

**STANLEY KRIPPNER:
A LIFE OF DREAMS, MYTHS,
AND VISIONS**

**ESSAYS ON HIS CONTRIBUTIONS &
INFLUENCE**

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Chapter 9

Stanley Krippner: Advocate for Healing Trauma

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Stanley Krippner is a legendary American research psychologist who has over 1,000 publications to date. For example, his publications focus on areas such as: neurology of learning disorders, religion and spirituality, posttraumatic stress disorder (PTSD), and with various trauma populations, gifted children, dream work, telepathy, hypnosis, multicultural approaches states of consciousness, dissociation, and shamanic healing. Krippner has earned numerous awards as a fellow of the American Psychological Association (APA), and is a former president of divisions 32 and 30. In addition, he earned the lifetime achievement award from the International Association for the Study of Dreams, and the Ways of Knowing Award from the Life Science Foundation at the University of Minneapolis. He has presented at international conferences and seminars on hypnosis and dreams and has been a professor for over 40 years at Saybrook University (including as a founding faculty member), a humanistic-focused graduate institution that asks “questions they’re passionate about, and explore really interesting issues....helping them do that, helping them make the most out of that drive, is a joy” (Saybrook University, n.d., p. 2).

Krippner's approach to inquiry is interdisciplinary, an approach he believes will become more prevalent: “I think, in the future, the various branches of psychology will become more interdisciplinary...” (Saybrook University, n.d., p. 2), and he has worked with eclectic artists in various research endeavors (e.g., The Grateful Dead). His interests have spanned experiential, humanistic, and cognitive approaches, often occurring under the education department instead of psychology: PTSD and psychotherapy approaches (Paulson & Krippner, 2010); genocide

and war (Krippner & McIntyre, 2003); dissociation (Krippner & Powers, 1997); existential approaches for trauma (Krippner, Pitchford, & Davies, 2012); paranormal experiences that facilitate healing with telepathy (Krippner, 2007a); ecosystemic imbalances affecting social, political, and psychological domains (Krippner, Mortifee, & Feinstein, 1998); differences between schizophrenia and shamanism (Krippner, 2000; Rock & Krippner, 2007); and narrative story telling (Krippner, Bova, Gray, & Kay, 2007).

Though not a clinician, Krippner has been an avid researcher and advocate of how to work with trauma. He brings an existential/humanistic and spiritual approach to studying trauma as a lived phenomenon, showing that the usual focus on symptoms does not convey the authentic experience of trauma; nor does symptom reduction treatment convey the whole range of mind/body healing. Through descriptive case studies and narratives, he shows that trauma is an existential shattering of our identity, worldview, beliefs, and sense of coherence (Krippner, Pitchford, & Davies, 2012). Sometimes these images of existential shattering appear in nightmares, and Krippner has casebooks of how to understand and perhaps change them (Paulson & Krippner, 2010).

An Introduction to the Trauma Field

Stanley Krippner is known among his friends for the all-embracing humanity and compassion that led him into areas such as cultural diversity and trauma. However, his connection to the trauma field began early in his life (Paulson & Krippner, 2010). During World War II, Krippner and his family were extremely concerned with the safety of his second cousin, Marcia Lou Gates, who was serving as a member of the Army Nurse Corps in the Philippines. After the Japanese invasion of Pearl Harbor, Marcia was sent to a hospital in the Melinta Tunnel in Corregidor, where she and her fellow nurses were taken prisoner in May 1942. They were sent to the Santo Tomas Internment Camp in Manila, where Marcia continued to care for the sick and wounded. After the Philippines were liberated, Marcia returned to the United States where

she received the Bronze Star and a Presidential citation. However, Marcia was never quite the same. The prewar joy and flamboyance that were so characteristic of her pre-war personality seemed to have faded. She kept telling people about her search for "Mr. Right" and for a "bluebird of happiness," as she worked in Wisconsin as a staff member of the Janesville Health Department. Krippner last saw Marcia when she attended a lecture he gave in Janesville and was touched when she gave him a Filipino souvenir. Marcia died in 1970, and years later Krippner realized that she had suffered from PTSD (Paulson & Krippner, 2010; Serlin, Krippner, & Aanavi, n.d.).

Later, Krippner became friends with an entrepreneur of his own age and discovered that he had served on the Pacific front (Serlin, Krippner, & Aanavi, n.d.). His squadron of young soldiers, all of whom he had trained personally, landed on a Japanese-controlled island in the Pacific and were all machine-gunned to death. Krippner's friend, the one survivor, was left for dead. However, he was rescued and carried to safety, spending two months in an Army hospital, including the day of his 19th birthday. He later had a loving family of four children, but the only person with whom he shared this event was his wife. His other friends and acquaintances were familiar with his successful career, but were completely unaware of the torment he felt over the decades, and the guilt he harbored because he had survived and his comrades did not. In 2009, when Krippner's friend retired, the memories flooded back and he took his own life. In retrospect, he had been suffering from PTSD for decades but was distracted from the torment by business and family matters (Serlin, Krippner, & Aanavi, n.d.).

