] let's hide under the table. And he went away. Yeah there were a few times. [Not often] because the farm... miles away from anywhere.

* * * * *

Her mother returns and the family moves off the farm into a council house in the nearby village. Her mother relapses:

P: she tried...tried to go back and work and then she must have had a relapse and she took to her bed and then my dad took to the bed as well

H: how old were you?

P: 13... something like that

H: how come he took to the bed too?

P: because he couldn't cope any longer with my mum being how she was.....she didn't go in right a way... I don't know how long she was in bed. My dad rallied himself round because of M (her sister). She was crying. We had nothing to eat. She was crying and we had no money.

....I went to see the doctor and he came round to see my mum and he took her... took her in his own car... He took her back to hospital and then when she came back she was ok... for a while.

.... I can remember her telling me that she used to walk along the River Mersey and wishing she had the strength to jump in... I can remember that.

H: do you remember what her experiences were like in Parkside?

P: yeah. She hated it.

* * * * *

It's 1965, my mother is sixteen, her mother has been taken to Parkside two, maybe three, times. My mother meets my father, conceives, gets married and a month after her 17th birthday gives birth to me. Aged 19 (me: 2 3/4), we emigrate to Australia. When we return 4 years later:

P: she was bad, really bad. Her nails were as long as anything. I did what I could for her. But it was hard.

Her mother returns to Parkside, has another spell at home and is then taken to St Thomas' in Stockport.

P: it was a horrible place... an old workhouse... it was horrible

May is 52 years old. She remains at St Thomas' for a year before transferring to Ollersset View, another old workhouse where she remains for the next 12 years. She is 64 years old when she dies.

* * * * *

H: I remember Sunday's visiting her at Ollersset View. The overpowering smell of antiseptic. Rooms you could not leave. Women. Listless. Unresponsive. Shuffling steps. Stockings that sagged around knees and ankles.

P: Do you remember the tacky sound of the mouth? (I nod a yes)... that was the sound of the drugs.

...you had a close relationship with your grandmother before we emigrated.

I have no memory. I hear my mother's guilt. She wonders: would she have been alright if we'd never gone?

H: Why did we go?

P: because that's what your father wanted and my mother taught me that once you get married you do what your husband wants.

* * * * *

Pauline (1948 -)

Pauline is forty-four years old when she is admitted to Parkside asylum (now renamed as a psychiatric hospital).



48 YEARS OLD

In 1992, when this occurs she is living alone having separated from her second husband. Her three children from her first marriage are no longer living with her with the youngest having left home a number of year before this episode.

H: the thought of ending up where your mother had been...

P: it was my worst nightmare.

H: and when it happened?

P: it was turned on it's head..... I felt as if I was coming home

Two years later, in 1994, she returns to Parkside and this time she is diagnosed with bipolar disorder.

H: what took you back there again?

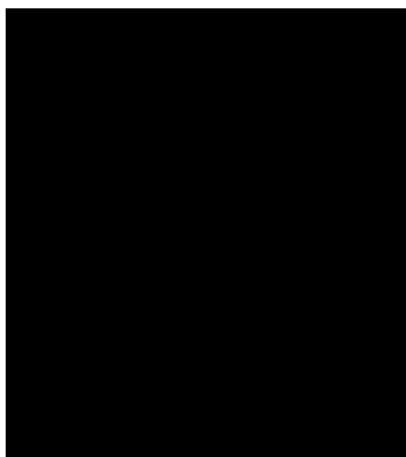
P: I'd had two years of feeling fairly happy I'd say but I decided to look into meeting somebody and joined [a singles group]. The second or third time I was there I met this chap... very friendly... very quiet. He asked if I would like to go out for lunch and I said I would. I remember I'd been the Methodist Church in the morning and he arrived for lunch and he arrived with flowers and a big box of chocolates and that is what tripped me over - a small thing but too much for me...

H: what was too much?

P: just the overwhelming kindness of it... you know... I wasn't used to flowers and chocolates.... it was all too much.. all too much.

* * * * *

Hayley (1966 -)



46 YEARS

Unlike my mother, grandmother and great-great-grandmother I have never been admitted to a psychiatric unit. I have not been diagnosed with any disorder. This does not mean I escaped but memories of my grandmother created a dread that I must avoid this destiny at all costs.

Like the women before me there were actual traumatic events including domestic violence and bullying and ostracisation from my peer group. Somehow I managed for the most part to be functional whilst deciding that marriage and children was an impossibility. I turned to self-development of the healthy-minded variety (James, 2011:69) which helped to some extent but eventually I could not longer control the internal and external pressure and I teetered on the edge of a psychotic breakdown. In my mid-thirties having lost everything (relationship, home, community, purpose) I make a deal with myself "if things haven't changed in 12 months I will kill myself".

This diary entry from 2003 gives a sense of the dilemma:

"All my demons are beyond that door. It's locked, double locked, tight. I should feel safe in here but all I can feel is a pulsing, heaving, blanketing,

pushing in from the outside. It can't get in. I'm safe, I'm safe, I cry. But I don't believe it. I can never be safe. It's there and where-ever I go it goes, following me, haunting me, waiting for me.

In my sanctuary that is no sanctuary... there is a menace outside which can break down walls and doors of this citadel any time it chooses. When will it be? Tonight? Tomorrow? It feels cruel!

Just do it. Get it over with. I can't stand this torture. That's the defiant me who needs to look fear in the face. Anything is better than this constant terror, that has no face, no shape, no voice.

No, no.... don't invite it in. I will be killed, tortured, destroyed. I am a ball of terror that fears my other parts invitation... does it know? will it take this as a taunt? will it be tonight?

Can't breath, heart pounding, can't hear, my heart is pounding so heavily.

Shame, never tell anyone... In the light pushed away, not there, who is this person who feels this sleeping terror. Not me!

But night creeps up again and there it is again.

Will I make it through till morning? Will I survive another night?

I can't accept my terror. Not perfect me. Perfect me doesn't feel things like this."

A self-portrait at 37 years old:



Chapter 5

The non-pathological subconscious

In chapter four, the conclusion reached was that James's sick soul can be understood in the context of intergenerational trauma. This chapter considers whether there is a connection between this inter-generationally traumatised sick soul and James's non-pathological subconscious and automatisms. This is important as contemporary trauma studies trace their roots to Janet's dissociative model which considers manifestations from the subconscious as inherently pathological. As James's theories in this area were marginalised both academically and clinically within psychology, this chapter first explores where and how they have filtered through before applying them to the inter-generationally traumatised sick soul.

James and the subconscious/subliminal self

When James started writing *Principles* in 1878 he viewed the nature of consciousness as an '*ultimate and self-subsistent core*' (Taylor, 1996:58). By 1895 (Taylor, 1996:57) he considered unity as '*only a characteristic of a single narrow band of consciousness attached to waking material reality*' and viewed consciousness as 'a plurality' (1996:60). It is this change in James's understanding of consciousness that makes the writing of *VRE* possible for it allows him to draw upon what he referred to as the psychopathic temperament of religious geniuses as a potential gateway to 'higher powers' (2011:221).

The evolution in James's thought reflects his deepening involvement in psychical research starting formally in 1882 and continuing until his death in 1910 (Sech Junior et al, 2013:66). From the 1890s the theories of FWH Myers (1881, 1886) become '*central to the development of James's psychology and philosophy...and they form the epistemological core of James's scientific activities in abnormal psychology and psychical research*' (Taylor, 1996:79). Whilst James acknowledged Myers's theories he also acknowledged their 'evidential weakness' and 'a need to patiently wait to see if future accumulated knowledge would support

his [Myers] ideas' (Alverado, 2012:54). Pierre Janet and the French Experimental Psychology of the Subconscious which James became involved with some time in the 1880s provided this evidence by demonstrating the existence of simultaneous co-existent states of consciousness (James, 2012; Taves, 1999; Bridgers, 2005). James referred to this discovery in *VRE* as 'the most important step forward that has occurred in psychology since I have been a student of that science... that in certain subjects at least, there is not only the conscious of the ordinary field, with its usual centre and margin but an addition thereto in the shape of a set of memories, thoughts and feelings which are extra-marginal and outside of the primary consciousness altogether, but yet must be classed as conscious fact of some sort, able to reveal their presence by unmistakable signs (James, 2011:212). Furthermore, James states:

'our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they are there in all their completeness'. (2011:354)

And...

'...each of us is in reality an abiding psychical entity far more extensive than he knows - an individuality which can never express itself completely through a corporeal manifestation. The Self manifest through the organism; but there is always some part of the Self unmanifested; and always, as it seems, some power of organic expression in abeyance or reserve.' (2011:473)

James's conceived of the conscious self, also referred to as primary, as arising from a field of consciousness and formed by that which is attended to and brought into central focus. This primary self has a centre and a margin with contours that narrow and expand naturally dependent upon our present state such as in fatigue, ill-health and relaxation or the conditions of our external environment. The primary self is similar to James's earlier conception of self as outlined in *Principles* but he

introduces to this ordinary consciousness a centre, a margin and a threshold, ie, a boundary which can be crossed. James suggested that there are aspects of the primary self on the periphery of the everyday consciousness which can be brought to the centre and vis-versa. All that is required is a shift in attention towards the thought, feeling or sensation that exists at the periphery of primary consciousness.

Beyond this primary consciousness but simultaneously co-existent with it James and Myers suggested were other states of consciousness some which may become conscious through a shift beyond the margin (or threshold) of ordinary consciousness. James proposed that the field of ordinary consciousness was permeable and accessible but to differing degrees dependent upon the individual and the situation. That which lies below the threshold of the habitual consciousness Myers calls subliminal. He finds the words unconscious and subconscious misleading, as he does the term secondary self as '*it gives the impression either that their cannot be more than two*' (Myers, 1881:305) or that the habitual consciousness may be superior to the subliminal. Myers conceives of the habitual, what he called the supraliminal self, as that most suited to the meet the requirements of everyday existence. Myers speculated that consciousness was something which manifests corporeally. He likened the subliminal to a musical instrument where the musicians cannot express all at once due to the inherent design of the instrument. The best a musician can do is play many melodies simultaneously upon the instrument but there will always be 'un-exhausted reserves' and 'unexpressed treasures' which remain un-manifested (Myers, 1881:35).

James is more circumspect than Myers, expressing his position in his 'over-belief':

'the world of our present consciousness is only one out of many worlds of consciousness that exist, and that those other worlds must contain experiences which have a meaning for our life also; and that although in the main their experiences and those of this world keep discrete, yet the two become continuous at certain points, and higher energies filter in'. (2011:479)

By remaining faithful to this over-belief James keeps himself 'sane and true' though he can hear the 'bosh' and 'humbug' of the sectarian scientist but even so he urges them to go beyond 'narrow scientific bounds' and open up to 'the real world [that] is of a different temperament...more intricately built than physical science allows' (James, 2011:479).

The importance of automatisms

It is impossible to write about James's view of the subconscious without including automatisms. Automatisms were central to his and Myers theories of a potentially non-pathological subconscious (Crabtree, 2003, 2007) and used to refer to all automatic activity that occurs beyond the will of the primary consciousness. The main function of automatisms both sensory and motor was to bring messages from 'one stratum' of the self to another which would otherwise be '*unavailable to one's ordinary consciousness*' (Crabtree, 2007). Automatisms may be 'sensory or motor, emotional or intellectual' and may '*permeate the ordinary field of consciousness due to 'uprushes' of energies originating in the subliminal parts of the mind*' (Myers,181:298). According to James only those with soft rinds may become involuntarily aware of their secondary selves via automatisms. Those with 'hard rinds' (James, 2011:220) would never be aware of anything outside of their primary consciousness.

Myers divided automatisms into active and passive - active including all motor automatisms such as speech and movement whilst passive automatisms included hallucinations, visual and auditory. A wide range of behaviours are included: unaccountable inhibitions to act, obsessive ideas, hallucinations of sight or hearing, automatic speech or writing, pains and convulsions (Myers, 1881:298). James believed uprushes of energy could account for many of the experiences associated with conversion and particularly mystical experience: '*voices to be heard, lights seen, visions witnessed, automatic motor phenomenon...all beyond personal will leading to the feeling of 'miracle rather than a natural process*' (2011:208).

James highlighted the frequency of automatisms amongst religious leaders but also gave them no special importance other than to indicate '*the possession of a large area in which mental work can go on subliminally*' (2011:216). He saw no difference in the eventual outcome, what he called 'good fruits' (ibid.,228), between those who converted with or without automatisms. At the same time, stating that automatisms can strengthen beliefs and increase conviction due to corroborating evidence (ibid.,439). Writing about mystical states:

'I omit mention of visual and auditory hallucinations, verbal and graphic automatisms and such marvels as "levitations", stigmatisation, and the healing of disease. These phenomena, which mystics have often presented (or are believed to have presented) have no essential mystical significance for they occur with no consciousness of illumination whatever, when they occur, as they often do, in persons of non mystical mind. Consciousness is for us the essential mark of "mystical" states.' (James, 2011:375)

According to Crabtree (2003:65), Janet also made automatisms a central unifying principle for his doctoral thesis, 'L'Automatisme Psychologique' in 1889, probably based upon Myers formulations. Whilst making automatisms central, Janet believed they were manifestations of pathology and that a completely healthy person would not exhibit them. Myers by contrast believed they '*were a part of ordinary life*' (Crabtree, 2003:68) largely '*supernormal*' and possibly '*supernatural*' (ibid., 63).

The subconscious: beyond James and Myers

The subconscious as James and Myers conceived of it never achieved legitimacy and lapsed into obscurity for much of the twentieth century (Taves, 1999:307). Researchers from humanistic psychology and anthropology brought it back into the academic environment under '*altered states of consciousness*' during the 1960s (Taves, 1990:307). Outside the academy, it continued to influence those in the experiential stream of psychology or folk psychology (Taylor E, 2009). These experiential/folk traditions include depth psychotherapy with dynamic approaches

to psychology (Jungian, Psychosynthesis, Psychoanalysis), humanistic psychology and transpersonal psychology. Whilst Psychoanalysis made the unconscious popular for my purposes it is ruled out as Freud did not agree with secondary centres of consciousness that operated in parallel with ordinary consciousness. Freud perceived the unconscious as psychic material which the ordinary consciousness had repressed thereby creating pathological symptoms which psychoanalytic technique was designed to ameliorate (Crabtree, 2007:7775-7893). James, however, had a profound impact on Carl Jung and was instrumental in shaping Jung's concepts of the collective unconscious, archetypes, psychological types, libido and the subconscious and may have been instrumental in his eventual departure from psychoanalysis (Jung, 1991, Melo and de Resende, 2019, Shandaasani, 2003, Taylor, 1980, Ellenberger 1970). Jung's work was subsequently developed by Erich Neumann (1949/1954), James Hillman (2010), Joseph Campbell (2004) and Arnold Mindell (1989).

After 120-130 years theories of the subconscious/unconscious are generally accepted (LeDoux et al, 2020; Proust, 2019, Kihlstrom, 2016; Bargh & Morsella, 2008) but its parameters are disputed. At the centre of this dispute is the extent to which the unconscious is 'closed' as Janet believed or 'open' as Myers and James believed (Alvaraz, Journal Parapsych 78(1) 98-114).

*'The lower manifestations of the Subliminal, indeed, fall within the resources of the personal subject: his ordinary sense-material, inattentively taken in and subconsciously remembered and combined, will account for all his usual automatisms. But just as our primary wide-awake consciousness throws open our senses to the touch of things material so it is logically conceivable that **IF THERE BE** [James's emphasis] higher spiritual agencies that can directly touch us, the psychological condition of their doing so **MIGHT BE** [James emphasis] our possession of a subconscious region which alone should yield access to them. The hubbub of the waking life might close a door which in the dreamy Subliminal might remain **AJAR** or **OPEN** [my emphasis].'* (James, 2011:220)

The fate of automatism

In general, I have found a lack of contemporary research using the term automatism. Adam Crabtree writing in *Irreducible Mind* (2007) states that most experimental psychologists ceased to study automatism (2007:7937) due to behaviourism. Crabtree identifies some research by contemporary cognitive theorists, but says, no progress has been made on the core issues raised by Myers in 1885. Neurobiological research has focused on Multiple Personality Disorder (MPD), now known as Dissociative Identity Disorder (DID), but the aspects that interested Myers and James have not been explored (ibid., 4087-4240).

