

Complex PTSD

through the

Lens of Silo's Psychology

Trauma, Image and the Psychism



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Humanist Studies

Complex PTSD through the Lens of Silo's Psychology

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Dedication

To Piotrek, Jane, Suzanne, David, Bethan, Matthew, Milan, Blake and Andy, who stood beside me in the worst moments, and who carried more worry for my wellbeing than I could easily see at the time.

To my mum and my sister, for being there when I needed them most.

To Silvia, whom I miss deeply.

To Silo, without whom this monograph would not have been written.

And finally, to Jak, who has suffered immeasurably more than I have, and with whom I have fought this battle. To a long life together.

Preface

This book was not written from detached academic interest. It was written because trauma entered my life directly, violently and confusingly, and because when that happened I had almost no idea what I was looking at, what I ought to do or where a partner could turn for help. The usual responses available to friends and family were understandable but blunt: keep away, protect yourself, leave, call the police if necessary. Those responses were not wrong. There were moments when the practical danger was real, and when the consequences could have been serious. Yet even then, I felt that something more was required than fear alone.

Through popular culture and the news, I had of course heard of PTSD. I associated it with the familiar image of veterans returning from war with nightmares, flashbacks and a terrible silence about what they had endured. What I did not understand, and what completely blindsided me, was that trauma could also manifest in triggered episodes of psychologically harmful behaviour towards loved ones, at times taking forms that could feel controlling, frightening or emotionally abusive. That dimension of trauma is far less visible in the public imagination, yet it can be devastating for partners and families.

I do not believe this is a marginal problem. Trauma affects millions of people directly, and many more indirectly: partners, families, friends, colleagues and communities who may find themselves living with consequences they do not understand. One of the most difficult aspects of CPTSD is that triggered episodes can be bewildering, especially for those who have no prior experience of them. Without an adequate framework, what is happening may appear only as irrationality, hostility or danger, when it is also the manifestation of a structure of suffering that has become active.

One of the things that made this experience so difficult was the absence of any clear map for those living alongside severe trauma. Mental health services, insofar as they were accessible at all, had little to offer the partner. One cannot force a loved one into treatment, nor compel understanding before a person is ready or able to recognise what is happening. At the same time, one is not a neutral observer. One is drawn into the climate of fear, confusion, exhaustion and instability created by the condition. This work arose in part from that vacuum: from the need to think clearly in circumstances where clarity was in very short supply.

What I brought to that experience, perhaps uniquely, was a background in Silo's psychology. I do not mean that I possessed a ready-made solution or that an understanding of Silo's scheme of the psychism somehow cancelled the practical dangers of the situation. It did not. What it offered was something more modest, but also more decisive: a language and a framework. Where others could see only irrationality, danger or mental collapse, I was able to see mechanisms at work and logic in the suffering. That did not remove the need for limits and safety. It made those limits easier to define, not less. More importantly, it made it possible not to identify the whole person with the condition, but to continue seeing the human being within the suffering.

Silo's scheme of the psychism did not teach me to deny danger; it taught me to distinguish, within danger, between the person and the condition — between the human being and the structure of suffering that had taken hold.

This distinction is essential. No one chooses to have CPTSD, and no one should be blamed for developing it. The condition is not the person's fault. At the same time, its effects may be real, and at times dangerous. Holding both truths together became one of the central difficulties of the

experience: not blaming the person for the origin of the suffering, while still recognising the harm that may occur when that suffering is triggered and expressed in harmful or frightening behaviour.

This mattered enormously. Without it, I think I would have seen only chaos. With it, I could begin to understand that trauma may produce manifestations that seem irrational, destructive and at times almost impossible to comprehend, yet are not devoid of intelligibility. This did not mean excusing harmful behaviour, nor suspending ordinary prudence. Limits, safety and realism remain indispensable. Understanding is not permissiveness. Compassion is not the abandonment of boundaries. But understanding can alter the quality of one's response. It can prevent fear from becoming the sole interpreter of events.

The present book therefore has a double origin. It is, on the one hand, an attempt to think through trauma with the conceptual resources offered by Silo's psychology; on the other, it is a response to a lived ordeal. I wrote it because I wanted to validate what I had learned from Silo in a real-world situation that was testing me to my limits. I also wrote it because I believe that Silo's psychology deserves more serious attention than it has generally received, particularly in relation to forms of suffering that remain difficult to interpret in purely clinical language.

This book is not intended as a practical guide for partners, families or carers. That will require a separate companion work. Its task is more limited: to establish a theoretical and phenomenological framework through which complex trauma can be understood. If that framework proves useful, it may later be developed into support material for those living beside trauma: people who need to understand what is happening without excusing harm, abandoning boundaries or losing their own centre.

This experience has not left me unchanged. Prolonged exposure to trauma also affects the partner. I am not the same person I was before it began. I have had to recognise changes in my own reactions to stress, and to see that I, too, need my own personal work.

If there is a message in these pages, it is that hope sometimes begins with the discovery of an adequate language. For me, Silo's psychology offered such a language: a way of reading suffering more humanly and more exactly, without confusing understanding with excuse, or compassion with the abandonment of limits.

This preface is offered in that spirit. The pages that follow ask a prior question: whether Silo's psychology can offer a coherent phenomenological framework for understanding complex trauma. If this framework can help professionals, people living with trauma, partners, families or friends think more clearly about what trauma does to consciousness, memory, Image, body, conduct and relationship, then this work will have served its purpose.

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Abstract

This study asks whether the psychology of Silo — Mario Luis Rodríguez Cobos — can provide a useful phenomenological framework for understanding complex post-traumatic stress disorder, or CPTSD. It does not argue that Silo offers an empirically validated trauma theory or an evidence-based clinical treatment model. Rather, it explores whether his concepts of psychism, consciousness, memory, internal and external senses, Image, Space of Representation, climate, reveries, the reverie nucleus, reversibility, contradiction and the centres of response offer a coherent language for describing the lived organisation of complex trauma.

The study places *Psychology Notes* in dialogue with contemporary clinical understandings of CPTSD, while also drawing on *Contributions to Thought*, especially “Psychology of the Image”, and on *Self-Liberation* where relevant. Its central claim is that CPTSD may be understood, in Siloist terms, as a disorganisation of the psychism involving charged Images, affect dysregulation, negative self-concept, relational disturbance, bodily tension, reduced reversibility and a field of presence and co-presence increasingly organised around threat.

Silo’s account of Image is central to this argument. An Image is not merely a visual picture, but a multisensory representation formed from data of the external and internal senses, capable of orienting the body and directing conduct. From this standpoint, trauma may be understood as the persistence of charged Images registered in memory with painful climates and bodily registers attached to them. Such Images do not simply recall the past; they continue to organise perception, emotion, self-image, bodily state, relationship and future expectation.

Silo’s psychology is therefore presented not as a substitute for contemporary trauma science, but as a structured phenomenological grammar for thinking about trauma, Image, conduct, integration and human intentionality. The epilogue indicates two wider directions opened by the argument: traumatised societies and reconciliation, and possible future exploration of other fields of mental health.

1. Introduction

Although awareness of CPTSD is growing, public understanding remains limited. It is still too often associated only with war, while its effects are found across many areas of life: childhood abuse, domestic violence, coercive control, neglect, humiliation, captivity, displacement, and other forms of prolonged or inescapable threat. Health services are often insufficient for the scale and complexity of the problem, and those affected may struggle to find an adequate language for what is happening. Prolonged trauma affects memory, identity, relationship, bodily life, conduct, and the person's sense of the future. It therefore requires a language capable of describing not only what has happened, but how what has happened continues to organise experience.¹

The recognition of complex post-traumatic stress disorder, especially in the ICD-11 framework, has made it easier to describe forms of suffering that exceed the narrower frame of fear-based trauma alone. CPTSD includes the core features of PTSD — re-experiencing, avoidance, and a sense of current threat — but also identifies more enduring disturbances in affect regulation, self-concept, and relationships. This gives contemporary psychology an important language for the consequences of prolonged and repeated trauma. Yet diagnostic language does not always describe how trauma is lived from within: as a disturbance in the whole organisation of experience, including memory, Image, body, climate, conduct, self-image and relationship. Especially in CPTSD, what matters is not only that prolonged traumatic conditions occur, but that they are progressively lived, registered and organised within the person as meanings, Images, climates, bodily registers and expectations.²

It is here that Silo's psychology may offer an original contribution. Silo is the name by which Mario Luis Rodríguez Cobos (1938–2010), the Argentine writer and thinker associated with New Humanism and the Humanist Movement, is generally known. His work addresses personal and social transformation, nonviolence, human intentionality and the overcoming of suffering. This study draws particularly on his psychological writings as a phenomenological account of consciousness, Image, behaviour and the way human experience is structured in the psychism. Silo's work is not a recognised clinical theory of trauma, nor an empirically validated treatment model for CPTSD. Its value here is different: it offers a coherent architecture through which complex trauma may be described as a disorganisation of the psychism — the persistence of charged contents, a field of presence and co-presence increasingly organised around threat, reduced reversibility, a disturbance in the coordination of functions and the emergence and stabilisation of defensive forms of conduct.³

The aim of this study is limited but substantial: to ask whether Silo's psychology can serve as a useful phenomenological framework for understanding CPTSD. More specifically, it asks whether his concepts can illuminate the three major domains through which CPTSD is currently described: affect dysregulation, negative self-concept and relational disturbance. It also asks whether his

¹ Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 1; Laurence J. Kirmayer, "Nightmares, Neurophenomenology and the Cultural Logic of Trauma," *Culture, Medicine and Psychiatry* 33, no. 2 (2009): 323–325.

² World Health Organization, *Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural and Neurodevelopmental Disorders* (Geneva: World Health Organization, 2024), s.v. "Complex Post Traumatic Stress Disorder."

³ Silo, *Psychology Notes*, in the official collected works at silo.net, 8–188; Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Donald A. Landes (London: Routledge, 2012), xxxii–xxxv, lxx–1, 67–68.

treatment of Image, memory, climate, reveries, the reverie nucleus, contradiction and reversibility can help clarify how trauma persists and how integration might be conceived.

To pursue this question, the study places *Psychology Notes* in dialogue with contemporary clinical understandings of CPTSD. It also draws on *Contributions to Thought*, especially “Psychology of the Image,” to develop the treatment of Image, representation and action, and on Luis Ammann’s *Self-Liberation* where the discussion turns to catharsis, transference and the integration of traumatic contents.

The central argument of this study is that Silo’s psychology can be read as a valuable phenomenological framework for understanding the lived structure of CPTSD. Its contribution is not that it provides a clinical treatment model, but that it offers a coherent grammar for thinking about trauma as disorganisation of the psychism: charged Images, traumatic climates, the persistence of charged contents, contradiction, reduced reversibility, defensive conduct and the difficult movement towards the integration of traumatic contents.

The study begins by outlining the contemporary clinical understanding of CPTSD, then turns to the basic architecture of Silo’s psychology as the conceptual basis for comparison. It then examines trauma as a disorganisation of the psychism, before exploring affect dysregulation, negative self-concept, relational disturbance and the persistence of trauma through Image and memory. The later chapters turn to catharsis and transference, asking whether Silo’s scheme of the psychism not only describes traumatic persistence phenomenologically, but also helps explain why clinically contained work on traumatic Images and memory — including eye movement desensitisation and reprocessing, or EMDR, and related approaches — can modify what remains active in the present.

2. CPTSD in Contemporary Psychology

2.1 PTSD and CPTSD

CPTSD is most clearly and formally defined in the ICD-11 framework. In that framework, CPTSD includes the core features of post-traumatic stress disorder together with a further cluster of persistent difficulties described as disturbances in self-organisation. The core PTSD elements concern re-experiencing the trauma in the present, avoidance of reminders, and an enduring sense of current threat. CPTSD includes those features, but adds more pervasive disturbances in emotional life, identity and relationships. This distinction is important for the present study, because it marks the difference between trauma understood primarily through fear-based re-experiencing and trauma understood as a more general and enduring alteration in the organisation of the person.⁴

2.2 Disturbances in self-organisation

The additional features of CPTSD are usually grouped under three headings: affect dysregulation, negative self-concept and disturbances in relationships. Affect dysregulation refers to chronic difficulties in modulating emotional activation. These difficulties may involve explosive anger, panic, persistent emotional flooding, shutdown, emotional numbing or a rapid oscillation between states. Negative self-concept refers to enduring feelings of shame, guilt, worthlessness, failure or defeat. Disturbances in relationships concern persistent difficulties in sustaining closeness, trust or reciprocity, and may appear as withdrawal, dependency, fear of intimacy, appeasement or repeated conflict. What is important here is that CPTSD describes a pattern in which trauma is no longer limited to intrusive recall or fear responses, but has become woven into the person's emotional regulation, self-image and relationships.⁵

2.3 Trauma context and developmental burden

CPTSD is typically associated with prolonged, repeated, or difficult-to-escape trauma. The clinical literature often refers to contexts such as chronic childhood abuse or neglect, domestic violence, trafficking, torture, captivity, repeated sexual violence, organised political violence and sustained exposure to war. These are situations in which the person's defensive system is not mobilised only around a single event but is forced to adapt over time to threat, humiliation, helplessness and loss of control. For that reason, CPTSD often has developmental and interpersonal consequences that differ from more circumscribed traumatic presentations. The disorder is not defined only by what happened, but by the duration, repetition and structuring force of what happened. At the same time, repeated traumatic conditions do not become CPTSD in a purely mechanical way; they do so through the way they are progressively lived, registered and organised within the person.⁶

⁴ WHO, *Clinical Descriptions and Diagnostic Requirements for ICD-11*, s.v. "Complex Post Traumatic Stress Disorder"; Marylène Cloitre et al., "The International Trauma Questionnaire: Development of a Self-Report Measure of ICD-11 PTSD and Complex PTSD," *Acta Psychiatrica Scandinavica* 138, no. 6 (2018): 536–546.

⁵ Ibid.

⁶ Herman, *Trauma and Recovery*, 6–8; Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014), 190–198.

