

UDC 159.9

DOI <https://doi.org/10.32782/2311-8458/2023-2-11>

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## COPING WITH THE HORROR OF COMBAT EXPERIENCE THROUGH ARCHETYPAL IDENTIFICATIONS WITH FIGURES OF POPULAR FICTION IN COMBATANTS: A CASE STUDY

**Abstract.** *The importance of symbolic means of enduring traumatic circumstance is paramount to trauma treatment in the approach of analytical psychology. The case of patient J. illustrates the work of this principle in the immediate situation of trauma, and in building a connection with his therapist in rehab. The content analysis of his stories and dreams suggests increased ease of connecting with his emotions, when using the symbols and characters of a fictional universe to describe them, and an ability to perceive and integrate all sides of his traumatic experience without suffering dissociation.*

*The purpose of the study is to demonstrate the impact of cultural imagery, relevant to the patient, for integration of their traumatic experience. The methods used for conducting the study are unstructured interviewing and content analysis.*

*In this particular case a pattern has been noticed: use of the archetypal identifications with fictional characters and concepts has helped the patient express and integrate more experiences and affects, thus creating a relationship of the Ego to these experiences. In stories and dreams, that contained the imagery, the patient has used more verbal markers for emotional states generally, and they appear predominantly positive. In stories devoid of the fictional imagery there were less emotional markers with an equal distribution of positive and negative ones.*

*Furthermore, the ability of the therapist in this case study to relate to the particular popular medium the patient has used for his descriptions, helped in creating a more robust therapeutic alliance, since an unfamiliarity of hospital staff with the material made it difficult for them to understand many of patients' jokes and references, as reported by the patient. While not being a critical element of the alliance, this shared symbolic field proved to help establish a specific and helpful point of contact with the patients' experience.*

**Key words:** *analytic psychology, trauma, dreams, fiction, symbol, combatant, rehabilitation.*

### **Новицький Тарас. Копінг із жахом бойового досвіду через архетипічні ідентифікації з персонажами популярної фікції в комбатантів: аналіз випадку**

**Анотація.** *Важливість символічних засобів для подолання травматичних обставин є вагомою в лікуванні травми в психологічному підході аналітичної психології. Справа пацієнта Ж. ілюструє роботу цього принципу в негайній ситуації травми та встановленні зв'язку з його терапевтом у реабілітаційному центрі. Аналіз контенту історій і снів пацієнта вказує на підвищену здатність з'єднуватися з його емоціями, коли він використовує символи та персонажі фікційного світу для їх опису, а також здатність сприймати та інтегрувати всі сторони свого травматичного досвіду без розщеплення.*

*Мета дослідження полягає в демонстрації впливу культурної фікції, яка є важливою для пацієнта, на інтеграцію травматичного досвіду. Методи, використані для проведення дослідження, – це неструктуроване інтерв'ювання та аналіз контенту.*

*У цьому конкретному випадку було помічено наступний шаблон: використання архетипічних ідентифікацій із персонажами та концепціями з фікційних світів допомогло пацієнту виражати та інтегрувати більше досвідів і впливів, тим самим створюючи реляцію Его до цих досвідів. В історіях та снах, які містили фікційні образи, пацієнт використовував більше вербальних маркерів емоційних станів загалом, і вони виявлялися переважно позитивними. В історіях, позбавлених фікційної уяви, було менше емоційних маркерів із рівномірним розподілом позитивних і негативних.*

*Крім того, здатність терапевта в цьому випадку співвідноситися з певним популярним носієм, який пацієнт використовував для своїх описів, допомогла створити більш міцний терапевтичний союз, оскільки незнайомство медичного персоналу з матеріалом ускладнило їм розуміння багатьох жаргтів та посилань*

пацієнта, як він сам повідомив. Хоча це не є критичним елементом союзу, таке спільне символічне поле допомогло встановити конкретну й корисну точку контакту з досвідом пацієнта.

