

# God-Talk as a Means of Healing: A Spiritual Rebirth Through Novel Writing and Auto-Analysis<sup>1</sup>

Ferdinand D. Dagmang\*

**Abstract:** In this article, I discuss how I dealt with various traumatic experiences through the processes of novel writing and academic analysis. The novel writing involved a process of re-experience where I was able to empathize with my previous self-in-quandary who needed the abiding presence of the creative Divine Therapist. The academic writing involved a realignment of personal history via the classic stories of Teresa de Ávila, Juan de la Cruz, and Thérèse de Lisieux and toward the salvific (soteriological) regard of Jesus whose own narrative of suffering may theologically chart other stories of suffering.

**Keywords:** trauma, self-expression, creative non-fiction, Divine Therapist, healing, spirituality

## Introduction

*Candlelights*<sup>2</sup> is a novel based on my experiences in

---

♦ Dr. Ferdinand D. Dagmang is a Professorial Lecturer at Ateneo de Manila University, De La Salle University, and Maryhill School of Theology. His current researches deal with Basic Ecclesial Communities, popular religion, ethics, sexuality, and the effects of structures/systems on theories and practices. His book/final report on *Basic Ecclesial Communities: An Evaluation of the Implementation of PCP II in Ten Parishes* was released in 2015.

<sup>1</sup> This article was published in *Journal of Dharma* 37/3 (July-September 2012): 325-338; reprinted here with kind permission from the publisher.

<sup>2</sup> The novel appears under my pen name Karla H. Marco, *Candlelights: Memories of a Former Religious Brother Seminarian* (Quezon City: Central Books, 2012). The first companion work of the novel *Candlelights* is my published article: "Ecological Way of Understanding and Explaining Clergy Sexual Misconduct," *Sexuality & Culture* 16 (2012): 287-305; or *Sexuality & Culture* (19 November 2011): 1-19. doi:10.1007/s12119-011-9124-z. The second is this

*MST Review* 21 no. 1 (2019): 1-30

## 2 • God-Talk as a Means of Healing

a monastic setting, including my own reflections gained through the novel's writing process. The experience/re-experience of trauma (and its 'domestication') is one major element of the novel which served 1) as the *central motif* in the way I gave flesh to my own character, Kari, the protagonist, 2) as a *driving force* for the simple acts of making myself disposed to and in constant communion with the Divine, and 3) as a *main strand* that links together the following: (a) my past and present life, (b) the religious life which has a long contemplative tradition and a mystical approach to experiences of trauma, (c) the Transcendent as object of my personal quest, and (d) the potential readers and myself as the novel's central character.

As a spiritual memoir, it is a composition offered in the form of self-examination/auto-analysis and a presentation of my struggles to God. This present article is a meta-analysis, through which further disclosures and discoveries of truths have become possible. The talk about the whole experience of religious life, communication through the novel and this present work serve to present a more integrated presentation of God-talk through spiritual rebirth.

### **The Novel's Plot**

Kari, the protagonist, initiates a journey, a quest, in response to a perceived calling to monastic life. After a tense 'farewell' scene with his parents, he brought himself, warts and all, to the Trappist Monastery in Jordan, Guimaras, Philippines, where a devastating but self-revealing experience forced him to face his own demons. The inner forces that vehemently intruded into his mind and body pushed him to backtrack and return

---

present study that dwells on the use of the novel as a form of communication of a psycho-spiritual quest.

home, after only three days of stay in the Trappist's guest house. This is his first encounter with the hidden forces which were lurking inside him. The experience of separation, isolation, exterior silence, and helplessness triggered the surfacing of involuntary memories/forces previously hidden from his awareness.<sup>3</sup>

Three months after the Guimaras Trappist monastery fiasco – months of waiting and discernment – he applied and was accepted as a postulant of the Candlelights, a religious congregation which adopts the contemplative tradition based on the teachings and examples of the three great saints Teresa de Ávila, Juan de la Cruz, and Thérèse de Lisieux. After six months of postulancy, he was confirmed as a novice. He took his first temporary religious vows after a year of novitiate and renewed this four more times until his voluntary exit from the congregation.

Inside the Candlelights, Kari faced not only his own fragility/infirmities but also the failings of other monks whose behavior went against the monastery's ideals and traditions. Mediocrity and misconduct committed by several of his confreres shook Kari's already traumatized mind. The presence of inner-world and

---

<sup>3</sup>Berntsen wrote about involuntary autobiographical memories that help “to keep our temporal horizon wide. Through such memories, past events are rehearsed and maintained with little cognitive effort. Involuntary memories automatically make us aware of the fact that our life extends way back into the past and probably a great distance into the future as well. They tap us on the shoulder and remind us that we should adjust our present behavior accordingly.” Dorte Berntsen, *Involuntary Autobiographical Memories: An Introduction to the Unbidden Past* (Cambridge: Cambridge University Press, 2009), 4.

This is also referred to in the article of Spence as passive memory. Donald P. Spence, “Passive Remembering.” In Ulric Neisser and Eugene Winograd eds., *Remembering Reconsidered: Ecological and Traditional Approaches to the Study of Memory*, pp. 311–25 (New York: Cambridge University Press, 1988).

#### 4 • God-Talk as a Means of Healing

outer-world contradictions further disturbed Kari's almost heroic efforts to conquer self. Eventually, he decided to leave the Candlelights. His departure from Candlelights did not, however, point to the defeat of Kari's goal. It rather provided a contrast to the downspiralling movement of the Candlelights as it was being pulled down by the irrational behavior of many of its members. While the Candlelights is stifled by humanity's perverse and middling efforts to face religious life's formidable challenges, Kari's exit testified to a growth in personal capacity which becomes a sign of hope in his prospect of bouncing back in future quests. Moreover, Kari's exit did not diminish the meaning of his conquest of self and determination to further pursue self and God. The story also gives an account of how a deep personal commitment to the Christian interior life may thrive if the appropriate support or conditions are available. Kari gained a renewed sense of self and reality after having listened to God's re-creative presence through his own quest and suffering. Kari's return to his parents' home provided the plot's final moments.