On the clinical side, referred to in the previous section as experiential and folk psychology, Freudian terminology and concepts of the unconscious dominated practice during the early twentieth century. The idea of message bearing and enunciative communications from one stratum (level of consciousness) to another can therefore be found in psychoanalysis, analytic psychology, psychosynthesis and other systems of depth psychotherapy. Only analytical psychology, psychosynthesis and later derivatives have carried forward Myers and James's ideas which can be seen in the exploration of dreams, daydreams, body symptoms, unintended movement and sounds, slips of the tongue, the use of creative materials and automatic writing with its potential to reveal hidden, unknown or denied secondary selves. However, the term automatism is not in use and has reverted to its pre-Myers meaning of automatic and habitual.

There is no evidence of current use or study of automatism or psychological automatism in contemporary studies of religious experience. In the recent book, *The Study of Religious Experience: Approaches and Methodologies* edited by Schmidt (2016), there is no reference to the term automatism or psychological automatism. Neither is automatism referenced in *The Handbook of Religious Experience* edited by Ralph W Hood Jr (1995). Neither does it appear in *The Psychology of Religious Behaviour, Belief & Experience* by Benjamin Beit-Hallam and Michael Argyle (1997). A google scholar search reveals 599 results for psychological automatism, the majority of which reference 'L'Automatise

Psychologique' written by Janet (1889) and those writing about the history of religious experience (Crabtree, 2003/2007). This leads to the conclusion that the phenomenon observed by James and Myers either no longer exists or is being studied using different terminology.

Within the study of religious experience, the phenomenon might be found in anomalous body experiences, bodily experiences, shamanic experiences, possession, trance, ecstasy or ecstatic states (Schmidt, 2016). For others the term religious experience might itself be identical to psychological automatism, for example, Beit-Hallahmi and Argyle state '*The experiential dimension covers intense religious experiences such as conversion, 'speaking in tongues', or 'mystical experiences'*' (1997:42). However, the section most likely to explore motor and sensory automatism in *The Handbook of Religious Experience* (Hood, 1995) is Chapter 5, *The Body and Religious Experience* by Carole A Rayburn (1995:476-494). Rayburn writes about emotion and movement in religious texts including '*joyful noise*' and '*leaping and dancing*', '*jumping for joy*' (1995:487) but does not refer to message bearing and enunciative qualities.

Process Oriented Psychology: the subconscious and automatisms

One contemporary psychological approach which considers the subconscious and automatisms from a healthy perspective is Process Oriented Psychology (commonly referred to as Process Work). Process work is a depth psychology originated by theoretical physicist, psychologist and Jungian analyst, Arnold Mindell in the 1970s. Process work originally developed out of Jungian Psychology by extending dream analysis to include people's body symptoms and bodily experiences, which Mindell called the '*dreambody*'. In the following section, I briefly outline process work theories relating to the subconscious and automatisms before discussing how these relate to the psychopathic temperament and religious melancholia.

The Dreambody and Automatism

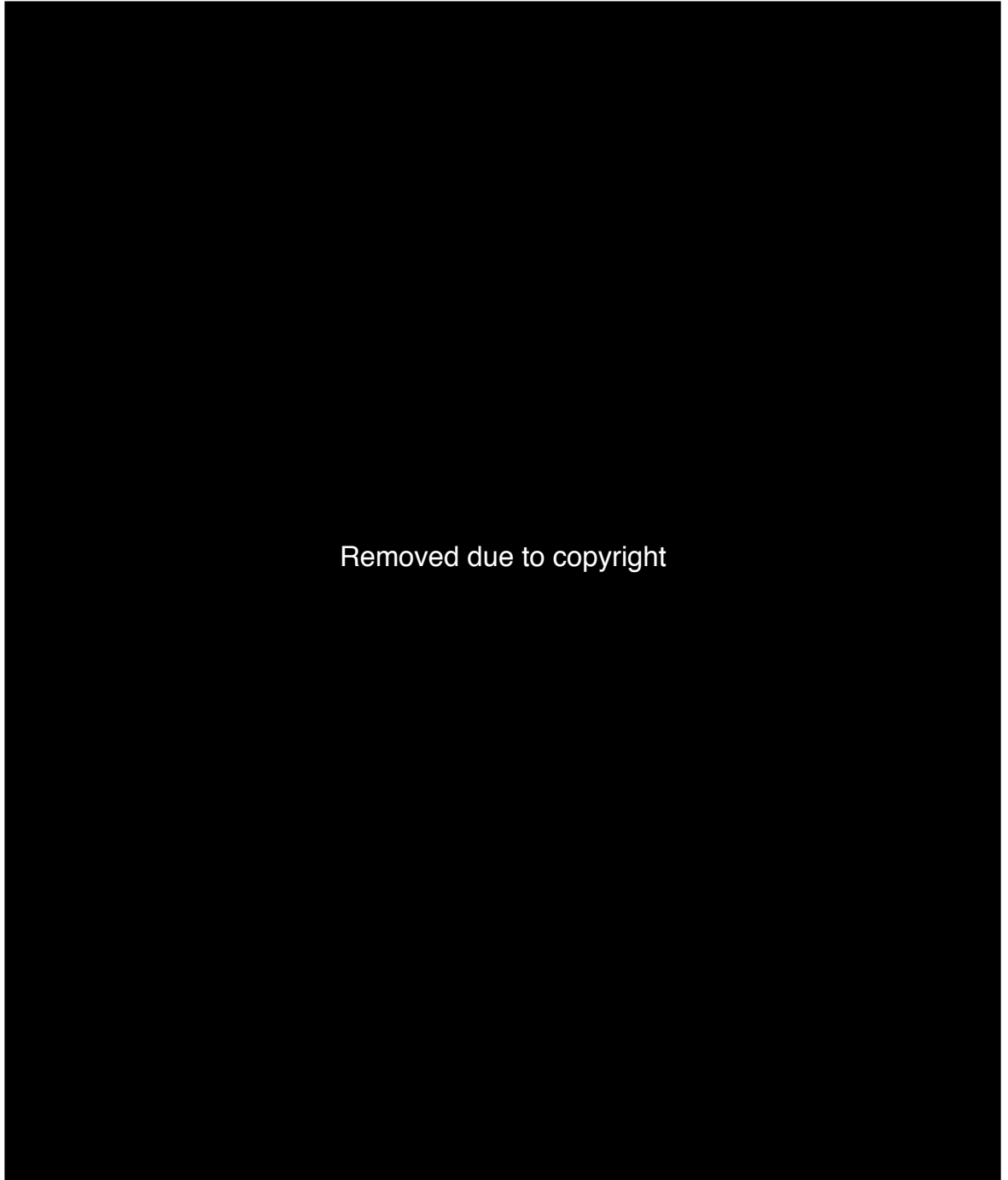
Traditionally Jungian analysis interpreted and discussed the meaning of unconscious material in dreams, an approach Mindell came to question as it failed to ground the psyche in the body (Mindell, 2012). Instead, Mindell wanted to find the living unconscious, one he could '*put his hands on...find out what it looked like, how it felt, how it appeared in three-dimensional reality... and develop a method of working with the unconscious in the here-and-now*' (Diamond, 2004:2). Mindell's observations resulted in the theory he calls dreambody, a '*multi-channelled information sender in the form of dreams and body symptoms*' (1989:8). This dreambody is conceived as '*dreaming phenomena occurring at the edge of the client's unconscious*' (Mindell, 2011:8). Process work came from following this dreaming phenomena in dreams, body symptoms, altered states of consciousness such as psychosis and coma, in relationships and world conflict. There are considerable parallels between James's automatism and Mindell's dreambody that both are likely referring to the same phenomenon.

Secondary Process and the unconscious

The dreambody is also known in process work theory as secondary process meaning those moment to moment experiences of which we have little to no awareness. Mindell has taken a more granular approach to the terms conscious and unconscious to make them more precise and empirically useful for extreme states (2011:12). Therefore consciousness only refers to processes of which an individual is aware, everything else is unconscious. In addition to these terms, Mindell introduced primary and secondary process and consensual and non-consensual reality. Primary process refers to experiences and states of consciousness closer to one's known identity (self, ego, personality) and secondary process as that which is further away from one's known identity (shadow). These terms are used to emphasise the experiential reality that states of consciousness are not fixed, they change from moment to moment whether we recognise this or not.

Mindell differentiated consciousness between Consensual Reality (CR) and Non-Consensual Reality (NCR) (Diamond & Jones, 2004) as illustrated in Figure 2 below.

Figure 2 Illustration of Consensual and Non-Consensual Reality and States of Consciousness



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Source: Amy Mindell, *Alternatives to Therapy* (2006)

CR describes those experiences the dominant culture generally agrees upon as real and represents majority views and norms. NCR describes that realm which the dominant culture defines as not real. NCR usually consists of dreams, feelings, fantasies, projections and other experiences that make up our inner world. However, CR and NCR is contextual with different communities, cultures and time periods having their own perspectives on what constitutes reality. For example Westernised cultures generally view hearing voices as a symptom of schizophrenia or paranoia whereas some cultures may consider that person as a shaman and healer that are useful for the community. When aspects of our experiential world are marginalised by the dominant culture are ignored, rejected, or disowned becoming unconscious, secondary processes.

The edge, signals and channels

Another concept within process work with parallels to James and Myers are that of the edge, signals and channels (Diamond & Jones, 2004). The edge, is like James's threshold, and refers to the limit of one's known identity (primary) as well as a point of contact with unknown experiences and identities (secondary). This is a place where current identity (primary processes) are challenged by secondary processes communicated via signals and picked up in various sensory, motor and relational channels. A signal is a piece of information whereas a channel is that which is receiving the signal and can be visual, auditory, kinaesthetic, proprioceptive, relational and in the world. In process work the aim is to become more conscious of primary and secondary signals and the channels which they occupy. The process worker aims to strengthen signals in the original channel but also develop awareness of signals occupying other channels. These signals are considered important for deeper meaning and greater fulfilment in one's life. These motor and sensory signals appear similar to James and Myers theory of enunciative and message bearing automatism across the threshold into consciousness.

Extreme States

Extreme state is the term Mindell uses for thoughts and actions the medical profession label mental disorder and are applied from the perspective of the outsider, which may sometimes be the individuals own primary self. In his 1988 book, *City Shadows: Psychological Interventions in Psychiatry*, Mindell writes about how a person diagnosed with a psychiatric condition can be understood as trapped in an extreme state and unable to re-access other states of consciousness. In an extreme state (ie, psychosis) an individual has lost connection with the ability to meta-communicate. Meta-communication is similar to the detached observer found in Buddhism (Diamond & Jones, 2004:28) and means being aware of and able to reflect upon ones primary and secondary process whether it is CR and NCR. A person without this ability is identified as a fixed state (ego, self). Whilst it is less problematic to be immersed within a CR identity that reflects the dominant culture, it can result in a loss of vitality and low grade depression.

Rather than pathologising extreme states, Mindell identifies the importance of being able to access information marginalised by CR. The goal is not getting rid of any experience but increasing the capacity to move freely and consciously across the continuum by increasing one's meta-communication. The aim is to flow with the process and not become identified with and immersed within any one state whether labelled extreme or ordinary.

The religious melancholic from a process work perspective

Religious melancholia is one component alongside a psychopathic temperament and a superior intellect which come together in some sick souls to create a religious genius or pattern-setter. James states that melancholy '*constitutes an essential moment in every complete religious evolution*' (2011:20). When religion is added to melancholy, in the same way as happiness and trance, James conceived of the ordinary everyday experience becoming a special kind of human experience (ibid., 20). Religious melancholy is different from its ordinary form for its distinctive '*purgatorial*' and '*solemn, serious and tender*' features (ibid., 32).

The purgatorial aspect to which James refers is the extreme degree of self-condemnation and belief in personal sin the other forms of melancholy do not possess. What fascinated James about the religious melancholic was their absolute conviction that they had sinned or were sinners despite little evidence of actual sinfulness. James observed that the religious melancholic experienced a battleground between 'two deadly hostile selves, one actual and the other ideal' (2011:154). This battleground was one of '*self loathing, self despair; an unintelligible and intolerable burden to which one is mysteriously the heir*' (James citing St Paul, 2011:154). James's religious melancholic case studies can be grouped into three categories: the vanity of mortal things, the sense of sin (John Bunyan, Henry Alline) and the fear of the universe (the French Sufferer) (Capps, 2015:46).

James's assessment of Bunyan:

'He was a typical case of the psychopathic temperament, sensitive of conscience to a diseased degree, beset by doubts, fears and insistent ideas, and a victim of verbal automatisms, both motor and sensory. These were usually texts of Scripture which, sometimes damnatory, and sometimes favorable, would come in a half-hallucinatory form as if they were voices, and fasten on his mind and buffet it between them like a shuttlecock. Added to this were a fearful melancholy self-contempt and despair.' (James, 2011:141)

In VRE, James directly quotes from Bunyan (2011:145):

'There was I struck into a very great trembling, insomuch that at some times I could, for days together, feel my very body, as well as my mind, to shake and totter under the sense of the dreadful judgement of God, that should fall on those that have sinned that most fearful and unpardonable sin. I felt also such clogging and heat at my stomach, by reason of this my terror, that I was, especially at some times, as if my breast-bone would have split asunder... Thus did I wind, and twine, and shrink, under the burden that was upon me: which burden that was upon me;

which burden also did so oppress me that I could neither stand, nor go, nor lie, either at rest or quiet'.

and,

'My peace would be in and out twenty times a day; comfort now and trouble presently; peace now and before I could go a furlong as full of guilt and fear as ever heart could hold'.

'The glory of these words was then so weighty on me that I was ready to swoon as I sat; yet, not with grief and trouble, but with solid joy and peace'

'This made a strange seizure on my spirit; it brought light with it, and commanded a silence in my heart of all this tumultuous thoughts that before did use, like masterless hell-hounds, to roar and bellow and make a hideous noise within me. It showed me that Jesus Christ had not quite forsaken and cast off my Soul.'

The Bunyan quotes James selected in *VRE* demonstrate this conviction of sin and can be used to identify the channels Bunyan occupied: visual (light), auditory (hideous noise), proprioceptive (weighty, heat) and kinaesthetic (trembling). Bunyan also demonstrates a liking, even a desire for some signals and a repulsion towards others. He enjoys swooning (kinaesthetic), silence (auditory) and joy (proprioceptive) and dislikes the sensation of winding, twining and shrinking (proprioceptive). One set of experiences bring peace and he concludes that he has not been forsaken by Jesus Christ whereas the others bring the terrible judgement of God. Bunyan's quotes show a terrible conflict between the primary and secondary processes. Process work would consider an incongruence with oneself as an inevitable outcome of preferring one set of bodily experiences over others. Whatever is disavowed tends to amplify (become stronger) in dreams, nightmares, body symptoms, relationships with others and the world.

Bunyan was literally in a battle with certain aspects of his secondary (subconscious) process. The parts that troubled him were those which religious

scripture defined as sinful. The more Bunyan attempted to subjugate those parts using his will the more powerful they became. Rather than rejecting those experiences, process work would have asked him to become more aware and notice the signals. We could argue that this is exactly what Bunyan did but rather than experiencing them as communication from the primary and secondary parts of himself, he experienced them as messages from God. In writing this I do not mean to diminish Bunyan's experience for as Mindell suggests, like Myers and James, we are all a wider consciousness which seeps into the dreaming and influences all of our lives; an influence which some individuals have greater or lesser degrees of awareness (Mindell, 2010, 2012).

There are inherent difficulties in trying to determine Bunyan's position in terms of CR and NCR from a distance of three hundred and thirty years. Bunyan lived in a time of political and religious turmoil. At sixteen he experienced the sudden deaths of his mother and sister and the commencement of the English Civil War where he was exposed to a questioning of all religious authority outside of one's individual conscience (Sharrock, 2020). It is not inconceivable that this maelstrom resulted in intense inner turmoil and conflict. In *VRE*, we are exposed to a 19th century CR lens which labelled Bunyan's words as psychopathic and melancholic, even if James was also holding a NCR perspective amongst his peer group that the fruits delivered outweighs Bunyan's mental infirmities. It is impossible to know if Bunyan's contemporaries would have labelled him mentally ill. There is evidence to suggest he was held in high regard within his own era and beyond which only diminished with a general decline in the religious faith during the 19th century.