**Ключові слова:** аналітична психологія, травма, сновидіння, фікція, символ, комбатант, реабілітація.

**Introduction.** Clinical work with combatants and their dreams is proving to be a bountiful source of insight into the workings of a traumatized psyche through a psychoanalytic lens. In this particular case study I shall focus on the material that has been gathered in protocols of sessions, having gotten my patients consent to prior. The patient was rather enthusiastic about his experience and our joined efforts to better his mental state possibly also being useful to others, so he had easily agreed to me writing an article on our work. Since the data which will be analyzed in this article comes from session protocols as well as from the questionnaire, which I have all my patients fill out, it is as much a study of the patients psychic contents, as it is one of the counter-transference I experienced as an analyst.

The following case study is an interesting instance of the psyche finding an archetypal resource within itself through cultural symbols (or precisely in this patient – pop-culture), and using it to endure through an arduous journey of war in all of its facets – from the worries of conscription, to the horrors of the battlefield, to losses of battle-brothers, to terrible injuries and amputations and the following rehabilitation. Patient J. has arguably made it through practically the whole cycle of war from a soldiers' perspective, and survived to tell the tale – not only of his undeniably heroic deeds, but also of his great psychological endurance and overcoming.

Patient J. did service in the UAF as a field medic prior to sustaining an incapacitating injury to his leg, arm and abdomen, and has had his leg amputated due to the injury. He has received a bionic prosthesis, and is currently learning to walk anew. Since he has difficulty writing due to his injuries, most of the data presented was written down by me word-for-word in sessions. Patient J. is a pleasant, cheerful man in his early 30-s, demonstrating unbreakable spirit in face of terrible adversity, both on the battlefield, and in the rehab center. He is responsive, maintains a healthy sense of humor, has no difficulty express-

ing his thoughts, and lends himself well to conversational therapy. Now he contemplates his further service in the Ukrainian Armed Forces in the medical department in the rear, desiring to continue to help his battle brothers in every way he can. He also expressed, that he would gladly return to the battlefield, if only he could. J. joined the UAF as a volunteer in the first days of the full-scale invasion, and before that he worked as a veterinarian, but sadly won't be likely to resume his occupation after the end of the war out of hygienic concerns for his prosthesis.

**Materials and methods.** The study, as well as the clinical work which allowed for it, was conducted at the *Mental Health Center* on the basis of the *Unbroken National Rehabilitation Center* of the *Regional Medical Union № 1* in Lviv, Ukraine. Psychotherapeutic work with dreams is part of the Mental Health Centers (MHC) psychological rehabilitation program, which also includes psychopharmacological treatment, exposition therapy, EMDR, group therapy, art therapy, conversational therapy and many others. Each combatant is given care in all possible dimensions of their physical and psychic needs by Unbroken, MHC and the St. Panteleimon Hospital.

To collect the needed data, I used a questionnaire, which contains questions regarding biographic information, relevant details of service in the UAF, such as circumstance of injury and way of joining the army, and for dream recording. Also, the questionnaire contains two descriptive diagnostic tools: "Describe your future" and "Describe your past", adapted by the Regional Association of Practical Psychology Lviv. Also, the material used in the study comes from the transcripts, manually recorded in-session.

To analyze the data I used the method of content analysis. To analyze the content of patient J.'s stories and dreams in the dimension of positive emotion the words in the samples were grouped into 6 categories, derived from the *Dispositional Positive Emotion Scale*. The groups are: pride,

love, compassion, contentment, amusement, joy and awe.

To distinguish the items from the patients speech content by negative emotion, the items have been grouped into 4 categories: anger, sadness, shame and fear, as was done by Smith, De Boeck and others in their study (Smith, 2002, 131).

**Results and discussion.** In the first session J. has expressed his fondness of a certain fictional universe. The franchise is called “Warhammer 40K”. Luckily, I am well-familiarized with the franchise, which later proved to be beneficial for the formation of the therapeutic alliance and has raised an interest in importance of such fictional stories for soldiers.