#### **Kari's Trauma and Post Traumatic Stress Disorder (PTSD)**

Kari became a member of the religious congregation better known for its three saints who have personally struggled with their respective traumas in their journey toward spiritual maturity and divine intimacy – all their writings reflect the harsh sufferings they endured in life.<sup>4</sup> The novel reveals Kari as psychologically

---

<sup>4</sup>St. John of the Cross was incarcerated for 9 months inside a cubicle just large enough to fit his body plus he was subjected to public lashing before his Carmelite community. It was during this time when he completed a large portion of his most famous poem,

traumatized but his determination to lead a contemplative prayer-life brought him closer to God and, thus, healing, spiritual growth, and transformation.

The first seven chapters of the novel present Kari's traumatized (and trauma-disposed) state, that is, he suffered from some sort of post-traumatic stress disorder (PTSD).<sup>5</sup> In the novel, under the pen name of Karla H. Marco, I gave the reader some insights about my/Kari's condition:

1) The first sign of the presence of PTSD in Kari was his characteristic hyper-aroused reactions against his parents who failed to support him in his ambition to pursue a career in music (3-29).

2) Next is his extreme reaction to a 'desert' environment after his separation from his family and his girlfriend. The symptoms of PTSD showed during his brief stay in the Trappist monastery's guest house in Guimaras (42-51).

A prolonged version of the Guimaras episode was replayed in the Candlelights monastery; but this time Kari, as a postulant, was determined to continue the pursuit of religious life and face his turbulent self too. After three days without sleep and months of interiorized experience of terror, he finally gained a different sense of self (see section on 'The

*Spiritual Canticle.*

Sta. Teresa de Ávila suffered from malaria for a long period without the benefit of modern-day anti-malaria medications.

Descouvemont reports that after feeling abandoned by her elder sister/surrogate mother who entered the monastery, St. Thérèse de Lisieux, whose mother died when she was four and half years old, suffered from nervous tremors and "reacts to an emotional frustration with a neurotic attack." Pierre Descouvemont, *Therese and Lisieux*, photos by Helmuth Nils Loose (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1996), 53.

<sup>5</sup>Discussed below; see Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton, New Jersey: Princeton University Press, 1995).

## 6 • God-Talk as a Means of Healing

Contemplative Way,' below). What happened was that despite the storm and stress, Kari still could live more or less as expected from him by the congregation. More importantly, he listened to the three great saints and followed their contemplative forms of prayer; he did not lose sight of his goal – never gave up hope as he constantly invoked the Divine despite his plunge into his own version of chaos and dark night (56-112).

3) A more common experience of trauma is revealed in Kari's reaction to the earthquake that struck on August 2, 1968 at a magnitude of 7.3 on the Richter scale (19-20) and brought down Manila's Ruby Tower.

The succeeding chapters of *Candlelights* present other episodes where Kari's staying capacity and tolerance were further challenged by more shocks and unexpected discoveries inside the monastery – new episodes are juxtaposed with older/previous traumatic experiences that further show why Kari is extremely vulnerable to shocking events (107-110; 171-174). Other trauma-inducing episodes, some 'minor,' others 'major,' further occupied the pages of *Candlelights* (203-204, 198-202, 245-250).

### **PTSD Clarified**

The American Psychiatric Association's fourth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) has the following diagnostic criteria for PTSD:

A. The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways: (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed. (2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content. (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific re-enactment may occur. (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following: (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma (2) efforts to avoid activities, places, or people that arouse recollections of the trauma (3) inability to recall an important aspect of the trauma (4) markedly diminished interest or participation in significant activities (5) feeling of detachment or estrangement from others (6) restricted range of affect (e.g., unable to have loving feelings) (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following: (1) difficulty falling or staying asleep (2) irritability or outbursts of anger (3) difficulty concentrating (4) hypervigilance (5) exaggerated startle response.

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

## 8 • God-Talk as a Means of Healing

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The *cause* of Kari's suffering/s (Criterion A,1, above) whose symptoms resemble those of DSM's PTSD (Criteria D, E, and F) is not easy to determine. He has no remembrance/recall of any act of abuse or external traumatic experience before the 1968 earthquake; yet his re-experienced fears in Guimaras or the early months in *Candlelights* do not seem to have any link to the earthquake event. In fact, even before the earthquake episode, the 13-year old Kari already exhibited signs of hyper-vigilance and hyper-arousal (cf. reference to his sufferings from a serious case of skin allergy and chronic asthma). In other words, he was already a trauma-stricken Kari even before the traumatic Ruby Tower episode—that is, even without the recalling of any event, Kari's memory (brain/brain function) had already been injured. What caused these signs of woundedness in Kari's character? Clearly, DSM's diagnostic criteria must be informed by other explanations especially those from recent researches in the biopsychosocial approaches to health and epigenetics. Without those explanations, DSM-IV remains blind.

The following lines from *Candlelights* may help us piece together the Kari puzzle:

Kari's departure brought them [parents] back to their earliest memories of Kari the infant who suffered much from allergies and milk intolerance – they had to feed him (belatedly) with a special hypoallergenic infant formula called Nutramigen. Researchers today have discovered that allergy to casein in cow's milk (and to gluten in wheat) bring about gastro-intestinal inflammation that allowed enzymes, partially undigested proteins, and toxins to



escape from the gut; these enter into the bloodstream and could reach the brain, producing neurological inflammations and negative effects on a child's mood, disposition, and personality ... Partially undigested proteins, called peptides, resemble opiates and have an effect much like morphine or heroin in the brain and nervous system. Long-term exposure to these opiate peptides can impair a developing brain and also affect behavior (9-10).