Going on to become a research psychologist and professor, Krippner became interested in the phenomenon of dissociation and wrote several articles and works on the topic (e.g., Krippner & Powers, 1997). Inevitably, this led him to investigate PTSD and into a political stance on current conflicts. He served on the advisory board of two groups of veterans who had served in the Vietnam War. As an early opponent of U.S. intervention in Vietnam, Krippner was eager to visit the war sites. Once a peace treaty was signed, he took three trips to Vietnam, hoping to hear about what Vietnamese called "The American War" from

the survivors. However, most of the people he met had been born after the conflict ended, and those who went through the war years were reluctant to talk about it. In 1981, Krippner spoke about PTSD at a health symposium in Moscow. There he compared notes with Soviet psychotherapists who were treating soldiers returning from Afghanistan with the anxiety, depression, suicidal ideation, and nightmares that characterized the Vietnam veterans whom Krippner had interviewed in the United States. (Serlin, Krippner, & Aanavi, n.d.). He was unusual in seeing trauma in a holistic context. As a citizen of the world, Krippner cared about the morality of war, was active in conflict resolution and international groups. Trauma could not be “cured” simply by medicating the anxiety and depression, or by changing negative thoughts into positive ones. Krippner’s existential/humanistic perspective allowed him to see the importance of the confrontation with mortality and the necessity to find meaning in all healing work with trauma. His experience with altered states of consciousness helped him investigate the phenomenon of dissociation, and his experience with shamanism helped him understand trauma as a shamanic initiatory journey (Krippner, 2000).

Trauma: An Integrative Understanding

Krippner presented his findings on PTSD at several peace and conflict resolution forums in St. Petersburg (sponsored by Common Boundary and Harmony Institute) and, in 2003, these groups gave him the Ashley Montagu Peace Award. That same year, he received the American Psychological Association's Award for Distinguished Contributions to the International Advancement of Psychology for his numerous works on diverse, global perspectives and understandings. For example, Krippner developed (e.g., Krippner & McIntyre, 2003) the important contribution elaborating on the key fundamentals of war trauma affecting civilians from varied perspectives, which provided a context of international understanding of civilian experiences of war trauma. He was also invited to contribute a chapter to an anthology on 21st century diseases and PTSD. Krippner reached out to Daryl Paulson, one of his

former students at Saybrook University and a Vietnam War veteran, to be his co-author. The chapter was widely read and led to an invitation to write an entire book on the topic: *Haunted by Combat: Understanding PTSD in War Veterans* (Paulson & Krippner, 2010), the only book on the topic to include interviews with veterans of six U.S. wars, from World War II to Afghanistan and Iraq, revealing the in-depth, personal aspect of combat-associated experiences in life and war.

Krippner's approach to understanding trauma is an embodied "whole person" experience of what it is like to suffer from trauma such as PTSD, and take steps toward replacing symptoms with strengths through integrative understanding and approaches. His cross-cultural experiences have helped Krippner understand that "post-traumatic stress disorder" is largely a social construct, and that other societies might frame the problem differently. He is aware that after the tsunami hit Southeast Asia, for example, Western-trained psychotherapists rushed to the scene, telling the survivors what they would soon experience—i.e., the symptoms of PTSD listed in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-V; American Psychiatric Association, 2013). Survivors seemed to comply with this expectation, and there is no way of knowing what their reaction would have been without the expectations they were given. Trauma diagnoses and treatments in the DSM tend to be from an individualistic, Western model, whereas around the world trauma is often experienced as a collective event.

Although Krippner is not a psychotherapist, he has mastery in the understanding and application of a variety of therapeutic interventions that have produced positive results in healing from traumatic stress. Despite his advocating for such approaches to clinicians and researchers, however, many continue not to use or even integrate these interventions. Krippner is also concerned that many veterans reject treatment, and those who do often do not find help. Additionally, when they do locate a mental health specialist, they more often than not are poorly equipped to cope with PTSD. Krippner hopes that his works (e.g., Krippner, Pitchford, & Davies, 2012; Paulson & Krippner, 2010) will make a contribution to assisting combat veterans, and that it will help

them find inner courage *after* fire that will carry forth the courage *under* fire that characterized their valor during their combat experiences (S. Krippner, personal communication, May 1, 2009).