For the sake of clarity, some time should be spent explaining the premise of the fictional world, for which patient J. found such fondness. “Warhammer 40K” is a popular universe, on basis of which many books are written and video-games made. There is also a tabletop version of the game, which boasts a rather large player base and is particularly popular among young men, as is the franchise itself. It is a story of the far future of humanity, which can be summarized by one of the most popular quotes of the franchise: *“Forget the promise of progress and understanding, for in the grim dark future there is only war. There is no peace among the stars, only an eternity of carnage and slaughter, and the laughter of thirsting Gods.”*. With the war in Ukraine having risks of turning into a decades-long conflict, not unlike the Korean 70-year-long war, this quote feels bizarrely fitting and eerily “prophetic”, resonating with the modern Ukrainian psyche, traumatized by the invasion. The main characters of most “40K” stories are citizens of “the Imperium of Mankind”, which is a state, completely dedicated to being an unforgiving and relentless war machine.

Both the importance of this universe to the patient and its extremely fitting narrative (concerning the Ukrainian context) have sparked scientific interest in the archetypal content of the franchise, and its constellation in the patient’s psyche. The first mentioning of “40K” has happened during the first session as follows:

Conversation 1:

J.: *Some brigades were severely under-equipped, but we – we were the Space Marines in my mind, that’s how I felt.*

T.: Space Marines fighting for the God-Emperor of Mankind, I reckon?

J.: *You’re into “40K”, aren’t you, doc?*

T.: Quite into it, actually.

J.: *Oh, so you’ll be able to understand my jokes and references then. You know, when we were picking out the prosthetic leg for me at the clinic, I jokingly asked the doctor to make me a “Necron” leg. But he didn’t get it, sadly, so it was a really awkward moment.*

This short exchange during the primary interview has already sparked a lot of interest due to the archetypal nature of patient J.’s joke: the “Necrons” are a faction of robots, who were living beings in the deep past, but have exchanged their fragile and flawed bodies of flesh for nearly-indestructible robotic ones, and have mostly lost their free wills, becoming perfect soldiers. This warrior-archetype was very expressive of J.’s desire to become the perfect soldier, to return to battle even stronger, than before.

Another archetypal trope, which has entered the fantasy discourse with J. R. R. Tolkiens “The Lord of the Rings”, especially after the release of the Peter Jacksons extremely successful film adaptation of the books, is the “orcs”. Innumerable fiction franchises have adopted the trope since, due to its remarkable potential for enemy portrayal: barbaric, vaguely humanoid evil creatures, committing countless war crimes, lacking empathy or remorse. Extremely numerous, they have no regard for their own kind, and are often portrayed as poorly-equipped, relying on numbers and dirty tactics to win. They also are almost always described as warmongers, aggressors, led by tyrants.

Well, in the Ukrainian war discourse the russians are often called “orcs”. The metaphor felt remarkably fitting, since from our perspective as the survivors of this aggression, the occupants ticked practically every box of the trope, except being inhuman, sometimes to a grimly comical extent.

The “Warhammer 40K” world too features this trope, in all of its classic features. So the Ukrainian media trend resonated with the particular interest of patient J. and some of his battle brothers, furthering the archetypal constellation.

## Conversation 2:

J.: *And so we together with some battle brothers had a lot of sorta inside jokes about the enemy. One of my friends even had bought an insignia of a "Space Marine" chapter and wore it together with his chevron. I wanted one really bad, but it was too expensive for me. But yeah, we would crack jokes about russians all the time, for instance, that they should paint their tanks red (the orcs in "40K" believe, that red things move faster). Every time we had to fight, I imagined us as forces of the "Imperium", and the enemy – as the orcs. It helped me maintain a certain feeling of pathos and morale, and it only helped, that some of our guys had shared the fantasy.*