If we categorize Kari's hyperarousal and hyper-vigilance as exaggerated reactions and hypersensitivity to situations similar to the 'original experience,' there is no original *external* (observable) traumatic experience to talk about, except if we regard his chronic exposure to allergens (casein and gluten) as the original, but *internal* (invisible), traumatizing event, explaining the PTSD in Kari. Without any other original cause to talk about, toxins and enzymes reaching and inflaming his brain would be the most plausible explanation for Kari's wounds which also showed signs in his chronic asthmatic attacks, inability to concentrate (reading a page of a book 4-5 times before he could absorb what the author is saying) and his manic-depressive behavior (recurring 'highs and lows' episodes). This way of judging Kari's underlying troubles is not really the concern of mainstream diagnosis (which would say: "Diagnosis is based on behavior, not cause or mechanism.") or part of DSM's criteria (unless this is seriously considered in the DSM-V consultation process<sup>6</sup>); but more and more medical and psychiatric practitioners are already moving toward this state-of-the-art knowledge which always emphasizes on the etiology and epidemiology, or, better still, the genealogy and ecology of diseases—incorporating the 'deep

---

<sup>6</sup>See John E. Helzer, et al., eds, *Dimensional Approaches in Diagnostic Classification: Refining the Research Agenda for DSM-V* (Arlington, VA: American Psychiatric Association, 2008).

diagnosis' of various systems, structures, apparatuses, and mechanisms including worldview, discourses, morality, doctrines, and the like, in the understanding of ailments especially the ones we call environmental illnesses.<sup>7</sup>

One of my daughters (a Fine Arts student) suffers from psoriasis – another condition resulting from an allergy-induced gastro-intestinal inflammation that causes the 'leaky gut' syndrome. When she was born, she was denied of breast-milk because her mother was ill. She was fed with non-hypoallergenic infant formula (market pushed; in fact, in some hospitals milk products are offered by manufacturers as 'gifts' [a Trojan horse] to the nursing mother) which afterwards produced in her extraordinary signs of reactive stress or anxiety: she would cry for hours until she falls asleep and when she wakes up she would be crying again even after her

---

<sup>7</sup>See Ferdinand D. Dagmang, *The Predicaments of Intimacy and Solidarity: Capitalism and Impingements* (Quezon City: Central Books, 2010), esp. Chapter I.

Cf. the case of Ernest Hemingway who suffered from hemochromatosis – the inability to metabolize iron, thus, the iron overload in the body. He was diagnosed with the disease which he and his siblings may have inherited from their father who committed suicide. James R. Mellow, *Hemingway: A Life Without Consequences* (New York: Houghton Mifflin, 1992), 367; Rose Marie Burwell, *Hemingway: The Postwar Years and the Posthumous Novels* (New York: Cambridge University Press, 1996), 189. The undigested element caused 'wounds' to the brain and body resulting in mental and physical deterioration. His sister and brother also committed suicide. Charles M. Oliver, *Ernest Hemingway A to Z: The Essential Reference to the Life and Work* (New York: Checkmark, 1999), 139–149.

See also Susan M. Gasser and En Li, eds., *Epigenetics and Disease: Pharmaceutical Opportunities* (Basel: Springer, 2011); Alexander G. Haslberger, ed. and Sabine Gressler, co-ed, *Epigenetics and Human Health* (Weinheim: WILEY-VCH Verlag GmbH & Co., 2010); W. Doerfler and P. Böhm, eds., *DNA Methylation: Basic Mechanisms* (Heidelberg: Springer, 2006).

meal. The formula milk was never suspected as the culprit. She was merely judged as an infant ‘difficult’ to please when actually she was allergic to cow’s milk and, later, to wheat products. Her psoriasis was diagnosed when she was about 12 years old. Dermatologists were unable to treat her psoriasis until I did my own research on the ailment. Along the way, I discovered that cases of autism/ADHD were low in the 1960’s (1 in 2,000-2500 children; another study in 1970 puts it at 1 in 10,000) but turned into an epidemic today, 1 in 166 children<sup>8</sup> (some report that 1 in 50 children are born with autism) on the spectrum.<sup>9</sup> I was able to verify similar patterns of increase in the incidence of cases of asthma, eczema, psoriasis, arthritis, lupus, and the like – the problem here is allergy; the primary mechanisms are allergens in food and other toxic elements that escape through the inflamed gut and dispersed throughout the person’s whole body, producing inflammation in various organs, including the brain.<sup>10</sup> I found out that people who suffer

---

<sup>8</sup>Cf. [http://www.msnbc.msn.com/id/6947652/ns/health-mental\\_health/t/autism-cases-soar-search-clues/](http://www.msnbc.msn.com/id/6947652/ns/health-mental_health/t/autism-cases-soar-search-clues/) accessed 22 Sept. 2011.

<sup>9</sup>Psychiatrists have developed a systematic way of describing autism and related conditions which are placed within a group of conditions called pervasive development disorders (PDD). Within PDDs, the autism spectrum disorder (ASD) category includes: autistic disorder, pervasive development disorder—not otherwise specified (PDD-NOS), Asperger’s syndrome. Other conditions share symptoms with PDDs and ASDs. These conditions include Rett syndrome and childhood disintegrative disorder. See, <http://www.webmd.com/brain/autism/history-of-autism/> accessed 21 Sept. 2011.

<sup>10</sup>For the biopsychosocial explanations of allergy and the like, see Brian Jepson, *Changing the Course of Autism: A Scientific Approach for Parents and Physicians* (Boulder, CO: Sentient Publications, 2007); see also Leeann Whiffen, *A Child’s Journey Out of Autism: One Family’s Story of Living in Hope and Finding a Cure* (Naperville, Illinois: Sourcebooks, Inc., 2009).

See also Ruby Pawankar, Stephen T. Holgate, and Lanny J. Rosenwasser, eds. *Allergy Frontiers: Epigenetics, Allergens and Risk*

from food allergy (processed food from the grocery/market) would be first affected in their gastro-intestinal tract (causing inflammation), which is not possible to observe unless seen through an endoscopic gastro-intestinal probe. Enzymes, partially undigested proteins, and toxins would escape from the inflamed and thus enlarged pores of the intestinal lining. These would affect (inflammate and impair) different organs of the body causing ailments or combination of ailments like arthritis, lupus, eczema or psoriasis, and autism. Such diseases are engendered by foods that produce factors that seep through the person's leaky gut, thus inflaming or debilitating a person's brain/brain parts, kidney, lungs, skin, bone marrow, etc. – *making autism, AD/HD, psoriasis, arthritis, glomerulonephritis, lupus, asthma, etc., environmental illnesses* (this explanation, of course, takes into account the presence of a genetic *predisposition* [not genetic mental defect] to allergies).<sup>11</sup>

---

*Factors*, vol. 1 (Tokyo/New York: Springer, 2009); Idem, *Allergy Frontiers: Classification and Pathomechanisms*, vol. 2 (Tokyo/New York: Springer, 2009); Idem. *Allergy Frontiers: Clinical Manifestations*, vol. 3 (Tokyo/New York: Springer, 2009); Idem, *Allergy Frontiers: Diagnosis and Health Economics*, vol. 4 (Tokyo/New York: Springer, 2009).