Krippner's Influence: An Advocate for Healing Trauma

The nature of integration of perspective and approach is not a set of techniques for working with trauma, although it uses many techniques; nor is it one theoretical approach (Krippner, Pitchford, & Davies, 2012). Rather, it is radically client-centered, based on the human relationship as the key ingredient of healing, using the therapeutic process to guide what interventions are authentic to that person at that particular time in his or her journey. It relies on non-verbal as well as verbal ways of knowing, symbolic as well as discursive. Krippner is a master of many theories and seamlessly advocates for the integration of approaches with trauma, most notably, his work with dreams and nightmares. However, he also advocates the use of the arts, narrative, exposure and cognitive behavior therapy from a client-centered, empowering perspective. In addition, he has been known to be a fan of cognitive-behavioral therapy. He is not identified with one approach, but is open to all of them. Ultimately, his perspective on healing is pragmatic, advocating that therapy should be a form of healing that actually helps someone.

As a humanistic psychologist, Krippner looks critically at the use of diagnostic labels in trauma therapies. Beginning with a historical review of PTSD, Krippner explored significant foundations, functions, impacts, and treatments of PTSD—an approach that examined the phenomenology of the lived experience of trauma through case studies (Krippner, Pitchford, & Davies, 2012). Covering whole person interventions that include the spiritual, creative, and existential, Krippner et al. showed how PTSD survivors can move beyond post-traumatic stress to post-traumatic growth (Calhoun & Tedesci, 1999).

In their book *The Psychological Impact of War Trauma on Civilians: An International Perspective* (Psychological Dimensions to War and Peace series), Krippner and McIntyre (2003) focus particularly on

the impact of war on civilians. They examine whole person rehabilitation approaches to trauma treatment like art therapy and role-playing in the former Yugoslavia, community mobilization in Angola, body-work for torture victims who have found their way to London, and counseling for former child prostitutes now in Vietnamese schools. They describe preventative measures, including classes in ethnopolitical conflict resolution, reconciliation and peace-building activities, and the revival of indigenous practices after decades of repression. Additionally, Krippner and McIntyre offer a plan to address these wars with political solutions involving conflict resolution, regaining indigenous cultures, and peace making. These interventions include an interdisciplinary approach that provides diversity and breadth, and paves the way for a whole person approach for working with trauma.

In 2008, Krippner also served on a task force organized for the California Psychological Association called “Task Force on Whole Person Approaches to Working with Trauma.” Its mission was to identify whole person approaches to trauma that address psychological, physical, and spiritual aspects of loss and healing. Its rationale for a whole-person approach to trauma and PTSD was that trauma is not just cognitive and emotional, but is also existential (Stolorow, 2007) and in the body. It can show up as speechless terror (Van der Kolk, McFarland, & Weisaeth, 1996) that calls for a non-verbal, symbolic approach to healing. The main points of the task force were:

- Trauma is a crisis of mortality, meaning, identity and what it means to be human; therefore, existential perspectives are needed;
- Trauma is about “stuckness” and “numbness, inability to play; therefore, creative, imaginal, and movement approaches are needed;
- Trauma is about fragmentation; therefore, relational approaches that connect and integrate are needed.

Therapeutic outcomes from one study that used movement as a means of community healing with child soldiers from Sierra Leone included: healing the body/mind split from dehumanizing terror;

creating a means for containing, discharging, and rechanneling aggression; strengthening individual and community resilience and connections; decreasing compassion fatigue and caregiver burnout; increasing family communication and support; bridging multicultural symbolic forms; symbolizing traumatic losses and hopes for the future; and increasing connection between the body and the brain (Harris, 2007).

Krippner's work on trauma extended to the American Psychological Association. He was a part of a CE half-day workshop on Whole Person Approaches to Trauma at the 2009 APA annual convention (Serlin, Krippner, Sammons, & Harvey, 2009). The workshop began by framing the approach as a journey from existential shattering to growth through adversity. Although existential shattering is not a term found in most traditional descriptions of trauma, Krippner's presentation "Haunted by Combat: Nightmares and Existential Shattering" highlighted and introduced it into the newer trauma literature. He showed that when thrown into existential crisis, the person's world crumbles. Nothing is what it appears to be. Trauma can be experienced subjectively as the confrontation with nothingness, death, and terror. It can be terrifying to feel as though we are living in a universe with random death and suffering. Krippner provoked the existential reflection on how to summon the courage to keep choosing life (May, 1975; Tillich, 1952).

In their book, *Haunted by Combat*, Paulson and Krippner (2010) take a look at the experience of existential shattering through the history of PTSD's former guises as soldier's heart, shell shock, and combat fatigue. War trauma and PTSD is increasing rapidly among returning service members from Iraq and Afghanistan, with multiple symptoms including flashbacks, traumatic memories, emotional reactions, and self-destructive behaviors (Paulson & Krippner, 2010). Newer and expanded treatments for PTSD are needed urgently for prevention and intervention, which was brought forth in his work with his colleagues on posttraumatic stress disorder (Krippner, Pitchford, & Davies, 2012).