I suggest that Bunyan was situated within the CR of his time which resulted in his interpretation of his non-ordinary experiences through the lens of sin, judgement and salvation. However, his actual lived experience was not mainstream experience. Using process work terminology we can state that Bunyan's visual, auditory, proprioceptive and kinaesthetic channels were flooded with information from both his primary and secondary process. Using an intergenerational trauma framework this flooding can be accounted for by changes in the autonomic nervous system governing fight, flight, freeze responses which I suggested in the

previous chapter also accounts for many of the behaviours of the psychopathic temperament including automatisms. Due to this predisposition for arousal and the manner in which signals are interpreted, Bunyan was unknowingly sustaining his suffering but also creating the level of inner excitation required for a conversion experience. This suggestion will be the focus of the next chapter.

Summary

Having concluded in chapter 4 that James's sick soul may be considered an intergenerationally traumatised sick soul, this chapter addressed James and Myers theories of the healthy subconscious and automatisms. This was an important exploration in the context of the overall question about the potential of non-ordinary experiences to heal the traumatised sick soul. Trauma studies from James's period to present day considers post-traumatic stress to be a pathological response to experience rather than a healing response. Therefore, to follow the mainstream theoretical perspective would automatically lead to the conclusion that the non-ordinary experiences of the traumatised sick soul cannot be healing. Therefore the purpose of the chapter was to consider other contemporary perspectives that provided evidence that James and Myers research into non-ordinary experiences in the context of the traumatised sick soul might be healing.

Tracing the history of the non-pathological subconscious to present day, resulted in finding a connection between James and Myer's view of automatisms as meaningful communication beyond the threshold of ordinary consciousness with the contemporary research of Process work and the dreambody. The dreambody provided a different way of considering the behaviours of the religious melancholic. Using the concept of dreambody the religious melancholic is redefined as someone who has lost the ability to meta-communicate and unable to reflect upon 'data' streaming through a variety of sensory channels (visual, auditory etc). The loss of awareness and meta-communication of disowned aspects of self (subconscious and dissociated) becomes problematic when the resulting behaviour and beliefs are outside the mainstream culture (ie, non-consensual reality/NCR). This results in the labels of psychotic, schizophrenic or using James's terminology, psychopathic and religious melancholia. From a process work perspective none of the above is inherently pathological. All that is required is to restore or develop a meta-communicator meaning the ability to be able to be aware of and reflect upon one's primary (conscious) and secondary (subconscious) in both consensual and non-consensual reality (CR and NCR).

Autoethnographic Interlude 2

The non-pathological subconscious

Unusual and Non-ordinary Experiences : the unreal real

During our collaboration my mother and I made a distinction between experiences we considered 'real' and 'not real'. The following material is taken from the experiences we defined as 'not real' in the 'normal' world but felt more real than the 'normal' world. Real and unreal as we defined them might also be called consensual reality (CR) and non-consensual reality (NCR) as defined in *Process Oriented Psychology* (Diamond & Jones, 2004).

There were many experiences for both of us that fell into this category therefore I have only selected those which continued to have significant emotional charge and which we most closely associated with experiences of healing.

<p>real [ree-uhl, reel] <i>adjective</i> true; not merely ostensible, nominal, or apparent: <i>the real reason for an act.</i> existing or occurring as fact; actual rather than imaginary, ideal, or fictitious: <i>a story taken from real life.</i> being an actual thing; having objective existence; not imaginary: <i>The events you will see in the film are real and not just made up</i></p>	<p>unreal [uhn-ree-uhl, -reel] <i>adjective</i> not real or actual. imaginary; fanciful; illusory; delusory; fantastic. lacking in truth; not genuine; false; artificial: unreal propaganda serving as news.</p>
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Pauline's non-ordinary (or unreal real) experiences

43 years old : Rivers of Tears

It's 1991:

P: this is really personal. It was a dreadful time for me. But I do feel that I've never looked back apart from the breakdown which I took as a blessing.

H: OK....

P: I was sitting up in bed feeling so desperate...when something descended on my body and I just started crying... not ordinary crying. The tears... it was like rivers. It felt like rivers. I don't know how long I cried for but when I stopped I felt a peace. Very very strange experience.

H: you mentioned a poem...

P: yes... I used to know it but.. I'd have to get it...it [the poem] was something about peace of mind.

...I was so desperate and really and honestly didn't want to be here anymore and...reading this poem...something broke. That desperateness you know. I just wanted to die and I knew that I couldn't - it was against my religion and something - I thought it was God or some entity - I was at a breaking point and maybe I did break but without dying.

The two weeks following the river of tears experience:

P: one moment I would be in euphoria and then after a certain time I'd be experiencing very frightening things and it kept going back and to, back and to, not quickly... and that's what ended up with me going in the hospital

H: can you say more about the euphoric feelings?

P: it was all to do with the bible and with evil

H: that was frightening?

P: very frightening, very frightening

[As we go deeper into these memories the time line becomes less unclear as to what happened first. Did the river of tears experience initiate the seeking for answers or was the seeking for answers because she was at an extremely low point and was asking the question "why my life had been so miserable?" which then took her to the Jehovah's Witnesses and an intense study of the bible. This intense study on the themes of good and evil seemed to swing her between euphoria and terror.] But whatever the sequence of events she states:

P: whatever happened that caused all the tears was such a big relief

47 years old : A Rugged Cross

It's 1995:

P: this morning I woke up and looked through the window. The sun was shining. It was a lovely morning. And I saw... how do you describe it... I saw a small rose that I'd planted the day before and 2 inches above it was something white going up and down which made me feel very uncomfortable. Slightly scared I suppose. So I came downstairs and looked over the wall where I was nearer to it. And I knew it wasn't right but something drew me to have a look. And again a feeling made me put my hand out and this white came and nestled in the palm of my hand and I realised then that it was a rugged cross.

H: what do you mean a rugged...

P: it was the shape.. it was only small in the palm of my hand and it was all rugged.. how do you say jagged. Rugged cross. As you know from a hymn...

H: I don't know. From a hymn. It was in your palm. What happens next?

P: I brought it in and it was very very delicate in fact when I touched it... just a part of it... it started to disintegrate.

H: what happened next?

P: that was it. I've never knew what it was all about but I know it is out of this world.

... I've always thought it was God or one of his helpers letting me know I was going to be alright.

Hayley's non-ordinary (or unreal real) experiences

31 - 37 years old : it goes dark

It is Sunday, 31 August 1997. I know because it is the day Princess Diana died. I'd recently completed the purchase of a derelict cottage with M. I am alone preparing walls for further work. Suddenly an alertness makes me look around. My heart is pounding. Feeling scared. I look for the source of this fear. Nothing....

only the light changing. The sun is going down. It's not long till dusk. Unsettled. Quickly I pack up and leave.

Every time I am alone in the house as the sun goes down the same inexplicable fear rises. I try to reassure myself. Sometimes I pack up and leave. Often I continue until I can't bear the fear any more.

Over 18 months I am often in the house on my own. Every time it is the same. As the light changes trepidation sets in. All senses attuned. Waiting. I distract myself. I stay up late. But eventually I steel myself to go to bed. To lie down. Light on. Often fully clothed. Just waiting... for something...dark to arrive.

A cracked vase : I'm driving home. I'm on the last section just before I arrive. Suddenly everything is shaking. The road is undulating. Everything. Cracking. Not just the road but the whole world. A whole world earthquake. I have a vision of a vase. The more the world shakes. The more cracks appear. I can't let the vase crack. Somehow.... through some act of will I manage to hold the pieces together. I know I am the cracked vase. But the whole world is also the cracked vase. I'm still driving. Time distorted. A moment later I arrive home.

Dreams: I've had repetitive house dreams from being 6 years old. But during this time period I dreamt constantly of houses. Ones I thought I'd sold only to discover I'd abandoned them. I dreamt of forgotten rooms that had been bricked up. I dreamt about buried bodies [sometimes so real that I'd wake up wondering if I had murdered someone and buried them]. I dreamt of basements inhabited by giant spiders and attics full of ghouls. Of buying new houses only to discover that they were beyond repair and I would never have the money to fix them. I dreamt of vampire invasions and poltergeists that threw me around rooms. I dreamt of being trapped and barricaded in small spaces.

37 years old : Everything Changes : In 3 Acts

Before : Premonition

The story begins with a workshop that I want to attend. The dates clash with another commitment so I initially decide not to attend. But *something* keeps

saying “you’ve got to be there”, “you’ve got to do this”... this *something* is insistent. A premonition. I cancel my commitment and book on the workshop.

During : Deja Vu

From the moment I sit in the room I have the strangest feeling of remembrance. The feeling that “I’ve sat in this room before”, “I’ve heard this before”, “I know this person” and on and on it goes.

After: Plugged In and Rewired

It is almost impossible to put this experience into words:

I am lying in bed and I notice a glow - just at the edge of my vision. It is figure-like but not distinct. A shapeless shape.

It moves but does not move. It is in me. From the base of the spine and lower body I feel an build up of warmth. Initially gentle but becoming stronger and powerful until the whole of my body is vibrating. I feel completely accepted and loved.

This heat, vibration and love seems to rise from the base of spine all the way up through the top my head.

From here I no longer am body of flesh... I am water. First part of a tributary making its way down a mountain. A drop. Part of but separate from other drops. Together we are river and we flow... until we are ocean.

For what seems like an eternity there is a movement from being a drop to an ocean. A drop. Then an ocean. Over and over. What I bring back with me is... Both. Connected... not separate...separation is illusion... separate but not.

Back to myself I feel alive... energy rushing through me. I do not need or want to sleep. Every part of me buzzes... tingles. I feel love towards everyone and everything.

For quite some time after this experience I feel extraordinarily open, sensitive and expressive.

It is an experience that has never left me. For days afterwards I cannot sleep because my body is vibrating and alive. It is the vibration, the energy, the extraordinary feeling of connection.... "I am connected. Not separate". I am no longer in tension with myself. The background noise has gone. It is from this moment that life starts to change for me. What used to be impossible is now possible. I used the words "born again". There was the me before and the me after this experience. I started to count my true age from this day.

Note: so as not to duplicate the reader is directed to the Introduction (p1) for more information about some of the longer term outer changes.

Chapter 6

Processes of Unification

In chapter four, the research focus was whether James's sick soul temperament could be understood in the context of intergenerational trauma. The following chapter, considered James's non-pathological subconscious and automatisms as a manifestation of unprocessed trauma experienced by the religious melancholic as battles between good and evil. The central question, in this chapter, is whether non-ordinary experiences have the potential to heal intergenerational trauma. The non-ordinary experiences included in this inquiry are those which James referred to as conversion, a process of unification, regeneration, twice-born or a two-storied affair.

James's process of unification draws together his theories about the sick soul, the subconscious, and the phenomenon of Christian conversion. James separated the sick souls who undergo unification into volitional (a gradual process) and self-surrender (abrupt and sudden) types. The self-surrender process was available to those individuals whose boundaries between the conscious and subconscious were porous enough that an uprush of psychic energy could reconfigure the entire personality and transform '*intolerable misery into the profoundest and most enduring happiness*' (James, 2011:157). Whilst James made observations about the qualities or characteristics that inhibit and support subconscious activity (see table 1) he did not know '*HOW the excitement shifts in a man's mental system, and WHY aims that were peripheral become at a certain moment central*' (James, 2011:178) (James's capitalisation). James acknowledged that psychology, at that time, could not give an accurate account for 'all the single forces at work' in any given case (2011:178).

Table 1

Characteristics inhibiting excitement and the uprush of psychic energy

1. possession of a hard rind - possessing a hard (vs permeable) rind that resists incursions from beyond (James, 2011:220)
2. lack of emotion - 'emotional occasions, especially violent ones, are extremely potent in precipitating mental re-arrangements' (James, 2011:180)
3. deadness - 'dead feelings, dead ideas and cold beliefs' versus 'hot and live ones; when one grows hot and alive within us, everything has to re-crystallise about it'. (James, 2011: 179)

Characteristic supporting excitement and the uprush of psychic energy

Whereas relaxation, self-surrender, exhaustion and volatile emotions allowed subconscious material to displace the everyday consciousness. (James, 2011, Lecture IX, Conversion, 172 - 235)

Source: *VRE* (James, 2011)

In his chapter on conversion James referenced the research of George A. Coe, identifying three contributing factors guaranteeing striking transformations. These include pronounced emotional sensibility, a tendency to automatism and passive suggestibility (James, 2011:219). Coe's research is significant as it provided evidence in support of James's and Myers's theories that automatism are significant subconscious communications.

George A. Coe and factors that produce striking transformations

Coe's research was instigated by Edwin Starbuck's observation (cited by Coe, 1900:108) that religious experiences '*depends upon temperament*'. Academically, his research aim was to discover '*coordinations between specific inner states and tendencies and specific external circumstances*' (ibid,109) and conversion experience. Whilst his personal motivation was to find the reason for his

experience of not having a conversion experience in an environment which lead him to expect one (Taves, 1999). Therefore the answer he sought was why '*when two persons who seek conversion with equal earnestness...one is ushered into the new life with shoutings and blowing of trumpets while the other however earnestly he may seek such experiences never attain them?*' (Coe, 1900:104)

Coe employed many of the techniques of contemporary psychological research, including questionnaires, interviews, observation, tests including using different investigators to corroborate or contradict findings. The research included 77 people approximately 2/3rds male and 1/3rd female, all college students in their early to mid-twenties who had 'the advantage of a positive moral and religious training' (Coe, 1900:110) with the majority influenced by the Methodist Church which 'lays great stress upon personal religious experience' (ibid., 110). The research participants were asked to self-classify using Coe's definition for striking transformations, 'a profound change which, though not necessarily instantaneous, seems to the subject of it to be distinctly different from a process of growth, however rapid' (ibid., 112). Amongst the 77 subjects, three groups emerged: (1) those who expected and experienced a transformational experience, (2) those who expected to have but did not have a transformational experience (3) and those who experienced a profound transformation but were unsatisfied and those who had experienced, were satisfied but were seeking a higher experience in vain.

Coe's Research Findings

The study found that the most striking changes were amongst those denominations which had a definite aim to secure them (Coe, 1900:111). Coe claimed that these denominations '*have discovered (my bold) many of the conditions favourable for producing such changes*' such as a particular type of preaching and appeal, the use of certain kinds of music; the fostering of intense social feeling through meetings; the use of external acts, signs and instruments including rising for prayers, to indicate decision, going forward, the altar, the mourners' bench with the intention of evoking and intensifying expression of the inner state. All these conditions were brought together to produce a climax or a series of climaxes (ibid., 111).

The research revealed that participants who had the most striking transformations were more likely to exhibit automatisms including vivid dreams during the period of religious awakening, waking hallucinations, unusual body sensations, spontaneous movement and verbalisations such as '*uncontrolled laughter*', '*a powerful thrill through the whole body*', '*sudden clapping of hands before any change of feeling came*' (Coe, 1900:124). During hypnotic testing over 72% of those who had striking transformations were identified as demonstrating passive suggestibility meaning '*they take no decided part or original part in the experiment, they initiate nothing once they have begun to yield*' (ibid., 132). Coe states the 'chief mental qualities and states favourable to these striking experiences are expectation, abundance of feeling, passive suggestibility and a tendency towards hallucinations and other automatisms' (ibid., 132).

Coe concluded that intellectual, action-oriented choleric types are '*taught to seek the impossible*' and are the recipients of '*unintentional cruelty*' (Coe, 1900:150). A lack of understanding within the church, resulted in choleric types - predominantly men - '*seek[ing] an experience that due to their mental makeup will forever prevent him from attaining*' (ibid., 147). Coe argued that the emphasis on striking conversion experiences privileged the emotionality of sanguine and melancholic temperaments, creating a church attractive and in tune with women. Going further, Coe states the subconscious and automatisms are signs of mental illness and primitive culture, marginalising the conversion experience and the majority female congregations who experienced them. Whilst James and Myers considered the subconscious and automatisms as having potential evolutionary value (Taves, 1999:279), Coe considered the choleric temperament, which did not yield easily to automatisms, as higher on the evolutionary ladder and closer to the mind of Jesus.

