



PHASE 4 — College Years (18–24)

“The Clinician-in-Training”

Jane left her father's house quietly, a single suitcase and a few battered notebooks—no dramatic goodbye, no tearful send-off. He offered a simple grunt and something resembling a smile. She didn't resent his silence. They had long understood that words could bruise more than fists.

The University of Chicago greeted her like an indifferent stranger. Gray stone walls, ivy climbing toward nothing, and students hurrying past with purpose Jane envied but could not emulate. She immediately felt alien, misplaced, a shadow cast against a pristine backdrop. Trauma survivors transitioning to college often experience heightened feelings of isolation, emotional flooding, and an exacerbation of PTSD symptoms triggered by new stressors and unfamiliar environments (Read et al., 2016).

She excelled academically—too easily. Professors admired her incisive intellect, oblivious to her habitual skipping of meals and the growing pile of empty whiskey bottles hidden beneath her bed. On campus, Jane discovered she could not shake the sensation of being a fraud. The term "impostor syndrome" entered her vocabulary after overhearing a conversation outside the psychology lecture hall, crystallizing her persistent fear that she had tricked everyone into believing she belonged (Clance & Imes, 1978).

Therapy was a reluctant step. Her therapist was kind but probing, and Jane found herself oscillating between defiance and vulnerability. She talked broadly about anxiety, nightmares, and emotional numbness, carefully omitting references to Larry and the scars his hands had left behind. Many survivors delay disclosure of childhood sexual abuse well into adulthood due to deep-rooted shame, fear of disbelief, and ingrained silence (NCTSN, 2020). Jane held her truths tightly, afraid that speaking them aloud would make them more real.

In her sophomore year, she met Simone—bright, unapologetic, emotionally articulate. Their connection was electric yet profoundly unsettling. Jane found herself trapped between intense desire and equally intense fear of intimacy. Her early romantic relationships, characterized by avoidance and emotional numbness, mirrored common patterns among trauma-exposed young women struggling to navigate intimacy without repeating the cycles of vulnerability and abuse (Friedman et al., 2011).

Simone asked questions that felt like landmines. “Why do you flinch when I touch you?” “Why can't you sleep unless you're drunk?” Jane withdrew. She wrote feverishly in her journals—narrative coherence slipping through her fingers, words fragmenting as memories intruded without permission. Trauma survivors who struggle to integrate their experiences into a coherent narrative frequently exhibit fragmented writing, symptomatic of PTSD's characteristic disorganized memory retrieval (Pennebaker, 1997).

Junior year, Jane enrolled in a trauma research lab. Her work involved coding interviews of abuse survivors, transcribing raw pain into clinical categories. Each transcript seemed to carry echoes of her own story—recognition so vivid it threatened to pull her under. For psychology students with unresolved trauma, clinical

materials can trigger intense emotional flooding and identity conflict, compelling them to intellectualize their experiences as a defensive mechanism (Mackler, 2023).

She managed her spiraling anxiety with carefully moderated substance use—"functional alcoholism," her therapist called it during a session where Jane laughed bitterly at the clinical detachment of the phrase. Substance use as self-medication is notably prevalent among high-functioning trauma survivors, especially in high-pressure academic environments, where the external appearance of stability masks internal chaos (Buscemi et al., 2014).

Her senior thesis merged psychology and literature—a meticulous exploration of trauma, dissociation, and narrative coherence. Jane argued that trauma disrupted storytelling precisely because the traumatic experience itself defied the logic of narrative structure. Her professors praised her bold synthesis, unaware that her academic work was more autobiography than analysis. Intellectualization is a common coping strategy among trauma survivors in academic settings, serving as both a refuge and a barrier to genuine emotional processing (Mackler, 2023).

She graduated summa cum laude, a lone figure in the crowd of celebratory families. Her father didn't attend; she hadn't expected him to. Standing beneath the heavy sky, diploma in hand, Jane felt both triumphant and numb—a paradox familiar to those who excel outwardly while inwardly disbelieving their worth or achievements (Clance & Imes, 1978).

Walking home alone that evening, Jane stopped at a corner store. She stared at the rows of whiskey, recognizing each brand like old friends—or enemies. Instead, she bought a cheap notebook. Later, sitting on the floor of her bare apartment, she wrote until dawn. Not theory, not analysis—just raw, unfiltered memory. For the first time, she did not write to explain, but simply to bear witness.

She closed the notebook as morning broke, feeling fragile but whole. Not healed, exactly—just less alone in her fragmentation. She had finally begun the delicate, lifelong task of stitching herself back together.