This article is the first of two papers looking at the history, theory and practice of trauma treatment. In this initial part, Tra-ill Dowie and Nigel Denning look at definitions of trauma and theory of mind and the impact of trauma on time, defences, relationality, memory, agency and the organisation of mind. In the second part of this article (to be run in our next edition) the authors explore the practice of trauma treatment in the light of the theoretical framework outlined below.

AN INTEGRATED APPROACH TO TRAUMA TREATMENT

PART I: FOUNDATIONS OF THEORY

TRA-ILL DOWIE & NIGEL DENNING

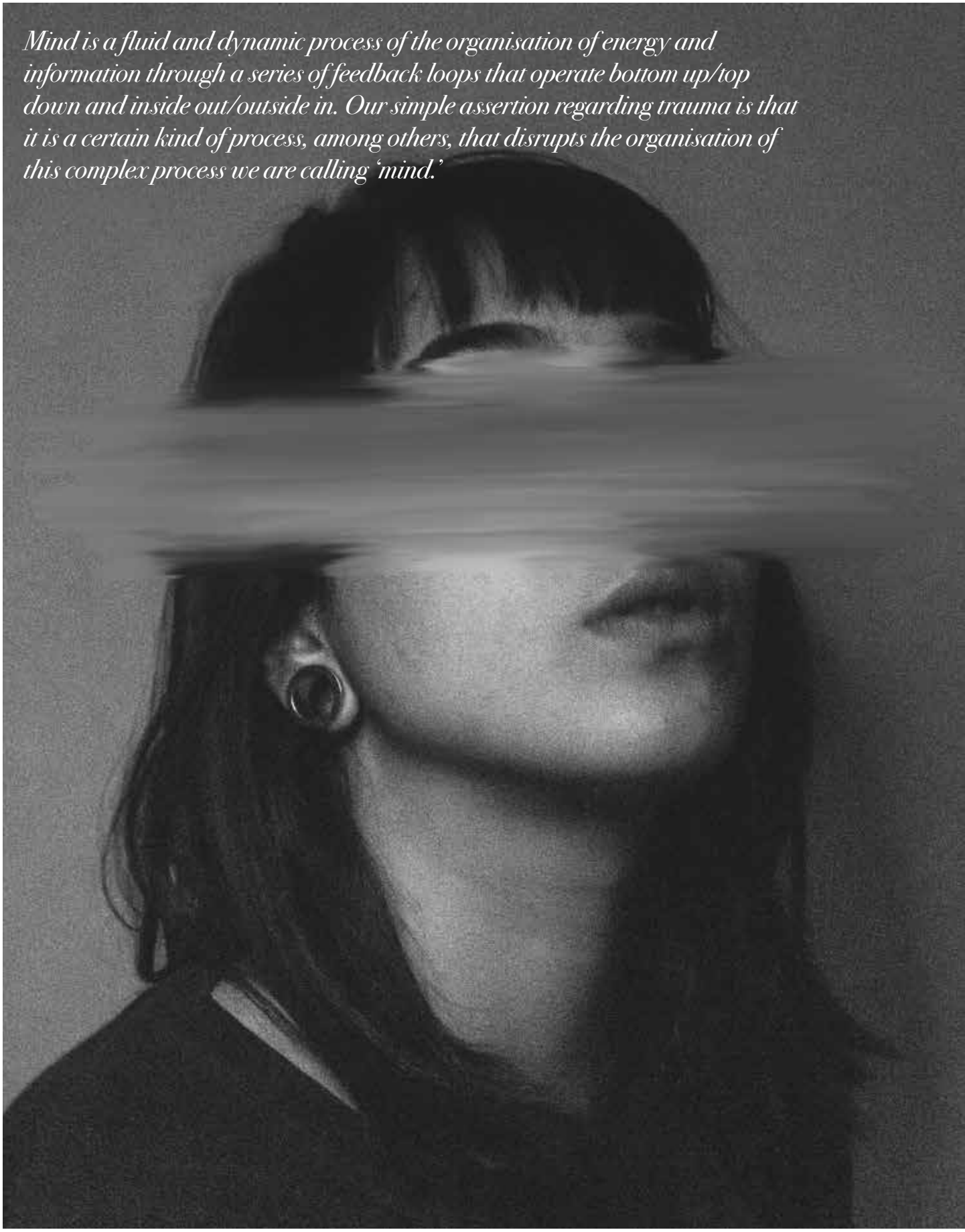
Introduction

The term 'trauma' is ubiquitous in psychological practice; it's often used in a taken-for-granted manner in both research and in clinical settings. This taken-for-grantedness often means the term trauma is used in a wide variety of inconsistent ways. These variations generate implicit assumptions about the nature of trauma and its treatment and create inconsistency in the field. This paper seeks to qualify and explicate this assumptive position and build a clear and explicit meta-perspective for both the clinical and theoretical dimensions of the trauma field.