2.4 Clinical complexity and diagnostic overlap

The recognition of CPTSD has also raised important clinical questions about overlap and differential formulation with adjacent forms of suffering, especially borderline personality disorder, severe depression, dissociative conditions and longstanding attachment disturbance. These overlaps are real, and they partly explain why trauma presentations can be clinically difficult to formulate. Yet the value of the CPTSD category lies in its attempt to describe a coherent trauma-based pattern rather than scattering its consequences across unrelated diagnoses. This does not eliminate the need for careful differential assessment, but it does make it easier to recognise when the person's difficulties in emotion, identity and relationship are rooted in prolonged traumatic adaptation rather than in a series of disconnected problems.⁷

2.5 Therapeutic implications

Contemporary treatment approaches for PTSD and CPTSD remain grounded in trauma-informed care, with the strongest evidence base lying in structured trauma-focused psychological treatments, adapted where necessary for complex presentations. At the same time, there is continuing discussion about sequencing: whether direct trauma processing should begin early, or whether stabilisation, emotion regulation and relational capacities should first be strengthened alongside, or prior to, more direct trauma processing. For the purposes of this study, the essential point is that the field already recognises that prolonged trauma affects more than fear responses alone. It affects the person's broader organisation of feeling, self-image and conduct, and that recognition opens a legitimate space for phenomenological comparison with broader psychologies of consciousness, Image, behaviour and the integration of experience within the psychism. This also suggests that treatment cannot be understood only as symptom management, but often involves carefully contained work on traumatic memory, meaning, bodily activation and the person's relation to the traumatic content.

2.6 Why a phenomenological comparison is useful

Even with its considerable empirical development, contemporary trauma psychology often describes suffering through lists of symptoms, mechanisms and treatment responses. That is necessary, but it does not always provide a unified language for the lived structure of traumatised experience. The category of CPTSD itself points beyond narrowly symptom-based accounts by acknowledging that trauma can alter the person's relation to emotion, self-image and others. This is where a comparison with Silo's scheme of the psychism may become fruitful. The present study does not seek to replace clinical science. Rather, it proposes that Silo's broader psychology of human experience may help articulate, in a more integrated way, the lived structure of complex trauma, including how it organises climates, Images, self-image, contradiction, bodily registers and patterns of conduct. The next chapter therefore turns to the basic architecture of Silo's psychology in order to establish the conceptual tools for the comparison that follows.

⁷ van der Kolk, *The Body Keeps the Score*, 190–191; Herman, *Trauma and Recovery*, 6–8.

1. THE ICD-11 STRUCTURE OF COMPLEX PTSD (CPTSD)

CPTSD includes all core features of PTSD, plus disturbances in self-organisation (DSO).

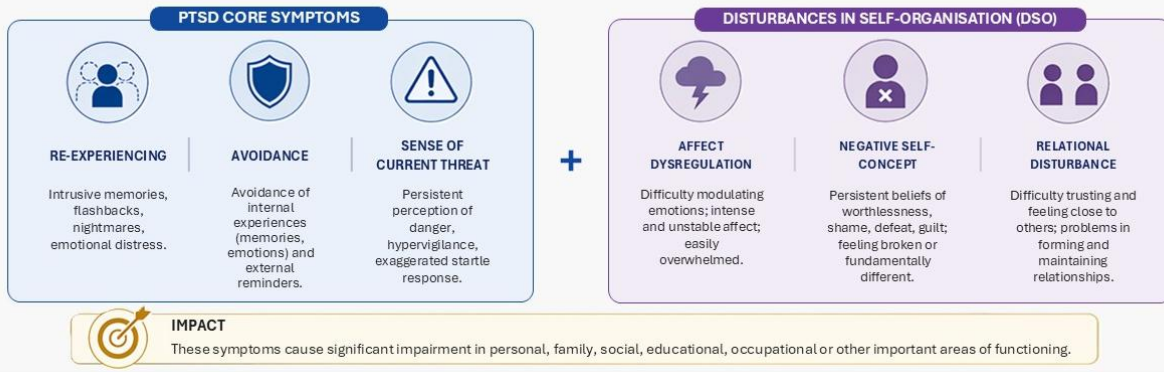


Figure 1 - The ICD-11 structure of CPTSD

3. The Basic Architecture of Silo's Psychology

Any attempt to place Silo's psychology in dialogue with contemporary understandings of CPTSD must begin by clarifying the scheme of the psychism that his work presupposes. The question is not whether Silo offers a ready-made diagnostic scheme, but whether his account of the psychism provides a coherent structural language within which trauma can be redescribed. In this respect, the importance of *Psychology Notes* lies less in any isolated concept than in the way its main notions form an organised system.⁸

Figure 2. Scheme of the integrated work of the psychism

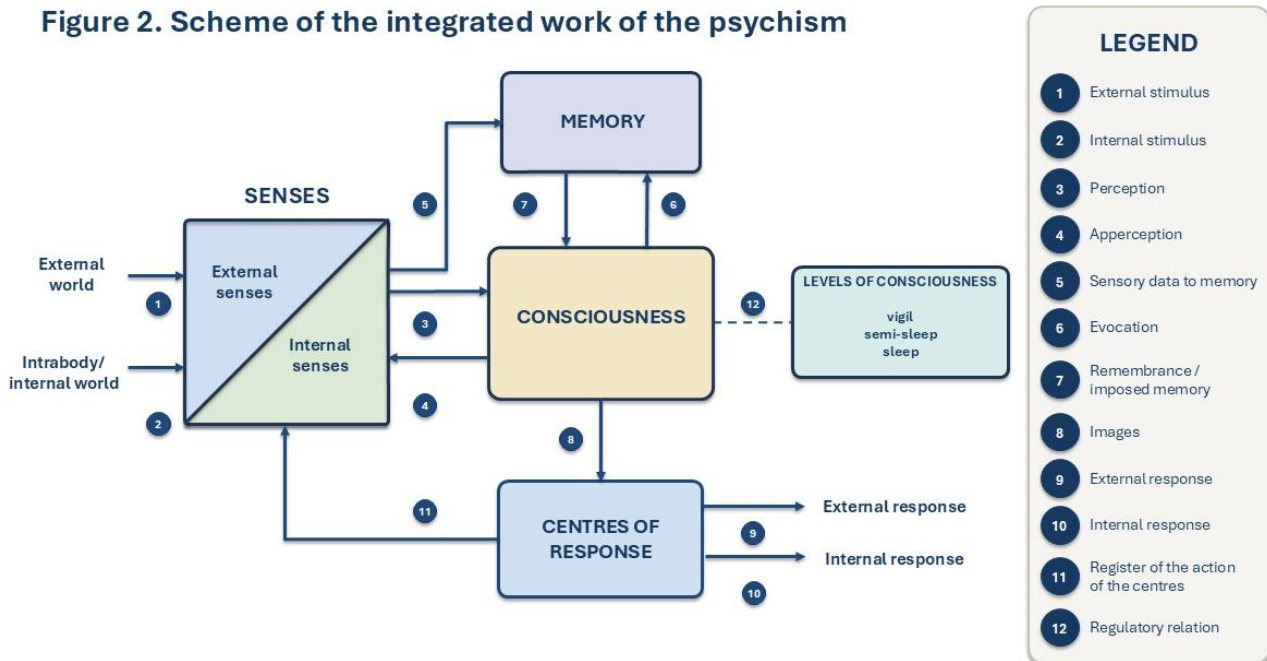


Figure 2 - Scheme of the integrated work of the psychism

At the most general level, Silo presents the psychism as a function of life. This starting point matters because it resists any view that treats consciousness as passive, detached or merely witnessing. The psychism is not an abstract mind floating above the organism, but a dynamic circuit of apparatuses and impulses in which senses, memory, consciousness and the centres of response are structurally related. Consciousness is not outside that circuit but its coordinator, receiving and organising impulses from the senses through perception [3], from memory through remembrance or imposed memory [7], and through evocation [6], while launching Images [8] towards the centres of response. From the beginning, then, Silo's psychology is structural and active rather than merely descriptive.⁹

This has immediate relevance for a study of trauma. If the psychism is a function of life, then trauma is not simply a set of unfortunate recollections or symptoms added to an otherwise intact person. It can instead be approached as a disturbance in the functioning of the psychism as a living system: a disruption in how the person registers, represents and responds to what is lived, and how that is translated into conduct. The usefulness of Silo's psychology lies precisely in the fact that it allows such disturbances to be understood as alterations in structure rather than as isolated mental contents.

⁸ Silo, *Psychology Notes*, 8–39, 60–149, 151–188.

⁹ *Ibid.*, 9–35.

A first indispensable triad in this scheme is that of senses, memory and consciousness. Silo repeatedly treats these as the basic routes through which what is perceived, retained and made present to consciousness is organised. To this one should immediately add the Space of Representation, not as a fourth apparatus, but as the internal field within which contents are located, organised and related. Sensation refers to data arriving from both the external [1] and internal [2] senses: sight, hearing, smell, taste and touch, but also cenesthetic and kinaesthetic registration, bodily tone, tension, movement and internal state; memory records and supplies data within the circuit [5, 7]; consciousness coordinates and works with both [3, 4, 6, 7, 8]. This arrangement already suggests a more complex field than a simple stimulus-response model. Present experience is never purely immediate, because memory is always active in shaping what is perceived [3] and how it is interpreted. Nor is consciousness a blank container, since it is continuously occupied with the tasks of selecting, connecting, transforming and directing contents. Memory, too, is not merely verbal or visual storage, but involves data from multiple senses, allowing later associations to reactivate prior contents across different sensory pathways.

The notion of Image is another decisive component of this architecture. In Silo's work, the Image is not merely a visual picture, nor a decorative addition to thought. It may draw on more than one sense, including internal bodily registers, and is bound up with representation, the organisation of internal space and the direction of conduct. Even before turning explicitly to *Contributions to Thought*, one can see in *Psychology Notes* that the Image has a mediating role between consciousness and the centres of response [8]. Human beings do not simply react mechanically to stimuli; they live in a world that they themselves represent, and that represented world includes memories, Images of the future, self-images, more condensed symbolic forms and affectively charged situations. Image is thus integral to how experience is organised and to how response is mobilised.¹⁰

In this study, the lower-case term image refers to a visual picture in the ordinary sense. By contrast, the capitalised term Image is used in Silo's technical sense to refer to multisensory representations arising from the external and internal senses, located in the Space of Representation and capable of mobilising responses across the centres of response. An Image may therefore include not only visual, auditory or tactile data, but also cenesthetic and kinaesthetic registers: bodily tension, contraction, relaxation, movement, pressure, nausea, freezing, warmth, release or other internal sensations.

In Silo's psychology, all Images are located within what he calls the Space of Representation. This is not a visual screen inside the head, but the internal spatial field in which data from all the senses are represented, organised and related to possible action [8]. An Image is therefore not merely visual, but a multisensory representation formed from data of the external and internal senses. Thus a sound can evoke a visual scene, a smell can trigger nausea and a bodily sensation can bring back a painful memory.¹¹

For the purposes of this study, the significance of senses, memory and consciousness is considerable. Complex trauma does not affect only what a person remembers. It may also alter how incoming situations are registered, how prior contents are reactivated through memory, and how consciousness moves among these data through perception [3], apperception [4], and evocation [6].

¹⁰ Silo, *Psychology Notes*, 91–113; Silo, *Contributions to Thought*, "Psychology of the Image," 1–3.

¹¹ Silo, *Psychology Notes*, 113–124, 149.

The traumatised person often lives within a field of presence and co-presence in which perception [3] is coloured by charged memory [7] and consciousness does not operate with full reversibility or freedom. Silo's framework is useful here because it lets us think about these alterations as structural relations among functions rather than merely as symptoms listed one by one.¹²

Psychology Notes goes further than a simple description of apparatuses and functions. In *Psychology II*, Silo introduces sensation, image and memory as the three basic routes of human experience, and also as the routes through which suffering is registered.¹³ What is painful may be lived through present sensation, may return through memory, or may be projected through imagination into the future. This matters for trauma because traumatic contents do not persist only as remembered past events. They may also appear as present bodily alarm and as anticipatory suffering organised through imagined threat. This distinction will become more important later, when painful self-images, memory and represented futures are taken up more directly.

A second essential element is Silo's treatment of levels and states of consciousness. Consciousness is not presented as a single homogeneous plane. It works at different levels, each with its own mode of relation to the world, degree of reversibility and characteristic contents. This layered view becomes especially important when thinking about trauma, because traumatic contents do not always appear in the same way. At times they present themselves in waking life through these three pathways of suffering: as intrusive recollection, as bodily alarm in the present, and as defensive anticipation shaped by threat-imagination; at other times they emerge through dreams, sudden affective shifts, or forms of conduct whose charge is disproportionate to the immediate situation. A psychology that already distinguishes levels and states is therefore better equipped to describe how disturbing contents circulate.

Here, however, one should proceed carefully. The point is not to claim that Silo's levels of consciousness map directly onto any contemporary clinical taxonomy. The value of the distinction lies in its phenomenological breadth. It allows one to see that human experience is not lived from a single stable platform, and that disturbances may involve shifts across levels of consciousness, a restriction in the breadth and mobility of the field of presence and co-presence under the pressure of charged contents, and reduced reversibility across more than one level at once. This idea will become more important later, when trauma is treated as a chronic traumatic organisation of climates, Images, tensions and reveries rather than as a purely narrative memory of the past.¹⁴

Closely related to this layered structure is Silo's treatment of reveries, climate and the reverie nucleus. Reveries are not random by-products of consciousness but recurrent configurations that reveal tendencies of the psychism. Secondary reveries vary with circumstances, yet they often share a common climate, and that common climate may disclose a more stable reverie nucleus. Crucially, the reverie nucleus is not itself a visualisable image. Silo describes it as an allusive mental climate that directs tendencies and aspirations over time, while Ammann similarly treats it as the basic mental climate that gives rise to compensatory reveries and can orient conduct over long periods. This concept will become important later when trauma is considered not only as a persistence of

¹² *Ibid.*, 14–20, 61–64, 81–106.

¹³ Silo, *Psychology Notes*, "Psychology II: The Three Pathways of Human Experience: Sensation, Image and Memory," pp. 49–50; Luis A. Ammann, *Self-Liberation*, "The Three Pathways of Suffering," pp. 2–3.

¹⁴ *Ibid.*, 70–77, 162–168, 176–188.

charged memories or Images, but as a more enduring background organisation of the person's self-image, relation to others and capacity to imagine the future.¹⁵

This is one reason why Silo's psychology is potentially so useful for thinking about CPTSD. Traumatic suffering is very often structured through Images before it is put into words. It appears in recurring scenes, bodily laden memories, fixed self-images and charged internal climates that organise expectation and conduct. If Image is central to the architecture of consciousness, then the persistence of trauma cannot be reduced to abstract belief or verbal recollection. It must also be understood through the represented forms by which painful contents remain active.¹⁶

Silo's treatment of impulses and their transformation also deserves emphasis. Impulse does not mean crude instinct or immediate drive, but psychic activity passing through the psychism from one apparatus to another, see figure 2, being translated and transformed before contributing to response. A stimulus, a memory or an Image may therefore enter the circuit in different ways and continue through it in altered form. This matters because there is no simple one-to-one relation between inner disturbance and outward act. The same charge may appear as bodily tension, silence, flight, aggression, withdrawal, rigid control or symbolic production. Such a view opens a path to understanding trauma not as a static lesion but as an ongoing circulation and transformation of charge within the psychism.¹⁷

Behaviour, in this framework, is not external to inner life. It is one of the forms in which the psychism expresses and regulates itself through response [9, 10, 11]. Conduct becomes intelligible only when related back to the climates, Images, memories and impulses from which it emerges. This point will matter greatly when we come to relational disturbance in CPTSD. A pattern of appeasement, volatility, withdrawal or defensive aggression is not simply a habit floating free of meaning; it is a mode of organisation in which the whole psychism is implicated.

