TR6 Trauma Model™: Descent into the Shadow

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Abstract

The TR6 Trauma Model™ proposes a clinically informed, stage-based framework that maps trauma as a universal human process rather than a pathological condition. The model hypothesises that recovery is determined less by the severity of the trauma itself than by an individual's ability to navigate six identifiable stages—lack of reconciliation, re-injury, rumination, resentment, rage, and revenge—without becoming trapped in maladaptive "shadow states".

Immersed in existential and depth-psychological theory (Frankl, 1959; Jung, 1960; May, 1977) and supported by current trauma neuroscience, the TR6 Trauma Model bridges meaning-making and regulation, offering both a conceptual map and a practical assessment tool for trauma-informed care.

The TR6 Trauma Model

The TR6 Trauma Model is a clinically informed, conscious framework that identifies six of the most universal stages of trauma. Rather than pathologising these stages, the model normalises them as shared human responses to shock, threat, grief, betrayal, abandonment, and harm. This approach offers a departure from rigid diagnostic frameworks by honouring the layered, existential nature of complex trauma. At its core, the model is simple and accessible. It recognises six universal stages—*lack of reconciliation, re-injury, rumination, resentment, rage, and revenge*—each representing a natural psychological and somatic response to adversity.

Analogous to Dr. Elisabeth Kübler-Ross's model of grief and loss, the Trauma Model framework outlines a universal emotional process. Kübler-Ross identified *denial, anger, bargaining, depression*, and *acceptance* as typical psychological responses observed in individuals confronting terminal illness and, more broadly, significant loss (Kübler-Ross, 1969).

Although Kubler's model is often misconstrued as a fixed sequence, its clinical utility lies in providing a recognisable structure for navigating experiences that are frequently overwhelming and nonlinear (Kübler-Ross & Kessler, 2005). Similarly, the Trauma Model can be used as a standalone tool for identifying where an individual is situated in their trauma experience and whether their responses remain adaptive (above the line) or have become maladaptive (below the line).

This distinction between adaptive and maladaptive movement allows the Trauma Model to serve as both a preventative and a directional map. It helps individuals, clinicians, and researchers identify early warning signs of psychological and physiological overload before they consolidate into chronic suffering or illness. A person can use the model simply to track self-awareness, recognising areas of stability and areas that may benefit from attention, support, or professional care. In this way, the model bridges self-understanding and clinical practice, offering a layered direction for healing while remaining grounded in clarity and accessibility.

While the model stands independently as a clinical and educational tool, it also supports deeper exploration through existential and depth psychological lenses. These perspectives illuminate how trauma not only disrupts functioning but fractures meaning, identity, and the sense of coherence that underpins the self. Grounded in the principles of existential therapy, depth psychology, and neurobiological research, this expanded view allows practitioners and survivors to explore trauma's symbolic, relational, and bodily dimensions. However, engagement with existential theory is optional as the model retains its full utility without it.

Those who wish to work purely with the clinical and somatic dimensions can do so effectively, while others may choose to integrate the existential material to explore trauma's philosophical implications. The framework can be applied to all trauma responses, from single-incident acute trauma to prolonged experiences, although it is especially relevant to chronic and complex trauma.

Acute trauma refers to a single overwhelming event. Chronic trauma describes repeated exposure, such as domestic violence, bullying, or ongoing relational harm. Complex trauma often begins in childhood and continues across the lifespan through entrenched relational patterns, schemas, attachments and involves a layering of wounds that shape identity and meaning.

It is within these chronic and complex forms that the TR6 Trauma Mode™ most clearly illuminates both the progression of trauma and the risks of becoming stuck in shadow states.

This approach is structured as a descent model**,** yet it is essential to distinguish between two layers of descent.

