

Early Abuse and Its Effects; Anne, a Holocaust and Sexual Abuse Survivor

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Introduction

It is indeed a great honour to be able to talk to you at this AGM meeting. In considering what I might talk about and how to present the topic, I decided that the best I could do was to present to you the cutting edge of my thoughts as they have arisen from my experiences with Child Survivors of the Holocaust, and as these thoughts may be applied to other groups. I also implicitly draw on experiences in natural disasters and in the Emergency room of a hospital, as well as supervisory experience in a Sexual Abuse Clinic, but today also very much on my psychotherapy practice.

You are no doubt aware of the increasing recognition of sexual abuse in the community and especially among the psychologically disturbed. There is a backlash from the False Memory Syndrome movement.

Trauma and sexual trauma especially have spawned psychoanalysis. Attacks from without and within psychoanalysis on its veracity have been closely linked with the history of psychoanalytic theory. Attacks on the veracity of sexual abuse are linked with attacks on repression of memory and the unconscious altogether.

I would like to present to you a clinical case of a Child Survivor of the Holocaust. There is relatively little doubt about the truth of her story. Certainly its context is historically verified. As I present her, I will refer to issues which I suggest overlap and relate to other severe traumas, especially sexual abuse. These issues are the struggles with which I am involved currently and I would like to share them with you and hear your opinions.

Before I present Anne, I would like to put her story in current context of scientific knowledge.

Overview of Child Survivors and Sexually Abused Children

Child Survivors of the Holocaust

I shall quickly recap what I said. Last time I talked here about Child Survivors. Child Survivors were arguably one of the most if not the most traumatised group in history. 90% of their peers were murdered. The

survivors went through all the adult traumas plus their own. While by adult protection mitigated some of the stresses this was often overridden by separations and abandonments. Though most children did not survive concentration camps, and most survived in hiding, the latter often had no easier time. For instance, one in six in hiding were sexually abused.

The children coped by numbing and dissociating their feelings and thoughts. They concentrated on the current survival needs and lived for tomorrow. They tried to unite good memories of the past with future hopes of reunions. But when liberation (now 50 years ago) came there were many disappointments. Parents did not return, or did in a way different to how they had been. Nor were the children welcomed by many host communities. Certainly few, even (or especially), parents, wanted to know how they were affected. The children responded by continuing to not feel or think but again hoped for the future. Over a long latent period they built their lives often seeming well from outside. But they continued to suffer internally, their experiences silently pervading their lives. Overtly they suffered depressions, schizophrenias and suicided well over the average in the general population.

Their current concerns are making sure that that their identities as Child Survivors are recognised, in retrieving their memories, both hungering for them as if their lives depended on them; and avoiding them as if their memories would kill them. Many have returned to their places of persecution. They were typically relieved to know that their memories were correct. Often fragments and bizarre images which had made people think they must be queer to have them came to make sense in the real context of the times. For instance one woman had had frightening images of falling into a sea of shit with a boot in it. When she realised that she had been in Teresienstadt, and the latrines there were like what a child would have remembered, the images made sense.

Confirmation of their memories confirmed Child Survivors' histories and validated them.

Along with retrieved memories comes reliving their traumas, and along with that come old issues of anger, guilt, shame, and need to make sense of the traumas. Child Survivors are often surprised that the issues are arising after so many years, but it may be so because they can relax now as their survival and of their families is assured and their age requires integration of their lives. With this integration come moral issues and broader ones, such as where was God in Auschwitz? Why were people so nasty

Child Survivors were the last Holocaust survivors to be recognised. Consider *Schindler's List*, and you will see how adult dramas overtook the children's. They hardly had 10 lines of script. And yet they were central like

the girl in the red coat. Their extinction and suffering symbolised human vulnerability and mortality, as well as perversion of morality. They also symbolised courage and hope.