Trauma and Consciousness Studies

Krippner's unique contribution to the study of trauma also comes from his expertise in the area of consciousness studies, dissociation (Krippner & McIntyre, 2003), and shamanic healing. Trauma and childhood abuse can lead to states of dissociation and broken selves. Shamanic rituals and mystical experiences can reflect and transform dissociation into shamanic strengths of healing and wisdom (Krippner & Powers, 1997). Changes in states of consciousness associated with shamanism represent forms of healing trauma, and new discoveries in neuroscience confirm these changes in consciousness (Krippner, 2000; Krippner & McIntyre, 2003; Rock & Krippner, 2007). Krippner's research interests in shamanic states of consciousness include telepathy, or "information obtained by one individual from another...through mind-to-mind contact" (Krippner, 2007a, p. 1), and a telepathic study conducted with The Grateful Dead in 1974 (Krippner, 2007a). He defined three different telepathic states as (a) clairvoyance, "...perception of information," (b) precognition, "...perception of future events," (c) psychokinesis, "...influence on objects or organisms" (p. 1).

Krippner's interest in altered states of consciousness, trauma, and healing extended to cultural diversity and indigenous healing (Krippner, 2007b). The concept of ritual between patient and healer suggested a way to "improve the bond between them and provide both with a conceptual framework" (p. 1). In a story about an ulcer that was undetected by a medical doctor but was detected and diagnosed through the "spirit guides" accessed through a Ouija board, Krippner writes that he was warned of the problem before the medical doctor knew about it (Krippner, 2007b, p. 1).

Trauma and the Ecosystem

Always concerned about social activism, Krippner's interest in trauma blends with his love for the countryside and environment. He reminds us that to decrease violence we must make social, political, and evolutionary changes. He is concerned that the interconnectedness of

the ecosystem is disturbed by ideologies based on competition, progress, violence, and divisions of wealth. Exploring mythological cultures that failed to progress; Krippner looked across cultures at myths that heal in terms of the interconnectedness of the environment and the life that sustains itself. Krippner emphasized also the long-term ramifications of how dominant modern values lead to dwindling rain forests, less care for pollution, pesticides, and nuclear power, as he paralleled the struggles of Easter Island to modern struggles we face today. For example, bringing clothing, housing, and Western medicine to native persons might result in lower infections, but it might also bring new issues such as drug addiction, suicide, domestic violence, and child abuse (Krippner, Mortifee, & Feinstein, 1998).

Trauma: Telling the Story and Growth

Human beings have always told stories. Telling stories helps us gain perspective on our lives (Serlin, 2007). Narrative, such as the psychological use of storytelling to rebuild coherence, has gained increasing attention as a form of psychotherapy (Ayalon, 1987; Epston & White, 1992; Howard, 1991; Krippner, Bova, Gray, & Kay, 2007; Polkinghorne, 1988; Rotenberg, 1987). Krippner's experiential method of working with dreams or nightmares involved telling the story, and then often finding a psychologically more satisfying ending. Krippner worked with dream incubation and cognitive reframing to help people in need find positive solutions to psychological health and growth.

An integrative, whole-person understanding embraces humanistic, client-centered care like posttraumatic growth and growth through adversity: "Growth following adversity refers to psychological well-being rather than subjective well-being. The concept of growth is concerned with issues of meaning, personality schemas, and relationships" (Joseph & Linley, 2006). While posttraumatic growth (Calhoun & Tedesci, 1999) emphasizes the psychological growth gained from working through trauma, growth through adversity also values the adversity as an important part of life. Krippner utilizes these frameworks of posttraumatic growth and growth through adversity by

linking the pain of the existential and physiological shattering and confrontation with mortality to the deconstruction and reconstruction of life narratives, meaning, resilience, and spiritual growth (Krippner, Pitchford, & Davies, 2012).

Over the last few years, Krippner has joined colleagues in an effort to help increase resiliency. His latest efforts include serving on an APA panel on “Developing Resiliency: Compassion Fatigue and Regeneration” and developing a Tool Kit for Nightmares (Serlin, Figley, Charles, Krippner, & Hoffman, 2013).

Conclusion

Stanley Krippner is a multi-faceted psychologist with many research interests. He is fascinated by the world and driven by the motive to be helpful. The study of trauma grew partly out of family and personal history, his longstanding interest in altered states of consciousness, and national and international politics. Therefore, his approach to trauma and resiliency is infused with an existentialist awareness of mortality and threat of non-being, using creative and culturally sensitive ways of working with nightmares. Through the study of trauma, he has brought together his interests in consciousness and dissociation, cognitive behavioral therapy, shamanic healing, dreams and nightmares, and science and religion to create a unique, whole-person contribution to humankind.

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