Above the line: movement through the stages is adaptive: survivors fluidly move down into *lack of reconciliation, rumination, resentment, rage, revenge* and then come back up (Flow State). This process is organic and oscillating, more like a figure-eight than a straight drop, allowing clients to work through challenges, return to stability, and revisit stages as needed. Over

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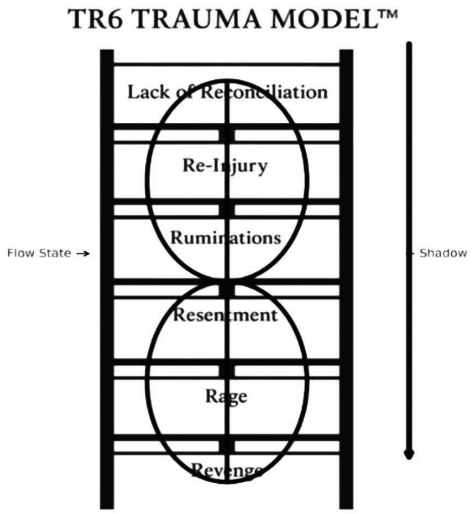
time, a person may find that only one or two stages resurface, while others remain resolved, and it is both natural and useful to periodically check whether these areas still feel adaptive. The model also invites survivors into a meaningful descent through the shadows, normalising grief, anger, and disorientation as part of the individuation process. Individuation, as Jung (1959/1968) described, is the lifelong process of becoming whole, integrating conscious and unconscious aspects of the self while assuming full responsibility for one's life. Grounded in existential therapy and depth psychology, this model recognises that true healing often arises not from symptom eradication, but from reclaiming purpose, self-authorship, and connection to something greater.

Below the line: the descent deepens into shadow states where oscillation narrows, and entrapment occurs. Here the stages lose their adaptive function and become dominated by unconscious material as rage calcifies, betrayal becomes worldview and shame collapse's identity. This is the true descent into the shadow, where the cumulative load of unprocessed trauma, particularly the progression from *resentment* into *rage* and *revenge,* carries higher risk. At this level, clients are less able to move fluidly through stages and require focused intervention to surface and work through the hidden drivers that hold them there.



The goal of the TR6 Trauma Model™ is to bring compassionate awareness to the layered interplay between the lightness of our being, our capacity for meaning, connection and vitality, whilst also holding the darkness of our grief, shadow, and survival. It encourages us to explore, existentially and energetically, how trauma fragments us across these polarities, and how healing invites a return to wholeness by embracing both the seen and the unseen, the known and the mysterious. This existential reorientation becomes the catalyst for releasing what once felt unspeakable.

Dr. Daniel Amen, (1998, 2008) psychiatrist and founder of Amen Clinics, has conducted one of the world's largest clinical databases of brain SPECT scans. His work highlights that belief in something larger than oneself, whether framed as God, transcendence, or simply a sense of purposeful design has measurable effects on brain health and resilience. Neuroimaging research has further demonstrated that individuals who orient toward meaning and purpose live longer, experience greater happiness, and show healthier brain activation patterns. These imaging studies reveal that spiritual or contemplative practices engage in key networks including the prefrontal cortex, anterior cingulate, and basal ganglia, regions tied to regulation, motivation, and reward (Newberg & Waldman, 2009). By contrast, a worldview grounded in pure randomness and nihilism ("life has no meaning, I am here by chance") is associated with higher risk of depression and dysregulation.

These findings echo Viktor Frankl, the Austrian neurologist, psychiatrist and Holocaust survivor, who demonstrated through logotherapy that humans can endure almost any suffering if they can locate meaning within it (2006). Together, Amen's neurobiological evidence and Frankl's existential insights affirm that purpose is not merely a comforting story but a survival function, capable of rewiring neural circuits and restoring coherence after trauma.

Within the Trauma Model, this lens is critical because even when reconciliation or external closure is most often impossible, the work of re-establishing meaning from within enables survivors to move through shadow states, integrate their experiences, reclaim, restore, transcend and therefore sustain life itself. This model offers both clinicians and individuals a framework to recognise where healing is occurring and where entrapment may be blocking recovery.

Kübler-Ross's (1969) stages came to be recognised far beyond dying patients, resonating with divorce, job loss, injury, and even collective tragedies. It is my belief and hope that the TR6 Trauma Model speaks to the universal contours of trauma and offers language for experiences that cut across culture and circumstance, capturing stages of suffering and survival that many will recognise in themselves. In this way, the model holds the same potential to become a shared framework of meaning in the face of life's deepest wounds.

While the TR6 Model describes the landscape of trauma, the TR6 Assessment Tool provides a way to locate oneself within that landscape. The assessment is not diagnostic but rather reflective information, designed to illuminate areas of resilience and areas of risk. In clinical practice, the model and assessment work together: the model gives the map, and the assessment offers a compass for orientation.