<sup>11</sup>“The molecular structure of partially undigested proteins, called peptides, resembles opiates. These peptides have an effect much like opiates (i.e., morphine, heroin) in the brain and nervous system. Long-term exposure to these opiate peptides can have many damaging effects on the developing brain and also affects behavior, just as any narcotic would. The opioid peptides involved are identified as casomorphines from casein, and gluten exorphines and gliadorphin from gluten. Children with Aspergers [an autism spectrum disorder] usually have gastrointestinal problems (e.g., reflux, constipation, diarrhea, vomiting, hiccups, etc.). Proteins found in wheat, rye, oats, barley and dairy products (gluten and casein) aren't completely broken down in the Aspergers child's digestion process. These undigested proteins can leak into the bloodstream, potentially interfering with neurological processes by having an opiate-like effect upon their systems. These undigested

My daughter's psoriasis is now under control for as long as she avoids intake of foods that cause gastro-intestinal inflammation (mainly wheat [cf. gluten and Celiac sprue disease<sup>12</sup>] and milk products [cf. casein]). This knowledge about my daughter's case has, today, mediated my understanding about my PTSD. In the monastery, more than 30 years ago, all that I could do was to present my incomprehensible bio-psychological trauma and its excruciating signs to God.

### **Writing the Novel: Communicating the Human-Divine Encounter**

Trauma has been captured in its details by prose in *Candlelights*. PTSD-rooted pain and emotions took form with the narration, meshed into scenarios, knotted by events, entangled in interactions—objectifying them so that they may be offered vividly to every reader for appreciation or for a more palpable examination. The Divine Presence is in every page. In fact, by painfully incising myself with the novel's language, I have exposed my memories and revealed my own soul thirsting for God. I have consciously owned and appropriated the novel as an art that profoundly disembowels and communicates. I have done this with conviction and interest, in order to communicate not only suffering but also my eventual re-creation and

---

proteins (peptides) can reach toxic levels, with the youngster seeming to 'crave' milk and wheat products." <http://www.myaspergerschild.com/2011/02/gluten-free-casein-free-diet-does-it.html/> accessed 21 Sept. 2011.

<sup>12</sup>This has even become an issue in religion, in the case of ritual communion in Eucharistic Celebrations. See, <http://www.usccb.org/prayer-and-worship/resources-for-the-eucharist/distribution-of-communion/celiac-sprue-disease.cfm> and [http://www.usccb.org/search.cfm?site=newusccb&proxystylesheet=newusccb\\_frontend&q=use+of+mustum](http://www.usccb.org/search.cfm?site=newusccb&proxystylesheet=newusccb_frontend&q=use+of+mustum).

redemption.

*Candlelights* is a piece of literary work crafted according to the mould of the novel as a creative expression of deep and strong emotions – not propositions or explanations of some sort.<sup>13</sup> Although one may find plenty of didacticism in *Candlelights*, the novel does not dwell on the need to teach or inform. The didactic insertions still serve to communicate the profundity of trauma, its various facets in the character of the protagonist, and God's Presence pervading my mind and body.

Accounts of traumatic/traumatizing events are vital to the novel's composition of a bigger life-story and these serve as the gates that have brought me into my own depths and hopefully the same gates that would open up and lead readers into Kari's more profound experiences with the Divine. An examination of his trauma-traversed life would thus allow readers to gain entrance into Kari's past and the way this past has shaped his faith, his character, and outlook in life. With the composition's reliance on the centrality of traumatic/traumatizing events and their effects on Kari, readers are given substantial means by which they could build their understanding about what the novel may communicate to them.

*Candlelights* comes out of the depths of memory, *de profundis*. My memory became the capital of my art; it will be seen that this memory is also the storehouse of my faith. Readers, too, are invited to plumb their depths as they would accompany me who communicates, through Kari, my quest for self and God.<sup>14</sup>

---

<sup>13</sup>See Jane Smiley, *13 Ways of Looking at the Novel* (New York: Alfred A. Knopf, 2005) and Joan Gibbons, *Contemporary Art and Memory: Images of Recollection and Remembrance* (New York: I.B.Tauris & Co Ltd, 2007).

<sup>14</sup>Pain and trauma occupy a large area in the Filipino literary

The novel's composition of details did serve to show a biography filled with pain and troubles. But the same artful composition also served to announce the more creative power of God's grace, transcending the original experience and overcoming my handicaps.

The novel may project a well-planned structure but it is really a work that did not follow a ready-made neat outline. It has gradually taken its definitive form as I organized and improved it based on my own recollections-revelations-narratives that progressively tackled my trauma's genealogy and ecology – a formidable task which could be characterized as one involving after-experience multi-layered 'analytic management' (a post-factum analysis) of a once partially hidden/partially exposed disorder. Deeper layers of my own character were opaque to me when I started composing the novel, but these gradually became more visible (less opaque) as I struggled to accompany myself in the searing progressive self-disclosing narration of traumatizing experiences and their biographical truths.<sup>15</sup> In other words, an invisible story of psychological trauma's re-experience and transformation (story 3; my story not visible to the reader)<sup>16</sup> developed side-by-side the progressive narration-in-

---

spaces: *Noli me tangere*, *Satanas sa Lupa*, *Insiang*, *Maynila sa Kuko ng Liwanag*, *Slave of Destiny: Maria Rosa Henson Case*, etc. Although these works are not imbued with faith accounts, they are full of narratives that bring back painful memories into present consciousness – not only for personal but for collective consciousness as well.

<sup>15</sup>Levine writes: "In *Being and Time*, truth is understood not in the Platonic sense of *mimesis*, correspondence to a pre-existing reality, but as *aletheia*, the remembering or uncovering of what is hidden and needs to be brought into the open to be seen." Stephen K. Levine, *Trauma, Tragedy, Therapy: The Arts and Human Suffering* (London: Jessica Kingsley Publishers, 2009), 31.