This brings us to the centres of response, one of the most distinctive elements of Silo's psychology and one that requires careful handling in the present context. Silo treats the centres as specialised systems of response through which the individual expresses themselves in different areas of activity. Their importance lies not in furnishing a rigid typology of individuals, but in helping explain how human beings express themselves in the world through multiple channels of response [9, 10, 11]: the intellectual, emotional, motor, sexual and vegetative centres. What matters most here is their interaction. Human suffering does not remain confined to a single channel. An Image may intensify bodily tension; an emotional climate may shape thought; a persistent contradiction may be enacted in movement or sexual withdrawal; intellectual overactivity may coexist with strong motor activity or internal inhibition.¹⁸

Used with care, the concept of the centres of response allows one to describe trauma as something more than an emotional wound in the narrow sense. Trauma may organise the whole field of response. It may settle in the body, alter rhythms of activation and collapse, distort emotional availability, colonise thought and shape patterns of movement or inhibition. Silo's model

¹⁵ Silo, *Psychology Notes*, 70–76; Ammann, *Self-Liberation*, 40–41, 127–128.

¹⁶ Silo, "Psychology of the Image," 1–3; Fuchs, "The Phenomenology of Body Memory," 9–11, 19–21.

¹⁷ Silo, *Psychology Notes*, 27–35, 124–137.

¹⁸ Silo, *Psychology Notes*, 64–70; Luis Ammann, *Self-Liberation* (Santiago de Chile: Virtual Ediciones, 2019), sections on the centres and their parts.

offers a language for this distributed organisation without needing to separate body, feeling, idea and conduct into unrelated domains.

At the same time, the limits of the concept should be recognised. The centres are not part of mainstream clinical terminology and are not presented here as equivalents of contemporary diagnostic constructs. Their use in this study is descriptive and phenomenological: they help articulate the spread of trauma across different dimensions of experience, but they do not replace current clinical categories or neuropsychological models.¹⁹

The conclusion to draw from this chapter is straightforward but important. Silo's psychology offers a dynamic architecture of experience in which senses, memory, consciousness, climate, reveries, the reverie nucleus, Image, impulse, behaviour, the centres of response and the levels of consciousness are internally related. This architecture does not yet amount to a theory of trauma. But it does provide the conceptual field in which trauma can be described as a disturbance in the organisation of life rather than merely as a list of symptoms. The next chapter therefore turns more directly to Image and representation by drawing on *Contributions to Thought*, where Silo develops the active role of Image with greater precision and philosophical depth.²⁰

¹⁹ Merleau-Ponty, *Phenomenology of Perception*, xxxii–xxxv, 67–68.

²⁰ Silo, "Psychology of the Image," 1–3.

4. Image and Representation in *Contributions to Thought*

With the general architecture of *Psychology Notes* now in view, it becomes possible to turn to the text that deepens one of its most decisive concepts: *Contributions to Thought*. If the previous chapter established the broad structure of Silo's psychology, the present one asks more precisely why Image is central to the whole project. This matters for the present study because trauma persists not only through remembered facts, but through represented scenes, bodily registers, represented futures and organised internal spaces within which the person continues to live.²¹

In the essay "Psychology of the Image," Silo argues against any reduction of Image to a mere copy or faded reproduction of perception. Image is not a secondary mental photograph that passively repeats what the senses have already delivered. It is an active function of consciousness, inseparable from the way consciousness positions contents, orients the body and opens possibilities of action. This point is indispensable for the argument that follows. If Image is active, then traumatic persistence cannot be understood simply as the survival of old data. It must also be understood as the continued activity of represented contents that organise present experience and conduct.²²

One of Silo's most important moves is to link Image to the body. Image does not float in a purely mental realm. It places the body in the world, directs it towards objects and prepares possible actions. It also carries an internal bodily register, which helps explain why represented danger can be lived as bodily alarm. In this sense, representation is never merely contemplative. To imagine, remember, or anticipate is already to orient oneself. This gives Image a significance that modern trauma theory, in its own language, increasingly recognises: traumatic experience is not only recalled but re-enacted through bodily readiness, alarm, inhibition, contraction, or flight. A threatening scene may be absent in physical fact and yet fully active as represented orientation.²³

The relevance of this for CPTSD is considerable. People suffering from prolonged trauma do not typically inhabit a neutral present occasionally interrupted by bad memories. Rather, they often live within a field of presence and co-presence already shaped by danger, anticipated humiliation or fixed self-images. Their bodies are not simply reacting to current stimuli; they are responding to represented worlds in which danger, exposure, abandonment or defeat are already present. This helps explain why trauma can continue organising conduct long after the original events have passed.²⁴

Silo's treatment of representation also helps move beyond a narrow opposition between reality and imagination. The represented world is not unreal in the sense of being irrelevant. Represented contents guide behaviour, attention and bodily tone, and for that reason they must be taken seriously. A person who expects betrayal, imagines rejection or carries a fixed self-image of being damaged is not merely entertaining false thoughts. They are living within an organised field of representation that shapes perception, thought, feeling and action. This is one reason why Silo's concept of Image may be more fruitful here than an account based on cognition alone.²⁵

²¹ Silo, "Psychology of the Image," 1–3; Silo, *Psychology Notes*, 91–113.

²² Silo, "Psychology of the Image," 1–3.

²³ Silo, "Psychology of the Image," 1–3; Merleau-Ponty, *Phenomenology of Perception*, xxxii–xxxv, 67–68.

²⁴ van der Kolk, *The Body Keeps the Score*, 208–211; Fuchs, "The Phenomenology of Body Memory," 19–21.

²⁵ Fuchs, "The Phenomenology of Body Memory," 9–10, 14–15.

This leads directly to Silo's notion of the Space of Representation. Silo's point is not only that consciousness works with Images, but that those Images are arranged, located and lived in an internal spatiality. Nearness and distance, above and below, inside and outside, enclosure and exposure all belong to the way contents are represented. This internal spatiality becomes highly relevant when one thinks about trauma. Traumatic contents are often not experienced as neutral ideas but as scenes with location, pressure, proximity, enclosure and bodily force. The person does not simply know something; they are placed somewhere by what they represent.²⁶

This is one reason why a purely narrative account of traumatic memory can be insufficient. In trauma, memory often returns first as Image, climate, bodily tension or sudden inner placement within a scene of danger, and only later, if at all, as a coherent story. *Contributions to Thought* helps clarify this by showing that memory is inseparable from representation, and that representation is inseparable from the body's orientation towards the world. Narrative remains important, but it does not exhaust the form in which trauma persists.²⁷

The essay also strengthens the present study's treatment of negative self-concept. If consciousness operates through Images, then the person does not experience themselves only through verbal propositions such as "I am worthless," but also through represented forms: as diminished, exposed, contaminated, trapped, powerless or defeated. Such represented forms may be more decisive than explicit thought in shaping the person's lived experience. In this respect, Silo's account complements clinical descriptions of shame and chronic self-devaluation in CPTSD by directing attention to the representational field within which such experiences are actually lived.²⁸

Another important implication concerns time. An Image is not restricted to what has already occurred. It can be turned towards the future no less than towards the past. This is crucial for understanding trauma. Fear, shame and vigilance are often sustained not only by recollection but by represented futures: what may happen, what is expected to happen, what is felt to be about to happen. Prolonged trauma is therefore not confined to the past. It can occupy the whole temporal horizon — past, present and future — linking remembered injury to anticipated repetition.²⁹

For that reason, *Contributions to Thought* strengthens the argument of this study at a decisive point. It prevents the emphasis on Image from appearing as a merely practical or therapeutic preference. It shows that the centrality of Image in *Psychology Notes* and *Self-Liberation* is grounded in a more general theory of representation itself. Image is not an accessory to the system. It is one of the principal ways in which consciousness and conduct are linked. This is why, in Silo's psychology, there is no action without a prior Image: conduct is activated through represented contents configured within the Space of Representation.³⁰

This chapter does not claim that Silo's theory of Image is equivalent to contemporary neuroscience or to any single cognitive model. Its value here is phenomenological and structural: it offers a way of describing how represented contents guide the body, organise the field of presence and co-presence, and persist across time. This is especially useful in CPTSD, where suffering often

²⁶ Silo, "Psychology of the Image," 1–3.

²⁷ van der Kolk, *The Body Keeps the Score*, 208–211; Cathy Caruth, "Unclaimed Experience: Trauma and the Possibility of History," *Yale French Studies* 79 (1991): 181–192.

²⁸ Silo, "Psychology of the Image," 1–3; van der Kolk, *The Body Keeps the Score*, 190–198.

²⁹ Silo, "Psychology of the Image," 1–3; Caruth, "Unclaimed Experience," 181–192.

³⁰ Silo, "Psychology of the Image," 1–3; Silo, *Psychology Notes*, 91–113.

remains active in represented worlds that continue to shape climates, self-images, bodily states and defensive conduct.³¹

The conclusion to draw is that *Contributions to Thought* provides one of the strongest theoretical supports for the present study. It allows trauma to be understood not merely as painful memory, but as an active organisation of representation. The next chapter builds directly on this insight by asking how, in Silo's terms, trauma may be understood as a more general disorganisation of the psychism.³²

³¹ Fuchs, "The Phenomenology of Body Memory," 19–21; van der Kolk, *The Body Keeps the Score*, 112–119, 208–211.

³² Silo, "Psychology of the Image," 1–3.

5. Trauma as Disorganisation of the Psychism

The previous chapters have established two points that now need to be brought together. First, contemporary psychology recognises that CPTSD is not exhausted by intrusive memory or fear alone, but involves more enduring disturbances in self-organisation. Second, Silo's psychology offers a structural account of the psychism in which sensation, memory, consciousness, Image, impulse, behaviour, and the centres of response are internally related. The present chapter proposes that these two lines can be joined through a central interpretive claim: in Siloist terms, CPTSD may be understood as a chronic disorganisation of the psychism.³³

This formulation should be read carefully. It does not mean that Silo provides a ready-made clinical diagnosis of trauma, nor that every traumatic presentation can be reduced to a single structural formula. Nor does it mean that prolonged traumatic conditions mechanically produce identical results in every person. What becomes decisive is how those repeated conditions are lived, registered and progressively organised within the psychism as meanings, Images, climates, bodily tone, expectation and conduct. Prolonged trauma can therefore be described, within Silo's architecture, as a disturbance in the coordinated functioning of the psychism. What has been traumatically lived does not remain a discrete content in memory. It continues to affect perception, representation, bodily tone, internal climate, expectation, conduct and the relation among the centres of response. Trauma is therefore not only something that happened. It is also an ongoing mode of organisation of present experience.³⁴

One can see this first in the persistence of charged contents, especially charged Images. In ordinary experience, contents are not all equivalent. Some carry little charge and pass with relative ease; others remain insistently active, drawing attention back to themselves and altering the field in which new data are received. Trauma belongs to this second type, but in an intensified form. A traumatic content is not only remembered; it retains a charge capable of reactivating the whole system. Because of that retained charge, later situations may be interpreted, felt, and embodied in relation to it, even when they are not objectively identical to the original event. The past remains structurally active in the present.

This helps explain why trauma so often comes to organise the field of presence and co-presence around threat, narrowing the person's effective freedom to perceive, interpret and act. Here, the field of presence and co-presence means the range of contents available to consciousness at a given moment, whether immediately present or active in the background: sensory data from the external and internal senses, remembered material, represented Images, bodily registers, climates and meanings through which situations are lived, interpreted and acted upon. The Space of Representation is one crucial dimension of this field: the internal spatiality in which represented contents are located and organised. Under strong activation, consciousness no longer moves freely through a broad range of possibilities. The represented world becomes increasingly organised around danger, humiliation, helplessness, abandonment or anticipated collapse. Signs of safety, complexity or ambiguity become harder to register. The individual is not simply thinking about one painful event; the whole field in which situations are interpreted is being organised around threat-

³³ WHO, *Clinical Descriptions and Diagnostic Requirements for ICD-11*, s.v. "Complex Post Traumatic Stress Disorder"; Silo, *Psychology Notes*, 8–39, 60–149, 151–188.

³⁴ Silo, *Psychology Notes*, 8–20, 81–113; Fuchs, "The Phenomenology of Body Memory," 9–10.

linked contents. In this sense, trauma is not only an affliction of memory but also a restriction in the breadth and mobility of representation.

This point may be taken further through Silo's concept of the reverie nucleus. Repeated trauma may contribute not only to charged Images and narrowed co-presence, but to a reverie nucleus reshaped by trauma: not simply a recurring image, but a more enduring basic mental climate that helps organise expectation, compensatory reveries and conduct. In this case, the person does not merely remember danger, humiliation or helplessness. These may come to form part of a more stable centre of gravity in the psychism, shaping how situations are anticipated and how the world is lived before reflection has fully organised itself. This helps explain why complex trauma can persist even when no single explicit memory is in the foreground: the traumatic organisation may remain active as a deeper climate that continues to orient the field.³⁵

In lived experience, that deeper organisation may appear through recurrent climates such as dread, vigilance, shame, alarm, defeat, contamination or imminent danger. These climates are especially important in complex trauma because they may become chronic rather than episodic. The person does not simply enter fear on occasion. They may live for long periods within a field already organised by foreboding, contraction or defeat. In acute trauma episodes, fear may dominate, but in complex trauma it is often interwoven with shame, humiliation, helplessness or collapse, so that the person is seized not only by alarm but by a wider field in which their self-image is threatened. What contemporary psychology describes as affect dysregulation can thus be reread, in Silo's terms, as recurrent climates of fear, shame, vigilance or collapse organised around a reverie nucleus reshaped by trauma.³⁶

This broader disorganisation of the psychism also becomes visible in the interplay among the centres of response. These centres do not all operate with the same rhythm. In situations of acute activation, bodily alarm, vegetative disturbance, emotional seizure and defensive mobilisation typically advance more rapidly than reflective discrimination, so that the system is already organised for defence before the intellectual centre has fully interpreted the situation. The consequence is not that the intellectual centre disappears, but that acute activation organises the field of presence and co-presence so strongly around threat that signs of safety no longer carry sufficient force, balancing memory is not easily evoked, and alternative meanings cannot be compared with sufficient freedom. In this sense, episodes of traumatic activation reveal not only intense affect, but a disturbance in the coordinated functioning of the whole psychism. This disturbance may extend deeply into the vegetative centre, affecting sleep, breathing, digestion and other bodily functions as part of a broader trauma-organised mode of activation.