The Six Stages of the TR6 Model

- *Lack of reconciliation*: The struggle to reconcile the irreconcilable; an open wound and the seeking of ambiguous closure.
- *Re-injury*: The repetition of harm through conditioned lack of boundaries, fawning, or appeasement; reinforced by cultural and family obligations, celebrations, and ongoing entanglement with what first caused the injury.
- *Rumination*: Obsessive loops of "why"; the mind circling endlessly without resolution as an attempt to regain control, a defence against the despair of accepting the starkness of what is.
- *Resentment*: Embodied embitterment: the weight of unresolved pain that could not be discharged.
- *Rage:* is the psyche's protest, against the violations that demand truth. Rage acts as the ultimate boundary. Suppressed or explosive anger is the rupture of truth, long denied expression, that masks deep pain and hurt, the anguish of powerlessness that structure the beliefs, perpetuating a victim's identity.
- *Revenge:* The drive to restore dignity, identity, control, power, retribution and at its rawest form, survival under the collapse of self/identity.

Each of the six stages includes both healthy expressions (*above the line*) and warning signs of emotional/embodied entrapment (*below the line*).

It requires:
- Naming what is stuck
- Feeling what was unfelt
- Allowing expression in a safe, supported way

- Recognising the deeper meaning beneath the pain
- Having choice in how you tell your story or respond to it
- Cultivating the capacity to rest in safety, with awareness of the body and senses, and to feel anchored in that state

When someone remains above the line, they may be in pain, but they are gaining awareness. They begin to recognise patterns, name life traps, have body awareness, sensory attunement and some level of ability to rest, observe, feel safe and tentatively seek change.

Signs include:

- Awareness of recurring patterns in relationships or family dynamics
- Attempts to set boundaries, even if inconsistently or fearfully
- Growing emotional literacy and therapy engagement
- Naming inner schemas or life traps
- Experiencing grief or anger at ongoing patterns, while maintaining a sense of agency

Below the line indicates where pain has become stuck, somatised, or internalised as maladaptive emotional responses such as suspended grieving, chronic re-traumatisation, obsessive replays, embodied embitterment, implosion & disintegration**,** Complexed decompensation and ontological despair. Below the line requires deeper subconscious work, attachment repair, trauma bond disentangling, somatic mapping, and shadow integration.

While regulation practices, EMDR, narrative therapy, IFS, and polyvagal approaches are useful at every stage, they become especially critical below the line, where acute interventions and comprehensive integration are most needed.

Below the line requires recognising:

- Suspended or frozen grief and pain that remains unprocessed or inaccessible
- Chronic re-traumatisation and survival bonds that fused to unsafe attachments or cycles of harm
- Obsessive mental replay and collapse into rumination that perpetuate cognition stuck in circular and corrosive loops
- Embodied embitterment and somatic distress resulting from trauma held in the body showing up as chronic pain, fatigue, or illness
- Identity disintegration or fusion with trauma causing fragmentation, implosion, or collapse of self into the wound
- Ontological despair and existential collapse creating a loss of meaning, disconnection from self, body, and future

The TR6 Model allows individuals to understand where they are in their healing journey, assessing their resilience**,** adaptability, and risk**.** When someone is below the line, emotional energy becomes stagnant, stuck, and severed from the self**.** It loops, implodes, or hardens as emotional energy becomes frozen, fused, or fragmented. When emotional energy remains trapped below the line, the unresolved weight begins to compromise the system itself and can progress into disintegration, the point at which the mind, body, and emotions no longer work together in a coherent, regulated way.

The Progressive Collapse of the Self

Disintegration is not merely distress. It marks a loss of adaptive functioning, where executive control (frontal lobe activity), emotional regulation (limbic system), and nervous system responses (autonomic regulation) become dysregulated or fragmented.

What is now understood as complex PTSD reflects the persistent disintegration of identity, memory, and affect regulation resulting from prolonged, repeated trauma (Herman, 1992). When the brain is overwhelmed by trauma, it can no longer integrate incoming information into a coherent narrative. People then become stuck in a state of emotional disintegration **(**Van der Kolk, 2014). Disintegration therefore is when the entire structure can no longer hold the *self* itself begins to collapse. It is the accumulation of what remains unprocessed. It is driven by the weight of denied, exiled, or repressed shadow material, and by the limits of an individual's capacity to carry what has not been felt, named, or integrated. This can lead to dissociation, somatic collapse, identity disturbance, or what trauma theorists refer to as "complex decompensation".