<sup>16</sup>As clarified in section 4, above.

fiction (story 2; process of story-telling)<sup>17</sup> of traumatizing events, character development, divine enlightenment, sanctifying healing, and life transformation (story 1; what is being narrated in the novel). This current article (story 4; a story of analysis of stories 1-3) is an abstraction that has brought my whole experience into another stage of organization, self-analysis, and spiritual God-talk. Such stories are themselves composed of various elements and levels of discoveries and unanticipated insights into my own 'secrets.' As narrations after narration followed, disclosures after disclosures from deeper sources unexpectedly surfaced outside my plans. The whole exercise of novel-making plus analysis is like a process of uncovering of the various aspects of the self nested inside another deeply nested aspect (like a matryoshka or babushka doll) previously unknown/hidden (thus untamed/undomesticated) to my own awareness.

While writing the novel I was, however, beset with difficulties as I must muster composure, patience, focus, and courage if I should communicate my constantly agitated psyche – the aspect of my life that will drive me through a spiritual quest that starts and ends at home. The question, however, is this: if my psyche is troubled, how will I be able to name it when it is by way of my

---

<sup>17</sup>It took me approximately four-and-a-half years to complete the novel. All along, by actively unearthing my past, I would access details that made me re-experience powerful emotions that resembled the original *Sturm und Drang*. Slowly, in stress and anxiety, I would recall and, thus, narrate the details of traumatizing scenarios; and what is generally understood as inaccessible to active recall was made available by allowing numerous moments of passive remembering to take over – something that was plentiful once I allowed those painful memories to surface and not be too mindful about re-living the stress that such remembering would impose on me. This was possible only in a prayerful disposition, in the company of God.



troubled mind that I must try to give a name and put a handle to my troubles? The cognitive capacity to organize and communicate the self is handicapped in this instance; how then must I be able to compose my novel which is about a self hampered by trauma when that trauma itself constantly causes my mind to fall apart?

How can one domesticate something that has been traditionally conceived as ego shattering, overwhelming, unsettling, or paralyzing<sup>18</sup> and thus disrupts reflective functioning or, in some cases, even nearly wipes out the ability to think? To domesticate trauma means to be able to have control over untamed aspects of the self; but the overwhelming experience of trauma suggests the inability of consciousness to retrieve this significantly 'wild' and 'terrifying' part of its content. How can consciousness, not being in its normal state, run after the cause of its fall when it is actually tending to run away from it? And trauma not being available to the mind cannot be available for domestication. Trauma, being an event that brings about dissociation, cannot just appeal to consciousness and suggest to it to catch and tame that which will always prevent it from functioning normally. How can one catch and tame something that incapacitates the ability to catch and tame?

It is probably a similar question that seeks answer from a wounded healer: How can you prepare a cure when you yourself are not in good shape? Or in less

---

<sup>18</sup>Christianson and Safer refers to some of trauma's effects as "conversion reactions, where the patient exhibits physiological/sensorimotor symptoms (e.g., paralysis, numbness) without any organic basis for the symptoms." Sven-Åke Christianson and Martin A. Safer, "Emotional Events and Emotions in Autobiographical Memories," in David C. Rubin, ed., *Remembering our Past: Studies in Autobiographical Memory*, pp. 218-243 (Cambridge: Cambridge University Press, 1995), 220.

poetic instance: How can an insane prove his insanity? This may remind us about *Catch 22*, but in *Candlelights* I did not intend to escape from my task even if trauma/PTSD puts extreme demands on the memory and its representation.<sup>19</sup>

In tasking myself to recreate a past for my novel, I am confronted by the difficulty of retrieving that which is not open to voluntary active recall, because 1) recalling it arouses the pain of remembrance thus exposing my mind to unrest and 2) many of these memories are involuntary and these became available only in 'right/desirable amount' when I am not busy and occupied. The pain, in the first place, signals to the psyche to refrain from voluntary recall; second, the pain signals to the body to flee from the intruding passions – such are signals that command avoidance, more than acceptance, of involuntary and troubling memories precisely because they are not easy to bear or accept since they are not features of one's life schema or they do not form part of one's goal-directed behavior. Voluntary *active* recall is also not possible because memories hidden in my depths are precisely hidden from active consciousness. Of course, those hidden memories are available and accessible, but only when I am 'in the desert' where I am at 'rest,' free from the 'normal' world's routines, undirected by precise goals,

---

<sup>19</sup>According to Scaer, "Bringing these memories and feelings into consciousness, and providing a narrative verbal format for the experience, appears to be necessary to begin the process of integrating the memories into conscious experience, and presumably to inhibit the patient's cue-related arousal recycling. By learning to apply words to these terrible feelings and memories, the patient may begin to attain skills in containing and to some extent controlling them, and in relegating them to past experience rather than to an ongoing traumatic experience." Robert C. Scaer, *The Body Bears the Burden: Trauma, Dissociation, and Disease* (Binghamton, New York: The Haworth Medical Press, 2001), 160.

and before the Divine Presence that those ‘precious’ unbidden memories from my depths would surface – but, again, back to the turmoil.<sup>20</sup> It would seem that only the re-creative Divine presence could have made possible the sort-of ‘impossible’ plunge into the unknown, God-talk and spiritual rebirth.

To passively endure (with passive patience and long-suffering) and thus ‘perpetuate’ the blocking and sometimes anaesthetic effects of painful memories would not be promising for my intention to write *Candlelights* since I had to be actively receptive and perceptive (proactive) to the burdens of my past which shoot up like steams from the earth’s fiery sediments. I must anticipate what I could neither predict nor control, what I do not welcome, and actively grab it when accessible, even if painfully, and avoid the mistake of pushing it back to the unconscious or dissociated memory closet.

To make way for cognizance and narration, I decided to resolutely face and feel the pain that the disorder is causing me. I tried my monastic prayer style of ‘active vulnerability’<sup>21</sup> as I considered this appropriate for a novel-writing that is significantly hinged on traumatic

---

<sup>20</sup> See Berntsen, the chapter on involuntary memories of traumatic events, 143-181.

<sup>21</sup> Active vulnerability is also ‘vigilant vulnerability’ in the constant presence of God – a sustained intuitive reception and possession (a contemplation) of God’s presence and power – when the person constantly sensitizes oneself to a greater awareness of self and the Divine, especially in moments of sufferings where s/he must welcome (or even ‘seize’) pain, trauma, or any forms of distress as necessary ingredient in the persons’ crucible of purification toward self-knowledge, character development, or spiritual transformation. One must be convinced that trauma and pain could lead to one’s depths for as long as there is resolute determination and unfailing hope in God’s own time of healing and re-creation. This way of active vulnerability became a suitable way of retrieving from my depths autobiographical materials for my novel.

experiences. There and then, Divine re-creation was at its most profound presence in my depths.