It is here that the concept of reversibility acquires special importance. Reversibility does not mean calm detachment from experience. More fundamentally, it refers to the capacity of consciousness, through attention, to turn intentionally towards sensory or mnemonic data. Under strong traumatic activation, that capacity is reduced and increasingly partialised in the direction of apperception of possible threat. Consciousness has much less effective freedom for evocation of balancing memory, context or alternative meanings, and the person may remain captive to the dominant Image and climate even when other data are available. Reduced reversibility is not the

³⁵ Silo, *Psychology Notes*, 70–76; Ammann, *Self-Liberation*, 40–41, 127–128.

³⁶ Silo, *Psychology Notes*, 124–137; Herman, *Trauma and Recovery*, 2–5.

whole of trauma, but it is one of the clearest signs that the psychism is no longer operating with its usual freedom of coordination.³⁷

This structural reading also helps explain why trauma should not be described merely as irrationality. The traumatised person is often not without meaning; rather, meaning has been narrowed and organised under the pressure of charge. The represented world has become disproportionately shaped by threat, injury, contradiction, or defeat. Behaviour that appears excessive or inexplicable from outside may therefore be intelligible once one sees the configuration from within. Panic, appeasement, rage, withdrawal, collapse, and rigid control can all be read as different solutions attempted by a system trying to defend itself under conditions of persistent disorganisation.³⁸

CPTSD is therefore more than an accumulation of symptoms. In Siloist terms, it can be approached as a disturbance in the psychism itself: charged contents persist, the field of presence and co-presence becomes increasingly organised around threat, climates seize the person, reversibility diminishes, and the centres cease to function in a sufficiently integrated way. This does not abolish the person’s intentionality — the directedness of consciousness towards objects, meanings and possible actions — but it does restrict its freedom, reducing the capacity to recognise signs of safety, evoke balancing memory and redirect attention. The person may continue to act, think and interpret, yet do so within a field already organised by trauma.³⁹

Figure 3. CPTSD as a disorganisation of the psychism

CPTSD can be understood as a chronic disorganisation of the psychism in which charged contents persist, recurrent climates organised around a reverie nucleus reshaped by trauma seize the person, the field of presence and co-presence narrows, reversibility diminishes, the interplay of the centres is disturbed, and defensive conduct becomes stabilised.

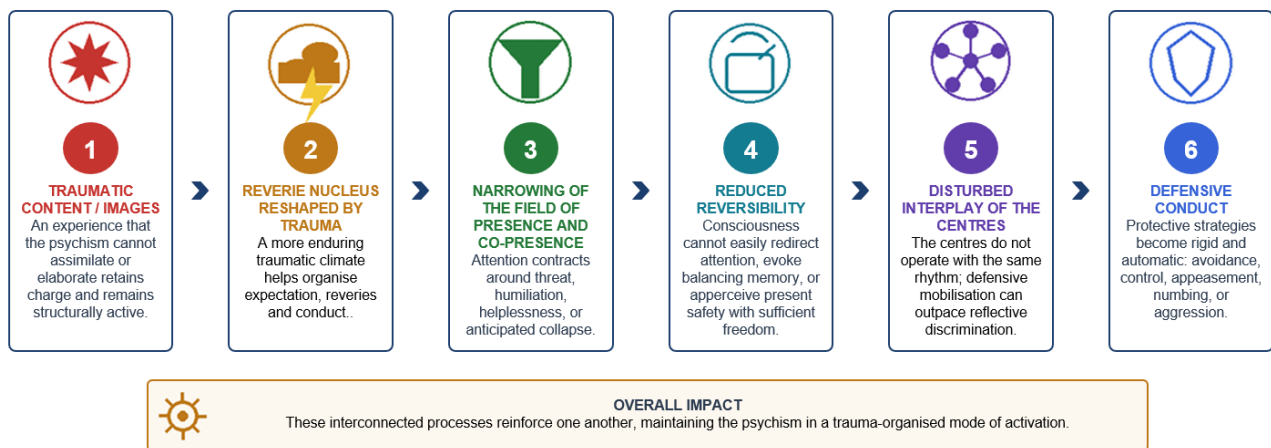


Figure 3 - CPTSD as a disorganisation of the psychism

The value of this chapter lies in making that structural claim explicit. Silo’s psychology does not replace clinical description, but it allows the phenomenon to be redescribed with unusual coherence. Trauma can now be understood not only as painful memory or emotional dysregulation, but as a more general disorganisation of the psychism. The next chapter examines one decisive dimension of that disorganisation: affect dysregulation, understood through climate, bodily tension and reduced reversibility.

³⁷ Silo, *Psychology Notes*, 162–168.

³⁸ Fuchs, “The Phenomenology of Body Memory,” 19–21; Herman, *Trauma and Recovery*, 2–4.

³⁹ Silo, *Psychology Notes*, 8–39, 60–149, 151–188; Fuchs, “The Phenomenology of Body Memory,” 9–10, 19–21.

6. Affect Dysregulation: Climate, Bodily Tension and Reduced Reversibility

If CPTSD can be understood as a disorganisation of the psychism, then one of its most visible consequences is affect dysregulation. Contemporary clinical descriptions use this term to refer to chronic difficulties in modulating emotional activation: explosive anger, panic, emotional flooding, shutdown, numbness and rapid oscillation between states. In Silo's language, these phenomena can be redescribed more structurally through the concepts of climate, bodily tension and reduced reversibility. As Chapter 5 has suggested, these recurrent climates may in some cases be organised around a reverie nucleus reshaped by trauma, so that affect dysregulation is not merely episodic but rooted in a deeper background organisation of the psychism. This helps clarify how traumatic activation is lived from within and how, under sufficient pressure, it can come to reorganise the whole psychism.⁴⁰

The notion of climate is especially important here, because affect dysregulation is often lived less as an isolated mood than as an atmosphere that seizes the psychism. In ordinary life, moods come and go. In trauma, however, some broaden into more enduring climates that colour perception, memory, bodily tone and conduct as a whole. A climate is not simply something one feels; it is something one inhabits. This distinction is crucial for complex trauma. The traumatised person is often not merely subject to discrete moments of fear, shame or despair. They may live for long periods within climates of foreboding, alarm, humiliation, defeat or contamination. Such climates become the medium through which situations are interpreted before reflective thought has had time to organise itself.⁴¹

Fear is often the dominant climate in acute trauma activation, especially when the episode presents as panic, hypervigilance or an overwhelming sense of imminent danger. Yet in complex trauma fear rarely appears in pure form. It is often interwoven with shame, helplessness, humiliation, rage or defeat. This helps explain why episodes can feel so overwhelming. The person is not only afraid; a current stimulus, memory or bodily register may associatively reactivate a charged Image and traumatic climate, organising the field of presence and co-presence around threat, self-worth, bodily vulnerability, past injury and anticipated collapse. In such conditions, the climate does not merely accompany the episode. It organises it.⁴²

Silo's concept of tension deepens this account by bringing the bodily dimension into clearer view. Traumatic climates are not only psychological atmospheres. They are carried in the body as contraction, agitation, pressure, restlessness, freezing, visceral disturbance or the sense of being braced against impact. What contemporary descriptions call panic or flooding often corresponds phenomenologically to an experience in which climate and tension intensify one another. The person feels seized because the climate is not merely thought; it is already inscribed in posture, breathing, musculature and vegetative disturbance. In Siloist terms, these bodily manifestations are not secondary additions to the climate, but part of the internal registration of Image and climate themselves. This is one reason why traumatic activation may appear to bypass ordinary reflection: by the time the individual begins to think explicitly about what is happening, the body is already organised around alarm.

⁴⁰ WHO, Clinical Descriptions and Diagnostic Requirements for ICD-11, s.v. "Complex Post Traumatic Stress Disorder"; Silo, *Psychology Notes*, 162–168.

⁴¹ Silo, *Psychology Notes*, 124–137; Ammann, *Self-Liberation*.

⁴² Herman, *Trauma and Recovery*, 2–4, 6–7; van der Kolk, *The Body Keeps the Score*, 190–198.

In some people this disturbance extends markedly into the vegetative centre. Symptoms such as insomnia, dysregulated breathing, gastrointestinal urgency and other bodily disturbances may appear, at first seeming disproportionate or medically opaque. These help show that trauma is lived not only as fear, shame or defensive thought, but as a broader response of the psychism, manifesting across multiple centres of response. In Silo's terms, when traumatic activation seizes the psychism, the differing rhythms of the centres of response mean that vegetative alarm, motor bracing or withdrawal, and emotional activation may be mobilised before the intellectual centre has regained sufficient freedom to situate the experience, compare meanings or recognise signs of safety.⁴³

Here the differing rhythms of the centres of response become especially relevant. In an emergency, response does not wait for reflective thought to complete its work. The vegetative centre may first mobilise the organism through adrenaline, breathing, heart rate and visceral change; the motor centre may then move towards defence, withdrawal or escape; emotional mobilisation and reflective discrimination may unfold with still other rhythms. *Self-Liberation* illustrates this point with the example of a person stepping into the road in front of oncoming traffic: the organism reacts before reasoned deliberation has had time to form. In traumatic activation, something analogous may occur, except that the trigger is no longer only an objective danger. It may be a represented situation, a smell, a tone of voice, a bodily sensation or a charged Image that mobilises the system before the person can recognise present safety.⁴⁴

This is where reduced reversibility becomes decisive. Reversibility, as Silo uses the term, refers to the capacity of consciousness, through attention, to direct itself towards sensory or mnemonic data. Under strong traumatic activation, that freedom is not simply lost but narrowed and partialised in the direction of apperception of possible threat. Attention becomes so strongly captured by sensory data associated with danger that consciousness has much less effective freedom for evocation of balancing memory, context or alternative meanings. A current stimulus, memory or bodily register may then associatively reactivate a charged Image and traumatic climate, and consciousness becomes captive to that dominant organisation. Reduced reversibility is not the whole of trauma, but it is one of the clearest signs that the psychism is no longer operating with its usual freedom of coordination.⁴⁵

This also helps explain why the intellectual centre may seem to cease functioning in acute episodes, even though it has not literally disappeared. Thought continues, but under conditions in which attention has become strongly biased towards apperception of possible threat and has much less effective freedom for evocation. Instead of discriminating freely, it becomes subordinated to the defensive organisation already under way. It may catastrophise, rigidify, justify escape or circle helplessly around the represented threat. The problem is not simply that fear is strong, but that fear, bodily tension, charged Image and reduced reversibility combine to organise the field of presence and co-presence around danger, leaving the intellect without the freedom required for adequate evaluation.⁴⁶

In CPTSD, affect dysregulation should not be understood merely as poor emotional control. That phrase is too weak and too moralised. What is at stake is a more global seizure of the psychism

⁴³ Silo, *Psychology Notes*, 64–70; Ammann, *Self-Liberation*; van der Kolk, *The Body Keeps the Score*, 112–119.

⁴⁴ Ammann, *Self-Liberation*, example of stepping into the road before reflective deliberation; Silo, *Psychology Notes*, 64–70.

⁴⁵ Silo, *Psychology Notes*, 162–168.

⁴⁶ Silo, *Psychology Notes*, 64–70, 162–168; Fuchs, "The Phenomenology of Body Memory," 9–10, 19–21.

in which recurrent climates, bodily tensions, Images and responses reinforce one another. Panic, rage, collapse or numbness are not excess emotions added to an otherwise intact field. They are modes in which the field itself has been reorganised under traumatic pressure. This is why the person may later say that they knew their reaction was disproportionate and yet could not stop it: the episode was not simply a wrong judgement but a temporary restructuring of the whole system.⁴⁷

Seen in this light, affect dysregulation becomes one of the clearest points of contact between contemporary clinical description and Silo's psychology. Clinical language identifies the phenomenon; Silo's concepts of climate, bodily tension, differing response rhythms, and reduced reversibility help describe its internal structure more precisely. The value of the comparison lies not in replacing one vocabulary with another, but in showing more clearly how prolonged trauma comes to reorganise the person from within. The next chapter turns to another central domain of CPTSD: negative self-concept, understood through painful self-images and rooted memory.⁴⁸

⁴⁷ Herman, *Trauma and Recovery*, 2–4; Silo, *Psychology Notes*, 95–124, 176–188.

⁴⁸ Silo, *Psychology Notes*, 64–70, 124–137, 162–168; Ammann, *Self-Liberation*; Fuchs, “The Phenomenology of Body Memory,” 9–10, 19–21.

7. Negative Self-Concept: Painful Self-Images Rooted in Memory

If affect dysregulation shows how CPTSD seizes the person through climates, tensions and reduced reversibility, what ICD-11 describes as negative self-concept shows how trauma comes to organise a person's self-image. Contemporary clinical descriptions of CPTSD identify shame, guilt, worthlessness, failure and defeat as central features. In Silo's language, however, these can be approached not only as ideas or beliefs, but as painful self-images rooted in memory and accompanied by climates and bodily registers. The significance of this shift is considerable. It allows us to treat negative self-concept not merely as what the person says about themselves, but as a more pervasive way in which the person understands themselves in represented form.

In trauma, people often feel themselves to be damaged, exposed or defeated before they are able to say so in words. A person may say, "I am worthless," but that verbal judgement is often sustained by more concrete painful self-images: self-images in which they are diminished, exposed, contaminated, trapped, broken, powerless or defeated. These forms are not incidental. They organise emotional tone, bodily posture, expectation and conduct. Shame, for example, is rarely only a judgement; it is also an image of oneself under a certain light, seen from a certain angle, placed in a field of exposure, inferiority or contamination. Silo's theory of Image therefore helps explain why negative self-concept is so difficult to modify by argument alone.⁴⁹

This also clarifies why painful self-images are so tenacious. A painful self-image may become rooted in memory through repetition, especially when humiliation, helplessness, violation or abandonment have been sustained over time. The problem is not only that the person remembers what happened. Memory has come to include a represented version of who the person is in relation to what happened. Once this occurs, later situations need not reproduce the original trauma exactly in order to reactivate it. A glance, a tone of voice, a rejection, a bodily sensation or a small failure may be enough to reawaken the same represented self-image and associated climate within a reverie nucleus already reshaped by trauma.⁵⁰

In this sense, negative self-concept is not a separate problem added to trauma. It is one of the ways trauma continues to organise the person from within. The person does not simply think badly of themselves from time to time; their self-image may already be organised by trauma. This helps explain why external reassurance is often ineffective. To tell someone that they are safe, valuable or not to blame may be true, but if the dominant self-image remains one of exposure, contamination, inferiority or defeat, then the reassurance has great difficulty entering the system. The represented self-image continues to outweigh the spoken correction.⁵¹

The role of contradiction becomes especially important here. In Silo's terms, contradiction is not only logical inconsistency; at its most basic it refers to a lack of coherence among thoughts, feelings and actions. In trauma, however, contradiction is often lived more concretely: what the person knows in words does not coincide with what they continue to feel and to carry in represented form. A traumatised person may know, at one level, that they survived, that they were not responsible or that the danger has passed, while at another level they remain organised around self-blame, degradation or permanent threat. These layers do not coexist peacefully. They generate tension, oscillation and sometimes a profound instability in identity. The person may thus

⁴⁹ Silo, "Psychology of the Image," 1–3; Fuchs, "The Phenomenology of Body Memory," 9–10, 14–15.