The culture of a society at war – and especially of a soldier society in the front – is one strongly influenced by archetypes, I would argue. Not in a mythical or mystical sense – but first and foremost in a sense of strong ritualistic tradition and naming, rigid hierarchies and role systems, stark and extreme differences between people and what they do. Soldiers are given new names – call signs, and frequently don't even know each others "real" names. The brigades are named after powerful figures of history, or of pop-culture, like for example "Makhno" – a revered Ukrainian anarchist rebellion leader, or "Kraken" – the well-known mythical monster, that sunk ships with its tendrils. These powerful and customary symbols are a way of the psyche to create an identity for the brigade, to unite everyone under a certain symbolic meaning, a signature (Szejko, 2021). They are so evocative because they are based upon the stories and fates which repeat themselves – which to this day are actualized in the lives of our contemporaries. As per Brooke (Brooke, 2017, 178; Petric, 2023), the life of every returning soldier has an Odyssean aspect: the warrior, traumatized and changed by war, commits many misdeeds on his path to the recovery of his Self: and yet, even after that he remains partly unrecognizable. That is not to say, that every soldier somehow follows Odysseus in his footsteps, only that the psyche still reacts to the shift from the life of a soldier to a life of a civilian in the same way, as it did then. It would be more helpful, in my opinion, to say

that the stories, which fascinate the soldiers and give them a sense of identification, are Odyssean in nature.

An archetype is a basic metaphorical structure, upon which symbols are built. So it is an experience of the inner world, that emerges in particular relational, social or natural situations and is shared between them, thus allowing for the creation of metaphors themselves (comp. Welman, 1995, 92). And since the archetypal motifs are repeated in art, religion and philosophy throughout millennia, we find this uncanny semblance of our patients' stories to the ancient tales. It is, I think, this link between authors and their works through time, this intertextuality of the stories of today with the experiences of old and vice versa, that create the seemingly mystical fates we observe in the clinics.

But it is not only the identification aspect of the archetype, which is useful to the soldier. A subject which is dealing with trauma, holds on to the archetype as an anchor of life, and somehow is able to draw energy from it to achieve feats of seemingly inhuman perseverance. Donald Kalsched (Kalsched, 2012, 86–90) writes about the mechanism, by which the psyche is able to persevere through the archetype. It is through the projection of the central Self-archetype, which is the container of a persons innermost desires, that the incredible endurance emerges; for this endurance is nothing other, than the will, the reason to live. Through the grandiose archetypal image, that inflates the Ego, the subject is able to connect with their desire and with the Eros, which, by all reasonable understanding, would otherwise seem irrelevant in the face of horror, that the subject experienced (Paredes, Gilad-Bachrach, 2014). Thus, the energy, that is felt in the story or observed in the doings of the person, is precisely the powerful desire to live – in a Self-specific way – that is experienced by the survivor. Kalsched emphasizes specifically the "courage" (Kalsched, 2012, 88) that the archetypal experience filled his patients with; and sure enough, it is exactly courage, morale, that patient J. experienced in contact with his archetypal imagery.

In one session, patient J. told me about a certain prayer from the universe, that has been very



important to him at the front. He had memorized it a long time ago, before the full-scale invasion, and in the time of the invasion he'd recited it to himself silently many times. J. played the text of the prayer on his phone in session. It reads as follows:

*In darkness, I shall be light.*

*In times of doubt, I shall keep faith.*

*In throes of rage, I shall hone my craft.*

*In vengeance, I shall have no mercy.*

*In the midst of battle, I shall have no fear.*

*In the face of death, I shall have no remorse.*

He then told two stories, which are relevant to describing, how his psyche worked in tandem with these symbols.

Conversation 3:

J.: *So one day it was really really hot. We all overheated and were quite dehydrated. We were restless, and some of us had trouble sleeping. I tried to go to sleep, and as far as I'm concerned – all was well, but my battle brothers told me a different story a few hours later, as I woke groggy and tired. They told me, that I would talk in my sleep, and it was some random gibberish in English, which was surprising for them. Only then I remembered, that I had a dream, and in that dream I was a part of the "Imperial" army... And I knew full-well, that what I was saying were the words of this prayer, because I heard them in my dream and had them memorized for years.*