Trauma treatment and practice has undergone great change over the last 30 years, particularly with the so-called 'decade of the brain', which enabled the scientific foundations for a neurologically-based psychology, in the manner in which Freud had hoped, to finally seem within reach.

Yet, like psychotherapy more generally, rather than becoming theorised in a unified manner, trauma treatment has become dominated by specialised approaches generated by a number of key figures (Van Der Kolk, Ogden, Levin, Perry, et al.) or represented by a number of key acronyms (EMDR, SE, TRE, etc.).

Mind is a fluid and dynamic process of the organisation of energy and information through a series of feedback loops that operate bottom up/top down and inside out/outside in. Our simple assertion regarding trauma is that it is a certain kind of process, among others, that disrupts the organisation of this complex process we are calling 'mind.'



All these approaches, while valuable, cannot help but create discrete schools of practice, ideology and thinking. This fact ultimately reduces the integration within the trauma practice field as a whole, which can compromise both case formulation and treatment practices when dealing with the complex area of trauma.

In recent decades, psychotherapy has begun a shift towards integrated practice, influenced by the likes of Wampold, (2001), Norcross & Goldfried, (2005) and Prochaska & Norcross, (2018), and a variety of transtheoretical and integrative approaches to both conceptualisation and treatment have been recognised as paving the way forward. In the same way that generalised psychotherapy has required an integrating and meta-perspective to optimise clinical practice, so too trauma-focused practice requires the development of an integrating framework that brings together the key theoretical and technical aspects of the best practice approaches to trauma treatment.

For a psychotherapist working with the traumatised client, the phenomena that can emerge as part of the client's presentation can be disconcerting and at times confusing: dissociation, fugue, hallucination, anxiety, depression, dysregulation, as well as extreme interpersonal and personality disruption occurring as common dimensions in treatment. These symptoms and the multiple variations in their manifestation are an indicator of what makes trauma such a challenging field, namely the problem of complexity.

Trauma as a clinical event is not a simple, unified construct, rather, it's a conceptually complex knot that renders treatment an equally complex and challenging process.

In this sense, trauma practice confronts a problem notably articulated by Paul Valéry (1942): 'Everything simple is false and everything complex is unusable'. Thus, the challenge throughout this paper is to traverse these poles and seek the space of the usable. As such, we will continue to make gestures towards naming, explaining and reducing the properties of the trauma process, knowing full well that any such attempt is in fact a reduction of the complexity of trauma into some lesser dimension and thus must always be considered a Beckettian failure.[1]

In our effort, we suggest that trauma affects different aspects of individual functioning and thus trauma knowledge and understanding crosses many domains of professional knowledge. There are many categories and classifications of trauma, such as: complex trauma, developmental trauma and dissociative disorders.

Yet perhaps a more salient way to summarise the phenomena of trauma as a total category is to examine the way that it damages the foundations of personhood and mind. In this manner, trauma becomes understood as a natural kind[2] in the broadest sense of the term, with many versions, variations and iterations (Tsou, 2016).

To offer an account of trauma as a general category, a kind of phenomenological reduction is required, whereby the properties of trauma as a general category reveal the qualities that are shared – to greater and lesser degrees – by all forms of trauma. In this sense, trauma may be conceptualised as a disorder of:

1. Time
2. Defence
3. Relationality and communicability
4. Memory
5. Resource
6. Agency.

Any experienced therapist working effectively in this area would likely need to develop a personal method for managing the complexity of traumatic presentations and their treatment across at least the six domains of mind outlined above. This paper seeks to begin a conversation to make this task of integrating complex material in the treatment of trauma easier to accomplish by developing a set of organised thinking tools to assist in clinical thinking and practice.

Before we begin to develop an integrated and unified approach to trauma practice, we should start by developing a clear set of unifying principles on which to build a cohesive working model of trauma practice. We do this initially because incomplete thinking at foundational levels must always become manifest at the level of applied practice either explicitly or implicitly. To begin with, the two most obvious common principles to develop in order to create this unification of theory and practice are a working concept of mind and a working definition of trauma.