⁵⁰ Fuchs, "The Phenomenology of Body Memory," 19–21; van der Kolk, *The Body Keeps the Score*, 208–211.

⁵¹ Herman, *Trauma and Recovery*, 4–7; Silo, "Psychology of the Image," 1–3.

experience themselves as fractured between what is verbally known and what is lived in represented form.⁵²

Shame deserves particular emphasis because it so often becomes the dominant climate of the self-image organised by trauma. Fear may govern acute activation, but shame frequently governs the enduring self-image that remains afterwards. The person may come to experience themselves as stained by what happened, diminished by their inability to prevent it or permanently altered by exposure to violence. In CPTSD, shame is often interwoven with helplessness and defeat. It is not merely a moral feeling, but a whole representational configuration in which someone experiences themselves as beneath others, under hostile scrutiny or outside the circle of the humanly acceptable.⁵³

This perspective also helps clarify why negative self-concept can generate patterns of conduct that seem paradoxical from outside. A person who feels internally worthless may withdraw from relationships but may also cling to them desperately. Another may reject help before it can be withdrawn or move towards situations that repeat degradation because those situations correspond to the dominant self-image already established within the Space of Representation. Behaviour that appears self-sabotaging is often inseparable from the represented self-image that continues to organise a person’s experience. To understand such behaviour, one must also understand the painful self-image from which the person is responding.⁵⁴

What contemporary clinical language describes as negative self-concept can therefore be reread, in Silo’s terms, as the persistence of painful self-images rooted in memory and sustained by climates of shame, helplessness and defeat. This does not reduce the clinical phenomenon to a single mechanism. But it does offer a more integrated description of how a person’s self-image becomes organised around trauma. The person suffers not only from what happened, nor only from what they remember, but from the represented form in which they have come to experience themselves.⁵⁵

FIGURE 4. NEGATIVE SELF-CONCEPT AS A PAINFUL SELF-IMAGE

Trauma can become internalised as a painful self-image, generating chronic shame, defeat and helplessness, which in turn shapes defensive conduct and helps maintain the trauma

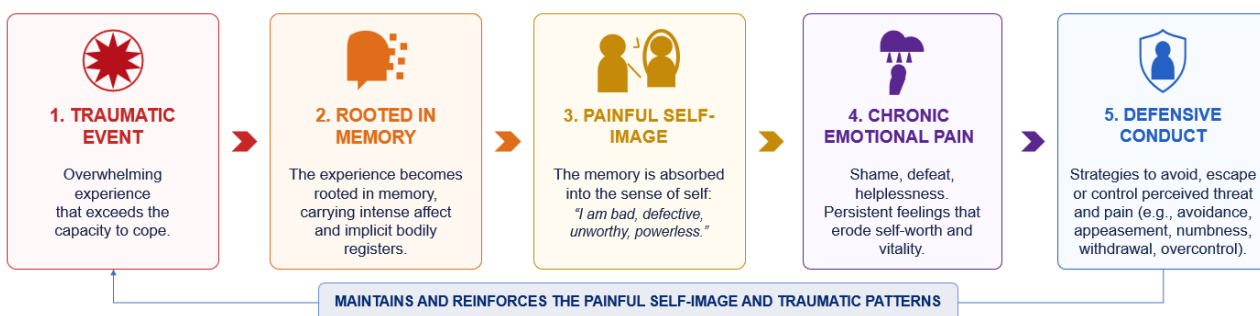


Figure 4 - Negative self-concept as a painful self-image

This chapter has argued that one of the deepest injuries of CPTSD is the formation of a painful self-image that continues to structure experience from within. The next chapter turns from the

⁵² Silo, *Psychology Notes*, 161–176; Silo, “Psychology of the Image,” 1–3.

⁵³ Herman, *Trauma and Recovery*, 6–7.

⁵⁴ Herman, *Trauma and Recovery*, 6–8; Silo, “Psychology of the Image,” 1–3.

⁵⁵ Silo, “Psychology of the Image,” 1–3; Fuchs, “The Phenomenology of Body Memory,” 19–21; Herman, *Trauma and Recovery*, 6–8.

represented self-image to the represented other: relational disturbance as patterned defensive conduct organised around threat.

8. Relational Disturbance: Defensive Conduct and the Work of the Centres

If negative self-concept shows how CPTSD injures a person's self-image, relational disturbance shows how trauma reorganises behaviour with others. Contemporary clinical descriptions of CPTSD identify persistent difficulties in trust, closeness, reciprocity and emotional availability. These difficulties may appear as withdrawal, fear of intimacy, dependency, appeasement, volatility or repeated conflict. In Silo's terms, such patterns can be understood not merely as interpersonal habits, but as defensive forms of conduct organised around threat. This is consistent with clinical accounts that understand prolonged interpersonal trauma as affecting not only fear responses, but also attachment, trust, dependency, avoidance and the capacity for safe closeness.⁵⁶

This point is important because trauma does not remain confined to inward experience. It enters relationships through expectation, posture, timing, tone and response. A person who has lived under prolonged threat does not usually meet others in a neutral field. They may approach them through represented danger, anticipated betrayal, fear of humiliation or the need to control exposure. Relational disturbance is therefore not simply an additional symptom beside shame or panic. It is one of the principal ways in which the traumatic organisation of the psychism extends into the world.⁵⁷

In Silo's broader vocabulary, one could say that every human being filters the world through an Internal Landscape: the already formed inner world of memories, climates, Images, expectations and meanings through which external situations are interpreted. This applies not only to the traumatised person but to everyone, including those who seek to help. No one filters the world in a wholly unmediated way. That Internal Landscape is formed biographically, through what Ammann calls the Formation Landscape: the accumulated recordings, affective tones, values and ways of acting through which a person comes to interpret themselves, others and the world. In CPTSD, however, this general human condition becomes more acute, because the Internal Landscape has been heavily organised by threat, humiliation, fear and defensive anticipation.⁵⁸

Silo's treatment of behaviour helps clarify this. Conduct is not external to the psychism but one of its modes of expression and regulation. What a person does in relation to others emerges from climates, Images, tensions, memories and impulses already active within the psychism. This means that distrust, avoidance, appeasement or aggression need not be read first as moral failings or personality flaws. They may instead be understood as structured solutions attempted by a system that remains organised around danger. The person does not simply choose badly; they often respond from within a psychism already organised by anticipated threat and defensive need.⁵⁹

The Internal Landscape is relevant here as well. Other people are never encountered only as they are in themselves; they are also filtered through an Internal Landscape shaped by previous experience. A gesture may be lived as threat, a pause as rejection, a disagreement as abandonment, or an offer of closeness as exposure. In prolonged trauma, the person's image of the other may already be charged with danger, domination, unpredictability or judgement. These relational Images

⁵⁶ WHO, *Clinical Descriptions and Diagnostic Requirements for ICD-11*, s.v. "Complex Post Traumatic Stress Disorder"; Herman, *Trauma and Recovery*, 6–9; van der Kolk, *The Body Keeps the Score*, 190–198.

⁵⁷ Herman, *Trauma and Recovery*, 4–8; Fuchs, "The Phenomenology of Body Memory," 14–15, 19–21.

⁵⁸ Silo, *The Internal Landscape*, in *Humanize the Earth*; Ammann, *Self-Liberation*, epilogue, "Formation Landscape."

⁵⁹ Silo, *Psychology Notes*, 27–35; Ammann, *Self-Liberation*.

are not only interpretations of the other; they are accompanied by bodily registers of contraction, alarm, exposure, longing, shame or defensive readiness. This helps explain why relational disturbance can persist even in safer contexts. The person is not responding only to the other in front of them, but to the other as already filtered through the Internal Landscape and represented within the Space of Representation.

This is one place where the concept of the centres of response becomes especially useful, provided it is handled with care. Relationships engage the whole system. The emotional centre may be seized by climates of fear, shame, resentment or longing; the motor centre may move towards flight, inhibition, restlessness or defensive readiness; the vegetative centre may register alarm, visceral contraction or collapse; the intellectual centre may become preoccupied with threat, blame or strategies of control. Even sexuality may be shaped by the traumatic field through avoidance, over-compliance, or confusion between intimacy and danger. Relational disturbance is therefore not limited to feeling misunderstood or unable to trust. It is a distributed organisation of response across multiple areas of activity.⁶⁰

The variety of trauma-related relational patterns can be read in this light. Withdrawal protects against further injury but may also confirm isolation. Dependency seeks safety in the other but may intensify fear of abandonment. Appeasement attempts to prevent danger by reducing one's own visibility or claim but often deepens humiliation and self-erasure. Volatility and aggression may function as pre-emptive defence, preserving a sense of strength at the cost of reciprocity. What appears contradictory from outside often becomes intelligible once one sees that the same person may be trying simultaneously to secure safety, preserve dignity, avoid exposure, and maintain some degree of connection.⁶¹

CPTSD also helps explain why another person's reassurance may fail to settle the psychism. Just as painful self-images can outweigh spoken reassurance, the traumatised person's filtered image of the other can outweigh the other person's actual conduct. A calm voice, an offer of help or a gesture of consistency may be present, yet the person may not register it with sufficient force. Relationships can then become sites of repeated misunderstanding: signs of safety are present, but they do not easily reorganise the psychism.⁶²

In this sense, relational disturbance is closely linked to reduced reversibility. Attention becomes strongly biased towards apperception of possible danger in the other, so that consciousness has much less effective freedom both to evoke balancing memory and to register present signs of safety with sufficient force. The dominant Image of danger is not easily suspended long enough for another interpretation of the relationship to form. The result is that conduct becomes defensive not only in moments of crisis, but as a more stable pattern. The person may repeatedly reproduce distance, conflict, compliance or self-protection even when these patterns undermine the very connection they seek. Trauma then comes to inhabit the relationship through repeated patterns of defence.⁶³

What contemporary clinical language describes as disturbances in relationships can therefore be redescribed, in Silo's terms, as patterned defensive conduct organised around threat and

⁶⁰ Silo, *Psychology Notes*, 64–70; Ammann, *Self-Liberation*, sections on the centres.

⁶¹ Herman, *Trauma and Recovery*, 6–9.

⁶² Herman, *Trauma and Recovery*, 4–5, 8–9; van der Kolk, *The Body Keeps the Score*, 112–119.

⁶³ Silo, *Psychology Notes*, 162–168; Fuchs, "The Phenomenology of Body Memory," 14–15.

distributed across the centres of response. This does not dissolve the interpersonal complexity of trauma into a single mechanism. It does, however, offer a more integrated description of how the person's relation to others becomes traumatically organised. The difficulty lies not only in damaged trust, nor only in poor social skill, but in the persistence of a defensive organisation that continues to shape the person's image of the other, their self-image and the conduct that emerges in the relationship.⁶⁴

This chapter has argued that relational disturbance in CPTSD is not secondary to trauma, but one of its main forms of expression in the world. The next chapter turns to memory and time, examining how traumatic contents persist across past, present and future.

⁶⁴ Silo, *Psychology Notes*, 91–113, 124–137, 162–168; Silo, "Psychology of the Image," 1–3; Herman, *Trauma and Recovery*, 6–8.

9. Image, Memory and the Persistence of Trauma

The preceding chapters have shown that complex trauma can be approached, in Silo's terms, as a disorganisation of the psychism that seizes the person through climates, tensions, painful self-images and defensive patterns of conduct. The present chapter gathers those lines together around one of the most decisive themes in Silo's psychology: the relation between Image, memory and persistence across time. If trauma endures, it does so not only because something happened and was later recalled, but because represented contents continue to organise the field of presence and co-presence. In this sense, trauma persists not simply as memory in the ordinary narrative sense, but as an active configuration of Images, climates, bodily registers and anticipatory orientations within the Space of Representation.

This point matters because the language of memory can easily mislead. It may suggest that the past lies behind the person as a completed event which only occasionally returns to consciousness. In trauma, however, the past is often not experienced as completed. It survives as a represented present: a scene that remains near, a bodily alarm that reappears without warning, a painful self-image that resumes its place, a climate that takes over the field, or a represented future already coloured by danger. What persists is therefore not memory alone, but the continued activity of represented contents that retain charge and organise conduct.⁶⁵

Silo's concept of Image is especially helpful here because it prevents us from reducing trauma to verbal recollection. As earlier chapters have argued, Image is not merely visual. It is the represented form in which data from different senses, memories and impulses are structured within the Space of Representation. For that reason, traumatic persistence is often cross-sensory and cross-situational. A smell may summon a scene, a bodily sensation may reactivate fear, a tone of voice may call up humiliation, and a seemingly minor gesture may restore the whole represented field of danger. The person may not know why the episode has begun, because what has been reactivated is not a coherent story but a charged configuration.⁶⁶

This also helps explain why traumatic memory often returns first through the faster centres of response, as bodily tension, climate, visceral alarm or sudden inner placement, and only later, if at all, becomes something the intellectual centre can formulate as narrative. In such cases, memory is inseparable from representation. To remember traumatically is not only to think of the past, but to be repositioned within a represented world that has retained its charge. The past becomes active in the present by taking represented form again within the Space of Representation.⁶⁷

The notion of co-presence is particularly important at this point. What is traumatically active is not always present as an explicit object of attention. Much of it may remain in the background, shaping expectation, perception and conduct without being clearly named. A person may react to a situation "as if" danger were present, or "as if" humiliation were imminent, without being able to say which memory is active. The represented content need not appear as a fully evoked recollection in order to influence consciousness. It may remain co-present, shaping the tone and direction of experience from the background of the immediate field.⁶⁸

⁶⁵ Silo, "Psychology of the Image," 1–3; Fuchs, "The Phenomenology of Body Memory," 19–21.