J.: *There was a really weird situation that we got into at the front. We were engaging with the enemy, at a relatively close range, and it wasn't going that hot – but we were all right. We've seen worse sh\*\*. But suddenly, as things get a bit worse for us, the command issues an order to "prepare for circular defense", implying, that we were getting surrounded. Getting surrounded on the battlefield usually doesn't end well at all: in most situations you either end up dead or captive – and I didn't even know, which fate was worse. So I got really, and I mean really scared. I was very afraid to die, thoughts racing through my head, that all was going to end like this... And then I kind of automatically started reciting that prayer in my head, and it felt like it changed me, somehow. My feelings started changing, like some sick roller coaster: I felt dread, and then suddenly I felt, like "it's time to go out with a*

*blaze", and then dread again, and so on. It didn't feel very heroic or good or something, but in those moments I felt, that if I die, I want to do it the right way. I wanted to take as many as I can with me, I want my death to look cool. Strange to think of it like that now, but then it was the only thing that didn't allow my will to buckle. In the end, although it was a tough fight, it turned out that the command miscalculated the threat, we weren't really getting surrounded, and we managed to pull out pretty well. But I will forever remember that feeling – that "it's time", that "my time has come", and I was willing to accept it.*

In these stories we can see exactly the kind of effect, that Dr. Kalsched describes: only in the real combat situation it was no vision or numinous experience, that allowed J. to keep fighting and not succumb to dread – it was willful recitation of the prayer, a conscious and Ego-driven action. That is what's fascinating about the symbolic connection to the archetypal forces of the psyche – it is the story itself, the text, the memories or, to put it in jungian terms – the complex, that allows access to them (Nelson-Reid, 2020). Patient J. was not in a state of dissociation, yet he has experienced courage to fight the traumatic circumstance of getting surrounded and outnumbered.

Another conversation we had in therapy was also very indicative of an archetypal identification that J. has with his masculinity.

Conversation 4:

J.: *You know, doc, I worry when I think of the future. I think about the job I'm gonna have, about the money I'll be able to make. With this leg (prosthetic) I'm going to be slower, weaker, more concerned with getting dirty... I really want to be f\*\*king cool, you know...*

T.: *If you aren't the definition of f\*\*king cool, J., I don't even know what that word means anymore. You did things that others have only seen in movies – even still, there are barely any movies that show the kind of stuff you had to do in service.*

J. (smilingly): *Well... Yeah, I did a lot of cool stuff. But it's kinda more than that, you know? I want to be a bad ass soldier for sure, but I also want to be a bad ass husband and dad. A real*

*man in every possible sense. That is what I want most of all.*

We see here also, how the connection to the masculine roles makes J. indirectly hopeful of the future: he cannot afford to give up, because these identifications reveal to him his great desires. This drive to persevere differs from that which he had in action, and is connected to different archetypal expressions – simple social roles. But it has a similar effect in healing his psyche from loss of limb, and the continuation and dynamic progress of this healing can be observed in *dream 5*.

In total, there were 7 instances of patient J. telling me his dreams. Below are the transcripts.

**Dream 1 (in action):**

*I take part in an enormous battle as a part of the “Imperial” army. I hear the prayer, as if it was coming from everywhere.*

**Dream 2 (three months after injury):**

*I have sex with an older nurse, and feel intense guilt, since I’m engaged. After contact with my fiancée had gone back to normal, I started dreaming of her instead.*

**Dream 3 (had it three times):**

*The command reports that we are surrounded. I’m in the trenches, piling up grenades around myself. I see my captain, he looks brave and heroic. I fear for my life, but feel like “the time has come”, feel the will to endure, and feel no remorse.*

**Dream 4 (a series of similar dreams in action):**

*A large battlefield in the “40K” universe, I am part of the battle. I can’t remember like the cinematic details: only the emotions, which were always the same. In all of those dreams I felt a certain fullness in my chest, brotherhood with other soldiers, strength, and that feeling of enduring, and of “no remorse”.*

*Also, in some of those dreams, a deceiver God “Tzeench” was trying to corrupt me, he told me: “What are you fighting for? Nobody is going to care about you!”. I almost conceded, but then my battle brothers always convinced me to stay true to myself.*