A final and important observation regarding Coe's research is that the participants underwent conversion experiences within the context of communal activity and not in the manner in which James defined religious experience for the sake of his Gifford Lectures, as '*the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine*' (James, 2011:27). Not only were the conversion

experiences of Coe's participants occurring within a communal context, the communal activities themselves were significant in precipitating these experiences.

Conditions which promote conversion: energy theories

As Coe observed preaching, music, intense social feeling, and acts of submission employed by certain religious denominations to evoke and intensify inner states suggests an implicit knowledge that this is essential to the conversion process. James also suggested that uprushes of energy and excitement were essential for the sick soul to be twice-born. Recent research conducted by Steve Taylor (2012) into what he refers to as awakening experiences has identified two types of sudden awakenings which require an 'intensification (and a sudden release) of life energy (Taylor, 2018:138). One type of sudden awakening is ego-dissolution and the other an explosive energetic awakening. The first type is associating with changes in cognitive energy, and the second with changes in sexual energy (ibid. 2018:138). Taylor states that sudden awakenings tend to be accidental (ibid. 2013:140) with ego-dissolutions occurring during times of psychological turmoil and breakdown of psychological attachments which dissolves the ego. The explosive awakening, Taylor finds more difficult to explain but suggests intense levels of psychological turmoil associated with physiological disturbance such as sleeplessness (ibid. 2013:40). To underpin his theory of intensification and release of life energy, Taylor draws on Arthur Deikman's (1980) de-automatisation theory to explain ego-dissolution and Michael Washburn's (2003) energy model to explain explosive awakenings.

As this chapter is an investigation of James's uprushes of energy and excitement, the emphasis is energy models explaining explosive awakenings. However, Washburn's psychic and libidinal energy theories which concentrate on the diversion of sexual impulses and desire (Taylor, 2018:139) drawn from psychoanalytic theory are controversial (Zepf, 2010; Shope, 1971) and Washburn does not provide additional research in support these theories. The energy models considered instead are those of Roland Fischer (1915-1997) and Wilhelm Reich (1897 - 1957) as both contributed original research into the nature of

biological energy in relationship with experiences that some people define as non-ordinary. Deikman's de-automatisation theory will also be considered even though Taylor viewed this as part of the ego-dissolution awakening.

The Perception-Hallucination Continuum (HPC) and Perception-Meditation Continuum (PMC)

Fischer's paper, 'A Cartography of the Ecstatic and Meditative States' (1973) maps two energetic arousal types which parallel Taylor's (2018) ego-dissolution and explosive energetic types of awakening. This research was conducted with drugs to induce ergotropic and trophotropic arousal and individuals in the acute phase of schizophrenia (ergotropic) and those able to induce deep meditative states (trophotropic) naturally. The terms ergotropic and trophotropic were introduced by Nobel Laureate W R Hess (1925) to denote the mechanism and functional status of the nervous system relating to the capacity to expend or conserve energy.

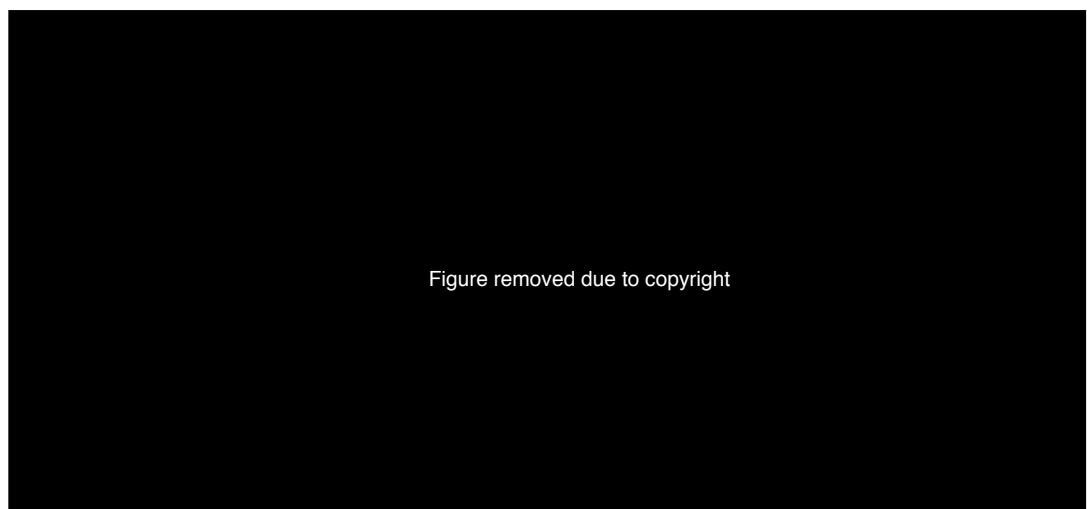


Figure 3: Perception-Hallucination Continuum and Perception-Meditation Continuum, Fischer (1973)

Fischer's model (figure 3) presents two energy continuums: perception-hallucination continuum (PHC) and perception-meditation continuum (PMC). The PHC follows increases in ergotropic arousal, whereas the PMC focuses on increases in trophotropic de-arousal. Both ergotropic and trophotropic arousal

follow the same biological responses outlined in chapter 4 relating to intergenerational trauma and psychopathic temperament. For example, the ergotropic system relates to the sympathetic branch of the autonomic nervous system (ANS) and motor, pre-motor system (resulting in increased muscle tension and preparedness to action), the endocrine system (secretion of stress hormones) and central nervous system activation (increased sensory alertness). The trophotropic system relates to the parasympathetic branch of the ANS, and association motor, CNS and neuroendocrine system preparations for rest and recuperation. However, instead of trauma, Fischer connects increasing levels of ergotropic arousal (PHC) with creative, psychotic, schizophrenic, catatonic, and ultimately ecstatic states. The trophotropic continuum (PMC) is associated with states of tranquility, Zazen and Yoga samadhi (Fischer, 1973:59).

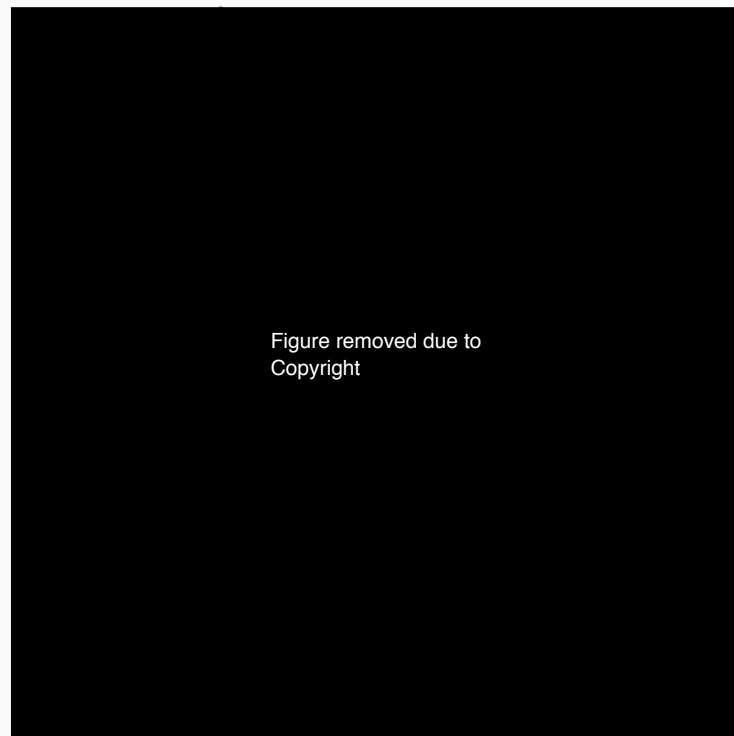


Figure 4, Fischer, 1974

A representation of Fischer's theory incorporating cognitive states during arousal. The upper 1/3 of the circle relates to cognitive states of consciousness (cortical), and the lower 2/3 relates to states of consciousness not dependent upon cognition (subcortical).

As explosive awakenings are the focus of this research only the hyper-aroused, ergotropic continuum (PHC) is described in detail. The PHC consists of three levels of arousal (figure 4): aroused, hyper-aroused and ecstatically aroused. Each level of arousal stimulates a different response from creativity, schizophrenia and psychosis to mystical ecstasy. Whilst Fischer considered inherited genes a factor in the predisposition for hyper-arousal, he viewed this as insufficient for higher states of arousal leading to ecstasy. In addition to genetic predisposition, the individual must have an 'endowment or capacity to make hyper-aroused states meaningful' (Fischer, 2012: 3046). These individuals interpret what is happening within the nervous system in a symbolically meaningful way. Significant for this research is Fischer's observation that at the mid-point of the PHC those diagnosed as chronic schizophrenics, hyper-phrenic or psychotic may experience what he refers to as a '*jammed computer*' state (Fischer, 1973:59). This 'computer jam' describes the inability these individual have in creatively interpreting the activity occurring within the CNS (Fischer, 1973, 1974). This 'computer jam' phenomenon is highly significant when considered through the lens of intergenerational trauma, psychopathic temperament and religious melancholia and will be discussed in detail later in this chapter.

Alterations in Space-Time

A side effect of symbolic interpretation of CNS activity, is that the individuals attention is drawn away from physical space-time to cerebral space-time (Fischer, 2012: 2983). This shift is illustrated in Figure 4, with the everyday habitual 'I' being connected with the cortical region of the brain and a 'normal' range of arousal. As the individual becomes more aroused and deviates from the norm, the Self which is governed by the subcortical region of the brain becomes more prominent. At the mid-point on the PHC (which is the same point where the computer jam occurs) it is possible for 'discernible communication between 'I' and 'Self' something which Fischer (1974:123) suggests is only possible during dreaming and hallucinatory states. If we consider James, Myers and MIndell's theories with regards to the subconscious, it is possible to see how the mid-point on Fischer's PHC is also the threshold or edge between the conscious and subconscious. This half-way point

represent the point whereby the everyday consensual reality meets a sub-cortical (non-consensual) reality (figure 4).

Motor and Sensory Ratio

A consequence of moving further along the PHC, are changes in the ratio between sensory and motor activity. Perceptions are '*gradually transformed into hallucinations*' which the individual is either '*unwilling or unable to verify*' through motor activity (Fischer, 1973:60). Fischer notes that as arousal levels increase so does stereotypy. Stereotypy describes purposeless repetitive movements or sounds which may be involuntary, bizarre, repetitive, rhythmic, co-ordinated, patterned, and predictable and most often attached to diagnoses of autism, developmental delay and movement disorders (ibid., 118). In the context of James and Myers's automatisms, this observation regarding involuntary movement on the PHC is intriguing, but requires further research as stereotypy in adults are considered pathological. Fischer also does not find the movements interesting in themselves only that they represent a restriction in motor activity alongside increasing sensory arousal which has to be interpreted creatively through artistic, scientific, religious or psychotic experience.

Fischer's research suggests that this combination of motor restriction and sensory lead arousal domination, if undisturbed, will eventually build to a level which breaks through the motor restriction into ecstatic experience. Ecstasy, Fischer explains, is a creative breakthrough out of schizophrenic and catatonic hyper-arousal (1974:119). At the heights of arousal dominated by the Self, the two continuums, PHC and PMC meet, in an experience of ecstasy and samadhi which is a 'timeless and spaceless experiences, [where] the mundane world is virtually excluded' (ibid., 122). Once achieved motor activity may resume accounting for the expressions '*joyful noise*', '*leaping and dancing*', '*jumping for joy*' included in religious texts (Rayburn, 1995:476-494).

Recall vs Remembering

Those with the ability to recall experiences are more likely to become highly aroused than those who remember. Recall brings a past experience into the present with all its original intensity, whereas remembering lacks this intensity. In the trauma field when recall is of frightening or threatening imagery it is referred to as a flashback. Flashbacks are highly intrusive involuntary re-experiencing of past event that feels so real the person may think it is actually happening. Fischer's research did not identify whether his participants had a trauma background and therefore his findings focus on hypnotic suggestibility and interpretive repertoires. He discovered that individuals with the ability to recall achieved higher scores in hypnotic suggestibility and deviated from the norm in their interpretative repertoire. Interpretative repertoire refers to the discursive resources available to the individual in the construction of reality (Fischer, 1974). The significance of the ability to recall whether due to trauma or not is that it evokes a same state of arousal and consciousness as the originating experience or consciousness.

Many selves

In Fischer's view the terms conscious and subconscious refer to the continuity of arousal levels and their associated experiences. The subconscious is like a state of amnesia where our current state of arousal provides no access to their associated experiences. Each of our I's corresponds with a level of arousal and its corresponding symbolic interpretations drawn from our interpretative repertoire (1974:120). Fischer's does not support James and Myer's view of a potential doorway beyond the individual organism through which high powers communicate. In his view, aroused and hyper-aroused states only provoke what is already potentially present. Contrasting St Teresa of Avila and St Francis of Assisi with Teresa of Konnersreut, the former can bring all their colourful splendour whereas the second, a simple peasant can only produce ephemeral stigmata (Fischer, 2012:3033). Addressing the profane, non-creative but sensitive hyper-aroused subject who can gradually dissolve their ego boundaries, their creative expression may be experienced in orgasm (Fischer, 2012:3046). Whilst James and Fischer differ on the extensiveness of consciousness, in other aspects they agree

considering spontaneous motor function, emotional arousal and hypnotic suggestibility as significant for transformational experiences.

Armouring and The Orgasm Reflex

The second energy model is from Wilhelm Reich (1897 - 1957) a psychiatrist, psychoanalyst and researcher. Like Washburn, Reich's research was grounded in the psychoanalytic idea of libido. Reich remained committed to the finding the biological basis of libido, though it went out of favour within the psychoanalytic community (2013:41), believing it to be the core of Freudian theory (Higgins & Raphael, 2013). Reich's research involved experimental laboratory work and clinical observations and resulted in a biological energy model known as the orgasm reflex. The theory developed from Reich's observations of the pulsatory movement (contraction and expansion) of all living organisms whether that be a single cell amoeba or the human organism. From this core observation, Reich identified the process by which free biological energy becomes inhibited and restricted both cognitively and somatically. He referred to this process as armouring and it describes a state of chronic contraction binding spontaneous biological impulses and emotions due to the negation of a child's primary impulses.

In an unrestricted organism energetic impulses move from the centre of the organism to its periphery and in doing so the original (primary) impulse is satisfied. Once the impulse is satisfied the organism can relax. Armouring forms as energetic impulses move into expansion but contract before the full expansion is reached, creating a state of ongoing tension requiring ongoing biological energy to maintain. When a person is tired, or under more pressure than usual, the armouring can fail. When this happens, they may be flooded with repressed impulses and emotions that are alien to the primary consciousness. Reich developed a form of psychotherapy which supported the gradual release of armouring, and biological energy which is experienced as highly pleasurable vegetative streamings (vegetative is an outmoded term for the autonomic nervous system). These streaming can be gentle or extreme sensations and movements including warmth, prickling under the skin, shuddering movements in the limbs and

trunk, convulsive reflex movement of the whole body with clonic involuntary flexion and extension of the spine (Boadella, 1973:120).

In his book, *The Murder of Christ* (1971), Reich presents the person of Jesus as an example of a *'warm, loving, freely-functioning and unarmored person who is in touch with his own feelings and with the cosmos, who was a sensitive healer with a message of human brotherhood'* (Boadella, 1973:233). As an unarmoured person, Jesus is contrasted with the children who *'must die to themselves'* in order to adapt to society — dying to oneself, meaning one's spontaneous, energetic impulses and emotional expression. One's character and muscular armouring (which others since Reich has extended to include connective tissue and internal viscera: see Boyesen, 1978) are outward and visible signs of the symbolically crucified (ibid., 234). Ola Raknes explains that when armouring is released clients unfamiliar with vegetative (ANS) streamings experience them as mysterious and bizarre, in a similar way to a religious mystic, until they understand that these feelings and sensations originate in their body. (Raknes cited by Boadella, 1973:235).