Sexually Abused Children

Trauma generally has a history of not being recognised. Usually it *has* to be recognised after wars and the current wave of recognition follows the Vietnam War. Sexual abuse has particularly not been recognised. In the 1860s the French government pathologist Tardieu concluded on the basis of post mortems that there was widespread sexual abuse of children in France. Over 40 years 36,000 cases of rape and childhood sexual assault were reported in France, many in the countryside.

1.9 million child abuse cases were reported in the US in 1985. These were physical and sexual, but Hartman and Burgess in a study found that 15% of US college students reported legal rape. Russell in recent studies noted 12% college students were sexually abused by relatives before 14. Of those one in 10 was rape, and one in six was incest. 2.7% were sexually abused by their biological fathers. These events were related to later psychiatric illness and suicide attempts.

In *The Aetiology of Hysteria* Freud was unequivocal about the cause of hysteria being sexual abuse of children. Possibly, I suggest, because of two personal traumas involving abusive fathers, Freud reversed his theory. Firstly, Fliess (a father figure) nearly killed Emma Eckstein, a patient of Freud's, through negligence, leaving infected packing in her nose following surgery. Freud was highly traumatised by this. Secondly Freud's father whom Freud suspected of abusing his own sisters, died around the same time. His re-idealisation of Fliess and his father is closely connected with his change in theory. In *Three Essays in Sexuality* it is now the child who has become polymorphously perverse. Children had incestuous desires, not fathers. Children wished to supplant their loving fathers. Schreber was one such child, and Freud ignored that Schreber's father, a current 'child expert', had devised and widely publicised sadistic contraptions for childhood ailments such as restlessness.

There are major current pressures against recognition of childhood sexual trauma, perhaps replicating the external pressures on Freud while he stood by his seduction theory. Once again decent fathers are said to be accused of horrible concocted crimes put into patients' heads by perverse therapists.

Apart from external pressure, there are major forces at work to deny trauma. Like Child Survivors, patients often do not want to know. The cost

is too great. They have to stand up to abusers' threatening voices. Noone wants to hear their truth. Even at the time they themselves did not want to know it. So even when returning to the time and reliving it, there is the reliving of dissociation, "It can't be happening. It can't be true." response. Even if events are remembered in different ways, the fragments cannot be given coherence because they break up coherence.

Incest ultimately breaks down the meaning of one's life. To be aware that one is abused and perverted by one's carers, to realise that the supposed provider of law and order is immoral and perverse, to be totally powerless and in spite of everything to be forced to seek their love even as they are destroying one's life and soul is too hard to do for a child, and if they did they would die or wish to die. The adult also senses this danger with any tendency to return to the childhood state with awareness.

Thus it is easier to believe that one is *innately* bad - this preserves the parents as good, gives one some control through self-blame and maintains hope.

Countertransference responses reflect the same forces. Apart from external pressures, they may collude with the patient in protecting her. The rationalization is often that she is too damaged, that it is better to keep her defences intact. Next, it is possible to reverberate with the dissociated aspects of the patient - the numb, not feeling, not knowing, "It can't be true." part. Therapists may similarly be overwhelmed by the meaninglessness and despair of patients' lives who were so terribly damaged by their parents. They may fear making their patients aware of this despair, and may feel that they are asked for too much to replace such despair. Finally, the reliving with all its meanings and associated feelings if unfrozen, in the transference, is highly unpleasant and threatening, as it is for the patient. Being put in the victim and perpetrator roles in the countertransference may be too hard to take, especially if it reverberates with the therapists' early traumas.

It may be felt to be safer to collude with the patient and blame her innate tendencies.

Anne

She is the last Child Survivor in the book by that name.

At the beginning of the Child Survivor group a nice young man kept coming saying he was coming 'for his mother'. Eventually he tagged along a short woman who kept very close to him, and refused to say a word. After three further meetings he stayed away. The diminutive woman kept hunched up in the far recesses of the group and did not say a word. After discussion with the son, and the woman's agreement, we started weekly therapy. She

chose the further seat near the corner of the room, hunched up, looked down, cried, and said,

“What do you want me to do?”