Complex decompensation refers to a profound breakdown in psychological functioning that occurs when a person is overwhelmed by accumulated, unresolved trauma, particularly chronic developmental, relational, or complex trauma. Unlike an acute crisis or transient emotional collapse, complex decompensation reflects a systemic erosion of the individual's ability to self-regulate, maintain a stable identity, or function adaptively in relationships, work, or daily life. Instead of a sudden collapse, it's the gradual breakdown of previously effective coping strategies: a person can no longer maintain work, relationships, or self-care in the ways they once did. It resembles a slow decline into instability rather than an acute crisis. Within the TR6 Trauma Model, the progression from *resentment, rage* to *revenge* reflects not only emotional intensification but also a corresponding structural descent of the self. What begins as disintegration can deepen into complex decompensation, and, if unresolved, culminate in ontological despair.

Ontological despair, in this context, signals the deepest collapse, a state in which meaning, coherence, and the very ground of selfhood begin to disintegrate. It is more than psychological suffering, it is an existential erosion where the individual feels cut off from purpose, belonging, and the capacity to continue as a whole self. Each stage marks a further erosion of adaptive functioning, moving from fragmentation of regulation to systemic breakdown and the existential collapse of being itself.

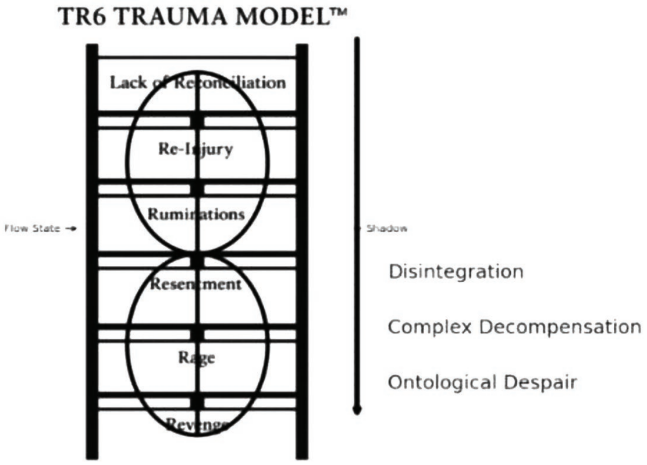
Within the final stage of the TR6 Model, the term *revenge* is used deliberately to disrupt its narrow colloquial meaning as retaliatory harm. The TR6 framework approaches language not as a static entity, but as a dynamic construct whose meanings are embedded in cultural context, shaped by historical conditions, and altered through use over time. TR6 investigates the etymological strata of words by tracing their earliest linguistic and cultural origins, subsequently analysing how their meanings accumulate, shift, and diverge over time and across communities. These layered meanings are then recontextualised within a psychological framework, thereby restoring the word's comprehensive spectrum of meaning.

This linguistic methodology is intentionally bidirectional, operating at the level of etymology, (linguistic ancestry and semantic evolution) and at the level of clinical phenomenology, which attends to how trauma is lived, felt, and embodied in affective, relational, and identity-level terms. By integrating historical semantics with experiential formulation, the model enhances definitional precision and reduces misinterpretation, particularly for terms whose everyday usage is moralised, reductive, or clinically ambiguous. This integrative approach, reopens interpretive pathways that mitigate shame, restore agency, and broaden choice.

Linguistic Presuppositions: A Dual-Aspect Approach

The word r*evenge* derives from the Latin *vindicare*, meaning to claim, to set free, to assert a right, while *dignity* (Latin *dignitas*) refers to inherent worthiness, honor, and the right to be valued. (Merriam-Webster, n.d.-a; Merriam-Webster, n.d.-b). In common usage, revenge implies inflicting injury in return however, within this framework it is differentiated into maladaptive revenge (externalised retaliation driven by unresolved rage and loss of self-regulation) and adaptive revenge (an internal reclamation of dignity, self-worth, and personal power). The TR6 structure intentionally challenges linguistic presuppositions by holding the term within a dual-aspect framework—above-the-line (adaptive) and below-the-line (maladaptive)—thereby challenging the reflexive moral dismissal of revenge and instead examining its phenomenological layers. What is often rejected as inherently destructive is reframed as a spectrum of response. At its maladaptive pole, it may manifest as compulsive retribution; however within its adaptive pole, it becomes symbolic vindication and boundary restoration.