According to Alexander Lowen, a student of Reich's who developed a system of psychotherapy called bioenergetic analysis, if armouring thaws too quickly the person will be swamped with more feeling than she can tolerate (Boadella,1973). Gerda Boyesen, the founder of biodynamic psychology, observed that when hypertonic muscles (Reichian body armouring) are released, it can elicit powerful vegetative (ANS) reactions like trembling, nausea, dizziness, stomach reactions and other pain. Boyesen realised, like Lowen, that changes could take place too rapidly, resulting in acute reactions (1978:65). The only way the armoured person can retain sanity is by keeping levels of excitation within tolerable limits. Furthermore, Lowen states: *'if an organism is overwhelmed by any intense excitation the boundaries of the self are inundated and dissolve and without the boundaries, the self does not exist... insanity may be called a form of psychic death... the death of the self or the ego'* (Lowen, 2006:150). According to Reich, those individuals who can completely surrender to their feelings without fear of death or insanity undergo a complete and rapid change in personality (Reich,

1999). In the discussion that follows, the significance of armouring is discussed further.

In Reich's later research, he proposed that beyond biological life energy is primordial cosmic energy. Reich conceived of it as cosmic energy that radiates from the human body, from plants and crystals and surrounds the earth as an enveloping energy field. Reich who had been a lifelong critic of organised religion and mysticism (Boadella, 1973) started to draw upon religious terminology (*The Murder of Christ*, 1971; *Cosmic Superimposition and Ether, God and Devil*, 2013). Boadella does not believe that this was a change of heart or opinion but the proposal that a natural basis for religion exists based on a physical substance that fills space and gives rise to oceanic feelings of oneness. This feeling of oneness can only happen when the self boundary is completely relaxed. Reich is a highly controversial figure with fierce advocates for and against his cosmic (orgone) energy theories.

Deikman's de-automatisation theory

As mentioned in the introduction, Taylor (2018), linked Arthur Deikman's de-automatisation theory to his ego-dissolution model which in this research correlates with Fischer's PMC. Aspects of Deikman's research will be used in the following section as it helps explain the reactions of the schizophrenic response at the mid-point of the PHC which Fischer refers to as the 'computer jam'. In brief Deikman theory of de-automatisation revolves around the undoing of all automatised (i.e., habitual) '*psychological structures that organise, limit, elect and interpret perceptual stimuli*' (Deikman, 2014:234). The term automatisisation should not be confused with automatisms discussed in the previous chapter as Deikman defines and uses it differently.

There are many parallels with Reich's theory of armouring, with Deikman concentrating on perceptual and cognitive automatisisation. In Deikman's view making large areas of day-to-day life habitual energy is conserved. He also, like Reich, identified that energy is required to maintain the ego structure. When this energy is released, a side effect is becoming away of aspects of the world

previously ignored (Deikman, 2014). De-automatisation therefore accounts for the heightened visual, auditory, kinaesthetic and proprioceptive experiences that are a significant part of religious, spiritual, non-ordinary, or ecstatic experiences.

Reviewing James and Coe sudden conversion experiences drawing upon Fischer, Reich and Deikman

The theories of Fischer, Reich and Deikman provide explanations for how uprushes of energy and excitement might occur and result in transformational experiences. As Taylor (2018) suggested, Deikman's model of cognitive de-automatisation alone does not account for the explosive awakenings, however, Reich's concept of armouring addresses this by including the dissolution of body armouring. Together these theories demonstrate the process by which habitual consciousness softens, focus shifts from the outer world to the inner world, emotional arousal increases, diverse motor action reduces, spontaneous movement derived from inner arousal takes over (outside of conscious control), the individual accepts involuntary movements and other intense sensations and symbolically engages with this to become further aroused. Arousal levels must be sustained and increased to even higher levels of arousal to experience the ecstatic-samadhi rebound. Some will not be able to sustain or build these levels of arousal. Others will become aroused and then hit the 'trauma jam' both of these are discussed below.

Hard rind

'I do indeed believe that if the Subject have no liability to such subconscious activity, or if his conscious fields have a hard rind of a margin that resists incursions from beyond it, his conversion must be gradual if it occur, and must resemble any simple growth into new habits'. (James, 2011:220)

Reich viewed all armouring (psychological and somatic) as a solution to an intolerable situation. The developing child changes itself to meet the demands of the external environment. As a defence mechanism armouring (and by inference James's hard rind) defends the organism from incursions from the biological core

and the external environment; both of which can disrupt the equilibrium the individual has found. When a child in the later stages of development succeeds in adjusting well to external realities, the armour is more established, complete or successful than others. Therefore, those who have not been successful in developing this armour, James's sick souls, will be open to incursions from the biological core and the external environment.

How do dead things come to life?

'All we know is that there are dead feelings, dead ideas, and cold beliefs, and there are hot and live ones; and when one grows hot and alive within us, everything has to re-crystallized about it.' (James, 2011:179)

James used the language of temperature to describe warming up either through a slow softening or violent emotional occasion. Both Fischer and Reich give the ANS a primary role alongside the cardio-vascular, somatic, neurohormonal and central nervous system for rising levels of arousal (Fischer, 1992:7). Fischer shows how sympathetic nervous system (ergotropic) excitation raised naturally or with psychoactive drugs increases the meaning of everything (similar to Deikman's de-automatisation, 2014), more content is experienced and time contracts resulting in more experience crammed into a smaller chronological time unit (Fischer 1992:7). As arousal levels continue, it can lead to epileptic seizures and orgasmic experiences. It is a '*torrential flood of inner sensation*' (Fischer quoting Gelpke 1966:155).

From a Reichian perspective when previously repressed emotions are suddenly released, energy streaming through the body can be intense and emotionally overwhelming. When the body is free from chronic tension and breathing is free these streamings can be felt as '*mystical*' and '*the core of every living religion*' (Raknes, 1970:114). Most people live in a state of chronic tension and repression, and according to Reich, to get to the streamings '*you have to go through hell*' (Higgins & Raphael, 203:1486). This hell is the secondary repressed layer which holds severe terror, hate, contusion, schizophrenic breakdown and melancholic depression. These are the battles between good and evil which

James's psychopathic religious melancholic experience. If they can move beyond this secondary repressed layer and surrender to energy streamings they will be filled with elation and '*the overwhelming feeling of being moved by something outside one's conscious self, and the feeling of experiencing a new kind of life*'. (Raknes, 1970:112)

Uprushes of Energy

"...Emotional occasions, especially violent ones, are extremely potent in precipitating mental rearrangements." (James, 2011)

The research suggests that James's 'uprush of energy' resulting in an explosive awakening or conversion is heightened arousal due to sympathetic nervous system and complete relaxation of the parasympathetic nervous system culminating in the surrender of the self boundary. Fischer claims that at the peak of sympathetic nervous system activation the individual rebounds to the opposite side of this continuum into the samadhi experience ('Oneness') whereas Reich suggested that the individual connects with primordial cosmic energy which surrounds and fills everything. When the energetic charge and discharge results in the dissolving of the organic self boundary - i.e., no self - the individual will have a compelling transformative experience. When increased excitation meets conflict held in habitual tension patterns, there is no dissolution; instead, psychological and somatic conflicts strengthen. This conflict may explain the phases of anxiety, acute schizophrenic states and catatonia, which Fischer observed in his 'jammed computer' analogy. This is supported by an observation by Deikman that in schizophrenia cortical activity and muscular tension increases rather than decreases during meditation. Deikman suggests that receptive modes of being provokes intense anxiety for the person with schizophrenia who then attempts to control the experience (2014:154). When related to Fischer's 'computer jam' analogy, certain individuals may not be able to move to receptive modes of being as arousal levels increase instead they attempt to control the experience resulting in the religious melancholic battle that James observed.

The why and the how of sudden, powerful, conversion experiences

'what is attained is often an altogether new level of spiritual vitality, a relatively heroic level, in which impossible things have become possible, and new energies and endurances are shown. The personality is changed, the man is born anew' (James, 2011:219).

Drawing on the above research the explanation for the uprushes of energy and automatisms which James and Coe observed in sudden conversion experiences, come from the same biological process but provoked by different conditions and stimuli. Both involve heightening arousal along the PHC. In Coe's examples the research participants experienced conversion during adolescence. Both James and Coe considered adolescence as a transitioning from childhood into adulthood with both sexual awakening and social consciousness blossoming (Coe, 1900:35). Age may also be a factor in their willingness to follow outer direction especially that of authority figures. Therefore the conditions described by Coe, including singing, clapping provides everything required for a striking transformation. The practices employed increase arousal of the sympathetic nervous system whilst surrendering teaches the individual to activate both the sympathetic and parasympathetic nervous system when faced with unusual experiences. As Coe's adolescent difficulties demonstrate, there are those for whom this process does not work; possibly they are more suited to activities on the PMC.

In contrast with Coe's research, James's conversion case studies drew upon an older group. These individuals differed from Coe's participants in that they met James's criteria for psychopathic temperament and religious melancholia, making them good candidates for his theories on subliminal consciousness. These individuals possessed a large region in which *'mental work can go on subliminally, and from which invasive experiences, [meaning automatisms] abruptly upsetting the equilibrium of the primary consciousness, may come.'* (James, 2011:216). James suggested instantaneous conversion in these cases occurred due to exhaustion or high levels of opposite affectation (ibid., 193). There is support for

James's hypothesis in the research of Fischer and Reich. From a Reichian perspective, we see how exhaustion and reaching a place of giving up relaxes muscle armouring (somatic ego). If the somatic ego relaxes completely, there will be a powerful biological release of repressed emotional-energetic charge as this quote from James describes it 'bursts through all barriers and sweeps in like a sudden flood' (ibid., 196). If the released charge rushes through without a contraction (or reformation) of the muscle armouring, the individual will travel along the PHC and experience ecstasy followed by the samadhi rebound, as described by Fischer.

The process of unification - human psychology, divine or both?

In his exploration of conversion, James addressed the question of whether the process of unification experienced by the sick soul is within the bounds of human capability or divinely inspired. In his discussion of the subconscious, James states that subliminal phenomenon does not '*exclude the notion of the direct presence of the Deity altogether*' (2011:220). James believed that lower levels of the subconscious were within the resources of the individual and was open to the possibility that 'if there be higher powers able to impress us, they may get access to us only through the subliminal door' (ibid., 221). In the same way this research does not attempt to answer whether experiences at the highest levels of the PHC are psychological, divine or both. However, it does identify that within the human organism is the facility to increase and decrease levels of arousal and this will determine the extent to which one is moved by forces outside of their conscious will whether those forces be psychological or divine.

Summary

This chapter focused on James's process of unification, drawing on Coe's research which is described in some detail. Both Coe and James state that uprushes of energy, excitement, excesses of emotion as significant to sudden and spontaneous process of unification (conversions). These observations focused the research on energetic models starting with volcanic energetic awakenings (Taylor, 2018) followed by the energy theories of Fischer (1973, 1974,

1992, 2012), Reich (1990, 1999) and Deikman (2014). These energy theories were then reviewed against James and Coe's original observations.

As earlier chapters identified the traumatised sick soul has intense physiological experiences which this chapter connected with ergotropic arousal (Fischer, 1973, 1974, 1992, 2012) and the inability to construct strong ego defences, also referred to as psychological and somatic armouring (Reich, 1990, 1999). Due to inwardly generated sensations (visual, auditory, kinaesthetic, proprioceptive) which are associated by the sick soul with badness, the individual experiences what Fischer refers to as a 'jammed computer' state (973:59) (for the purposes of this research renamed as a 'trauma jam').

This chapter considered whether this 'trauma jam' is another way of describing the experience of religious melancholia (James, 2011:145). This was derived from Deikman's (2014) observation that when some individuals enter a receptive mode of being it makes them intensely anxious and initiate behaviours to control arousal. The 'trauma jam' is the result. Therefore attempts towards healing, through ergotropic arousal, are subverted. The traumatically aroused sick soul, therefore repeatedly hits the 'trauma jam' (arousal-anxiety-control) experiencing the inner battle between good and bad that James described as religious melancholia.

Another focus of this chapter was to explore what enables movement to higher levels of ergotropic arousal and mystical experience. Coe's research observes that certain religious denominations supported striking transformations. Coe's research was conducted with college students and there is no evidence that any of them would meet the criteria for a traumatised sick soul. Therefore, whilst the conditions identified by Coe supported striking conversion experiences we cannot assume that these same conditions can be applied to the healing of the traumatised sick soul. Coe's research also suggested a role for community and authority in developing the expectation and desire for automatism and emotions (ergotropic arousal) in striking conversions, which is opposite to James's definition that emphasised solitude.

To conclude the research in this chapter suggests that where non-ordinary experiences (ergotropic arousal) is met with receptiveness, ergotropic arousal may increase to the highest level on the PHC (perception-hallucination continuum) (Fischer, 1973, 1974, 2012) where an experience of healing is highly probable. However, further research is required into how receptivity at the point of the 'trauma jam' spontaneously occurs.

Autoethnographic Interlude 3

Processes of Unification

The following stories relate what was happening immediately prior to the unusual and non-ordinary experiences recounted in Autoethnographic Interlude 2 which are remembered by the participants as sudden, powerful and healing.

Pauline's experiences:

These experiences have previously been identified as usual and non-ordinary experiences in Autoethnographic Interlude 2 using the same titles - see pages 64 and 69 .

1992: River of tears

P: I was here upstairs.... I was reading this verse... I was feeling desolate. Hopeless.

H: Is that how things were at that time?

P: I'd been struggling for a while. Again my relationship with A. J had just got married. I'd tried really hard with A. I was just at the end of my tether I suppose. I'd had enough.

H: So is that why you were reading the verse?

P: Yes. It's a book. I was just looking through the book for some words of comfort I suppose and came across this one and read it.

I was so desperate I really didn't want to be here anymore and... reading this poem... something broke. That desperateness you know. I just wanted to die and I knew that I couldn't - it went against my religion and

something - I thought it was God or some entity - but I was at breaking point and I did break without dying.

[Not long after she went to Parkside psychiatric unit for this first time. This is seen as a turning point. “this team came down... and I didn’t struggle I was glad to go to be honest and going up that driveway where I’d gone as a child to visit my mum, other people have been dreading but it felt as if I was coming home.

There was another few weeks in Parkside two years later in 1994. On both occasions on arrival at Parkside she is given tablet (promazine, an antipsychotic) which results in a very deep sleep. She recounts waking up in the morning “shell-shocked” but on the way to recovery. She has not recollection of taking anti-psychotic medication beyond this first tablet on arrival. Her overwhelming feeling being back in Parkside is one of peace. During this second stay, she is diagnosed with bipolar and prescribed lithium which she still takes today.

1995: The rugged cross

There is nothing specific happening at the time of the second experience. My mother says “I was back living my life. Things were fine”. There is a sense of acceptance of life as it is. And this experience is almost a confirmation on that.

Hayley’s experience:

The following experience relate to Autoethnographic Interlude 2 ‘before - premonition and during: deja vu’ - see pages 68 and 69.

It is late Friday afternoon. I am sitting in the foyer of a church hall on the outskirts of Manchester. I’m feeling a little tense as I survey the dull beige wall, the shabby blue carpet tiles and plastic chairs spread theatre style. I am here for The Mastery of Creative Self Expression. There’s about twenty-five people in the

room. A short, round, grey haired woman (CK) steps into the space at the front of the room. Everything about her says “lovey”. A little too much says the critic in my head. CK starts by sharing with us her life, her struggles, from my perspective turning her insides out for everyone to see... this is what we are here for. This is what each one of us is being asked to do. Terrifying.

One by one each we go to the front to *reveal* ourselves. My turn. As instructed I plant my feet, take a deep breath, look at everyone looking at me, try to let myself see and be seen. Speak... “why are you here?”, “what do you want from the weekend?”

Homework given for everyone. The first evening is over. A long drive home. It’s 1am. Six am alarm. I dress as instructed in clothes I’d normally reserve for an evening out but even then I add a flourish on top - tight jeans, slinky top, stilettos and a red scarf with a slight touch of gypsy is threaded through the loops of my jeans and left hanging to one side.