I had to face and confront again my own demons or its residues to prepare myself for a writing engagement along with an analysis of my own PTSD. Through a progressive pro-active reception, the eventual face-off with the roots of my problem (through novel-writing) became a sustained episode of display/unveiling of the power of psychosomatic turmoil and my determination to actively receive and represent it. This display of and struggle with the effects of trauma, which happens on the level of composition, makes the whole novel-writing experience itself part of the long journey into my own depths, Divine company, and a constant discovery of what my depth has ‘allowed itself’ to disclose about myself and God. *Candlelights* is thus able to communicate only those materials that I have been able to retrieve and, with Divine assistance, domesticate – but this ‘limitation’ certainly has not failed in broadening and deepening my field of consciousness. Further plumbing into myself may require more journeys to my dark self. A sequel to *Candlelights* may help me toward more discoveries of truths and a profounder God-talk.

Naming the hidden pains (mediated by epigenetics [see section #4, above] and psychodynamic theories<sup>22</sup>)

---

<sup>22</sup>Recent discussions on trauma owe their insights from the pioneers of psychodynamic thinking about dissociation: Pierre Janet, Sigmund Freud, Sándor Ferenczi, and William Ronald Dodds Fairbairn.

Howell adds: “Janet’s writings about hysteria, trauma, and dissociation spanned more than half a century, and he continually expanded on his concepts regarding the impact of dissociation on mental illness during that time. However, the key premise of his theory on trauma and dissociation is that when people are terrified or overwhelmed by extreme emotion, they are unable to assimilate the experience into already existing mental frameworks, and are

was probably the start of this face-off; but this exercise was definitely not a vacation in Boracay beach (or walk in the park). It was a difficult journey into a dark past that still painfully intrudes into the present and thus not easy to negotiate. Being able to remember and re-experience a troubled and troubling past makes one also suffer a different kind, another level, of pain, a present pain of remembrance that almost always brings the afflicted to worry about his future. Composing *Candlelights* thus involved the stressful dealing with trauma along the psychic and somatic axes of pain spanning across various periods in my life. God was a faithful company in my journey.

### **The Contemplative Way: Spiritual-Theological Reflections**

In psychotherapy, the patient must be able to come to terms with his painful past or the past lodged in her already impaired and pained memory. Otherwise, she will be constantly besieged by the vehemence of its negative effects on her psyche and body. This process of ‘coming to terms’ entails a re-experience<sup>23</sup> of the

---

therefore unable to link the experience with the rest of personal history. Overwhelming terror or overwhelming ‘vehement emotion’ interrupts the coherence of experience; as a result, the synthesizing functions of the psyche fail. This is still the key premise of trauma theory today.” Elizabeth F. Howell, *The Dissociative Mind* (New York: Routledge, 2005), 52.

<sup>23</sup>van der Kolk adds: “Trauma, which we once defined as being external clearly leaves residues inside the human organism that need to be faced, processed, and reset. It is likely that this is possible only if the human organism is provided with experiences that approximate the original trauma, but that, instead of being overwhelming and leaving people in a state of inescapable shock and learned helplessness, provides them with pathways of concentrated action and sensations of mastery.” Bessel van der Kolk, “The Body Keeps the Score: Brief Autobiography of Bessel van der Kolk,” in

traumatic event in a more harmless setting and with the help of a professional therapist. There, the patient may narrate or re-live or re-create or recall, or dramatize, etc., her original experience while the therapist gives her support and guidance (sometimes affection, depending on the therapist's psychoanalytic approach) toward a gradual process of recognition, acceptance, organization, and integration of her suppressed or dissociated past into her life. This healing process normally takes a long time, which also depends on the disposition or capacity of the afflicted individual. The constancy of support (from her family and therapist or through contemplative prayer and spiritual direction) and the patient's determination is crucial to the healing process. Sometimes, even in the absence of a professional therapist, religion or faith and hope in a benevolent God would be enough to bring a patient to the road of recovery.

Kari did not have any therapist or receive any professional help equivalent to a psychiatric assistance. In fact, it was only when he entered the religious life that he realized he had a psychological problem needing some professional help.

Kari's help, he soon realized, was the Ultimate Therapist working powerfully despite his trauma. Kari's entrance into Candlelights was auspicious, considering his state of mind. Once he had set himself into the contemplative course and guided by the three great teachers of contemplative prayer, his postulancy and novitiate periods made him more aware of his troubled self and he headed toward a greater commitment to the contemplative way of dealing with it (see footnotes # 20 and # 23). Inside the monastery, in silence and aridity,

---

Charles R. Figley, ed., *Mapping Trauma and its Wake: Autobiographic Essays by Pioneer Trauma Scholars* (New York: Routledge, 2006), 225.

and depending on the hour of the day, Kari would experience the vehement rush of involuntary terror, depression, psychic chaos and the accompanying somatic tremors. In all of these involuntary visitations coming from an unknown cause, Kari never entertained any form of despair or loss of interest in anything he had set himself to achieve inside the Candlelights. Readings from the three great saints and especially their testimonies about their own sufferings which were stories resembling trauma and PTSD made Kari feel he was in the right institution to face his interior troubles. In fact, PTSD's symptoms, if translated in the writings of the saints, could be treated as 1) sufferings that one should 'ignore' like small flies buzzing around one's head while still concentrating on more important tasks (Sta. Teresa de Jesús would counsel her nuns to treat involuntary distractions as mere 'flies' that could not really disturb their communion with God.) or 2) the fire or the dark night that burns the Christian soul toward purity in hope, faith, and love (San Juan de la Cruz taught about contemplative prayer as a 'living flame' that burns one's impurities like a flame would consume the impurities in a soggy wood – eventually producing pure flame.).