1. Samuel Beckett: "Ever tried. Ever failed. No matter. Try again. Fail again. Fail better." In *Worstward Ho* (2014).
2. A natural kind is a grouping that reflects the structure of the natural world rather than the interests and actions of human beings.

What is mind?

The concept of mind within psychological practice lacks a universally agreed definition. It seems that psychological practices struggle to seriously integrate interdisciplinary research from within areas such as philosophy of mind, cognitive science, neuroscience and eastern practices to develop a coherent view of mind and not simply collapse into simple renderings of reductive materialism.[3]

Trauma-focused practice is affected by this lack of clarity, even though, as we contend, trauma is essentially a disruption of the process we will call 'mind.' Trauma is often framed as an easy problem of merely complicated neurophysiology, not as a hard problem that involves the qualia[4] of trauma (Chalmers, 2007).

According to Honderich (2005), in the *Oxford Companion to Philosophy:*

> You have a mind if you think, perceive or feel. Your mind is like your life or your weight, an abstract version of an unproblematic property. When minds are thought of as objects in their own rights, with parts as if they were spatially extended and with continuity through time as if they were physical objects, then they become much more thought-provoking. They become like souls or selves (p. 603).

It is exactly in this thought–provoking manner which we wish to address the concept of mind in relationship to trauma.

The concept of the definition of mind is seldom fully addressed by any of the prominent trauma-focused thinkers. The exception may be the psychiatrist Daniel Siegel and his interpersonal neurobiology approach that has influenced much of the trauma field. Yet even this approach, for all its merits, is, from an interdisciplinary perspective, far from complete.

According to Siegal, mind can be defined as '(a)n embodied and relational, self-organising emergent process that regulates the flow of energy and information both within and between' (Siegel, 2016, p. 69). Siegel mirrors the earlier sentiments of the French philosopher Merleau-Ponty who broke with Cartesian conceptions of mind and conceived of mind as an embodied inter-relational process:

'My body is the fabric into which all objects are woven, and it is, at least in relation to the perceived world, the general instrument of my comprehension' (1962, p. 235). Merleau-Ponty's view that mind and body are a unified field where 'I am not in front of my body, I am in my body, or rather I am my body' (1962, p. 150) has been further developed by the field of enactivism in philosophy of mind and cognitive science by thinkers such as (Maturana & Varela, 1991; Varela, Rosch, & Thompson, 1993). Thompson states:

> According to the enactive approach, the human mind emerges from self-organizing processes that tightly interconnect the brain, body and environment at multiple levels. The key ideas on which this proposition is based are those of autonomous systems and emergence or emergent processes (2010, p. 37).

In light of this, and in order to offer a theoretically grounded and useful foundation for psychological practice, we respectfully offer one possible definition of mind built upon the work of previously-mentioned thinkers:

> *Mind is an embodied, relational, negentropic[5] process, which is energetic and informatic in nature. Mind is preserved against entropy by its organisational characteristics, Thus the mind is temporal in the sense that the informatic qualities of mind are propagated forward in time. Mind is ecological in its features in the sense that it is characterised by feedback loops and inter-connected non-linear processes and patterns of hetarachies and hierarchies. A mind also possesses expressive, regulatory and generative features. In this sense the mind demonstrates autopoietic qualities and is enactive. In this sense, life and mind become processes where the characteristics of life may be defined simplistically as the self-organisation of energy, and mind may be then framed as the self-organisation of information.*
>
> *This organisational process in humans has features that are stable in organisation that are termed 'stages', and non-stable processes that are termed 'states'. Both stages and states exhibit unique energetic and informatic qualities. With complexity of energetic-informatic organisation and significant coherence, mind develops as well as emerges from structures of biology in an embodied context and situatedness.*

3. The problem of brains and minds, their similarities, correlations and differences has been a problem throughout the history of psychological practice. See Eisenberg, L. (1986). Mindlessness and brainlessness in psychiatry. *British Journal of Psychiatry,* 148(5), 497–508.
4. Trauma must be understood primarily through the lens of experience. This in no way delimits the value of sub-experiential registers such as neurophysiology. It simply does not hold that these other registers are primary for psychotherapy. The primary mode of human engagement with the world is through subjective experience and it is from this axiom all psychotherapy proceeds.
5. Negentrophy is the tendency of an open system toward increasing order and complexity.