The morning again up front showing our self....or selves. Most of the day taken with “doing pieces”. A 5 minute memorised piece - a song, poem, story, dance. One by one we go up. With each one the build up of energy inside. I can take the waiting no longer. Heart beating fast. Palms sweating. Tensing my knees so as not to show the tremble. I sing “Cry Me A River”... the Julie London version. It’s a relief to get through it. The second time is easier. More enjoyable. I’m invited to pick one line. [“*Now...you say your sorry...*”] Take a risk. Do it differently. CK invites... move out of despair... how you feeling? angry... good... show it... be it... be powerful... be powerful in your sexuality. Each rendition applauded. It’s heady. Applauded for showing that which I was taught not to be.

It’s 1am before I get home. Sleep. The next day. We get to move and shake our bodies, to open our throats and let our voices out. We play games: grabbing gold, monster tag, exploding machine. We play. We dance. We sing. This is new territory. I’ve not moved, played or laughed like this since I was a child.

We are being loosened up for the ‘three corner exercise’. Free creative and spontaneous expression of “Love”, “Need”, “Anger”. I can’t do it. Paralysed. Somehow I get through it. I witness others some who can and some who can’t. Everyone of us applauded. Finally we move to small groups where again we are invited to freely creatively express “I love you”, “I need love”, “I love myself”. Tears stream down my face.

The weekend is over. We mingle. Saying our goodbyes. It feels like no-one is quite ready to leave. I feel melted. I love everyone here.

That night I experience ‘something’ that changes my life. A description of this ‘something’ is included in autoethnographic interlude 2 under the heading ‘After: Plugged In and Rewired’ - page 68.

Chapter 7

Discussion / Reflection

This research has followed three themes focused on the question of the potential for non-ordinary experiences to heal intergenerational trauma drawing on theories presented by James's in *VRE* (2011). Chapter four considered whether James's sick soul might be a consequence of intergenerational trauma. Chapter five, investigated psychopathic temperament and religious melancholia as manifestations of intergenerational trauma communicated via automatisms. In chapter six, the energy models of Fischer, Reich and Deikman were examined against James's observation that uprushes of energy and excitement were significant in the conversion experiences and unifications experienced by the sick soul. Each chapter offered a comprehensive literature review followed by autoethnographic research on the core theme. The purpose of this chapter is to reflect upon and discuss the autoethnographic interludes in the context of the three discourses and consider the key findings.

To fulfil the above purpose, the researcher needs to stand in a different position to the autoethnographic research. As stated in chapter 3 (research methodology), the two primary positions and identities adopted are researcher-as-storyteller (RAS) and researcher-as-story-analyser (RASA). The interludes privileged RAS, whereas this chapter privileges RASA. To enable this shift, the researcher needed to change her relationship to the individuals whose story are the autoethnographic research. As one method of facilitating non-attachment, the researcher refers to participants by their role, rather than their name, as follows: GGGM (Annie), GGM (Annie Beatrice), GM (May), M (Pauline) and D (Hayley).

The RASA structured this reflection by first considering the context within which James was embedded that might account for his focus on psychopathic temperament as degeneracy rather than trauma. Next, the requirements necessary for a sick soul to have a conversion experience are considered against

the autoethnographic interludes. Next, non-ordinary experiences as recounted by M and D were reviewed against Coe's features present in striking conversion experiences supplemented by additional research from Fischer, Reich and Deikman. Finally, M and D's experiences are contrasted using the research to discuss the differences between their experiences and the outcomes of their experiences.

A context for James's sick soul

The research shows that James considered the psychopathic temperament an inborn degenerative weakness (Bordogna, 2001, 2007), a dominant viewpoint from the mid-19th and early 20th century influenced by Charles Darwin's *Origins of the Species* published in 1859. It was a time when numbers of patients admitted to asylums skyrocketed from 116 patients per asylum in 1827 to 10,072 per asylum by 1910 (figures for Great Britain). Insanity became the '*stigmata of degeneration*' and a threat to the strength of a nation (Appignanesi 2008:109). The rise in cases not only a concern for politicians, the medical profession but also the general public (Torrey & Miller, 2007:75). It was a concern on both sides of The Atlantic - in 1890 Californians were referred to as '*the craziest people in the world*' (Torrey & Miller, 2007:249). This is the context within which James and the other founding fathers of psychology found themselves. It was not until Freud that we find a return to theories formed during the earlier Romantic period that '*deformation in adulthood*' was founded upon childhood experiences (Locke cited by Appignanesi, 2008:32) and the significance of relations between parents and children and the impact of childhood punishment (Rousseau cited by Appignanesi, 2008:33). Therefore, James's view that the sick soul was inborn temperament rather than traumatic experiences was the prevailing theory at the time he wrote *VRE*.

Sick souls who have conversion experiences

According to James the sick souls who have conversion experiences possess a psychopathic temperament, suffer from religious melancholia and have a superior intellect. The table below lists James's criteria against alternative criteria identified during this research. These will be discussed against the autoethnographic

interludes as a basis for answering the question first whether the participants non-ordinary experiences which they perceived as healing were first due to inter-generational trauma and whether these experiences provide any knowledge regarding non-ordinary experiences in the healing of inter-generational trauma.

Table 2: Criteria for Conversion	
James criteria	Alternative criteria
Inborn psychopathic temperament	Inter-generationally transmitted trauma (epigenetic, biological, developmental)
Religious Melancholic	Chronic shame
Superior Intellect	Associations by Similarity; Interpretive Repertoire; De-automatization

James's sick soul is traumatised

As discussed in chapter 4, the sick soul can be accounted for by trauma and the circumstances of one's life, whilst also supporting James's view of inborn temperament. Intergenerational trauma provides a link between these theoretical positions. It explains James's inborn psychopathic temperament whilst shifting the focus from degeneracy and fatal flaw to epigenetically altered nervous systems. Whilst reviewing this theory against autoethnographic interlude 1, the researcher found the five generations whose stories contribute to this research starting with GGM's attempted suicide in 1897 (p34) would meet the criteria for intergenerational trauma. Therefore, these women's stories can be included in this research, asking whether non-ordinary experiences have the potential to heal intergenerational trauma, otherwise known as the sick soul.

Religious Melancholia

James's final criteria for conversion experiences was the inner battle of religious melancholia. In chapter four and five, religious melancholia was explored from the perspective of intergenerational trauma. From this perspective, religious melancholia is the embodiment of intergenerational trauma with a felt sense of evil

which, as McNish (2003) identifies as a 'something wrongness' that comes with chronic shame. In chapter five, the religious melancholics battle is explained as the primary consciousness at war with the subconscious or secondary selves beyond the threshold. Relating this to the autoethnographic research reveals that M's inner battles between good and evil ("*it was all to do with the bible and with evil*" p65) start when she is 43 years old. This coincides with the first time she has ever lived alone without family whether that be parents, husband or children (p44). This is a time of reduced responsibility for others. There is now time and space for her focus to gaze inward. She wonders "*why has my life been so miserable?*" (p65) The research of Fischer and Reich suggests that a certain amount of time, space and energy is required to support the unconscious incubation of the secondary consciousness to push through into an explosive awakening. D who experienced an explosive awakening at the age of 37 years had time, space and energy for inner divisions to percolate whereas her predecessors did not ("*marriage and children an impossibility*" p45). James quote regarding how habit prevents the uprisings of the poor is another way of saying how a lack of time, space, basic resources, and energy prevents societal transformation, but first, it inhibits personal transformation.

Superior Intellect

A psychopathic temperament and religious melancholia alone is not enough to classify these women as the type of sick souls who have profound conversion experiences. These types of sick souls, according to James, possess both psychopathic temperament and superior quality of intellect (2011). Furthermore 'most psychopaths have feeble intellects, and superior intellects more commonly have normal nervous systems' (James, 2011:19). What interested James about the psychopathic temperament was what it added to the superior intellect specifically: 'ardor and excitability of character' (ibid., 20), 'extraordinary emotional susceptibility' (ibid., 20), 'conceptions...[which] pass immediately into belief and action' (ibid., 20) all of these can be attributed to heightened levels of ergotropic arousal. Whilst it has been determined that these women likely possessed hyper-aroused nervous system (GGGM diagnosed with Melancholia p36; GM diagnosis unknown but sectioned for long periods p40; M diagnosed with bipolar disorder

p45 and D “teetering on the edge of a psychotic breakdown” p45), whether they also possessed a superior intellect is unknown.

James does not provide a clear definition of intelligence and intellect. Two sources point out that James did not develop a theory of intelligence (Greenwood, 2015; Murphy, 1986). Greenwood says that James's intellect is the 'ability to form associations by similarity' and that genius, i.e. superior intellect, means those individuals who had 'developed this faculty to a large degree' (Greenwood, 2015:124). Association by similarity describes the process by which one object or idea evokes another. An example at the genius end of the scale might be Isaac Newton and the falling of an apple eliciting the notion of gravity. There is a connection with Fischer's (1992) theories on arousal, creativity and interpretive repertoire as discussed in chapter 6 contrasting St Teresa of Avila's extensive interpretive repertoire with Teresa of Konnersveut narrower interpretative repertoire with the fruits which they bear.

Murphy (1986) instead says that James's theory of intelligence is 'the ability to act'. Murphy describes a three-fold process of (1) experiencing: a neural system that enables sharp awareness of environment (2) well-worn cerebral hemispheres able to isolate, conceptualise and know salient parts of one's experience (3) able to prepare for and carry out appropriate responses to that knowledge. We can see how this theory connects directly to James's reflex theory, as discussed in chapter 4. It is an evolutionary model of intelligence which focuses on an organisms ability to survive. Intelligence is measured by what is achieved (Murphy, 1986), which is another way of saying 'its fruits' (James, 2011:17). In *VRE*, James draws upon Tolstoy as an example of this combination of psychopathic temperament with a superior intellect resulting in superior outcomes or fruits. However, Tolstoy lacked the religious melancholia necessary for the full conversion experience.

Whether James's superior intellect is 'association by similarity', an extensive 'interpretive repertoire' or the 'ability to act' the women discussed in this autoethnographic research would not claim 'superior intellect'. More likely, they would agree with the following observations by James on the subject of Habit (*Principles*, 1918:56):

it is 'the enormous fly-wheel of society, its most precious conservative agent'.... It keeps everyone in their place 'saving the child of fortune from the envious uprisings of the poor'. [And]..... 'it dooms us all to fight out the battle of life upon the lines of nurture or our early choice, and to make the best of a pursuit that disagrees, because there is no other for which we are fitted, and it is too late to begin again.

By the age of thirty, James states, "character has set like plaster, and will never soften again".

Having considered, James observations about superior intellect the conclusion drawn is that it is a criteria relevant for his focus on the fruits of religious geniuses and pattern-setters (2011:5). This current research is only interested in the fruits of individual healing from intergenerational trauma and therefore, superior intellect, is not considered essential. As Fischer states, the productions of a simple peasant are enough (Fischer, 2012:3045) and these are stimulated by ergotropic arousal. Nevertheless, James is correct in his assessment of habit as a preventative of change as it suppresses ergotropic arousal and creativity.

The mechanics of non-ordinary experiences, healing and the traumatised sick soul

In this section, the RASA addresses non-ordinary experiences from the perspective of the traumatised sick soul by drawing on the non-ordinary experiences recounted by M and D. These experiences are considered non-ordinary both because M and D identified them as such (Autoethnographic Interlude 2 p64 - "*experiences not real in the 'normal world'...felt more real*"), and the three elements for a striking conversion experience as defined by Coe (sensory and motor automatisms, heightened emotion and passivity) were present. Some of the experiences they recounted were terrifying (M: "*experiencing very frightening things...the bible and evil*" p65; D: "*it goes dark*" p66), and others were perceived as healing (M: "*something descended on my body...when it stopped I felt a peace*" p65; D: "*plugged in and rewired*" p68) This has resulted in the researcher understanding that both terrifying and healing experiences engage

the same fundamental process which sometimes culminates in healing the inner struggle, and sometimes it does not. When the struggle resolves in a way that is beyond our understanding, it may be what James called conversion or being twice-born. When the struggle perpetuates rather than resolved, it looks like the religious melancholics inner battle. Another way of understanding the religious melancholics inner battle is as a trauma re-enactment and flashbacks drawing upon religious symbols and iconography. Drawing on Fischer's ergotropic arousal theory in chapter 6, religious melancholia as a process correlates with the 'trauma jam'.

James does not discuss religious melancholia or conversion as a continuum of experience. However, this research suggests that they are part of the same process as different phases of arousal, with religious melancholia being a phobic reaction experienced at the mid-point on that continuum. Both ordinary conversion experiences as researched by Coe and sick soul conversions researched by James are dependent upon hyper-arousal of the ANS. Hyper-arousal of the ANS evokes automatism or heightened signalling within channels. In the case of religious melancholia alien and terrifying visual, auditory, kinaesthetic and proprioceptive information rise to the surface. Reich described this process of suppressed impulses arising from the secondary layer as 'you have to go through hell' (Higgins & Raphael, 203:1486). In the autoethnographic research, M shared how either before or immediately after her "*rivers of tears*" experience a period of intensely studying the bible resulted in terror ("*experiencing very frightening things...the bible and evil*" p65). D shared a diary excerpt highlighting inner battles with 'evil' activating intense emotional and physical arousal (D: "*all my demons are beyond that door*" p45). M and D's contributions suggest that the traumatised sick soul does not make the journey towards conversion once but many times without success (M starts her story in 1991 and concludes in 1994 (p64; D states that she "*managed for the most part to be functional in her life until her mid-thirties*" when she "*teetered on the edge of a psychotic breakdown*" p45).

The traumatised sick soul has a propensity for hyper-aroused states and may frequently be at higher levels on the PHC, but only those occasions where they go beyond the 'trauma jam' succeed in conversion, unification and twice-born

experiences. The autoethnographic research suggests that there are certain types of non-ordinary experiences that enable the traumatised sick souls to move beyond the 'trauma jam'. Two of the three factors linked to a striking conversion - sensory and motor automatisms and heightened emotion - were significant aspects of M and D's experience before the experiences they defined as sudden non-ordinary and healing. M states that "something descended on her body" p65, after which she immediately felt peace and then "euphoria" (p65) but also continuing fear (p65). D mentions vibration, warmth, heat, buzzing, tingling as well as the emotions of love and the experience of melting (p68).

The primary difference between M and D's inner struggle stories and their healing stories is the third factor, passive suggestibility. In M's example, she talked about her desperation and "*didn't want to be here anymore*" (p65) and then something just "*broke*" (p65). She wonders if it was a "*dying without dying*" (p65). She is able to face her deepest lifelong fear and allows herself to be willingly taken to the same psychiatric unit as her mother (p43). This is passive suggestibility as James refers to it 'giving your little private convulsive self a rest' (2011:100). The will-power of the primary consciousness has been exhausted and habitual patterns of holding released.

D's non-ordinary healing experience has a different context. Whilst there is stress and trauma in the background, it was not a dominant feature at the time of the experience (p89-91: D describes a significant 48 hour period prior to the non-ordinary experience). This experience is similar to those which James recounted as being without exhaustion or acute previous feeling. D's recollection of her experience included all three factors: heightened emotion ("*I feel love towards everyone and everything*" p68), automatisms in the form of body vibration ("*the whole of my body is vibrating*"; *every part of me buzzes...tingles*" p68) and passivity in terms of acceptance of the unusualness of the experience ("*it is in me... I feel completely accepted and loved*" p68) In the 48 hours before the non-ordinary experience, D recalls activities similar to those included in Coe's research held within a secular rather than religious context ("*we play. we dance. we sing*" p90-91). In those 48 hours, D was invited to stand in front of an audience on numerous occasions in acts of self-revelation. Secondary aspects of the self

usually hidden were invited and applauded. She was invited to move in different ways through dance, play and performance. Emotions, such as anger and love, were deliberately aroused and expressed. Cognitive and somatic habits were challenged. The invitation was to "*do it [you] differently*". D describes a process that softens James's hard rind and Reich's muscular armour, arouses emotion and re-arranges ideas and beliefs. The increased arousal is interpreted differently ("*I feel completely accepted and loved*" p68), enabling relaxation rather than her habitual fear response. Assessed against Fischer's model of ergotropic arousal, we can say that D bypassed the 'trauma jam' into the ecstatic levels of arousal associated with mystical rapture ("*I no longer am body of flesh... I am water*" p68). At this level of ergotropic arousal, the rebound between ecstasy and samadhi is experienced. This is confirmed by D's recounting of no longer being flesh. This experience has the qualities of ineffable, noetic quality, transient and passive, which James associated with mystical experience (James, 2011:347).