⁶⁶ Fuchs, "The Phenomenology of Body Memory," 19–21; van der Kolk, *The Body Keeps the Score*, 208–211.

⁶⁷ Silo, "Psychology of the Image," 1–3; van der Kolk, *The Body Keeps the Score*, 208–211.

⁶⁸ Silo, *Psychology Notes*, 95–113, 176–188.

At this point, Silo's concept of the reverie nucleus becomes especially relevant. What remains active in trauma is not always a fully evoked scene or a clearly identifiable memory. It may also persist as a more stable background climate that continues to orient expectation, reveries and conduct from the background of the immediate field. In this sense, a reverie nucleus reshaped by trauma helps explain why the person may live under the pressure of danger, humiliation or helplessness even when no single traumatic content is explicitly present. The past is not only recalled; it may remain active as a deeper climate that helps shape the field of co-presence and gives continuity to later anticipations, reactions and compensatory patterns.⁶⁹

This helps clarify why traumatic persistence is often associative rather than chronological. The trigger that reactivates the past need not resemble the original event in any objective or external way. It may work through likeness of climate, bodily sensation, rhythm, proximity, shame, helplessness or some scarcely noticed sensory element. Because remembered contents may involve data from multiple senses, associative triggers can reactivate memories that are not logically related to the present situation. In trauma, such associative retrieval may set a climate in motion before the person has any reflective grasp of why.⁷⁰

The relation between Image and time is therefore crucial. Image is not restricted to what has already occurred. It can also turn towards what may happen, what is expected to happen or what is felt to be about to happen. Trauma thus persists not only through recollection but through represented futures. Fear, vigilance, shame and helplessness are sustained not solely by memory of prior injury, but by the projection of similar injury into what lies ahead. The continuity between remembered past and feared future is therefore maintained by the same representational organisation. Trauma occupies both memory and expectation because both are structured through Image.⁷¹

Traumatic persistence also has an internal topology. Within the Space of Representation, contents are lived through nearness and distance, enclosure and exposure, pressure and emptiness, ascent and descent. A traumatic content may therefore be experienced as too near, too enclosing, impossible to escape, or already waiting ahead. This helps explain why trauma can feel total even when present surroundings are safe: the represented world has already been organised so that danger or degradation is lived as proximate and compelling.⁷²

This persistence is also bound up with reduced reversibility. When a charged Image dominates the field, consciousness does not move freely among alternatives. It becomes more difficult to apperceive present evidence, evoke balancing memory or re-place oneself within a wider context. The dominant represented configuration continues to impose itself, so that thought takes place within a field already organised around threat rather than from a position of relative freedom.⁷³

⁶⁹ Silo, *Psychology Notes*, 70–76; Ammann, *Self-Liberation*, 40–41, 127–128.

⁷⁰ Fuchs, "The Phenomenology of Body Memory," 19–21; Bessel van der Kolk and Onno van der Hart, "The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma," *American Imago* 48, no. 4 (1991): 425–454.

⁷¹ Silo, "Psychology of the Image," 1–3; Caruth, "Unclaimed Experience," 181–192.

⁷² Silo, "Psychology of the Image," 1–3; Merleau-Ponty, *Phenomenology of Perception*, 67–68.

⁷³ Silo, *Psychology Notes*, 95–113, 176–188.

FIGURE 5. TRAUMA ACROSS PAST, PRESENT AND FUTURE

Trauma is not confined to the past. It remains active in the present and shapes the Images through which the future is anticipated, affecting perception, emotion, behaviour and identity across time.

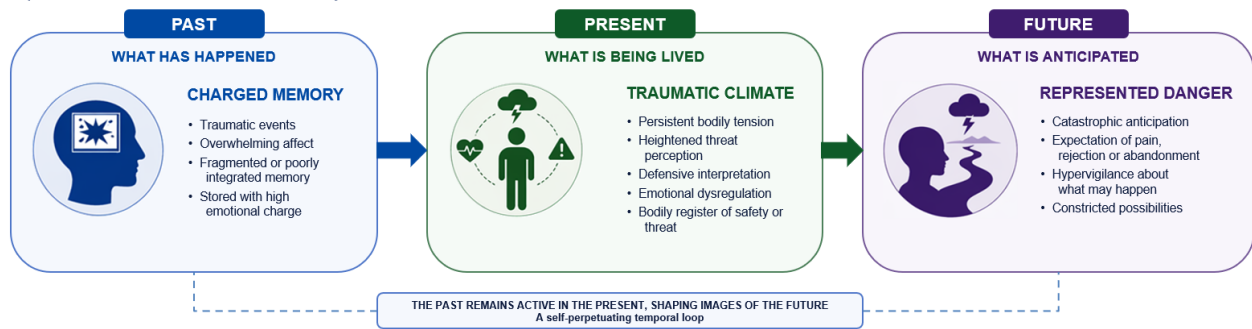


Figure 5 - Trauma across past, present and future

This also shows why a purely narrative account of traumatic memory is insufficient. Narrative is important, but it does not exhaust the form in which trauma persists. The person may later be able to tell the story, but the story is not the whole of the persistence. Trauma continues through climates, self-images, bodily contractions, defensive anticipations and represented scenes that may recur with little verbal mediation. Traumatic memory is therefore not merely a disorganised account of the past awaiting correction, but a broader organisation of representation in which memory, sensation, expectation and conduct remain bound together.⁷⁴

What contemporary psychology often describes as intrusion, flashback, bodily trigger or reenactment can therefore be reread, in Silo's terms, as the persistence of charged Images and associated climates within the Space of Representation. This does not deny the value of clinical descriptions, nor of contemporary phenomenological accounts of body memory and traumatic temporality, which already show how trauma may persist bodily, implicitly and temporally, shaping present conduct and disturbing the person's relation to the future. Silo's distinctive contribution lies in the way his scheme connects these dimensions within a single architecture of the psychism. Through the concept of Image, traumatic memory can be described as a represented configuration that carries bodily register, occupies internal space, remains active in the field of presence and co-presence, alters future expectation and mobilises conduct through the centres of response. The person suffers not only because the past is remembered, but because it continues to shape the register of safety or threat in the present and the Images through which the future is anticipated.⁷⁵

The argument of this chapter is therefore straightforward. Trauma persists because represented contents retain charge and continue to organise the field of presence and co-presence across time. The language of Image and representation makes it possible to understand this persistence without reducing it either to verbal memory or to bodily reaction in isolation. The next chapter turns from persistence to possible transformation through the operative framework of catharsis, transference and self-transference.⁷⁶

⁷⁴ Fuchs, "The Phenomenology of Body Memory," 19–21; van der Kolk, *The Body Keeps the Score*, 208–211.

⁷⁵ Fuchs, "The Phenomenology of Body Memory," 9–22; Matthew Ratcliffe, Mark Ruddell and Benedict Smith, "What Is a 'Sense of Foreshortened Future?' A Phenomenological Study of Trauma, Trust, and Time," *Frontiers in Psychology* 5 (2014): article 1026; Matthew Ratcliffe, "When the Past Becomes Future-Like: A Phenomenological Study of Memory, Time, and Self-Familiarity," *Continental Philosophy Review* 58, no. 1 (2025): 1–20; Silo, *Psychology Notes*, 91–113, 162–168; Silo, "Psychology of the Image," 1–3.

⁷⁶ Silo, "Psychology of the Image," 1–3; Fuchs, "The Phenomenology of Body Memory," 9–10, 19–21.

10. Operative and *Self-Liberation*: Catharsis, Transference and the Transformation of Image

The preceding chapters have argued that complex trauma may be understood, in Siloist terms, as a disorganisation of the psychism. Painful contents do not remain confined to memory as inert records of the past. They return as charged Images, climates, bodily tensions, defensive responses, painful self-images and reductions in reversibility. Trauma persists because what was lived continues to organise the present.

At this point, Silo's psychology becomes more than a descriptive framework. It also opens the question of method. If suffering persists through charged contents, then understanding those contents is not enough. Some form of work is required. In Silo's vocabulary, this practical field is called Operative: the work by which painful or conflictive contents may be discharged, transformed and integrated, so that they no longer continue to act mechanically within the psychism.⁷⁷

The relevance of Operative in this study is therefore not primarily practical but interpretive. It gives a vocabulary for distinguishing discharge from transformation, catharsis from transference, and temporary relief from integration. In that sense, it helps clarify why work on traumatic contents may require more than explanation, reassurance or emotional release alone.

The first distinction to make is between catharsis and transference. Catharsis concerns the discharge of accumulated charge; transference concerns the transformation and integration of Image.

In catharsis, a painful content may be activated in such a way that its accumulated charge is temporarily discharged. In Silo's scheme, the centres of response do not operate in isolation. A charge concentrated in one centre may be discharged through the activity of another. Thus a highly charged emotional state may be discharged through controlled bodily-emotional expression. The aim is not uncontrolled outburst, but the reduction of pressure that has been destabilising the psychism.⁷⁸

Catharsis may therefore bring relief. It may release tension retained in the body and emotional field, making it possible for the person to breathe, speak or think again. But catharsis does not by itself integrate the painful content. One may undergo a strong cathartic discharge and still find later that the same Image returns with the same force. The charge has been temporarily reduced, but the represented content may remain substantially unchanged.

Grief offers a useful everyday example of catharsis. In mourning, the psychism may discharge accumulated charge through crying, shaking, vocal expression, bodily collapse or release. Such moments can be profoundly important and may form part of healing.⁷⁹ Yet such moments do not by themselves guarantee integration. The painful content may remain active in memory and in the field of presence and co-presence, still carrying the same Image, climate and bodily register. Catharsis therefore relieves pressure, but transference concerns something further: the transformation of the represented content through which suffering continues to act.

⁷⁷ Silo, *Psychology Notes*, 137–154; Luis Ammann, *Self-Liberation*, sections on relaxation, self-knowledge, catharsis, transference and self-transference.

⁷⁸ Silo, *Psychology Notes*, 64–70, 137–154; Ammann, *Self-Liberation*, sections on the centres and catharsis.

⁷⁹ On grief, mourning and the processing of traumatic loss, see Herman, *Trauma and Recovery*, 12–13; van der Kolk, *The Body Keeps the Score*, 208–211.

This distinction is decisive for trauma. A person may relive a traumatic content with strong bodily-emotional discharge, yet the Image itself may continue to carry the same internal register of contraction, terror, shame, nausea, helplessness or collapse. In that case, catharsis has occurred, but integration has not. The painful content has been expressed, perhaps even relieved for a time, but not transformed. It may therefore remain capable of reorganising the psychism whenever it is reactivated.

Transference is different. Its work is not the discharge of charge, but the modification of the Image through which suffering remains active. Here it is essential to remember that Image, in Silo's technical sense, does not mean only a visual picture. It may include visual, auditory, tactile, kinaesthetic, emotional and cenesthetic registers. A traumatic Image may therefore consist not only of a remembered face, room, voice or event, but also of bodily contraction, pressure in the chest, nausea, freezing, agitation, collapse or dread. The suffering is carried not only in what is represented outwardly, but in the internal bodily registration that accompanies the representation.⁸⁰

For that reason, the transformation of Image cannot be merely verbal. It is not enough to tell oneself, as an idea, "I am safe now." That idea must acquire representational and bodily force. The scene must change, and the register attached to the scene must change with it. The door may be open. Help may arrive. The aggressor may be absent, restrained or placed at a distance. The child may be accompanied by the adult. The room may no longer be closed. The event may be relocated into the past. The body may begin to register breathing, distance, warmth, strength, protection or release. What matters is not the complexity of the new element, but its capacity to modify the represented field and the cenesthetic register attached to it.

This also clarifies why trauma may persist even when the person knows, intellectually, that the danger has passed. The intellectual centre may affirm that one is now safe, while the Image continues to carry the bodily register of danger. Transference works on that gap. It introduces new elements into the represented field so that consciousness can integrate what had remained fixed, isolated or tyrannically active. The aim is not to erase memory, but to ensure that memory is no longer identical with reactivation.

This point may be extended through the concept of the reverie nucleus. If traumatic experience has helped configure not only charged Images but also a reverie nucleus reshaped by trauma, then operative work may need to reach beyond the immediate Image to that reverie nucleus, from which compensatory reveries and anticipations continue to arise. Integration would then mean not only that a remembered scene loses charge, but that the reverie nucleus reshaped by trauma ceases to organise expectation and conduct with the same force.⁸¹

From this standpoint, contemporary trauma treatments acquire an additional significance. If Silo's conjecture about the psychism is accepted, then Images registered in memory do not remain inert; they continue to act in the field of presence and co-presence and to organise present experience. It follows that intentional work on those Images may, under contained conditions, modify what remains active in the present. Here an unexpected later convergence emerges. Trauma-focused talking therapies, EMDR and narrative approaches were not developed from Silo's psychology, yet from the standpoint of his scheme they can be understood as clinically contained forms of work on charged representation. They return, in different ways, to traumatic material

⁸⁰ Silo, "Psychology of the Image," in *Contributions to Thought*; Silo, *Psychology Notes*, 91–124.

⁸¹ Silo, *Psychology Notes*, 70–76; Ammann, *Self-Liberation*, 40–41, 127–128.

within a protected frame; they link memory with emotion, bodily activation and meaning; and they seek to alter the relation between the person and the traumatic content.⁸²

That convergence is illuminating, though it does not by itself validate the whole scheme. Trauma-focused CBT, cognitive processing therapy, narrative exposure therapy, prolonged exposure and EMDR are clinical methods with their own histories, protocols and evidence bases. The comparison made here is not genealogical or clinical, but phenomenological. What these approaches share, in broad terms, is that they do not rely on reassurance alone. They involve intentional work with the traumatic content itself: its memory, meaning, emotional charge, bodily activation and relation to the present. In Siloist language, this suggests that effective trauma work requires more than catharsis: it requires transformation of the represented content and of the bodily register attached to it.⁸³

The limit of this comparison must be stated clearly. Silo's Operative is not being presented as an evidence-based treatment for CPTSD, nor as a substitute for trauma-focused therapy. Nor should *Self-Liberation* be read as a manual for people living with severe mental-health crises, acute trauma activation or precarious and violent conditions. Its exercises presuppose a degree of stability, safety and self-direction that may not be present in complex trauma. Traumatic contents may carry such intensity that their evocation can produce panic, dissociation, rage, collapse, self-harm or harm to others. The more intense the charge, the more necessary are containment, clinical judgement, safety and support. What is coherent in theory may be dangerous if applied without adequate conditions.⁸⁴

The importance of Operative, for the present study, is therefore not that it offers a ready-made treatment for CPTSD. Its importance is that it prevents the analysis of trauma from ending in passivity. It also helps illuminate what may be happening within the psychism when traumatic suffering is activated, discharged, represented, transformed or integrated. If trauma persists through charged Images and, at times, through a reverie nucleus reshaped by trauma, then the human being is not merely condemned to endure those Images and climates. Under adequate conditions, consciousness can work on them. Catharsis may temporarily discharge accumulated charge; transference may transform the painful Image and its cenesthetic register; self-transference points towards the possibility that consciousness may gradually acquire greater autonomy in relation to its own contents. Image, and in some cases the reverie nucleus reshaped by trauma that organises reveries and expectation, are therefore not only among the ways trauma persists. They are also among the ways through which liberation from traumatic repetition may begin. The next chapter states the limits of the comparison, before the conclusion and epilogue draw out the wider implications of the argument.⁸⁵

⁸² National Institute for Health and Care Excellence, Post-traumatic stress disorder, NICE Guideline NG116 (2018; last reviewed 8 April 2025), recommendations on trauma-focused CBT, EMDR and care for people with complex needs; U.S. Department of Veterans Affairs, National Center for PTSD, "Eye Movement Desensitization and Reprocessing (EMDR) for PTSD," accessed 25 April 2026.