**Dream 5 (had it after getting the prosthesis, during therapy):**

*I had dreamed a couple of times, that I am running, but on my live leg, that I’d lost. In the*

*dreams I had both legs. But recently it changed – I started dreaming, that I am running on my prosthetic leg instead, and it feels great.*

**Dream 6 (had it during therapy):**

*My brother with his wife, my fiancée and I are all in a room, and my fiancée is having a fight with my brother. She is absolutely furious, and he is asking me to somehow stop her. Then I also see my cat, and she is livid as well. I look behind her, and see, that she has had a kitten, and hid it behind a door, and I realize -she is furious, because she is trying to protect her child.*

**Dream 7 (had it during therapy):**

*I am playing with my son next to the house of my deceased grandpa. The house is surrounded by a gorgeous wheat field, but it is green, the wheat is unripe. The weather is incredible, and we are having a blast: all of the sudden the boy tells me: “Dad, I really need to pee”. I tell him to go pee into the wheat, because no one can see him out here anyway. He goes off and disappears in the field. Suddenly, I hear the roaring of bomber planes and see them flying about the wheat. They are dropping off bombs, which explode into clouds of green gas, which I understand to be poison. I start screaming for my boy, but he doesn’t come back. All of a sudden a sparrow flies out of the wheat and towards me, I know, that it’s my son; I take it, press it to my chest, and run towards the house to gain cover. But the door doesn’t open. I frantically try to open it, but to no avail, and awaken in a panicked state.*

This material will serve as the contents for analysis. In this article I doubt I’ll have the luxury to interpret every dream, but all of the content will provide valuable data to understand the overall picture of the dynamics of patient J.’s archetypal identification and its effect on his psychic state.

I hope, that the reader will find the way I grouped the items into their respective categories intuitive and agreeable. Yet, there always is space for subjective differences in this type of work. I approached it with diligence and honesty, but of course the subjective biases may have had an effect on the groupings, as is the limitation of a qualitative case-study.

The overall emotional judgment of the events in J.’s stories and dreams was balanced

and nuanced. Yet it definitely tended to be more uplifting than it was depressing. This indicates the patient's ability to integrate his experience and to maintain internal honesty. The total number of emotional descriptors in the transcripts is 50 items, of which 29 fall into the positive emotion category, and 21 – the opposite.

In session, there was a clear feeling, that stories and dreams, which patient J. was relaying, contained more emotional expression and judgment, when they were “Warhammer 40K”-related, and on the contrary – the unrelated stories had more of a shallow affectation to them. This was also confirmed on paper – in related stories there were a total of 32 descriptors of emotional state, from which 21 related to positive emotion, and 11 related to negative emotion as per table 1 and table 2.

In stories and dreams, which were unrelated to the fictional universe, there were 18 emotional descriptors, which were divided equally: 9 for positive emotion and 9 for negative (fig. 1).

To summarize the descriptors percentage-wise: in “40K”-related stories 64% of emo-

Table 1

Emotion:	Words / phrases:	Number of mentions (29 total)
Joy	It only helped, all was well, we were alright, managed to pull out pretty well, fullness in my chest, feels great, having a blast	7
Amusement	Jokingly asked, cracked jokes, had a lot of sorta inside jokes	3
Love	Willing to accept it, feel the will to endure, feeling of brotherhood with other soldiers, feeling of enduring, stay true to myself, protect her child	6
Compassion	didn't allow my will to buckle	1
Pride	Pathos, morale, seen worse sh**t, it's time to go out with a blaze, want to do it the right way, look cool, want to be f**king cool, I did a lot of pretty cool stuff, strength, brave and heroic	10
Awe	Gorgeous, incredible	2

Table 2

Emotion:	Words / phrases:	Number of mentions (21 total)
Fear	Restless, wasn't going that hot, doesn't end well, which fate was worse, really scared, very afraid to die, thoughts racing through my head, dread, dread, worry, more concerned, frantically, panicked state, fear for my life	14
Shame	Awkward, intense guilt,	2
Anger	Absolutely furious, livid, is furious,	3
Sadness	Sadly, nobody is going to care about you	2

tional descriptors relate to positive emotion, and 36% – to negative. In non-related stories, the divide is 50% / 50% as per fig. 1.