“Tell me about yourself.”

She heaved a despairing sigh. “I am desperate. I am always having a bad time, I don’t know why. Medication helps me. When low, I sleep and do nothing. Unusual for me because otherwise I am vibrant, life of the party, that’s how my friends see me. The Holocaust keeps coming back and I get depressed. I’ve done well. I have a husband and three children. But since I am not working I think more.”

“I was three or four when we went to Paris from Czechoslovakia. I was the eldest of three children, my father was a tailor. One day I went down the street to play, I saw men in uniforms. I came back home, they were all gone. They’ll be back, I thought. The concierge took me and placed me with an organization. I moved from family to family each three months. They were not fond of me, they were paid to have me. They made sure I suffered. I had to have sex with men, kneel on wooden chairs to which they tied me, I was made to lie in prickles. They punished me because their lives were in danger.”

I was horrified. I tried to see this woman as a child. Such things do not happen to children. She must be fabricating it. But historically that is exactly how things happened to children. My parents disappeared in a not too dissimilar manner when I was Anne’s age. I escaped many of her sufferings but the terror of them was a constant companion. If children were sexually abused to death in the French countryside last century, it may not be inconceivable that they abused a lonely Jewish child during the Second World War in occupied France.

Anne went on, “They threatened me with the wall oven. I knew Jewish children had been burnt in a synagogue. They threatened to turn me over to the Germans. That did not worry me. That was just another move. I just kept going because I was going to see my parents again. I suffered malnutrition, I was thin but with a big stomach, I had bronchitis a lot, always have had. I had my tonsils out without anaesthetic. It was terrible. I was in hospital. Then I was told that my parents would never come back by one of the women who took me from family to family. I tried to cut my wrists with secateurs. I am most upset because I feel sorry for myself. Why does this haunt me now, after all these years?

“I have many depressions, but I can’t associate them with the Holocaust. It is because my children have left home. Maybe I associate them with my family having left me in the Holocaust.”

I said that perhaps her own three children recreated the old family of three children.

This was a compressed version of the initial sessions. Anne looked depressed, but her story was distant. There were too many horrible things said together with too little feeling. Maybe they were not all true. How did she know as a child about Jewish children being burnt in a synagogue. This seemed like later knowledge, not current. It was all confusing. And yes, perhaps it is the current problems of isolation and unemployment which are more important. Perhaps it is better to get her busy again and give her antidepressants. It may be too cruel to expose all these horrors in a small orphan. We spent much time talking about her current family problems.

But children were burnt in synagogues. And she wanted to change her depressed life which had no meaning.

When I looked at the notes of my childhood sexual abuse patients, they also intimated in the first sessions their sexual abuse, but I ignored this or acknowledged this but on a superficial level, and often spent much time talking about relationship problems. I went along with their distancing, gave them antidepressants. Sometimes it took me years to believe they had been abused. When I paid attention to their sexual problems I interpreted their symptoms as oedipal desires. About a third of psychiatric outpatients report early sexual abuse, but they have to be asked.

Sexual abuse patients, like Child Survivors, were also puzzled why they had symptoms currently, why they had to confront their childhoods now. Like Child Survivors, it was because they needed to integrate their childhoods in terms of current meanings, such as wanting to marry or have children, or their children reached the age of their abuse.

“It is as if it were yesterday. My father in the corner, mother with two children running about, and one in a cot. I remember the whole scene in detail. Also the scene when I came back and they were gone.”

I believed Anne and this helped her to believe in her own memories. For the first time and with much trepidation Anne told her eldest daughter that she had been sexually abused. She slowly told her other children different aspects of her childhood. She was not rejected as she had feared.

Even people with clear memories still need validation from others to make them real. Often the validation with Child Survivors came when they went back to their places of persecution, with another person. There is tremendous relief in such validation. Child Survivor memories were true, though their perceptions may have been from a child's point of view - so

sizes of things were distorted, others' motivations may have been wrong (separations often being interpreted as abandonments), and memories from under the age of two may have been tinged with interpretations of monsters and fairies.