Mind thus has properties that can act in both a top-down and bottom-up manner, as well as inside to outside, and outside to inside manner. The mind is not epiphenomenal, rather, the mind is central to many living beings and there are many kinds of minds with varying complexities. Sufficiently complex and cohered minds form a process pattern or coherence termed a 'self' that produces subjective phenomenal experience.

This definition, while being far from complete, offers a useful grounding to investigate the concept of trauma and in logical sequence, trauma practice. Mind is a fluid and dynamic process of the organisation of energy and information through a series of feedback loops[6] that operate bottom up/top down and inside out/outside in. Our simple assertion regarding trauma is that it is a certain kind of process, among others, that disrupts the organisation of this complex process we are calling 'mind.' Thus, what remains is to clearly define what constitutes this category of experience we are calling 'trauma.'

What is trauma?

To describe trauma in simple terms, it is a response to experiences, with certain features of violence, risk and danger, which disrupts the organisation of mind, particularly along the six vectors stated previously.

When we speak of trauma today, we often speak of a profound psychological shock that is normally seen to involve threat to one's identity and subjectivity. Trauma emerges via the experiencing or witnessing of acts of violence or threat, which somehow disrupt how an individual occupies their world.

Trauma as process[7] can often be usefully separated into two discrete causal fields: 'trauma by omission' and 'trauma by commission' though in reality, these are often profoundly interconnected.

'Trauma by commission' describes a process thought to be generated by actions against a person or such actions witnessed vicariously. These would typically be associated with things such as rape, child abuse, murder, war and other such horrific acts (Courtois & Ford, 2009). Commission trauma may also refer to a singular event such as accidents or natural disasters.

'Trauma by omission', on the other hand, normally describes a type of traumatic process that is associated with the absence of safety, nurturance or care in early life that disrupts the child's developing biology and immature sense of self. In other words: 'Traumatization can also occur from neglect, which is the absence of essential physical or emotional care, soothing and restorative experiences from significant others, particularly in children.' (Chu, Dell, Van der Hart, et al, 2011). Commission trauma can thus be singular or cumulative, developmental or adult onset, whereas omission speaks specifically to a type of trauma of absence, which is often developmental in focus.

In psychoanalytic literature, omission is a point that has been established through object relations and attachment theory (Bowlby, 1979), and within philosophy this has been explored by Axel Honneth in his work on 'The Struggle for Recognition' and 'Selbstvertrauen', or 'trust in oneself' (Honneth, 1995).

'Trauma by commission' refers to traumatic and active processes of violation, whereas 'trauma by omission' refers to a more 'tacit' process of wounding that need not be restricted to childhood, though is often associated with this period. Omission then is typified by absence and lack of primary human needs. The lessons learned in dealing with so-called 'developmental trauma', will be a central clue to the development of our integrative model of trauma practice.

Trauma in all its forms has, since the times of Charcot, Janet and Freud, been a ubiquitous and central problem in mental health. This is a point echoed extensively in contemporary research. According to Mueser, et al. (1998), trauma and post-traumatic stress disorder (PTSD) is highly correlated with severe mental illness with 43 percent of the sample population in the study meeting diagnostic criteria for PTSD. Research suggests that trauma is a common comorbid disorder in severe mental illness (Felitti, et al, 1998; McCloskey & Walker, 2000; Van der Kolk, 2003; Dube et al., 2003 ; Dong et al., 2004; Anda, et al., 2006; Breslau et. al., 2004; Read, et al., 2005; Van der Kolk, et al., 2005; Felitti & Anda, 2010).

6. The concept of feedback emerged out of system and cybernetics thinking. Mathematically, a feedback loop corresponds to a special kind of non-linear process known as iteration. There are a number of feedback loops: positive, negative, phasing and strange. All of these are present in the process of human mindedness.

7. The use of term process here clearly harkens back to psychoanalytic conceptions of unconscious process. However, in a more scientific sense process is a description for the flow of energy and information; thus process is a term to describe a complex organisational dimension of a system. Thinkers involved in process and organisation thought include Henri Bergson and Alfred North Whitehead in philosophy, William Morton Wheeler in biology and William James in psychology. For a recent account see: Lamża, & Dziadkowiec (2016), *Recent advances in the creation of a process-based worldview: Human life in process*. Cambridge Scholars Publishing.