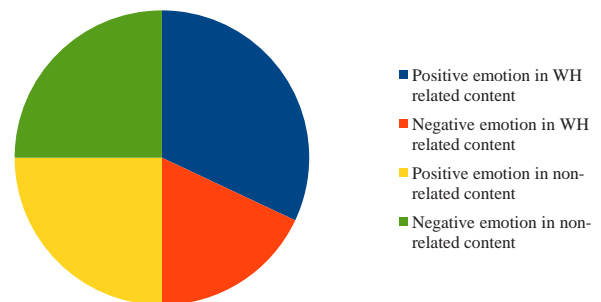


Fig. 1

Patient J. seemed more emotionally engaged, when he had the opportunity to use the fictional universe to describe what was happening. Moreover, he seems to have both consciously used the symbolism of it to cope with reality of war by creating a small group of people, who understand this symbols in the waking state, and unconsciously, to process the horrors of war in his dreams. The Hero-archetype, which he identified himself with, using characters from “40K”, gave him the courage to face the fear of death and to override despair, as he himself clearly stated in *Conversation 3*. But also, the connection with the archetypal figures of fiction has generally helped him maintain his high spirits throughout his experience. In *Conversation 1* we can see his psyche coping with the loss of his leg

through connection to the fictional characters. In the same conversation he also expresses joy of his therapist understanding these references, and so creates another small group, which shares the same symbols. And it is primarily the creation of the shared symbolic space that he seems to be after: he uses the fiction to create the feeling of “sameness”, of unity, and of humor. The inability of the doctor to join him in this fiction creates a feeling of awkwardness, and loneliness, which is also paramount to combatant traumatization (Olson, 2020, Jumarali, S. N., Nnawulezi, N., Royson, a.o., 2021). When J. discovered that I, as his therapist, share the admiration for “40K”, he was happy to know now, that I would get his jokes and references. The secondary role of the symbols to coping with the loss of limb is suggested by *dream 5*, which lacks any reference to “40K”, where J. accepts his prosthesis.

The meaning of these archetypal identifications, which we find in Dr. Kalscheds work, appears to manifest in action at the front, not in the rear. It is in action, where patient J. has had his dream of the prayer, which he recited through his sleep, and where he has recited the prayer to himself during combat, lifting himself up and out of the grips of dread. Also in action and prior to the war patient J. has experienced a dream sequence as stands in *dream 4*. There, as is evident from the transcripts, the identification with the Hero-archetype from his dreams gave him courage to face the fear of death with a certain acceptance and desire to make his death count. This empowerment in the face of a force, greater than himself (say, a stray bullet, a mine or an artillery shell), came to him, as if from something greater than him as well. In analytic psychology dreams and visions of this type are considered projections of the Self-archetype, which grant the subject a desire strong enough to overcome the traumatic reality they find themselves in. In J.s’ case we see more of an identification with the Hero-archetype, which fulfilled this compensatory function. The Self is more often portrayed in dreams and visions as a sacred, divine figure which is not directly present in the patients contents (Moxnes, 2013). Yet, the prayer is a kind of centerpiece to many of his archetypal connec-

tions. Prayer, quite obviously, is a means to connect with one’s God(s), that is, with the symbolic representation of the Self-archetype. In analytic psychology such a connection is called the Ego-Self axis, the connection of the conscious subject with the unconscious desire on a symbolic, mythological basis. This connection allows the psyche to execute the transcendent function – that is, to integrate the paradoxical and incompatible parts of an experience, rather than dissociate them from one another (Bala, 2010, Kalsched, 2012).