Memories cannot be erased, but they can be invalidated. Child Survivors and the sexually abused were not asked for their memories, in fact they were discouraged to have them, they were invalidated, called crazy, told they were too young to remember, they were wrong. And the sexually abused were especially invalidated when they went back to their place of abuse. Therapists often failed to validate their memories. Even being open minded, saying I don't know what happened, but I do believe that you believe it happened is experienced as an invalidation, like someone saying, I don't know if the Holocaust happened, but I do believe you think it did.

Over the years Anne's story filled out. Old traumas were filled out in more detail, and more traumas emerged with great pain. So she had not remembered everything.

She always returned to that fateful day. "When I was out playing other children told me that Germans shoot people like me. I ran back home very frightened to see if my parents were shot."

Anne enlarged on having her tonsils out. "I was seven, I suppose. There were other children in white robes. I had seen soldiers with machine guns and I used to have nightmares of them shooting off children's heads. I knew they were looking for me. I suppose because of my experiences I could not sit on the man's lap who was holding me, so I had my tonsils out standing. I had cold sores with my bouts of tonsillitis." Both the nightmares and cold sores returned to Anne at this time in therapy. Such coincidences intuitively confirm the veracity of patients' stories.

Anne took steps to find out about herself and her family. She found out when exactly her parents were deported to Auschwitz, and even when they died. Such documents can be very grounding, and they were for Anne

Documentation and validation altogether is often difficult to come by for sexually abused victims, but another woman who broke her secret at the age of fifty was amazed when the extended family believed her. She learnt that her father had long been known as the black sheep of the family because of his sexual habits. Once sexual abuse is believed, many family dynamics and symptoms often fall into place.

It can be difficult to take what seems endless abuse. Patients may protect therapists from being overwhelmed by constricting their stories. Anne started to have nightmares about drowning in water, burning in fire. Were these not ordinary childhood nightmares? But the perspiration, the distress, the vividness were too real.

The sexual abuse came out in fragments, with very great difficulty. “What is it about me? Perhaps I ask for it.”

Yet there was no enjoyment in the telling nor the hearing. Anne relived the pain and confusion of the events in the telling. I quote from my book, p 256.

“The man kept asking me to hop into his bed. He spoke with a soft lovely voice at first, and each time I thought that he liked me. I liked that, even though I knew what I would have to do. But there was no way out, so I did it. Obviously I did not respond well, because he always became angry, angrier and more violent each time. I had bruises everywhere. I was blue.”

There was very clear distinction between the hopeful enjoyment of being held at first, and what came later. That was pain and suffocation, being crushed and violence.

What did Anne make of all this? “I did not know all this was wrong, because a child has to be told something is wrong to know it is wrong. And when I mentioned to the lady of the house something of what was going on, she called me a liar, opened the wall oven and said she would throw me in there if I lied again.” The only other time she talked about her abuse in those years was the only time she went to school in the last wartime home. “The other children were horrified and ostracised me for some reason. The man took me and put my head in a bucket of water full of snails. They said I was a liar and I was told that I was disgusting, and a slut. I was thrown out of school and home. Then I attempted suicide with the secateurs.” Incidentally, Anne did have good reasons to fear fire and water.

Often the confusions of morality are as painful as the events themselves. Anne was most ashamed of her sexual abuse and that is why she was anonymous. My sexually abused patients too were very ashamed, as if it was they who perpetrated their situations, and their abuse was a sign of who they really were.

Like with Anne, there was some kind of basic physical morality that pain was bad, but the promised being held and affection was good. There was the morality of culture and habit, “This is how the world is.” It is like

when Anne knelt on a chair waiting to be bound with the second family, because this is what pleased the first.