Inside the Candlelights, where silence, absence of the usual remunerated industry, absence of the usual sources of distraction like TV, movies, or buddies, one would really be forced to become rested ('restless') and 'unproductive.' In an atmosphere of sustained silence and deprivation of diversions (food, drinks, sex, possessions, salary, freedom of movement, etc.), one is into an ideal setting for the rush of involuntary biographical memories. With the trouble that these brought to Kari's mind and body, the three Carmelite teachers of contemplation provided the necessary instructions: the 'dark night' process, the 'way of

perfection,’ and ‘the little child’s trust’ in God.<sup>24</sup> In a nutshell, no matter how Kari was besieged by the onslaught of psychological mutiny, hope in God and God’s abiding presence, with the corresponding devotion to monastic duty and community life provided him the ‘means’ for his dramatic struggle (which nobody suspected) and toward eventual healing. The contemplative way further broadened and deepened Kari’s road toward transformation.

### **Recreated from the Chaos of the Past: Theological Reflections**

“Kari felt like a renewed creation – recreated by God from the chaos of the past.”<sup>25</sup> This is my resounding conclusion and conviction about how God’s surplus creative power has transformed me into a new person. It is also through this experience of God’s power that I come into a very deep and intimate knowledge of a personal and powerful creative Divine Therapist.

In my depths, trauma is overpowered by the creative presence of the Divine. In the monastery, I eventually learned that an active form of sustained vulnerability (‘vigilant vulnerability’ in the constant presence of God – a sustained intuitive reception and possession of God’s

---

<sup>24</sup>The three great Carmelite saints were known for their forms of contemplative prayer. San Juan de la Cruz taught about the journey of the soul toward union with God as a ‘dark night’ journey – representing the hardships and difficulties that one encounters in the process. Sta. Teresa de Jesús taught recollection as a way of perfection – “where the soul collects together all the faculties and enters within itself to be with God.” St. Thérèse de Lisieux’s approach to communion with God is through her ‘little way’ – the way of a little child whose “prayer is a movement of the heart; it is a simple glance toward Heaven; it is a cry of gratitude and love in times of trial as well as in times of joy”.

<sup>25</sup>Marco, *Candlelights*, 88.



presence and power) was necessary in order to face a reality that was not easy to handle and to welcome it by disposing myself like a malleable organism living steadily in a quiet, “non-productive, barren and useless” monastic desert. I did learn this art of vigilant vulnerability in the contemplative form of prayer, a form of constant receptivity and everyday-life response to the Divine Presence even as I was swamped by torrents of psychic and somatic storms and distress – intense forces that would discourage people from staying ‘passive.’ Mystics have a name for this –*via negativa*, the way of nothingness, the desert life, the dark night (Juan de la Cruz), prayer of quiet, recollection, devotion of union, and rapture (Teresa de Ávila), the little child’s ultimate trust (Thérèse de Lisieux). I have learned that I must continue to trust in God and lead my hope-filled life no matter what and how much vehemence is imposed on me by trauma and its effects, which I could never avoid as these are etched in my amygdalae<sup>26</sup> – the seat of trauma and anxiety and a ground of God’s creative-healing activity.

The *Candlelights* novel and this article on God-talk about spiritual rebirth helped me gain a deeper self-analysis, opening myself to the healing presence of a forgiving God – summoning my capacity for genuine reconciliation. Thus, *Candlelights* is not just about publishing and communicating a life-story; it is also a

---

<sup>26</sup>Parts of the human brain that perform the primary role of storing and processing of memories associated with emotional events or experiences such as shocking, horrifying, or painful encounters or incidents. Traumatic experiences store negative images, agitating emotions, and confusing ideas in one’s memory and from there send their corresponding signals of pain and distress to the psyche and body of the traumatized person. It is also in one’s memory where traumatic experiences leave their undesirable effects. Because such traumatic experiences cause wounds or injury, memory may be said to suffer from impairment.

spiritual exercise that helped to develop in myself a deeper sense of solidarity with a Sin-soaked world and a greater sensitivity to the Divine mercy's gradual but sustained work in my own depths.<sup>27</sup> A merciful God is thus encountered not just as a God who forgives malicious intentions and actions, but as someone who understands and pours compassion on humans amidst the unintended negative consequences of their good intentions.

The communication process was also a work that involved freeing the truth from the trauma by setting up a world-in-text that revealed what was hidden in the otherwise unremembered memories. The novel recreated what was lacking in history; by the process of re-experience (as technique of transforming a hard-to-understand-and-difficult-to-accept-reality) I was able to empathize with my previous self-in-quandary who needed the abiding presence of the creative Divine Therapist. As a result, the technique involved an empathetic realignment of personal history via the classic stories of Teresa de Ávila, Juan de la Cruz, and Thérèse de Lisieux and toward a salvific (soteriological)

---

<sup>27</sup>I wrote the following in 2007: "I resist at the prospect of walking unperturbed in a world secured mainly by pillars of polite lies – as if they are necessary; as if securing them means virtue. That is why I have unloaded some recollections, no matter how distant and far they have been disemboweled, seemingly outside traditions of mercy and consensus. I do not mean to despise or hurt anybody; I just feel that those who have become part of my memory, including myself, are also responsible for what they have scattered and propagated." This article no longer reflects on a novel supposedly imbued with 'spiteful' intention as I set myself to write it in 2007. I did realize that even before I could pull the trigger, four of my fingers were already pointing at me. Thus, instead of highlighting the novel as a work on social criticism, this article helped me gain a deeper self-analysis, opening myself to the healing presence of a forgiving God – summoning my capacity for genuine reconciliation.

regard by Jesus whose own narrative of suffering theologically emplots every other story of suffering.

I worked with materials provided by my unbidden memories of trauma; in the process, I shaped some truths by setting up a world made of those unbidden materials. Truths are thus revealed, no matter how impolite these truths are for those who were not aware of their responsibility for their behavior that brought unwanted worlds, destruction, and suffering to others. What happened is an unexpected confrontation, struggle, and coming to terms with demons that I have never invited in the first place.<sup>28</sup> Moreover, the smaller stories of trauma gave me the possibilities of further widening my time horizons and pain avenues (also doubling as ‘care avenues’) which allowed a better view of my life story against the background of the Divine Therapist’s invitation for humans to become better persons or creative wounded care-givers themselves.