Colloquial expressions such as “I hope the karma bus gets them” are normalised as emotionally intelligible responses and are then metabolised through structured processes, including the psychodrama intervention termed the *Act of Unforgiving*, in which the perpetrator is consciously uninvited from psychic participation (Rolfe, 2023) In this sense, revenge does not presuppose harm but functions as an intentional act of reclamation that safeguards dignity and self-worth. In forthcoming academic publications, these distinctions will be explored in greater detail and depth.



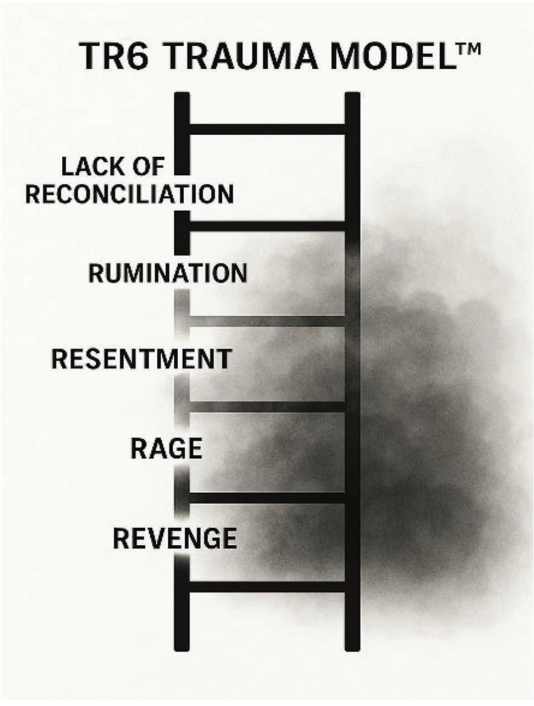
Moving Through a Ruptured Mind: The TR6 Trauma Model: Descent into the shadows.

The TR6 Model is a descent model designed to map the progressive layers of unresolved trauma and the escalating risk of psychological and somatic collapse. Rather than viewing trauma as a single event or static response, the model conceptualises trauma as a deepening process, a downward movement through increasingly complex and embedded emotional, cognitive, and physiological states. One can move fluidly through the stages above the line, metabolising pain and returning to integration. The danger arises when the descent passes below the line into the darker strata of the psyche where unresolved trauma begins to congeal, and the natural progression hardens into psychological entrapment. The model is therefore intended to identify where this entrapment occurs, how it intensifies over time, and where intervention is required to restore movement toward integration.

Each step down (below the line) however represents a further descent into the shadowed layers of stuckness, where initially adaptive responses to trauma can become maladaptive patterns, eventually leading to entrenched distress and deterioration.

As individuals move further down this descent, often without realising it, they become more vulnerable to internal rupture, relational disconnection, and embodied distress. This descent reflects observable changes in nervous system regulation, immune function, cognitive flexibility, and psychological identity. The deeper the descent (below the line) in each stage, carries the cumulative risk within the darker shadow stages of *rumination, resentment, rage* and *revenge*, on the descent ladder. Healing requires the capacity to recognise where one is in the descent, to assess proximity to being stuck, and to identify opportunities for re-integration. The goal is not to avoid or bypass the wound, but to engage with it consciously, to feel it, work through it, without becoming so entrenched that the wound remains open, dominant, and unresolved.

The descent into the *shadow*, refers to the process of consciously engaging with the parts of the self that are typically hidden, disowned, or defended against, what Jung (1968) called the “shadow”. These are not just negative traits, but unprocessed trauma states, unintegrated emotions, and maladaptive patterns that operate outside of awareness. In the TR6 Trauma Model framework, descent means turning toward these areas with structured awareness, rather than bypassing them with denial, fear, premature positivity or cognitive reframing. It is through this descent that we gain access to the implicit drivers of suffering and open the path toward authentic integration. In the TR6 framework, the descent into the shadow is the necessary path back to wholeness. This is the necessary initiation into shadow work, the willingness to let go of the illusion of safety, certainty, and control. What dies in this process is not the self, but the false structures that once held the psyche together. It is a symbolic death, the death of adaptation strategies that no longer serve, so that something more truthful, embodied, and whole can emerge. Trusting this descent means allowing contradiction, fear, and unknowing to coexist, while the deeper system reorganises beneath the surface.