Then there is the involuntary sexual arousal in rape victims which is assumed as one's own desire, in spite of the terror and subsequent pain. Anne did not feel sexual arousal, but she did crave touch and she was a willing partner (though she had no choice). But for others there may be an initial partial arousal for which the female takes responsibility.

And then subsequent rape and self-destructive behaviour are more common among sexually abused children. This may be interpreted as enjoyment of promiscuity, abuse and masochism. So some say that these women "ask for it".

The perversity of the situation is most painful, because the re-enactments of the trauma are seen as evidence of the victim's own perversity. The victim is blamed, but further, she blames herself, and further still she may not know she is the victim. If she makes claims for herself she is called bad or mad.

Although Anne had clear memories, they were fragmented and many aspects in the fragments were held at bay. The fragments started to come together, and more painful aspects emerged all the time.

Anne was seldom grateful for the process. Rather, I was equated with the abusers who intruded bad things into her life. I exposed her disgust, and shame at herself. Therapy was experienced as rape. "Why do I still not feel better after all the time I've been coming? Why do I have to go over these painful memories all the time?" She wanted me to appease her, to undo, not recover the past, to take up her life at the point where she had lost her parents. That is what she sought from her abusers at the time too.

Such splitting in the sessions is common with sexually abused patients. One felt my words as ramming into her brain. Unfortunately the search for the good parents is often eroticised, because of the lessons that care only comes with sex and abuse.

In the outside world Anne confided more, attended a sexual abuse workshop, and even gave public talks.

Anne knew I was writing a book and she asked me whether she could be an interviewee. She said it might help her and others if she told her story. It was a genuine attempt like of many survivors to benefit from putting their histories together and telling them to each other and the world. The only

positive meaning out of the Holocaust or sexual abuse may be if one's experience helps to prevent similar suffering for others.

So in the interview Anne brought the fragments of her story together for the first time. She was amazed when she saw her video. For the first time her life had a thread, and she appreciated that. But she was more upset by reading her written story. In the video she could be an observer of another person. In the book she was involved, it was *her* story.

After telling her story came a gradual acceptance that her parents had died. "My parents were always with me. That is what allowed me to keep going. They were the only ones I was going to tell." She started to relive the time she was told that her parents had died. "I had just come out of hospital. Now I did not know which was worse - the sickness dying of hunger or this mental sickness. It was not a bodily aching from beating and abuse, it was an ache in my head. I had such headaches suddenly, and I developed such mental blocks! So now I imagined them. I saw them in fantasy. I was off air for periods of time when I did not know what I was doing." My holiday precipitated 50 years of loneliness.

Severe abandonment feelings are part and parcel of sexual abuse victim feelings too. It must be remembered that sexual abuse patients do not only suffer sexual and moral abuse. They suffer physical abuse of other types, as well as abandonment and neglect. Even with the over closeness, they are ignored and alone. The clinging and relationship difficulties in borderline and personality disorder patients are often recognised, but often to the exclusion of the sexual abuse.

Anne became aware that she was hearing voices. "Come to think of it, they were always there in a way. They belong to the men. They come at night and they are angry. They tell me that I swore to them never to tell, and now I have. They told me they would kill me if I ever told." Anne became terrified that the men would hear of her betrayal of them and would come and kill her.

Soon Anne reported, "I can see them as well. They surround me. They scream at me, threaten me." She was terrified, but the terror and its contents were familiar. She had stayed loyal to the men with her silence because they held the power to reunite her with her parents. There was no point staying loyal, but now their threats if she told became vivid.

Anne hated me for my power, for having penetrated her mind. At times I was vaguely one of the men in her hallucinations.

It should not be underestimated how much intimidation sexual abuse victims suffer to not reveal. Threats of death are common. When coupled with the desire to protect the perpetrator as he may also be the sole protector, the motivation may be insurmountable. Desire to reveal or even to remember may be intercepted by a fleeting terror and splitting of consciousness or dissociation. At the moment of possible revelation and even worse, accusation, I have seen development of depression, schizophrenia and severe acting out. The abuse is represented in the symptoms, but more disguised for instance in somatic symptoms.