M and D's stories represent two different forms of healing experience. Whilst both have a basis in stress and trauma, M's experience comes from hyper-arousal fuelled by acute previous feeling and acute crisis and exhaustion ("*it was a dreadful time for me*" (p64), "*feeling so desperate*" (p65), "*I just wanted to die*" (p65; 89). In contrast, in the period immediately prior to D's experience there is no acute exhaustion, feeling or crisis but it is stimulated by what James refers to as an 'opposite affection...overpoweringly break[ing] over us' (James, 2011:193). Whilst D shares examples of acute distress p45 & 46; p66-67), the time before the healing experience she says she feels "*melted...I love everyone here*" (p92).

Fruits and Interruptions

The term fruits refers to James's pragmatic approach used in VRE to focus on the outcomes of non-ordinary experiences rather than providing a metaphysical source. In James's pragmatic method value, utility and, whether the explanation is workable to within its context (Taylor, 2010a) was given primacy. The same approach is applied to answering the question about the healing potential of non-ordinary experiences. The RASA discovered that M and D placed the same life

changing value on their non-ordinary healing experiences even though their experiences and their long-term outcomes differ.

M's fruit was an immediate feeling of peace (p65). Taking a longer-term perspective, she considers it to be the best thing that could have happened to her ('I felt like I was coming home' (p44) and 'such a big relief' (p66). However, M's conversion experience or unification process may have been interrupted by psychiatric intervention. Shortly after her non-ordinary experience(s) in 1992, M was admitted to Parkside psychiatric unit where they administer an antipsychotic (p90). In 1994 M has another experience and is re-admitted and again given an antipsychotic and diagnosed as bipolar and prescribed lithium (p90). Lithium is a mood stabiliser which 'smooth[s] out' mood swings by limiting a persons ability to react by slowing down the brain's electrical transmission system. Long term use of lithium can impact memory, alertness, mental acuity, emotional awareness, social sensitivity and most interesting for this research, creativity (Breggin & Cohen, 1999). As identified in chapter 6, creativity requires ergotropic arousal something which lithium prevents.

Spiritual emergencies resulting from sudden explosions of consciousness can resemble psychosis as defined by psychiatry (Grof and Grof, 1986). When a spiritual emergency is confused with psychosis and antipsychotic medication used to suppress and control behaviours, it risks the termination of the nascent spiritual emergence. When the spiritual emergency is interrupted, it can result in continuing states of fragmentation and trauma. Grof & Grof (2017:30) believe medicated interruptions can lead to 'chronicity and long-term dependence on tranquillising medication or other pharmaceuticals with ensuing side effects and the impoverishment of personality'. Whilst M does not describe herself as undergoing a born again experience her experiences do result in both peace and a belief that everything will be alright (p66).

D described the fruits of her experience as being fundamentally changed. She describes the change as an '*absence of something*', being '*rewired*' and '*plugged back in*' (p68). She says after the experience "*what used to be impossible is now possible*"(p69). D's descriptions have some similarity with James's conversion

case studies, for example, the clergyman's son states 'with every known sin, the deliverance in each case being permanent and complete' (cited by James, 2011:203). Whereas Alphonse S Ratisbonne writes: 'I only felt myself changed and believed myself another me; I looked for myself in myself and did not find myself' (cited by James, 2011:205). In the case of Alline: 'redeeming love broke into my soul... with such power that my whole soul was melted down with love, the burden of guilt and condemnation was gone, darkness was expelled' (cited by James, 2011:199). In both D's contemporary example and the three case studies quoted above, we find the same sense of being changed into something new or a sense of something having been removed. D and James's case study examples reached the peak of Fischer's ergotropic arousal, Reich's orgasm reflex and James's process of unification. By contrast, M's recounting of her experience suggests heightened arousal and emotion resulting in relief (p65) but not ecstasy, samadhi or streamings. M experienced an intense emotional release which, in her words was *"not ordinary crying"* (p65) and her description indicates that she experienced timelessness, feels not alone and at the end of the experience is left with a feeling of peace (*"The tears... it was like rivers. It felt like rivers. I don't know how long I cried for but when I stopped I felt a peace. Very very strange experience"*. p65). The intensity of her tears would have loosened the tension in the diaphragm and increased her breathing capacity, which is fundamental to feeling and expressing emotion (Reich, 1999). However, M's description of her experiences do not indicate that she experienced a discontinuity between the self of before and after or that she experienced herself as born again whereas D had a very strong sense of a fundamental change (p69).

Reflections: Understanding

In this section the RASA, considered how prior belief systems influenced M and D's non-ordinary healing experiences and their subsequent actions. The researcher identified that M immediately understand experience within the framework of her Christian belief system (*"I thought it was God or some entity" followed by seeking out and studying the bible with the Jehovah's Witnesses* p65). In contrast, D's experience did not fit with pre-existing beliefs and challenged her existing paradigm, as a psychotherapist, about pathways to healing (p1). The

experience provided the impetus for research into those elements outside of her existing belief system, specifically the intense body experiences (p1). Whilst she identified the visionary aspects of the experience as profound, the intense bodily experiences (energy, buzzing, tingling, vibrating, warmth, heat, melting) before, during and after were identified as non-ordinary (p68-69). One wonders whether the visionary experience (stage 3) would have left such a powerful impression on D without the stages of:

- relaxation and acceptance of something which would have previously been terrifying (stage 1);
- intense body vibration, heat and an overwhelming sense of love (stage 2);
- the absence of something, a physical burden, accompanied by an intense and sustained level of energy which followed the visionary experience (stage 4).

Equally, stages 1, 2 and 4 would they have been meaningful for D without the visionary experience described in stage 3?

“From here I no longer am body of flesh... I am water. First part of a tributary making its way down a mountain. A drop. Part of but separate from other drops. Together we are river and we flow... until we are ocean.

For what seems like an eternity there is a movement from being a drop to an ocean. A drop. Then an ocean. Over and over. What I bring back with me is...Both. Connected... not separate...separation is illusion... separate but not.” (p68)

The physical aspects are the parts of the experience D has continued to research resulting in her training as a body psychotherapist and exploring dance, performing arts, bodywork and spiritual practices such as chi kung and vipassana meditation. The visionary experience after D 'lost herself' remains open to a wide range of theories including the Chinese concept of primordial chi, Reich's primordial cosmic energy (2013), James's higher powers (2011) or as James eventually arrived towards the end of his studies in A Pluralistic Universe of a 'many everywhere and always' (1909:21347).

Chapter 8

Conclusion

In this final chapter the researcher maintains the RASA position in order to address the overall question of whether non-ordinary experiences have the potential to heal intergenerational trauma, not only for herself and her family but others. The researcher is drawn back to the question that has motivated her for the past 17 years - *“if this experience [non-ordinary spontaneous healing] can happen to me, why not everyone?”* This research has been an exploration of that question drawing on the foundational research of James.

Drawing on the researcher’s own story and her family story the first step was to establish whether there was a connection between James’s research into processes of unification and the sick soul and trauma. Through the psychopathic temperament and religious melancholia that James assigned to the sick soul who was most likely to have a conversion experience a connection was made with contemporary definitions of intergenerational trauma. James’s third criteria, superior intellect, was considered non-essential to ordinary conversion experiences as a result of Fischer’s research on interpretative repertoire and discursive resources in the construction of reality (Fischer, 1974). These findings allowed the research to progress to an exploration of non-ordinary experiences using the theory from transpersonal psychology, process work and autoethnographic research.

The next step was to consider three factors, which according to Coe (1900) guarantee striking conversion experiences:- pronounced emotional sensibility, tendency for automatisms and suggestibility of the passive type. This research concluded that for the traumatised sick soul the first two factors are accounted for by their predisposition for arousal. From Coe’s original research, the researcher discovered that Coe’s participants were instructed by their religious institution in how to increase arousal levels and accept the experiences that the arousal generated, for example automatisms. In contrast, this current research concluded

that the traumatised sick soul does not need to be taught how to increase ergotropic arousal. This is something which is easily stimulated and to which they have developed a phobic response, elsewhere referred to as a 'trauma jam'. This 'trauma jam' response was identified in the autoethnographic research for both M and D. M shared examples of intense terror which resulted in hospitalisation and medication which calmed her nervous system. D shared examples of arousal which takes her to the edge of psychosis.

The third factor, passivity is what the traumatised sick soul tries to armour against. The traumatised sick soul armours against impulses arising from the biological core which trigger physical sensations and emotions of badness. Through armouring they attempt to control arousal. If control cannot be established, maintained or regained the options are Extreme States which consensual reality understands as psychiatric illness and medicates. Another option which may enable the individual to function but is equally debilitating is dissociation and freeze states. None of these responses lead to long-term resolution. Instead they strengthen the phobic response to arousal. Both M and D demonstrated this phobic response to passivity.

When the traumatised sick soul is able to respond to increased levels of arousal with passivity, meaning relaxation of armouring, she has the opportunity to transcend the trauma. M provides a number of stories where she allows herself to become passive, one where she dissolves into a 'river of tears', another when she goes with the mental health team and then drives up the same driveway, to the same psychiatric unit where, as a child, she visited her mother. But very soon after this experience M is given anti-psychotic medication, and sleeps deeply and wakes in a different state. Two years later, another psychotic episode has the same outcome. M's non-ordinary experiences, over a four year period, culminates in another non-ordinary experience where she has an 'out of this world' experience which she understands as a message from God that 'all will be well' and she achieves some peace in her life.

D also recounts a number of experiences where ergotropic arousal results in the trauma jam (eg, cracked vase p67) and also one experience where she passively

allows or surrenders to the experience. D surrenders to the body sensations which build to a crescendo of joy and ecstasy, D shared how this experience could be allowed because of the 48 hours immediately preceding it. In this experience she had been encouraged to share intimate material and to express strong emotions, breath fully, move, dance, sing and be mindfully present within a context of communal acceptance, love and support. D recounted how being passive as the sensations and feeling built (ergotropic arousal) resulted in feeling 'plugged in and rewired' meaning 'born again'.

Ultimately what this research has identified is the importance of relaxation or passivity, a response the traumatised sick soul can develop. Whilst Coe's participants needed actions to stimulate the arousal of the nervous system (though their age would have meant they were easily stimulated), the traumatised sick soul does not, they need to learn that it is safe to be passive in response to prior experiences that say the opposite. If release occurs, the possibility exists of progression along the PHC concluding in an ecstatic-Samadhi re-bounce or conversion experience.

This research concludes that the only difference between James's sick souls who succeed in experiencing a conversion, and those who are locked in the continual battle between good and evil, is passivity. James identified exhaustion and opposite affection as two routes which the sick soul might let their convulsive selves go. The exhausted sick soul has to admit defeat and lose the war. When exhausted, there is not enough energy to maintain the body armour and impulses from the biological core, which is what the sick soul has been defending itself against, sweep through the body. However, this research concludes that the exhaustion must be the exhaustion of the inner battle and not due to everyday survival. As this research has shown, three generations prior to M and D experienced outward exhaustion which resulted in two dying in psychiatric institutions.

Finally, this research raised the question as to what is non-ordinary about the experiences included in this autoethnographic research when considered through the lens of intergenerational trauma. It could be argued that the research has

pathologised the conversion experience and removed the spiritual or divine. Rather than explaining away non-ordinary experiences and removing their specialness, the researcher has been left with the question as to what drives the sick souls to return again and again to journey along the PHD. Despite intense suffering the sick soul experiences each time they arrive at the trauma jam, an impulse prods them in that direction. Something beyond ordinary consciousness appears to seek healing. Heal literally means to make whole. Using different terminology and definitions James, Myers, Reich and Mindell all point to primordial cosmic energy (Reich, 2013) or a many, everywhere and always (James, 1909) and this research ends with another question - does something within each traumatised sick soul seeks to be made whole? Is it this impulse, this calling to seek conversion, the twice-born experience or the ecstatic-samadhi rebound that is the non-ordinary experience?

Conclusions about the autoethnographic method

An autoethnographic method was used to conduct this research as it is based on postmodern and constructivist epistemologies that view reality as constructions of individual psyches. This approach rejects the idea of the neutral, objective and impartial researcher. Instead, each researcher brings their own set of values and beliefs, creating a unique lens through which they interpret reality. During this research, the researcher has included autoethnographic stories from her family history. She has used positions and identities best described as evocative for storytelling and analytic for story analysis. As a result, the relationship with the research was sometimes close and intimate and at other times, distant whilst compassionate. There have been challenges during the process, particularly finding a way that the evocative and analytic could work together and be equally represented. Whilst the analytical position received significantly more word count, the evocative accounts particularly those provided by M even though fewer words brought to life the traumatised sick souls experiences.

In considering the strengths and limitations of the methodology for this piece of research, the analytical without the evocative would have resulted in a piece of research that did not come to life. In contrast, the evocative without the analytical

would be weakened by the absence of its larger context. Another argument is that the research would have been stronger if the stories had been drawn from experiences beyond the researchers. There is merit to this argument however the counter-argument is that the sensitivity of the subject matter and the researcher's extensive psychological work to heal her own trauma and her knowledge of the other research participant reduced psychological risk. Secondly, finding individuals with intergenerational trauma who have experienced sudden non-ordinary experiences who also have living family members willing to engage in the research process would have been extraordinarily challenging. Third, the objective of the MRes for the researcher was to put her own experiences under a microscope as a final phase of integration. Maybe the final assessment on the research method is an assessment of its fruits, which from the researcher's perspective has challenged and deepened her understanding of non-ordinary experiences, how they occur, the link between healing and traumatising aspects of non-ordinary experiences and the impulses that drive them. It is the researcher's view that the conclusions above merit further research with a wider participant group and this should be the next stage.

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Appendices

Autoethnographic Research Questions

Meeting 1

Q1	<p>Have you ever had a sudden an overwhelmingly powerful experience which felt either strongly negative or strongly positive?</p> <p>[note: if the individual struggles with this question ask next question]</p>
Q2	<p>Have you ever had an experience that you would describe as unusual or non-ordinary?</p> <p>[note: if the individual answered question 1 : ask them to list those experiences at a high level to return to later...</p> <p>then ask them the supplementary question 2, ie, whether they consider any of the experiences as unusual or non-ordinary.... put a star next to these experiences if there are any. Follow up with supplementary questions to details covering:</p> <ul style="list-style-type: none"> a) content of the experience (the story of it - grounded sensory experience) b) what was happening just before this experience c) what was happening in the person's life in general (context of experience) d) what happened after (impact) e) how they made sense of this experience then and subsequently]
Q3	<p>Reviewing all the experiences above...would you identify any of these as being sudden and powerful healing experiences?</p> <p>[or if the individual has not identified any experiences up to this point ask: Have you ever had any sudden powerful healing experience?]</p>

If answer is 'No' to question 3 this is the end of the process

If the answer is 'Yes' to question 3 * those experiences and follow up with supplementary questions to details covering:

a)	content of the experience (the story of it - grounded sensory experience)
b)	what was happening just before this experience (pre)
c)	what was happening in the person's life in general (context of experience)
d)	what happened after and the impact of the experience on their sense of self, their life, their life choices etc (impact)
e)	how they made sense of this experience then and subsequently (sense-making)

Meeting 2 : Intergenerational Experiences

Step 1 Draw a genogram

Note; a genogram is a graphic representation of a family tree used to look at hereditary and psychological patterns.

For this genogram we are interested in the interviewee identifying powerful negative and positive experiences of their intergenerational family system. These experiences may be either traumatic or life enhancing experiences.

Identify behaviours, either first hand account, family stories, or the interviewees own analysis (ie story), that may be linked to these traumatic or life enhancing experiences which may include behaviours relating to self, family, wider world. These are behaviours which we look at to explain how the individual coped with their life experiences, ie, on the spectrum of damaging to flourishing.