It is also apparent and curious, how the positive emotion markers in patient J.s’ transcribed speech reflect the archetypal pattern that he has experienced. From total 29 positive emotion markers 10 relate to pride, which is easily related to heroic stories, while only 2 relate to awe, which is more indicative of something divine, “larger than life”. It is also quite apparent, how descriptors for joy and amusement make up 10 of 29 total positive emotion markers. Though there was no clear and obvious connection that patient J. had made to the Trickster archetype (Bala, 2010), these markers as well as an appearance of the archetype in one of his dreams, reveal another psychic mechanism of maintaining the Ego-Self axis and the ability to integrate, rather than dissociate his experience. The Trickster is a symbolic representation of the transcendent function, whereas he connects the opposites in jests and tricks, adding a comical aspect to the solemn reality (Bala, 2010). The appearance of the Trickster happens in *dream 4*, as the figure of the fictional god, Tzeench. In the “40K” universe he is the god of change, uncertainty, the unknown, and simultaneously of secrets, knowledge and wisdom (Warhammer 40K Wiki). In-universe he is known for pulling random fate-defining jokes on both people and gods, and to never truly take a side, which is exactly fitting with the integrative function of the Trickster archetype. Though his appearance in J.s’ dream seems rather villainous, and in-universe he is also considered a villain, jokes and humor are a running theme of patient J.s’ stories, and joy and amusement take up a third of his positive emotion markers. I think it is fair to say, that the work of these archetypal identifications is clearly visible throughout the patients speech.



**Conclusions.** This article is meant to present an interesting case of such a benign thing as a fantastical universe made for entertainment having a real impact on a soldier's mental well-being in the utmost terrifying and life-threatening situation of a battlefield. Moreover, this incident matches very well with the theory of trauma and surviving it, as it is postulated in analytical psychology. This gives ground to suggesting that it is not a coincidental and anecdotal situation, which has no bearing on reality outside this particular case, but that variations of such a relationship with the fantastical can indeed be found in other stories, and be used in therapy. In case of patient J. the stories were useful to quickly establish a rapport between us, and to make metaphors, that we both understood, but others didn't. It is very important in analysis to create with a patient a certain symbolic language, which is specific to the particular therapeutic alliance (Bean, 2022). This was the purpose of "Warhammer 40K" in this one. But it can be anything else like it in a different alliance.

Yet, there are other potential uses for this; helping a patient connect their traumatic experience to a familiar and loved story can (in absence of said connection) make it easier for them not only to relay and relive, but to integrate the trauma into their psychic lives. It also occurred to me in this relationship, and while writing this article, how boys and young men are the base target audience of these fictional universes, and of tabletop and video-games. Just as they are a target audience, sadly, for fighting in wars, and to commit violent crime. Of course, it is not only the relatively higher aggression of men, that makes this so – there are also complex systematic and socio-economic reasons for these phenomena, which

are historically contingent. But this makes me wonder about the relationship of video-games, violent films and aggression in men – what if it is precisely dealing with the trauma of aggression – one's own and that of the Other – that these fictions are for? That definitely constitutes scientific interest.

The imaginary space of symbols made the trauma bearable in case of patient J. In the method of guided affective imagery therapy this is utilized in a way also – yet in this method the imagery is oftentimes pre-made, and not produced by the patient themselves out of their favorite fictions. What would be interesting as a research subject, is deliberate search and implementation of patients' own symbolic imagery to process trauma.

**Gratitude.** The Mental Health Center has made this study possible by providing access to clinical work with combatants in rehabilitation, and also time and space for research. Thanks to the collaboration of the Center's leadership, namely Ulyana and Oleh Bereziuks, there is not only a possibility for providing mental healthcare for the combatants, but also to conduct important research.

The Lviv State University for Internal Affairs has provided the necessary academic and human resources to conduct the study and the credentials to obtain the permission to do so.

**Conflict of interests.** I cannot point to any conflicts of interests between myself as the author of the article and the institutions that have assisted in conducting the study. The objectivity of the study may be compromised by my bias as a practitioner, oriented by the theory of analytic psychology. Retests of the concept are required.

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