Therapist intimidation should not be ignored either. The father who was ostracised by his family for his sexual misdemeanours threatened to shoot the therapist who put sexual abuse thoughts in his daughter's mind. Threats of assault and court cases should a patient accuse her father can be inhibiting. It is hard enough to convince sceptics that psychological processes exist which are not tangible like physical ones. To convince them that physical symptoms, past memories, enactments, transference and countertransference phenomena represent reality may be an ungratifying experience. It may be safer to unconsciously collude with patients who have chosen illness as a safer alternative (and incidentally re-enact the abuse, this time by the therapist as well as the patient).

In the child survivor group Anne stopped being anonymous. "That is a mistake," she said, "because it denies my identity."

Child Survivors have also stopped being anonymous. Hidden children now have conferences to which the press is invited. Many say for the first time in public that they are Jewish - something they would have been afraid and ashamed to do in the past.. It is a great relief to have a label as Child Survivor, to be part of a group, and to start to feel pride in the belonging.

Sexual abuse victims have also recently come to identify themselves, talk publicly, and form groups. There is similar relief for them. However, it is harder for them, because as they gain one group they lose their families. . At least Child Survivors could split external good and bad realistically. There were good parents and bad Nazis. You could come out and still be friends with your parents (though parents often stopped this too because of their own guilts and shames). But for sexually abused victims the Nazis are within one's own family. One cannot choose to identify with the good part of the abuser and ignore the bad one.

Anne's stories became more vivid and intimate. I realised that her first meeting with me, hunched up and desperate, asking "What do you want me to do?" reflected the first family which tied her up near naked while they worked the fields. She was told to not release her sphincters. She had suffered long term constipation.

One day she said, "It is strange but it is as if I am giving up a child..I have always made my life up into episodes, stories where it wasn't me it was happening to, but another child. I was its mother, and I told her off, saying she was naughty, that's why she was punished. Now I see it, feel it, taste it. I feel ripped, I feel the blood. I thought I would die."

Another time she said, "I lost my parents. I have always visited them in fantasy. After a concert I would 'visit' them and talk to them about the concert. But now they are not there. I cannot get their image for the last two weeks." She felt that she had a new family now who could understand her distress. She could trust and love now. She sobbed with grief for the first time. She also had a middle ear infection at this time, in the same ear as when she had been told that her parents had died. This was the first middle ear infection since then.

Now with her parents dead, only I was there to protect her against the men. With much trepidation Anne produced a photo of her father. "When I went back to the empty flat, before the concierge took me away, I saw this photo of my father and took it from the table. I kept it hidden all this time. It was what protected me. When at times it did not, I hated the photo and my father." She hated me now for not protecting her.

But then I pointed out that my voice was present if she wanted, even when she hallucinated the men. My voice subdued her voice. Her protector had arrived. "I woke up like Sleeping Beauty after fifty years." The sessions were like meeting all her family, but simultaneously she recalled how "separations were like limbs being torn away in leprosy".

At last Anne relived her last and perhaps most frightening experience. "I have realised that I have always lived in darkness, a terrible close envelope around me which did not let me breathe. While I was experiencing it clearly for the first time I realised that after my tonsils operation I was put in a sack and thrown away. Perhaps there was a raid and I was hidden this way. But the darkness, enclosure, feeling of being suffocated I remembered clearly. My hand went toward an end of the envelope, the neck. But it was closed, I could not open it. I think I fainted, or I just was not aware. Then I suppose someone found the sack. I must have been near dead."

"All my slides are out now. It is you I trust, you who can disappoint. You who can give me a sense of what it might be like to be touched and held

without malice.” She had a strong need to have one experience of being held this way. I hugged her at the end of the session. Next session she said, “It went to my depths, it was like infinite chocolate. Thank you.” She felt gratitude for the first time.