Stories of horror or terror tell about the cause (traumatic event) and the effects (PTSD/dissociation/suppression) in almost every case. But narratives of healing and successful integration of individuals into ordinary life required a model, the wounded healer – somebody who was part of the story of trauma and dissociation but who was not totally incapacitated and was still able to face the effects of the traumatic event, bringing about change. I was lucky to have the three great models. The courage, determination, consistency, endurance, resilience, long-suffering, persistence, hope, faith, and love of the wounded healers/models, Teresa de Ávila, Juan de la Cruz, and Thérèse de Lisieux were the noble ways needed to face the event, deal with the

---

<sup>28</sup>I am referring to the demons of my past – those unwelcome inner forces that produced involuntary terror, depression, psychic chaos and the accompanying somatic tremors which, thus, revealed my true character: fearful, depraved, miserable, and spiteful.

effects, 'catch and tame' both the event and its effects, and integrate these with the 'normal' waking self and its relations. With their ways of following Jesus as example and inspiration, I was able to face the seemingly insurmountable. I thus consider the novel, *Candlelights*, as a testimony to divine grace working in my dark continent.

Kari's fragility and pain was a human predicament upon which God has bestowed grace and strength. The weight of trauma threatening collapse on Kari's head was one reason why he had to deal with it, face it, grasp it, and be able to tell it to himself and to the world; freeing it from confinement and disempowering it through a reliving in a story that gives shape and sets up a world that reveals its truth, no matter how painful that truth is.<sup>29</sup> Trauma and its children must be conquered as God's creative work is reflected in the way a traumatized Kari would face pain and suffering with resolute determination. In this sense, a creative affirmation of life despite trauma is also an affirmation of Jesus's resurrection through His conquest of suffering and death.

---

<sup>29</sup> "The writing points to the fact that ultimately the ground of our work is not psychology, the theoretical understanding of the mind, but *poiesis*, the human capacity to respond to and change the world through the act of shaping what is given to us." Levine (25).

## Bibliography

- Berntsen, Dorthe. *Involuntary Autobiographical Memories: An Introduction to the Unbidden Past*. Cambridge: Cambridge University Press, 2009.
- Burwell, Rose Marie. *Hemingway: The Postwar Years and the Posthumous Novels*. New York: Cambridge University Press, 1996.
- Christianson, Sven-Åke and Safer, Martin A. "Emotional Events and Emotions in Autobiographical Memories," in David C. Rubin, ed., *Remembering our Past: Studies in Autobiographical Memory*, pp. 218-243. Cambridge: Cambridge University Press, 1995.
- Dagmang, Ferdinand D. *The Predicaments of Intimacy and Solidarity: Capitalism and Impingements*. Quezon City: Central Books, 2010.
- Dagmang, Ferdinand. "Ecological Way of Understanding and Explaining Clergy Sexual Misconduct," *Sexuality & Culture* 16 (2012): 287–305; or *Sexuality & Culture* (19 November 2011): 1-19. doi:10.1007/s12119-011-9124-z.
- Descouvemont, Pierre. *Therese and Lisieux*, photos by Helmuth Nils Loose, Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1996.
- Doerfler, W. and Böhm, P., eds., *DNA Methylation: Basic Mechanisms*. Heidelberg: Springer, 2006.
- Gasser, Susan M. and En Li, eds., *Epigenetics and Disease: Pharmaceutical Opportunities*. Basel: Springer, 2011.
- Haslberger, Alexander G. ed. and Sabine Gressler, co-ed, *Epigenetics and Human Health*. Weinheim: WILEY-VCH Verlag GmbH & Co., 2010.
- Helzer, John E., et al., eds, *Dimensional Approaches in Diagnostic Classification: Refining the Research Agenda for DSM-V*. Arlington, VA: American Psychiatric Association, 2008.
- Howell, Elizabeth F. *The Dissociative Mind*, New York: Routledge, 2005.
- Jepson, Brian. *Changing the Course of Autism: A Scientific Approach for Parents and Physicians*. Boulder, CO: Sentient Publications, 2007.
- Levine, Stephen K. *Trauma, Tragedy, Therapy: The Arts and Human Suffering*, London: Jessica Kingsley Publishers, 2009.
- Marco, Karla H. *Candlelights: Memories of a Former Religious Brother Seminarian*, Quezon City: Central Books, 2012.
- Mellow, James R. *Hemingway: A Life Without Consequences*. New York: Houghton Mifflin, 1992.

- Oliver, Charles M. *Ernest Hemingway A to Z: The Essential Reference to the Life and Work*. New York: Checkmark, 1999.
- Pawankar, Ruby, et al., eds. *Allergy Frontiers: Classification and Pathomechanisms*, vol. 2. Tokyo/New York: Springer, 2009.
- Pawankar, Ruby, et al., eds. *Allergy Frontiers: Clinical Manifestations*, vol. 3. Tokyo/New York: Springer, 2009.
- Pawankar, Ruby, et al., eds. *Allergy Frontiers: Diagnosis and Health Economics*, vol. 4. Tokyo/New York: Springer, 2009.
- Pawankar, Ruby, et al., eds. *Allergy Frontiers: Epigenetics, Allergens and Risk Factors*, vol. 1. Tokyo/New York: Springer, 2009.
- Scaer, Robert C. *The Body Bears the Burden: Trauma, Dissociation, and Disease*. Binghamton, New York: The Haworth Medical Press, 2001.
- Smiley, Jane. *13 Ways of Looking at the Novel*. New York: Alfred A. Knopf, 2005 and Joan Gibbons, *Contemporary Art and Memory: Images of Recollection and Remembrance*. New York: I.B.Tauris & Co Ltd, 2007.
- Spence, Donald P. "Passive Remembering." In Ulric Neisser and Eugene Winograd eds., *Remembering Reconsidered: Ecological and Traditional Approaches to the Study of Memory*, pp. 311–25. New York: Cambridge University Press, 1988.
- van der Kolk, Bessel. "The Body Keeps the Score: Brief Autobiography of Bessel van der Kolk," in Charles R. Figley, ed., *Mapping Trauma and its Wake: Autobiographic Essays by Pioneer Trauma Scholars*. New York: Routledge, 2006.
- Whiffen, Leeann. *A Child's Journey Out of Autism: One Family's Story of Living in Hope and Finding a Cure*. Naperville, Illinois: Sourcebooks, Inc., 2009.
- Young, Allan. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton, New Jersey: Princeton University Press, 1995.