Given the importance trauma plays in psychological disturbances, it is important to further explicate the concept of trauma, not by simple definition, but rather in relation to the six phenomenal domains of mind most clearly disrupted in traumatic presentations.

Trauma and time

Trauma as a process requiring psychological treatment within medicine dates back to the 19th century,[8] and much of the work that was carried out by Pierre Janet is still relevant and being used by writers such as Van der Kolk today.[9] Thus, as the philosopher Agnes Heller says, trauma is part of a specifically modern narrative (2009, p. 104), and it is this modern narrative of trauma that now requires some discussion. It is critical to note that trauma is a specific process and manifestation of human catastrophe, which can be structural, personal or historical in nature.

Thus, while trauma as a psychological process is often described by its neurobiological qualities, it should also importantly be described in more nuanced ways which pay careful attention to the interiority of the experience and the implicit meaning complexes bound up in such experience. One key register common to the interiority of traumatic process is disruption to the temporal features of mind.

Trauma in some sense can best be defined by its temporalised characteristics, or perhaps more accurately, its de-temporalised form. The traumatic process has a quality of repetition. When described

8. The modern history of trauma is perhaps first recognised in the early research into railway accidents in the early to mid 1800s. See Caplan, E. M. (1995). Trains, brains, and sprains: Railway spine and the origins of psychoneuroses. *Bulletin of the History of Medicine*, 69(3), 387–419; Harrington, R. (2003). On the tracks of trauma: Railway spine reconsidered. *Social History of Medicine*, 16(2), 209–223.

9. Van der Kolk, B.A (1989). Pierre Janet and the breakdown of adaptation in psychological trauma, *The American Journal of Psychiatry*, (1989), 146:1530–1540.

in psychoanalytic language, trauma may be framed as an event that is locked into a recursive pattern and process within the person's lived or narrative experience (Terr, 1984).

Trauma, in this de-temporalised sense, has a quality of the never-ending. It often generates a feeling of inescapability in the experiencer and can create a sense of absorption within a world of horror and fear. Perhaps, the most devastating quality of trauma is not just the damage to the body but rather the damage to temporality: time is essentially ruptured, and through this rupture of time and experience one's relationship to the world is brought into question (Fraser, 1981).

Time is the quality that adds a unifying thread to one's experience and one's world, and because human beings by nature are historical beings—humans comport themselves into a future through a past (Heidegger, 1962)—a traumatic process that is unable to be placed into the past fully, due to sensate and affective disruption, is unable to be absorbed into the present, and therefore, by definition, discontinues and disallows the possibility of a future.

Trauma, in this sense, freezes experience into an eternal present, a present in which one is forced to re-live and re-experience through an undergoing of the horrors and fears that have been experienced in the past.

In this sense, trauma has a horizon that never collapses into the past, and so trauma and traumatised people actually live in a different way and in a different world than so-called 'normal' people whose sense of temporal comportment has been outlined by thinkers such as Heidegger (1962).

If human beings are temporalised creatures, then the traumatised person in some ways takes on a different mode of being than the non-traumatised population. They inhabit a mode of being that is often disorganised and appears temporally and subjectively broken, where tragically, the ability of the person to form new horizons or new ways of living free from the past, is profoundly compromised or non-existent.

From a biological perspective, such a process is associated with the overactivation of the hypothalamic-pituitary-adrenal axis, thought to subordinate functioning of the medial pre-frontal cortex, an area of the brain strongly associated with reflective functioning (Sherin & Nemeroff, 2011). Thus trauma in the disruption of time also carries forth a disruption in reflective or meta-cognitive functioning (Dimaggio, et. al., 2007; Semerari, et al., 2002). This disruption is likely connected to the heightening of survival-based reactivity, sometimes described as hyper- and hypo-arousal in the trauma field.

This temporal feature of trauma means that there can be no real healing by catharsis alone in the treatment of trauma. It is impossible to really move on within trauma since by definition trauma is self-enclosing and sequestered. Rather, the moving-on process can only occur when the trauma begins to move from its de-temporalised state into the realm of the temporal and with it into the realm of suffering. By 'suffering' we mean the temporalised experience of the sensate, affective, symbolic and cognitive phenomena associated with trauma. When such experiencing occurs within a clinical setting the trauma may be transmuted into a temporalised suffering. This is sometimes described as 'working clinically within the client's window of tolerance', and it is through gradual, steady, slow and repeated exposure in order to temporalise experience that traumatic process can be resolved.