I said things that contradicted her conviction of being shameful. I said that I admired her for her courage in her struggles. I became a witness to her life being worthwhile, lovable. Her love grew. She cried with a deep hollow ache when she experienced the agony of seeing her parents and me together in her mind for the first time.

For the first time too, since she was a child she took herself off drugs. She was clear headed for the first time. But she relived all her traumas and pains more intensely. Some nights she spent in her home alone curled up in a corner of a room with the men about her, but for the first time she fought them on her own. She knew that she was going to win. She did.

One day she decided that she had had enough of clear thinking. “I am going back on pills and I am not going to think. I am having a holiday for a while.” She was terrified of my response. But I said that I thought that she was in control of her mind, not I. She knew if she needed a holiday. If some time she decided to think again, I would rather it was her decision, not one made by me.

Some sessions later she informed me that she felt better for not having thought, but “now I want to make connections in my mind.” And she went on, “When I woke up in the morning, I remembered that I always had depressions in my life in the mornings. In those days that was my only thinking time.” I asked her what she was thinking and crying about.

“I have also always had these body aches, cramps, headaches in the early mornings. Yes, that was the only time I had time to think. And they are the same pains as I had kneeling, sleeping on wooden floors, feelings with the men. That was the time I wanted to be with my family, I wanted to die and be with them. How could I have not helped them? Just let them go like that! If I had gone with them I might have been able to do something to save them.” She went to the cemetery for the first time since childhood.

“I have come to realise that my depressions had always been there more or less.” I asked, “What are your tears about?”

She broke into sobs. Anne now cried volumes of tears. “Oh, yes, I can see myself now. The little child all alone, frightened. I never told anyone any of this.”

“You were saving it for your parents but now you know that the little girl’s parents will never return.”

The little girl and the courageous lady sobbed and wept. The struggle would continue forever, probably, but she had succeeded in feeling worthwhile and meaningful.

Experiences with Child Survivors like Anne gave me courage to withstand the quite similar intense experiences of other traumatised patients. It is difficult to describe the intense transference and countertransference responses. They shift and fluctuate at great speed, like they did for the children at the time. Transference responses include total vigilance and paranoia, to the point of delusions and hallucinations, fluctuating with dissociation and a sense of unreality, with intense cravings, bodily sensations, and emotional pains. Hatred of me of frightening proportions alternates with despair of my capacities of similar proportions. Responses within me are also intense. Then hidden inside the hatred and despair a reaching out is discerned, for the care and holding, and understanding which had been missing. Then suddenly a perspective of the experiences and their later threads and reverberations emerges and makes sense. There is thinking for some time.

But as soon as this happens, the automatic response to cut off loving feelings because of the inevitable hurt often supervenes. Despair and paranoia are better than the trauma of total abandonment and even more so, the betrayal and perversion of one's love. One must not feel the meaninglessness, perversity, purposelessness of life of one not loved and understood. This is very deep - what if the person you reach out to with all your innocent love and whom you need to soothe you, hold, teach, nurture you, love all the good things in you so you can grow and live happily, uses you as a cheap plaything?

It can be extremely hard to keep one's sense of sanity and perspective. It may be easier for both parties, like for external parties, to believe in the innate badness, sexual perversity, aggression and madness of the patient, and the need to tranquilise with drugs. But doing so may repeat the traumatic past without understanding.

The sane but difficult perspective is that it was awful, the world was bad and mad, the patient was innocent and abused. Morality was turned on its head. How does she know it will ever change? Because right here and now she trusts me with her deepest pains and fears, and I give of myself for the sake of her, not to abuse her, but to understand and hold her. Therapy is not abusive, it is noble and a labour of love, it is a second chance to be held, understood, respected, be seen as individually and uniquely lovable and precious, to have someone recognise one's identity and dignity, to have

someone see one's future and to work toward its fulfilment. This is needed on the other side to outbalance the terror to face truth, and to think about it, and to hope. This is the nature of trauma therapy struggles. I hope that I have been able to convey to you its challenges and its riches.