⁸³ NICE, Post-traumatic stress disorder (NG116), recommendations on trauma-focused CBT and EMDR; International Society for Traumatic Stress Studies, *Posttraumatic Stress Disorder Prevention and Treatment Guidelines: Methodology and Recommendations* (2019).

⁸⁴ NICE, Post-traumatic stress disorder (NG116), section on care for people with PTSD and complex needs; Herman, *Trauma and Recovery*, 8–10; van der Kolk, *The Body Keeps the Score*, 112–119, 208–211.

⁸⁵ Ammann, *Self-Liberation*, section on self-transference; Silo, *Psychology Notes*, 137–154.

11. Limits of the Comparison

The present study has argued that Silo's psychology offers a coherent phenomenological framework for understanding complex trauma. It is therefore important to state clearly what the study is not claiming. It is not arguing that Silo anticipated contemporary clinical science in any simple or exhaustive way, nor that his terminology can be mapped directly onto present-day diagnostic systems. The comparison developed here is interpretive and structural, not one of exact equivalence.⁸⁶

A first limit concerns clinical status. CPTSD is defined and treated within contemporary diagnostic and therapeutic frameworks developed through empirical research, clinical observation and formal evaluation. Silo's psychology does not at present occupy that status. It is not a recognised evidence-based treatment model for CPTSD, and nothing in this study should be read as though it were validated in the same way as established trauma-focused psychotherapies. Its contribution here is conceptual, phenomenological and methodologically suggestive rather than clinically ratified.⁸⁷

A second limit concerns translation between vocabularies. Terms such as Image, climate, reversibility, contradiction and the centres of response do not belong to mainstream psychiatric language. They illuminate dimensions of experience that are often difficult to capture in symptom lists, but they also risk misunderstanding if treated as substitutes for current clinical constructs. The purpose of using them is not to abolish contemporary categories, but to redescribe the lived organisation of trauma with greater coherence. The gain is descriptive depth; the risk is overextension if the two vocabularies are treated as though they were identical.⁸⁸

A third limit concerns method. The chapter on catharsis and transference has argued that Silo's distinction between discharge and transformation has real value for understanding trauma. Catharsis may temporarily discharge accumulated charge, while transference concerns the transformation of the painful Image and its bodily register. Yet conceptual clarity is not the same as clinical safety. *Self-Liberation* may help us understand processes of discharge, transference and integration, but it should not be treated as a clinical protocol for CPTSD or as a self-sufficient guide for working with intense traumatic contents. What may be coherent as a phenomenological account still requires safeguards, adaptation and empirical testing before it can responsibly be proposed in relation to complex trauma.

A fourth limit concerns scope. The main body of this study has deliberately focused on CPTSD at the level of the individual psychism. The wider questions of collective trauma, reconciliation and other fields of mental health are considered in the epilogue as possible implications of the framework, not as fully developed arguments. They would require separate studies, with their own sources, methods and cautions.

One should also acknowledge a limit internal to phenomenology itself. A phenomenological framework can clarify how suffering is lived, organised and repeated, yet it cannot by itself

⁸⁶ Silo, *Psychology Notes*, 8–188; WHO, Clinical Descriptions and Diagnostic Requirements for ICD-11, s.v. "Complex Post Traumatic Stress Disorder."

⁸⁷ WHO, Clinical Descriptions and Diagnostic Requirements for ICD-11, s.v. "Complex Post Traumatic Stress Disorder"; NICE, Post-traumatic stress disorder (NG116); ISTSS, Posttraumatic Stress Disorder Prevention and Treatment Guidelines.

⁸⁸ Silo, *Psychology Notes*, 91–113, 162–168; Silo, "Psychology of the Image," 1–3.

establish prevalence, efficacy or causal priority in the way empirical research aims to do. That is not a defect so much as a difference of level. The present study has sought to show that phenomenological clarity has real value, especially where the lived relation among Image, memory, climate, self-image and conduct is more integrated than the available clinical vocabularies always allow. But such clarity does not eliminate the need for evidence, comparison and critical testing.⁸⁹

For these reasons, the value of the present comparison should be stated modestly but firmly. Silo's psychology does not replace contemporary trauma theory or trauma therapy. It offers, rather, a structured language for aspects of experience that contemporary discourse often names but does not always relate: the narrowing of the field of presence and co-presence, the persistence of charged Images, the reduction of reversibility, the internalisation of painful self-images, defensive conduct and the possibility of integration. To the extent that it helps clarify these relations, the comparison is useful. To the extent that it claims more than that, it becomes doctrinal.⁹⁰

⁸⁹ Merleau-Ponty, *Phenomenology of Perception*, xxxii–xxxv, lxx–1; Fuchs, “The Phenomenology of Body Memory,” 9–10.

⁹⁰ Silo, *Psychology Notes*, 91–113, 124–137, 162–168, 176–188; Silo, “Psychology of the Image,” 1–3; WHO, *Clinical Descriptions and Diagnostic Requirements for ICD-11*, s.v. “Complex Post Traumatic Stress Disorder.”

12. Conclusion: Towards a Phenomenology of Trauma

This study began with a limited question: whether Silo's psychology can provide a useful phenomenological framework for understanding CPTSD. The answer proposed here is affirmative. Silo's scheme of the psychism allows complex trauma to be seen not merely as a collection of symptoms, but as a disorganisation of the whole structure through which experience is received, represented, registered and translated into conduct.

The central contribution of Silo's psychology lies in the way its concepts hold together dimensions of experience that are often treated separately. Image, Space of Representation, internal and external senses, memory, climate, reveries, the reverie nucleus, tension, contradiction, reversibility and the centres of response allow trauma to be described as an organised disturbance of the whole psychism. Fear, shame, bodily alarm, painful self-images and defensive conduct are not isolated symptoms; they are different expressions of a traumatic organisation of the psychism.

This also shows why complex trauma cannot be reduced to memory in the narrow sense. What persists is not simply a past event held in storage. Traumatic contents continue to organise the present through charged Images, painful self-images, climates, bodily registers, represented futures and, in some cases, a reverie nucleus reshaped by trauma that orients reveries, expectation and conduct. Trauma is therefore not only remembered; it is continually re-presented. This is one of the chief reasons why Silo's emphasis on Image, the Space of Representation and the reverie nucleus is so fruitful for understanding CPTSD.

The discussion of catharsis and transference adds a further implication. If trauma persists through charged Images, associated bodily registers and, at times, a reverie nucleus reshaped by trauma that organises expectation, then integration cannot be reduced to emotional discharge alone. Catharsis may temporarily discharge accumulated charge, but it does not by itself transform the painful Image or the deeper organisation that may continue to orient the field. Transference, by contrast, concerns work on the represented content itself, so that the Image, its register and the associated climate may be modified and integrated. This distinction helps clarify why effective trauma work often involves more than explanation, reassurance or ventilation: the relation to the traumatic content itself must change.

This framework may also help explain why complex trauma is rarely borne by one person alone. Trauma reorganises relationships as well as individual experience, often leaving partners, families and loved ones confused, exhausted and without an adequate language for what they are witnessing. The present book does not attempt to provide practical support material for those living beside trauma. But it does provide the conceptual foundation for such work: a way of understanding trauma without reducing the person to the condition, excusing harm or abandoning the need for limits and safety. It also suggests why such work would need to include not only information about symptoms, but an understanding of Images, climates, bodily registers, defensive conduct, reduced reversibility and traumatically organised forms of relationship.

The epilogue extends this point further. If Silo's scheme helps illuminate CPTSD, it may also help us understand other forms of suffering, and the social Images through which whole peoples organise fear, desire, failure, success, happiness, dehumanisation and future expectation. In that sense, the value of Silo's psychology is not limited to trauma. An understanding of the scheme of the psychism may be useful to anyone seeking to understand how consciousness works, how suffering is organised and how human beings may begin to transform their lives.

Epilogue: Wider Implications of a Siloist Phenomenology of Trauma

The argument of this book has been deliberately limited. It has asked whether Silo's psychology can provide a useful phenomenological framework for understanding complex trauma at the level of the individual psychism. If that argument is persuasive, it opens wider questions. The first concerns societies marked by prolonged violence, where collective memory, identity and expectation may become organised through charged Images and climates of threat. The second concerns other fields of mental health, where Silo's scheme may help describe forms of suffering not easily grasped through symptom categories alone. These questions lie beyond the scope of the present study, but they indicate possible directions for future work.

Part I: From Personal to Social Trauma

If prolonged trauma can disorganise the psychism of an individual, the same framework may also help us think about societies exposed to repeated violence, humiliation, loss and fear. This does not mean treating societies as though they were individual patients, nor reducing political conflict to psychology. It means recognising that violence leaves traces not only in institutions, borders and bodies, but also in a shared Human Landscape: collective memory, inherited Images, cultural narratives, education curricula, climates of fear or humiliation, defensive identities and expectations of the future. In this sense, trauma can become part of the represented world through which a community encounters itself, its past and those it has come to experience as enemies.⁹¹

This helps explain why peace cannot be understood only as a matter of external agreement. Ceasefires, treaties, legal reforms and institutional guarantees may be indispensable, but they do not by themselves transform the Images through which peoples remember injury, imagine the other or anticipate the future. A community may formally enter a peace process while still living internally within climates of fear, grievance, humiliation or revenge. Lasting peace requires reconciliation, as difficult as that may be. In *Days of Experience*, Silo presents reconciliation not as forgetting or simple forgiveness, but as a transformation that allows consciousness to emerge from resentment without falsifying the past.⁹²

At the social level, something like catharsis may first be necessary: testimony, mourning, public truth-telling, the naming of victims, the recognition of crimes⁹³ and the shared expression of grief, anger and loss. Such processes may discharge what has been silenced or denied, and they may be indispensable where violence has left whole peoples unable to speak their pain. Yet, as at the individual level, catharsis is not the same as transference. A society may express grief and rage while still remaining organised around the same Images of injury, enemy, humiliation or revenge.

The more difficult question is whether social transference is possible. This does not mean a clinical technique applied to societies, but a broader symbolic and cultural process through which charged collective Images are transformed. Here Silo's own language is especially relevant. Reconciliation begins when we are able to understand that the enemy is also "a being who has lived with hopes and failures," and when we can place "a humanising look over the skin of monstrosity."

⁹¹ Herman, *Trauma and Recovery*, 1, 5, 12–13; Kirmayer, "Nightmares, Neurophenomenology and the Cultural Logic of Trauma," 323–331.

⁹² Silo, *Days of Experience*, Punta de Vacas, Mendoza, Argentina, 2007.

⁹³ Truth and Reconciliation Commission of South Africa, *Truth and Reconciliation Commission of South Africa Report*, vol. 1 (Cape Town: Truth and Reconciliation Commission, 1998).

This does not excuse violence or erase responsibility. It means that the enemy-image no longer carries the same charge within the field of presence and co-presence. Social transference would therefore involve the transformation of the Human Landscape in which collective memory, identity, enemy-image and future expectation are held.⁹⁴

At the heart of this process is dehumanisation. Violence against others becomes easier when they are no longer represented as fully human, but as threat, contaminant, animal, monster, enemy, or obstacle. Propaganda, humiliation, inherited grievance, fear and political manipulation can all participate in this prior transformation of the Human Landscape. The work of reconciliation must therefore include the reverse movement: the recovery of the other's humanity within representation, without denying responsibility for what has been done.

The proposal that follows is modest but far-reaching. Peace processes cannot be limited to negotiation, security guarantees, institutional reform or economic reconstruction, however necessary all of these may be. Where violence has become historically and culturally rooted, there also needs to be attention to the charged Images through which peoples remember the past, represent themselves and the other in the present, and imagine the future. Testimony, mourning, justice, education, cultural work, shared projects and symbolic acts may all contribute to this transformation when they help move collective memory from fixation towards integration. In Siloist terms, lasting reconciliation may require work on the fixed traumatic Images and associated climates that remain within the Human Landscape.

Part II: Possible Applications Beyond CPTSD

The second wider implication concerns other areas of mental health and human suffering. This must be approached with caution. There are conditions in which medical treatment, psychiatric care and medication may be necessary, even lifesaving. Nothing in Silo's work should be used to deny the value of clinical practice, or to suggest that people should abandon treatment that helps them remain safe and alive. Yet *The Healing of Suffering* makes an important distinction between bodily pain, illness and forms of suffering that belong more directly to the mind: suffering organised through fear, memory, imagination, desire, contradiction and internal violence. It is here that Silo's scheme of the psychism may offer a particularly useful phenomenological language.⁹⁵

The following examples should therefore be read only as indications of possible research questions, not as proposed explanations of these conditions.

The present study has focused on CPTSD, but the same scheme may help illuminate other forms of suffering, provided it is not treated as a replacement for clinical diagnosis or treatment.⁹⁶ At a phenomenological level, anxiety may be explored as a mode of experience organised around threat-Images, bodily tension, future expectation and reduced reversibility. Depressive states may involve the weakening of future Images, the inhibition of impulses and the spread of a negative climate through the whole organisation of the psychism. Obsessive and compulsive phenomena may include fixed circuits in which thought, feeling and action repeat without achieving real

⁹⁴ Silo, *Days of Experience*, Punta de Vacas, Mendoza, Argentina, 2007.

⁹⁵ Silo, *The Healing of Suffering*, Punta de Vacas, Mendoza, Argentina, 4 May 1969. Official English edition, silo.net.

