

Recommit to the Journey

Having answered the call to action and becoming acquainted with one's mythopoetic mentor, identifying dominant defense mechanisms and life traps, as well as discovering metaphorical allies to guide clients through the self-concept reformation process, role-play can be employed at this juncture of treatment to gain the skills needed to forge forward on their therapeutic path. At this stage of the therapeutic process, the client prepares to directly confront aspects of their "personal shadow," (Zweig, 2020. p. XVI) that perpetuates the symptoms of the client's post-trauma self-concept. A spark of awareness may reveal the simple existence of the shadow in general. However, to discover the nature of one's personal shadow, one must become conscious of projecting attributes of post-trauma implicit mental representations, qualities associated with a complex for example, onto others. "We project by attributing this quality to the other person in an unconscious effort to banish it from ourselves, to keep ourselves from seeing it within" (Zweig, 2020. p. XVIII).

Other ways to glimpse the personal shadow include the following: (Zweig, 2020. p. XVIII).

- In our exaggerated feelings about others.
- In negative feedback from others who serve as our mirrors.
- In those interactions in which we continually have the same troubling effect on several different people.
- In our impulsive and inadvertent acts.
- In situations in which we are humiliated.
- In our exaggerated anger about other people's faults.

While we may naturally discover these projections in daily life, role-play is a therapeutic strategy for eliciting personal shadow facets. Through roleplay, "successful and spontaneous behaviors are reinforced, while ineffective adaptations become immediately apparent and are gradually extinguished" ("Psychodrama Theory (2)", 2021). As the counselor helps the client elicit

fundamentals of their monomyth, clients learn to foster the transcendent function and improve mastery over automaticity. Hudgins (2002) proposes role-play may facilitate the recall of mind-body memories, emotions, and thoughts. It provides “a multi-sensory approach to preparing one for examining unconscious influences, as well as potentially providing an inoculation for preventing re-traumatization when re-integrating dissociated memories into conscious awareness. resulting in affective, sensory, cognitive, interpersonal, and behavioral insights and changes.

The repeated retelling of trauma narratives assists participants to habituate to experiences that have precipitated symptoms of post-traumatic stress” (Westerman, Cobham, & McDermott, 2016). From this, the client learns to “withstand the ambiguity of the distress and the relief we feel as we detach from the old and familiar” (*Entering the Dark Forest of the Psyche*, 2019). Using role-play as a form of imaginal exposure, clients identify strengths and skills they currently or historically have used for addressing inter-environmental vulnerabilities, as well as intrapsychic distress and somatic discomfort. The Counting Method is a specific technique designed to assist clients in discovering “that it is possible to survive the disorientating experience of switching from one state to another” (Knox, 2005. p. 182). The “counting method” (Ochberg, 1991) allows for the client to recall the specifics of a traumatic event, quietly; to him or herself, while the counselor counts to 100 aloud. The client and counselor engage in therapeutic activities and dialogue intended to arouse “optimal emotional intensity, strong enough to assure association with the original trauma, but not so strong as to obliterate the recognition of mastery and respect” (Ochberg, 1991).

“The Counting Method works, theoretically, in several ways. **First**, the traumatic memory is connected to the therapist's voice and to the experience of therapy. A terrifying, lonely piece of personal history is associated with the security, dignity, and partnership of Post-Traumatic Therapy. Future recollection, spontaneous or deliberate, may evoke aspects of therapist and therapy and therefore be less frightening and degrading. **Second**, the memory is contained within an interval of 100 counts less than two minutes. This means that a relatively brief dose of traumatic recollection is received. Moreover, some control over the initiation, continuation, and conclusion of that recollection is experienced. With practice and encouragement, the client determines the duration of a particular memory and feels less anxious about future episodes of spontaneous recall. **Third**, the intensity of dysphoria is deliberately raised and lowered during the counting. This affords another dimension of mastery, dosing and titrating one's thoughts and feelings, leading to enhanced self-control” (Ochberg, 1991).

Through role-play and activities like the counting method, the client “slowly discovers that it is possible to survive the disorientating experience of switching from one state to another (Knox, 2005. p. 182). Roleplay may be disquieting and even intense at a multisensory level. In the best of cases, though, “it is the price of admission to an authentically renewed life” (*Entering the Dark Forest of the Psyche*, 2019). Nonetheless, the clinician and client must take measures to create a psychologically safe environment to reduce potential for re-traumatization and promote confidence in participating in the clinical intervention.

The psychological risk of recommitting to the therapeutic journey must not be underestimated. “Though the terrors will recede before a genuine psychological readiness, the over-bold adventurer beyond his depth may be shamelessly undone” (Campbell, 1972. p.84). To promote psychological safety, Hudgins (2002) emphasizes a) informed consent, b) effective assessment, and evaluation, c) accepting client limits, as well as a d) strong therapeutic alliance between client and counselor as key safety protocols. As for assessment and evaluation, the process is ongoing and formative. To begin with, one must identify a baseline state, to which the client may return if they become too dysregulated, as well as a strategy to employ for returning to baseline. As an example of informed consent, it is crucial that clients understand, employing

techniques such as role-play will “induce symptomatology as part of the therapeutic process and should be seen as part of the path towards recovery” (Wells, 2004, p. 5). To this end, “it is particularly useful to explore previous experiences of safety and competency and to activate memories of what it feels like to experience pleasure, enjoyment, focus, power, and effectiveness before activating trauma-related sensations and emotions” (van der Kolk, 2006, pg. 4). Self-management skill such as mindfulness, breathwork and recalling pleasant, anchoring-imagery are a few of the many grounding strategies one must learn before engaging in experiential therapy.

Dayton (1994) emphasizes that counselor’s must not push clients beyond their ego strength and emotional capacity. In the spirit of humanism and as a counterbalance to the technique of facilitating a role-play is the therapeutic alliance. “Therapists must accept limits, shifts in script and role and be acutely attuned to body language that indicates when the protagonist needs a check-in, grounding or a break” (Dayton, 1994). Ultimately, techniques such as the Counting Method and role-play, along with a concrete therapeutic alliance, insights about one’s mythopoetic mentor, defense mechanisms and supernatural aids prepares and trains the client for crossing the threshold of conscious awareness into the depths of the abyss.