It is when trauma is made into suffering that it becomes temporalised, and thus experience-able, and it is only through this process that feelings may begin to free themselves of their defensive enclosure so that memory may be processed and understanding may occur so that the individual is able to retrieve some sense of a fluid narrative of self.

Trauma and defence

The intersection of trauma and defensive organisation and its failure is an important one when seeking to understand trauma as a process.

Breuer and Freud, (2009/1893) advance the position that dissociation is the result of defence hysteria. Freud's essential point is that dissociation occurs when the ego actively represses memories of a traumatic event in order to protect itself from re-experiencing the painful effects that can be associated with the retrieval of such memories[10]. The basis of repression can thus be seen as the protection of ego integrity from material that is too dangerous for the psyche to consciously experience, or in another register, trauma denotes a process surrounding events that cannot be experienced and therefore also cannot be temporalised as discussed above, yet trauma may well be understood as the

10. While dissociation is long associated with trauma, the concept has received important attention in recent years which has returned it to its earliest conceptual formulation as an intra psychic division. See: Nijenhuis, E. R., & Van der Hart, O. (2011). Dissociation in trauma: A new definition and comparison with previous formulations. *Journal of Trauma & Dissociation*, 12(4), 416–445.

defensive phenomenal process of the avoidance of experience (latent manifestation) as well as the failure of this defensive structures or mechanisms (gross manifestation).

The failure of defence may be because the defensive structure fails to endure the unintegrated experiences of trauma, in such cases material may at times emerge slowly over years, slowly gnawing away at the original defensive mechanisms, until the trauma emerges through indirect means, such as symbol and symptom revealing a disruption to the foundations of mind and at other times the traumatic experiences rush in and invade and engulf the immediate present (Liotti, 1999) .

Thus, when defensive structures fail, trauma process can generate memories and experiences that in effect possess the individual, rather than a series of contiguous events that the individual possesses as their history. In this sense, the failure of defence produces in the client an atemporal frame of self and experience; a state in which the individual is stuck in a disorganised flood of sensate and affective experience, decontextualised from their relationship with the present, this failure of defence is a profound feature of traumatic disorders.

Trauma, relationality and communicability

Because of the profound disruption that can be caused by trauma, the process of mind and self are anything but 'everyday' or 'normal', for in such a state, trauma processes generate an affective rupture that makes being in relationships with the world almost or completely unbearable. Tragically, the rage and despair and chaos that occurs for many sufferers at this juncture often leaves death through suicide seemingly as the only tenable option for relief (Fox, Dal, Hollander, et.al, 2021).

The cognitive, sensate and affective ruptures by which the past continually invades the present shows that trauma is essentially inscribed upon the body and trauma becomes instilled and inscribed into the body, hence the popularity of various modes of somatic and bottom-up processing for trauma treatment in recent years.

Trauma by its nature is a process whereby positive, creative and imaginal acts of the body are limited, and the body is forced to respond to the catastrophe of the world through a more passive state of symptom creation and psychological defence formation. This in turn can lead to certain reductions, hardness and brittleness in the trauma sufferer's sense of self.

Correlations with neurobiological function suggest that as the brain orients towards survival via the hypothalamic-pituitary-adrenal axis (HPA) axis, so too do higher forms of cognitive functioning diminish (Karstens, Korzun, et al. 2019). It may be that trauma is a process that disrupts the organisation of mind both at the biological and symbolic level as well as at the subsequent levels of processes associated with agency and identity. These disruptions may in turn have profound effects on the relational capacities of trauma sufferers.

Trauma may overshadow the emotional world of the individual and form a region of loss within the person's everyday reality. In this sense, trauma may be thought to be defining of the organisation of mind through the manner in which this process reorganises or disorganises the registers of cognition, affect and sensation.

Trauma, it has been noted, is characterised by the polarised responses of either affective blandness or over-reactive and unregulated affective qualities (Agorastos, Pervanidou, Chrousos, & Baker, 2019). Yet this sense of affective loss is secondary to the subjective experiences of relational and communicative disruption.