Integrating TR6 with Existing Trauma Assessments

The TR6 Trauma Model is not designed to replace existing trauma assessments but to complement and extend them. Widely respected tools such as the Adverse Childhood Experiences Questionnaire (ACE) (Felitti et al., 1998), the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003), the Dissociative Experiences Scale (DES-II) (Carlson & Putnam, 1993), and the Scale of Body Connection (SBC) (Price & Thompson, 2007) have provided critical insight into trauma's impact on mental health, body awareness, and adaptive capacity. These assessments are foundational within trauma-informed practice and are backed by decades of empirical validation.

This model acts as both an assessment tool and an existential navigation system**,** supporting deep integration, helping survivors track where they are thriving, where they are struggling, and how to move forward with clarity, compassion, and guided inquiry.

In addition to its value for personal insight, the TR6 Model functions as a comprehensive assessment and mapping tool for clinicians. It offers a structured framework to identify which stage of the trauma response a client is currently navigating, whether they are sitting in awareness, moving slowly, thriving, progressing, or potentially stuck. This mapping provides a dynamic risk assessment, helping both client and therapist pinpoint the emotional and somatic states requiring the most attention.

Therapists can use the TR6 framework as a clinical lens to fine-tune interventions with precision, whether engaging in EMDR, somatic therapies, Internal Family Systems (IFS), schema work, or narrative approaches, by identifying where dysregulation persists and where resilience remains intact, the model equips practitioners with the clarity needed to tailor therapeutic strategies that are evidence-based, trauma-informed, and client-specific. It is not just a tool for assessment, it is a method for deepening clinical attunement and enhancing therapeutic impact across modalities.

By teaching people to recognise what is still safe, even when uncomfortable and what needs healing at the subconscious level, the TR6 Model becomes a method for deep and lasting healing**.** While it provides a universal structure for assessment and awareness, the healing process itself is always subjective and individualised**.** Recovery is never one-size-fits-all. Therapeutic suggestions presented through the model are grounded in evidence-based research and intended to be co-designed or facilitated with a trained therapist, respecting the unique context of each individual's life. The model offers clarity and guidance, but it is through tailored, embodied, and relational therapeutic work that true healing unfolds. The framework supports both clients and clinicians in identifying the level of risk and tailoring interventions accordingly before the wound becomes a core identity, and before the descent leads to full collapse into embodied disintegration, complex decompensation or oncological despair. It is comparable to identifying, preventing and treating cancer in its early stages before it metastasises, spreads systemically and threatens the entire system; psychologically, relationally and physiologically.

This model is distinct from existing diagnostic frameworks such as PTSD, CPTSD, or Post-Traumatic Embitterment Disorder (PTED). While it may intersect thematically with certain constructs in trauma literature, the model is not a diagnostic tool, nor is it aligned with any single psychiatric classification system. The TR6 Model is the psychological equivalent of preventative care.

It allows clinicians to identify emotional "lesions" before they deepen, track signs of stuckness across multiple relational domains, create individualised treatment plans based on stage-specific needs, and provide clients with insight into their patterns without labelling them as disordered. In contrast, waiting for someone to meet any of the diagnostic thresholds of PTSD, CPTSD or PTED is like waiting for Stage 4 cancer to appear before intervening.

This framework does not concern itself solely with trauma as a singular or past-bound event. Rather, it maps the emotional, psychological, embodied and existential toll of trauma that is repetitive, relational, and unresolved, sustained not just by external violations, but by internalised patterns, broken attachments, moral injury, and systemic invalidation.

When trauma is ongoing, when the relational field remains unsafe, when betrayal is repeated, when repair is absent, it becomes more difficult to distinguish what is a symptom and what is a survival strategy. This is precisely why the TR6 Model draws a clear line between above-the-line stages (natural trauma responses with movement) and below-the-line states (entrapment and collapse). Without that clarity, we risk missing the fact that for many, the trauma is not behind them, it is still unfolding in real time, often invisibly. Thus, the TR6 Trauma Model's recognition of shadow progression, especially in its final stages in the descent, aligns with Jung's belief that true healing only comes through conscious encounter with what was once repressed.

"One does not become enlightened by imagining figures of light, but by making the darkness conscious" (Jung, 1968).

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