Step 2 Identify Patterns

See what patterns emerge from the genogram that connect with the participants experiences of unusual or non-ordinary experiences AND sudden and powerful healing experiences?

Step 3 Grounded Sensory Information

Obtain grounded sensory information related to any interesting patterns including the interviews assessment of the impact of these intergenerational patterns on subsequent generations including themselves.

Step 4 Making Sense

Does the participant have any theories between their experiences and those of their ancestors?

Informed Consent to Participate in Research

Researcher: Hayley Stevens

Purpose: to use autoethnographic method to research non-ordinary experiences and their healing potential in relation to intergenerational trauma.

This study will take place from 23 May 2020 to 30 June 2020. The dissertation is due to be submitted in January 2021.

Your involvement: autoethnography is a method of research which allows me to use my own experiences for research purposes. As a family member with experiences relevant to this research your involvement will provide relevant information against the questions listed below (under procedures).

Involvement in this research is entirely voluntary. You have the right to withdraw at any point of the study, for any reason, and without any prejudice, and the information collected and records and reports written will be destroyed. I will ask for your signed agreement of the final information to be included in this research.

Procedures: this research involves taking part a number of interviews both structured and unstructured. The exact number and duration of each interview to be agreed.

1. If you have experienced sudden and overwhelmingly powerful experiences
2. The specific nature of these experiences
3. Your assessment of these experiences
4. Your knowledge of sudden and powerful experiences in your family tree

With your agreement I would like to video or audio record our sessions as this will reduce the number of notes I need to write in the session. I will also make handwritten notes.

Risks: taking part in this research may release information into the public domain which you would prefer to remain private and confidential. It is possible that the experiences discussed with me emotionally challenging. To address these concerns:

- a) Plenty of time will be allowed for each interview; interview duration will be determined by how you are feeling about the process; you have the choice as to whether you want to answer a question; the researcher will draw upon her knowledge as a trauma informed psychotherapist during the interview process and discuss/seek feedback with the research participant.
- b) I will share everything that I write with you
- c) You will have opportunities to review, comment, discuss, correct, retract and withdraw any information that relates directly to your personal experiences
- d) We will work collaboratively to ensure that you are comfortable with the information that is entering the public domain
- e) If the above (points b and c) cannot be achieved whilst also maintaining the integrity of the research the dissertation will be submitted using a pseudonym and all confidential material will be amended so as to be unidentifiable

Informed Consent to Participate in Research

- f) All research notes and communication will be maintained within my password-protected storage disk and kept in a locked drawer in my home-office; nobody else will have access to them.
- g) On conclusion of the research you will have the option for the recordings and notes to be transferred to your ownership or destroyed.

Benefits: to benefit those living with the consequences of intergenerational trauma.

Consent: I agree to the terms listed above:

Respondent P. Full Name Blanked
Out for
confidentiality Date 9/5/2020

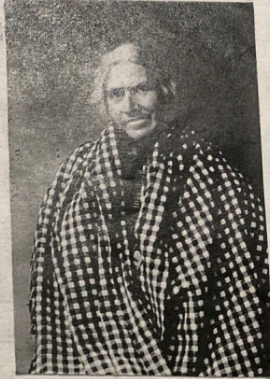
Consent: I give my final agreement for the information I have provided to be used in this research:

Respondent P. Full Name Blanked
Out for
confidentiality Date 15/12/2020

Annie Hilton's Clinical Notes

The following clinical notes were used in the research informing autoethnographic interlude 1. The original clinical notes from the asylum's A3 ledgers had been photocopied. The 3 pages are reproduced below.

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NAME	Thornhill Annie
Register No.	6133
Date of Admission	9 July 1897
Union	Chapel-in-le-Frith.
Transferred from	—
Height and Weight	5-2, 8-2
Suicidal	Yes.
Violent	No.
Epileptic	No.
Age	55 years.
Condition as to Marriage	Widow.
Religion	Church of England.
Habits	Clean.
Occupation	Charwoman. 80
Place of Birth	Manchester. NO STAFFORD.
Amount of Education	Can read & write.



Family History of Phthisis, Intemperance, &c.	
Previous Admission Here	None
Previous Attacks	None.
Address of Relatives	Brother; Mr James Hilton, 10 Paddock St, Ardwick, Manchester.

Medical Certificate "Annie Thornhill's eyes are vacant in expression and face is dull & stupid in appearance. She is very taciturn & appears to have little memory. She says she would like to go into service, but when she gets up her dressing has to be looked after and when left alone she goes back to bed.

Isabella Jane Hawkey the Workhouse Nurse says that nearly a week ago she found Annie Thornhill trying to drown herself in the half-filled bath in the bath-room. She says that at times she is rough with the other inmates, but for the most part is taciturn or if roused says everything is lost. H.S. Anderson" H.H.

Before her husband's illness & death about the beginning of the present year, she enjoyed good health. She has two children. The exact time of onset cannot be

ascertained, but it was somewhat sudden (less than a week). She was removed to the Workhouse, where she has remained ever since; during this time her hair has rapidly gone grey. About July 2nd 1897 she made an attempt to drown herself in a bath, being found by the nurse with her head under the water. She has made no reference to the incident either before or since. She is always wanting to die, yet never threatens to take her life. Comm. by R.O. J.H.G.

On admission she had a large bruise on the front of the R arm, small fading ones on the left arm, left leg, left buttock & superficial sores under angle of mouth & R nostril. On the neck & R arm scars of old burns. Blue eyes, grey hair, organs normal. St. Hard Grenwood

July 14 "Medical Statement" — Melancholia. She is dull taciturn, depressed, and restless. She is very confused and her memory is much impaired. She cannot converse rationally on any subject. Says she has been here a few months, or it may be two years or so. Does not know my name or the Nurses'. Sometimes excited; drags the nurse about and tries to open the doors. Weak Health and Thin Condition. On Admission: Lice in Hair, Varicose Veins of Legs, Scars on R. Arm, Sores on Face and Head, Bruises on R. Arm and L. Arm, R. Leg, L. Buttock — R. L."

July 27 Mentally little improved. Still picks her face & head. Very quiet & reserved. J.H.G.

August 3. No change — R.H.

August 14. Still very depressed, & constantly trying to get out — R.H.

1898 Jan 1. In very depressed, & confused mentally — R.H.

Feb 2 Extremely depressed. Constantly crying, & wandering aimlessly about — R.H.

Feb 2 No Change — R.H.

April 15 About 3 months ago had tubercular abscess on left side of neck. This was opened, a sinus was left which has now healed — J.H.G.

June 14 Special Report. — Melancholia. She is agitated, depressed, and suicidal. She gazes about her in a dazed way, unable to recognise where she is, or the nurses constantly associated with her. She cannot answer the simplest question, but keeps repeating phrases such as "Where am I" "Who is it" and "Shall we go in". She picks her head and face; interferes with the other patients, and is quite unemployed. In fair health and fair condition. J.H.G.

Aug 5. At about 6.15 a.m. the Chief Nurse detected a nurse (Nurse Parker) slapping this patient's face. The matter was reported and the nurse summarily dismissed. The blows were probably not severe, for no marks or bruises were discoverable when she was examined today by the A.M.O. — J.H.G.

Oct 13 No mental change — J.H.G.

1899 Jan 10 In Isolation Hospital with attack of Cholera.

Jan 16 Improving slowly. Temp: normal. No Diarrhoea. Treated with Salt f.v. E.S.

April 2 Physically improved, Very noisy & troublesome at times EWS

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May 15 Removed from suicidal list. E.W.G.
 June 12 Special Report: Mania: Is noisy at times
 Cannot converse rationally but repeats the same words
 incessantly. Is occasionally faulty in her habits
 In weak health and thin condition. E.W.G.
 July 23 Not improved mentally. E.W.G.
 Oct. 2 Is often noisy & repeats the same sentence incessantly
 for an hour or more at a time. E.W.G.
 1900. Jan 4 No change. E.W.G.
 April 29 Has edema of elbow (right) due to running a pin
 into it. E.W.G.
 Aug. 27 Is not improved mentally. Keeps fairly well. E.W.G.
 1901. Jan. 10 No mental change. In very weak health. Confined to bed. M.M.
 " 26 Died 8:20 am. Present Nurse Lightfoot & M.M.

STATEMENT to CORONER.

Incorrect. Annie is 50 years old

Name - - - - - Annie Thornhill
 Sex and age - - - - - Female Aged 59 years
 Married, single, or widowed - - - - - Widowed
 Profession or occupation - - - - - Charwoman
 Place of abode immediately before being placed under care and treatment (if known) - - - - - Union Workhouse Chapel-en-le-frith
 Apparent cause of death - - - - - Phlegm Interstitial Nephritis & Degeneration of Heart
 Whether or not ascertained by post mortem examination - - - - - Yes
 Time and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased - - - - - 5-20 a.m.
 Duration of disease of which patient died - - - - - None
 Names and description of persons present at the death - - - - - Over a Year
 Whether or not mechanical restraint was applied to deceased within seven days previously to death, with its character and duration, if so applied - - - - - Ida Lightfoot, Nurse
 None

For Phn notes
 vide Autopsy Book
 Vol 7 Fol 123.
 M.M.

RL

Glossary

Armouring	A term used by Wilhelm Reich to describe the sum total of muscular(chronic muscular spasms) which an individual develops as a block against the breakthrough of emotions and organ sensations, particularly anxiety, rage and sexual excitation (see also character structure).
Automatisms	a term used by Myers and James to describe automatic activity that occurs beyond the will of the primary consciousness
Autonomic Nervous System (ANS)	A component of the peripheral nervous system that regulates involuntary physiologic processes including heart rate, blood pressure, respiration, digestion, and sexual arousal. It contains three anatomically distinct divisions: sympathetic, parasympathetic and enteric.
Channel	A process work term used to describe sensory (visual, auditory, gustatory, proprioceptive), motor (kinaesthetic), or relational mode of perceiving and communicating experience.
Character structure or armouring	A Reichian term used to describe how muscular armouring is incorporated into a person's character, ie, ego formation, personality, cognitive patterns, beliefs systems etc.
Consensual Reality (CR)	A process work term describing experiences the dominant culture generally agrees upon as real and represents majority views and norms
De-automatisation	A term used by Deikman to describe the undoing of all automatised (i.e., habitual) psychological structures that organise, limit, elect and interpret perceptual stimuli' (Deikman, 2014).

Dissociation	the separation of whole segments of the personality or discrete mental processes from the mainstream of consciousness; loss of integrated awareness and autonomous functioning of the separated segments or parts
Dreambody	A process work term to describe a 'multi-channelled information sender in the form of dreams and body symptoms
Dynamic Theory	An explanation of how psychic energy is transformed as it passes back and forth between the waking rational everyday state of consciousness and the unconscious within the interior life of the individual (Taylor, 2012; 2009)
Dysregulation (nervous system)	a term used to describe the clinical symptoms that result from repeated activation or extended conditions of stress on the nervous system particularly the autonomic nervous system.
Edge	A term in process work used to describe the discomfort, nervousness or excitement experienced due to an encounter with the unknown (usually secondary process).
Ego boundary	A psychoanalytic term referring to the ego function of distinguishing between self and non-self
Epigenetics	The study of how behaviour and environment can cause changes that affect the way genes work
Ergotropic	Nobel Laureate W R Hess (1925): The mechanism and functional status of the nervous system relating to the capacity to expend energy. (See also Sympathetic Nervous System).

Flashback	A highly intrusive involuntary re-experiencing of past event that feels so real the person may think it is actually happening (See recall)
Healthy minded	A term used by William James to describe the tendency to see good in all things and a tendency for optimism.
Higher Level Reflex Arc Processes	Refers to James's theory that links higher processes (thought, cognition) to biologic reflexes in the nervous system - reflex action consists of 3 elements: sensation, mediation and response (action). James stressed that action is the end or culmination of mental processes arising from nervous system.
Interpretative repertoire	Discursive resources available to the individual in the construction of reality (Fischer, 1974)
Non-consensual Reality (NCR)	A process work term describing realm that which the dominant culture defines as not real. NCR usually consists of dreams, feelings, fantasies, projections and other experiences that make up our inner world
Orgastic Potency (& Libido)	From a Reichian perspective: the capacity to surrender to the flow of biological energy, free of any inhibitions; the capacity to discharge completely the dammed-up sexual excitation through involuntary, pleasurable convulsions of the body.
Parasympathetic Nervous System (PNS)	The branch of the Autonomic Nervous System responsible the rest and digestion response when the body is relaxed, resting, or feeding. It decreases respiration and heart rate and increases digestion.
Perception-hallucination continuum (PHC)	increases in ergotropic arousal associated with increasing states of creative, psychotic, schizophrenic, catatonic, and ultimately ecstatic states (R Fischer, 1973)

Perception-meditation continuum (PMC)	increases in trophotropic de-arousal associated with increasing states of tranquility, Zazen and ultimately, Yoga samadhi (R Fischer, 1973)
Post Traumatic Stress Disorder (PTSD)	<p>The American Psychological Association (APA) defines PTSD as a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury.</p> <p>APA describes C-PTSD as a disorder resulting from prolonged or repeated trauma consisting of forms of impairment much more extensive than in PTSD.</p>
Primary consciousness	A term used by Myers and James to describe the habitual everyday consciousness
Primary process	A term in process work used to describe experiences that are known and closer to a person's sense of identity
Process	The flow of experience in oneself and in the environment and following this flow.
Proprioceptive	Relates to stimuli that are produced and perceived within an organism, especially those connected with the position and movement of the body.
Psychological disintegration	A term used to describe fragmentation of the personality to such an extent that the individual no longer presents as a unified self with a predictable set of beliefs, attitudes, traits, and behavioural responses.
Recall	A past experience brought into the present with all its original affective and physiological intensity (remembering lacks this intensity)

Samadhi	the highest state of mental concentration that people can achieve while still bound to the body and which unites them with the highest reality (from Indian philosophy and religion particularly Hinduism and Buddhism).
Secondary consciousness	A term used by James to describe the consciousness below habitual consciousness. Myers preferred subliminal consciousness.
Secondary process	A term in process work used to describe experiences further away from one's sense of identity.
Sick soul	A term used by William James to describe a type of person who maximises thoughts of the evil. A tendency towards pessimism. According to Merriam-Webster Dictionary: meaning sick soul means spiritually ill : very dejected or depressed.
Signal	A process work term used to describe intended and unintended communications or data
Stereotypy	Purposeless repetitive movements or sounds which may be involuntary, bizarre, repetitive, rhythmic, co-ordinated, patterned, and predictable and most often attached to diagnoses of autism, developmental delay and movement disorders (as opposed to automatisms as defined by Myers and James as purposeful involuntary movements and sounds)
Subliminal consciousness	A term used by Myers to describe the threshold below habitual consciousness (see also secondary consciousness). Subliminal consciousness leaves open whether there may be multiple consciousness beyond the primary. Sub means below without making it second or inferior to primary.

Supraliminal Self	A term used by Myers to describe the habitual self most suited to meet the requirements of everyday existence (see also primary consciousness)
Sympathetic Nervous System (SNS)	The branch of the Autonomic Nervous System responsible for the body's rapid involuntary response to dangerous or stressful situations increasing alertness and heart rate, sending extra blood to the muscles.
Temperament	Temperament is generally considered to be an early-appearing variation in emotional reactivity which is biologically based, relatively independent upon learning but may be influenced by one's environment (e.g. more or less reactive environments will influence behaviour). There are differing views on its intersection with personality and the degree to which temperament can change over the lifespan.
Traumatic Stress Response	Reactions to trauma including exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, and blunted affect.
Trophotropic	Nobel Laureate W R Hess (1925): The mechanism and functional status of the nervous system relating to the capacity to conserve energy. (See also sympathetic nervous system)
Trans-marginal Field	A more extensive field of consciousness beyond the centre and margin of ordinary consciousness (James, 2011).
Vegetative	outmoded term for the autonomic nervous system (ANS)

Vegetative Streamings	Sensations and movements emanating from ANS ranging from gentle to extreme extreme including warmth, prickling under the skin, shuddering movements in the limbs and trunk, convulsive reflex movement of the whole body with clonic involuntary flexion and extension of the spine (Boadella, 1973)
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