Traumatised people often experience the loss of innocence, the loss of love and the inability to relate, and this inability forms secondary regions of loss that haunt the sufferer (LaMotte, Gower, et al, 2019). As Dostoevsky reminds us; "What is hell? I maintain that it is the suffering of being unable to love" (2009, p. 622). This is frequently the greatest cost for those suffering from disorders associated with trauma. Thus, trauma may dramatically corrode the sense of agency and personal interrelation to such an extent that the world itself becomes lonely and ruptured. Within the mentalisation literature, epistemic trust is either ruptured with commission trauma or fails to develop in the first place with omission trauma (Fonagy et al., 2019), thus the ability to know oneself, the other or the world is corrupted and what is organised as mind forms around and through fractured foundations in those suffering from trauma.

Trauma and memory

The dilemma of how a client reconciles their past and future can become a story of a kind of double memory, where clients, particularly those with dissociative and personality disorders, often demonstrate a profound split between who they are and the victimised, violently violated and traumatised individual they have been or secretly remain.

"Trauma, sadly, often remains voiceless and unheard within the individual, erupting perhaps as symptom, a symptom that is a symbol of a deeper, more complex and more difficult psychological process that must be undergone."

Because of the way we have suggested that trauma relates to time, trauma may not always be acute in its manifestation. Rather, trauma may take time to decant through ordinary world time before it manifests within the psychic life of the individual. Such is the power of the dissociative defences and the associated retrograde amnesia of traumatic experience (Staniloiu, Kordon, & Markowitsch, 2020).

For instance, the client who was raped in childhood can experience sudden and destructive intrusions of memory in their thirties – the reorganising quality of trauma can take decades to manifest. The events causing the trauma process are at the time of immediate and actual occurrence, too sharp, too violent, too inexperienceable for the individual to integrate, and so the repressive and dissociative mechanisms that have evolved to protect the individual from these experiences relegate the traumatic incident(s) into the unknown, into the unnamed, into an unclaimed region of the unconscious and de-temporalised spaces of the deepest and most ancient reaches of the body, unavailable to present time awareness. This unclaimed quality often, but not always, sees trauma slowly gnaw away within the individual.

From a neurobiological perspective, it is hypothesised that the brain's memory retrieval pathways are not reinforced for experiences that are life-threatening or destructive. The implications for this in the clinical treatment of trauma seem significant as this suggests that the capacity of cognition to connect with affect and sensation may be radically reduced in trauma presentations and it is this process that seems crucial in treatment.

The crucial dimension in reflecting on memory on trauma is to understand that the organisation of memory is central to the formation of a coherent sense of self and agency, and disruptions across this domain have profound effects on a trauma client's sense of self.

The breakdown in memory system organisation in trauma sufferers then often sees repressed or dissociated memory emerge and erupt against the will of the sufferer. This constitutes a clear subjective feature of those experiencing trauma. These disorganised memory processes may emerge as symptoms and symbols of a disorganisation of mind that require integration and processing for an integrated, over-arching psychological narrative of organisation to occur. Such organisation hinges on experiencing and organising memory and, importantly, such ordering includes the process of forgetting. Damage and disorganisation of implicit and explicit memory systems is an enduring feature of trauma process and as such is also an enduring dimension of clinical practice.

Trauma, resource and agency

Trauma is, by definition, always a crisis. It is a manifestation of a lack of resources in coping with and dealing with experience. It is thus the degree of resources that likely explains why some minds are traumatised and disorganised in the face of violent stimuli and others are not.

Trauma creates a continual sense of lacking in sufferers. It often carries with it the subjective feeling of 'I can't', and this lack leaches into all registers of the trauma sufferer's world and experience. For this reason, one of the foundations for trauma recovery is the establishment of resources in the initial phase of treatment.

Psychologically speaking, we may say that trauma is always in some way demanding a voice, demanding to be felt, demanding to be experienced, demanding that the individual bear the suffering that is required for it to become unforgotten, so it can be forgotten, demanding our time in all the meanings that this carries.

As Cathy Caruth states:

> Trauma seems to be much more than a pathology, or the simple illness of a wounded psyche: it is always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available (1996, p. 4).

Trauma, sadly, often remains voiceless and unheard within the individual, erupting perhaps as symptom, a symptom that is a symbol of a deeper, more complex and more difficult psychological process

that must be undergone. In this sense, trauma creates a disruption to agency as the traumatic process itself often takes the form of an agentless agent within the mind of the sufferer, seeming to not just undermine internal resources but also agency itself. These kinds of disruptions of mind must be redressed if the person suffering from trauma is to regain their presence amongst the world of time. The seeming relentless demand of trauma to be heard, felt and spoken, may be a deep indicator of the mind's self-organising qualities.