⁹⁶ Silo, *Psychology Notes*, 8–39, 60–149, 151–188; Ammann, *Self-Liberation*, sections on the centres, levels, catharsis and transference.

resolution. Addictive patterns may, in some cases, be read as attempts to regulate climate, tension or suffering through increasingly rigid routes of compensation.

If Silo's scheme can be applied fruitfully beyond CPTSD, its value would not be to make clinical research redundant, but to provide a broader phenomenological architecture within which different clinical findings may be related. Some areas of research that appear separate at the diagnostic level may reveal recurring structural questions: how Images organise conduct, how climates spread through the psychism, how bodily registers shape meaning, how future expectation is represented, and how reversibility becomes restricted or partialised. In that sense, Silo's psychology may help reduce conceptual fragmentation without replacing empirical investigation.

Other areas would require even greater caution but may still be worth exploring. Psychosomatic and functional suffering may be better understood when mind and body are not treated as sealed compartments, but as interrelated dimensions of one psychism. Dissociative and psychotic-like phenomena would require particular care, but may be explored phenomenologically through Silo's treatment of levels of consciousness, reversibility and the intrusion of contents from one level into another. Conditions involving attention, impulsivity and regulation, such as ADHD, should not be treated as if they were purely mental conditions; nevertheless, Silo's account of attention, impulse, motor activation, emotional charge and reversibility may provide a useful descriptive vocabulary for some aspects of lived experience.

This line of inquiry should not be separated from the social world in which Images are formed. Modern societies constantly generate Images of success, failure, happiness, beauty, power, money, prestige, consumption and sexual desirability. Cinema, advertising, social media and popular culture continually project idealised Images of happiness that may have little relation to the concrete life, body, history, culture, economic situation or inner need of the person who receives them. These Images do not remain outside the individual. They enter the Human Landscape and organise comparison, shame, desire, resentment, exclusion and self-worth. Part of the work of liberation is therefore to distinguish between imposed Images of happiness and the Images through which each person may discover a more authentic direction for their own life, without measuring themselves against external models of appearance, wealth, prestige or desirability.

Silo's analysis of suffering is therefore not merely inward-looking. In *The Healing of Suffering*, he also speaks of violence that is not only physical: economic, racial, religious and moral violence, among other forms. This remains highly relevant. Mental suffering is not produced only by private biography or individual conflict. It is also intensified by material insecurity, humiliation, inequality, exclusion, discrimination, and the accumulation of wealth and power at the expense of the wellbeing of others. A psychology that wishes to understand suffering cannot ignore the social landscape that continually generates and reinforces painful Images of inferiority, failure, threat, resentment and exclusion.⁹⁷

For that reason, the implications of Silo's scheme are both personal and social. If Images orient action, then healing requires work on the Images through which individuals represent themselves, their past and their future. But it also requires work on the social Images that organise collective life: success, failure, happiness, enemy, wealth, poverty, dignity, humiliation and human value. Personal transference and social transference cannot be entirely separated. A society that

⁹⁷ Silo, *The Healing of Suffering*.

continually produces degrading Images will continue to produce suffering; individuals who remain internally organised by painful Images will struggle to participate freely in social change.

The proposal is therefore not to replace mental health practice with Silo's psychology, nor to reduce suffering to social conditions alone. It is to recognise a double movement. Forms of personal suffering may require work on painful biographical Images, climates and contradictions. But *The Healing of Suffering* also points towards the transformation of the social landscape that produces fear, humiliation, violence, false happiness and dehumanisation. In Siloist terms, there is no sustained personal liberation without social transformation, and no sustained social transformation without change in the human being. In this context, an understanding of Silo's scheme of the psychism may be useful not only for understanding trauma, but also for thinking about the personal and social conditions that reduce traumatic repetition, dehumanisation and suffering.

Glossary

Source note

This glossary is intended as an explanatory glossary for this book, not as a full Siloist dictionary. It draws principally on the vocabulary in Luis Ammann's *Self-Liberation*, and on Silo's *Psychology Notes*, *Contributions to Thought*, *Humanize the Earth*, *The Healing of Suffering*, *Days of Experience* and *Dictionary of New Humanism* where relevant.

The definitions have been adapted for the specific purpose of this book: understanding CPTSD, Image, bodily register, trauma, integration and social transference through Silo's scheme of the psychism. They should therefore be read as explanatory definitions, not as strict translations of the Spanish vocabulary.

Terms

Apparatuses. In Silo's psychology, the principal apparatuses are the senses, memory and consciousness, understood as structures or functions of the psychism that work together. They are not isolated faculties but parts of an integrated circuit through which impulses are registered, transformed, represented and directed towards response.

Apperception. The intentional direction of attention towards perception. It is the reversible counterpart of perception: whereas perception refers to the reception of data from the senses, apperception refers to consciousness turning back towards, selecting or attending to those data. A simple analogy is the difference between seeing and looking, or between hearing and listening.

Bodily register. The way an Image, climate or state is given in and through the body. In this book, the term refers to the bodily side of experience as registered through internal sensation, including contraction, pressure, nausea, freezing, warmth, release, agitation, posture, movement and similar indications. It often involves both cenesthetic and kinaesthetic data, and is used here as the more accessible working term for the bodily dimension of traumatic and other charged contents.

Catharsis. A process or technique of discharging accumulated charge from oppressive contents or internal tensions. In the context of trauma, catharsis may temporarily reduce pressure in the psychism, but it does not by itself integrate the painful content. Integration requires transformation of the Image and its register, not discharge alone.

Cenesthesia. The internal sense that registers the intrabody: visceral state, pressure, temperature, chemical changes, pain, and the activity of the centres and levels of consciousness. It is central in Silo's psychology because internal impulses become more prominent as the level of consciousness falls.

Centres of response. Specialised systems of response through which the psychism expresses itself. Silo and Ammann usually distinguish intellectual, emotional, motor, sexual and vegetative centres. The concept is used in this book phenomenologically, to describe how trauma may organise thought, emotion, movement, sexuality and bodily regulation as one system of response.

Charge. The intensity or energy attached to a content, Image, climate or tension. A highly charged content is not neutral; it may seize attention, mobilise the centres of response, narrow reversibility and organise conduct. Trauma is treated in this book as involving charged Images that remain active in memory and representation.

Climate. A background emotional tone that colours the whole situation in which contents appear. A climate is not simply an isolated mood; it is more like an atmosphere that conditions perception, memory, Image, bodily register and conduct. In complex trauma, climates of fear, shame, humiliation, defeat or vigilance may become persistent.

Co-presence. The background of contents that are not the explicit focus of attention but remain active around what is present. Memories, expectations, meanings, bodily registers and climates may all operate co-presently, shaping how the present is interpreted. Together with presence, co-presence forms the field of presence and co-presence. Trauma often acts in co-presence before it becomes explicit memory.

Consciousness. The coordinating activity of the psychism that structures impulses from the senses and memory, works through attention, abstraction and association, and directs Images towards response. In this book consciousness is not treated as a passive container, but as an active structure of orientation and intentionality.

Contradiction. A lack of coherence or unity among thought, feeling and action, registered as internal suffering or disintegration. In trauma, contradiction may appear when the person intellectually knows that danger has passed while bodily register, Image and climate continue to organise the present as threat.

Conduct. The outward and inward expression of the psychism through the centres of response. Behaviour is not treated here as a surface symptom alone, but as the manifestation of climates, Images, tensions, memory and impulses in action.

Evocation. The intentional act of consciousness directed towards memory. It is the reversible counterpart of remembering: whereas remembering may occur as the return of data from memory, evocation refers to consciousness actively calling up or directing itself towards remembered contents.

External senses. The senses that register stimuli from outside the body, such as sight, hearing, smell, taste and external touch. In this book they are considered together with internal senses, because traumatic Images may be formed from both external and internal sensory data.

Formation Landscape. The biographical, generational, cultural and social field in which a person's basic recordings, affective tones, values, habits and ways of acting are formed. In this book, the term helps explain how the Internal Landscape is not simply private or spontaneous but shaped through the person's lived formation in a particular family, culture, generation and social world.

Human Landscape. A term developed from Silo's treatment of the Human Landscape in *Humanize the Earth*. In this book it refers to the shared social world of Images, narratives, education, institutions, expectations, values, fears and forms of dehumanisation through which peoples encounter themselves and others. It should be distinguished from the Internal Landscape, which refers to the personal world through which an individual encounters experience.

Image. In Silo's technical sense, an Image is not merely a visual picture. It is a multisensory representation, formed from data of the external and internal senses, memory and the activity of consciousness, located in the Space of Representation and capable of mobilising responses across the centres. In trauma, Images may carry visual, auditory, emotional, tactile, kinaesthetic and cenesthetic registers, including those involved in painful self-images.

image. Used in this book with a lower-case initial to mean a visual picture in the ordinary sense. The capitalised term Image is reserved for Silo's wider technical sense of a multisensory representation capable of orienting the body and mobilising conduct.

Impulse. A signal or movement of psychic activity that passes through the apparatuses of senses, memory and consciousness, undergoing translations and transformations before contributing to response. In this book, trauma is partly understood as a disturbance in the circulation and transformation of impulses.

Integration. The process by which a previously isolated, painful or tyrannically active content becomes incorporated into a wider and more mobile organisation of consciousness. Integration does not mean forgetting. It means that the content no longer seizes the psychism with the same charge or bodily register.

Internal Landscape. The personal world of memories, Images, climates, values, meanings, expectations and habitual interpretations through which a person encounters experience. In trauma, the Internal Landscape may become organised around threat, shame, helplessness or defensive anticipation. It should be distinguished from the Human Landscape, which refers to the shared social world of Images, narratives and meanings.

Internal senses. The senses that register the body and the activity of the centres from within. They include, above all, **cenesthesia** and **kinaesthesia**. See those entries for more precise definitions.

Kinaesthesia. The internal sense that registers movement, bodily position, posture, and physical balance or imbalance. It provides the bodily sense of how the body is placed and moving.

Levels of consciousness. The different ways in which consciousness works, such as waking, semi-sleep and sleep, together with altered states. Levels affect attention, reversibility, association, suggestibility and the way contents appear. Trauma may involve contents moving across or intruding between levels.

Memory. The apparatus that records, conserves and supplies data to consciousness. Memory is not understood here as only verbal or visual storage. It may include data from external and internal senses, bodily registers, climates and Images, allowing traumatic contents to be reactivated in many ways.

Operative. The practical field in Silo's psychology and Ammann's *Self-Liberation* concerned with catharsis, transference and self-transference. In this book Operative is discussed cautiously as a conceptual framework for understanding discharge, Image transformation and integration, not as a substitute for clinical trauma therapy.

Presence. The content or contents that are in the foreground of consciousness. Presence always operates with co-presence: a background of associated contents, memories, expectations, meanings and bodily registers that shape how the present is lived. Together, presence and co-presence form the field of presence and co-presence.

Presence and co-presence, field of. The whole organisation of contents available to consciousness at a given moment, including what is explicitly present and what is active in the background. In this book, this is sometimes shortened to the field. It includes sensory data from the external and internal senses, memory, Images, bodily registers, climates, meanings and expectations.

Psychism. The integrated living structure through which the human being registers, represents and responds to the world. It includes senses, memory, consciousness, Images, impulses, levels of consciousness and centres of response. The psychism is treated in this book as a function of life rather than as a detached mind.

Psychism, disorganisation of the. The central formula proposed in this book for describing CPTSD in Siloist terms. It refers to the way charged traumatic contents disturb the coordination of senses, memory, consciousness, Images, bodily registers, climates, reversibility and the centres of response.

Register. The felt indication that something has occurred in the psychism. A register may be bodily, emotional, attentional or more generally experiential. In this book the term is important because trauma is not only known or remembered; it is also registered through the body, climate and Image.

Reverie nucleus. A more stable background climate that underlies recurring reveries and helps orient expectation, conduct and compensatory patterns over time. In Silo's psychology, the reverie nucleus is not itself a visualisable image, but an allusive mental climate from which more explicit reveries and Images may arise. In this book, the concept is used to suggest how complex trauma may persist not only through charged Images and memory, but through a reverie nucleus reshaped by trauma that continues to organise the field of co-presence, expectation, compensatory reveries and conduct.

Reveries. Recurrent chains or configurations of imagery that arise in consciousness and reveal tendencies of the psychism. In Silo's psychology, reveries are not merely random distractions: they may vary with circumstance, but often disclose a common climate and, at a deeper level, a reverie nucleus. In this book, the term helps describe how trauma may persist not only through explicit recollection, but through recurring anticipations, compensatory patterns and background configurations that continue to orient conduct.

Reversibility. The capacity of consciousness, through attention, to direct itself towards the sources of impulses: towards perception in apperception and towards memory in evocation. Reversibility is expressed in these intentional movements: consciousness can look rather than merely see, listen rather than merely hear, and evoke rather than merely be carried by remembering. Reduced reversibility is central to trauma activation, because consciousness cannot easily turn towards present safety, balancing memory or alternative meanings.

Self-image. The represented form in which a person experiences themselves. In this book, self-image is not used to mean merely an opinion or verbal judgement about oneself, but a configuration of Images, climates, bodily registers and memories through which the person experiences who they are. In complex trauma, such self-images may become organised around threat, shame, helplessness, defeat or other painful registers.

Self-transference. A form of transference work carried out without an external guide, using internally configured resources. In this book it is mentioned cautiously as pointing towards greater autonomy of consciousness in relation to its own charged contents, not as a recommended self-treatment for traumatic material.

Social catharsis. A term used in the epilogue by analogy with individual catharsis. It refers to collective processes of expression and acknowledgement, such as testimony, mourning, public

truth-telling and the recognition of harm. Social catharsis may discharge what has been silenced or denied, but it is not the same as social transference.

Social transference. A term used in the epilogue for the broader symbolic and cultural transformation of charged collective Images. It does not mean applying a clinical technique to societies. It means transforming the Human Landscape in which collective memory, identity, enemy-image and future expectation are held.

Space of Representation. The internal spatial field in which Images are located, organised and related to possible action. It should not be understood as a literal screen inside the head, but as the structured internal spatiality through which consciousness represents the body, the world, memory and possible conduct. It should be distinguished from the field of presence and co-presence, which refers more broadly to the whole organisation of contents available to consciousness at a given moment.

Tension. A register of pressure, contraction or unresolved charge in the psychism. Tensions may be muscular, internal, emotional or mental. In trauma, tensions often accompany climates and Images, contributing to the bodily organisation of fear, shame, collapse or defensive readiness.

Transference. Work on the represented content itself, especially on Images and climates, so that the charge and bodily register attached to them may be transformed. In this book, transference is distinguished from catharsis: catharsis discharges; transference transforms and integrates.

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