In summary, trauma is a particular process that seems to disrupt the organisation of mind across a number of key interrelated domains. Trauma treatment in its simplest form may be understood as a reorganising of the disrupted process of mind.

Organisation of mind

The concept of organisation of mind is one used in a number of registers often not clearly demarcated in psychological practice. The most obvious use of the term organisation of mind is a reference to the organisation of mind as an organisation of brain. (Shallice, Cooper, & Cooper, 2011). Yet reductionism of this kind has substantial problems primarily because it defers providing a satisfactory account of mind by merely explaining one thing (mind) by describing another (brain). Thus, while there are undoubtedly neuro-biological correlates for mental phenomena in trauma sufferers, such as potential enlargement of the amygdala (Cacciagli, et al., 2017; Signorelli, et al., 2021), such accounts must always fall short in describing the subjective human experience of trauma in totality[11]: human experience is always a more totalising event than a series of biological circuits within a brain. In short, brains are simply the wrong level of organisation to fully discuss higher level events such as minds and the disturbances that occur within this register for trauma sufferers. Thus, a more refined sense of organisation of mind is required to make full sense of the manner in which minds are organisational and in what manner trauma is disorganising. Such an account must be able to integrate and extend neuro-biological insights beyond simple reductionist accounts.

The concept of organisation of mind in psychological practice dates back at least to the work of Freud and his use of the term 'psychical organisation' (Breuer & Freud, 2009/1893). In this sense, organisation of mind is characterised in Freud's notions of psycho-sexual development, which has led to classical distinctions between neurotic, psychotic and borderline organisation.

These distinctions were made most clear by the work of psychoanalysts such as Kernberg (1967) and Kohut (1971). Thus in the early history of psychological practice, there were discernible patterns of organisation of mind detected and thought about (Poupart, 2014). As early as 1937, the early personality theorist Gordan Allport stated that personality is a matter of coherent organisation of the properties of individual minds (Allport, 1937)[12]. Freud appears to have articulated the question of organisation of mind through his contact with the works of Janet when he states; "According to… [Janet]… the hysterical disposition consists in an abnormal restriction of the field of consciousness which results in a disregard of whole groups of ideas and, later, to a disintegration of the ego and the organisation of secondary personalities" (Breuer & Freud, 2009/1893, p. 94).[13] Thus in the very origins of modern psychological practice, reaching at least back to the work of Janet, one finds the question of organisation of mind and trauma as an inextricably linked affair.

Trauma seems to damage the organisational properties of mind, and this often damages the foundations of personhood at the subjective level of mind. Trauma, conceived as a process that disorganises the mind, then diminishes possibility and robs an individual of the experience of their own creative responses of a full and optimised mind. Trauma, as we have stated above, disorganises human minds along certain vectors.

Trauma may be framed as a disorganising process upon the mind of the sufferer that whilst having shared qualities is highly variant in form and feature. Another way of describing this is that trauma as a process is diverse and heterogenous in manifestation that may well have shared features across sufferers but is always contextualised within implicit meaning complexes.

11. There is always an explanatory gap as Chalmers has identified between neuro-biological aspects and the qualia (2007).

12. For an updated account of personality coherence see: Fournier, M. A., Di Domenico, S. I., Weststrate, N. M., Quitasol, M. N., & Dong, M. (2015). Toward a unified science of personality coherence. *Canadian Psychology/Psychologie canadienne,* 56(2), 253–262.

13. Janet's contribution to the concept of organisation of mind is profound. Janet laid down many concepts that are still central to trauma treatment of disorganisation of mind. Yet perhaps his most obvious influence in the anglophone psychology is through his influence on the developmental model outlined by Jean Piaget. The very notion that the human mind develops is profoundly connected to the process of organisation. For a paper addressing the relationship between the ideas of Janet and Piaget see Amann-Gainotti, M. (1992). Contributions to the history of psychology: LXXXV. Jean Piaget, Student of Pierre Janet (Paris 1919–1921). *Perceptual and Motor Skills,* 74(3_suppl), 1011–1015.

In this sense, the individual survivor of a car crash is radically different from the survivor of systematic developmental abuse, and the traumatised solider is radically different again, and individuals within these populations are subjectively variant as well. Importantly it seems that these subjective differences will also be registered at a neurobiological level (Lanius et al., 2006). Understanding trauma then requires a clear navigation of universal features and specific manifestations across populations as well as within populations.

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