

TRAUMA AND PSYCHOANALYSIS

Talk Deakin University 30th August 2003

Thank you. Privilege to be talking to you today.

Aim

My purpose today is to indicate to you the importance of trauma as a determinant of human thought and action. In the field of traumatology I may claim some expertise, though what I will say about it today will not necessarily be agreed to ubiquitously by my colleagues. So I will take responsibility for what I say as my own thoughts.

Psychoanalysis is a different matter. It is also concerned with motivations of human thought and action, but I do not claim to have special expertise in that field. Nevertheless I have had decades of experience as a psychoanalytic psychotherapist, and have been exposed to mainstream psychoanalytic thought over this time. Nevertheless, if I show ignorance, especially of certain types of analytic thinking, or the most recent models, please excuse me if I show my ignorance.

In this talk *Trauma and Psychoanalysis*, I will attempt to show how the two were twins at birth, how and why they diverged from a common original history, and indicate how their re-merging would be beneficial to both streams of thought.

Road Map

I will first define trauma and psychoanalysis, and put them in a historical context. Next, I will indicate why awareness of trauma as a major determinant of human thought is resisted, and I will use a clinical trauma related view Freud as an example. Then I will show the consequences of accepting and not accepting trauma in psychotherapy and world views.

Definition

Psychoanalysis I see as a mode of psychotherapy and a way of explaining unconscious human motivation, originating in the teachings of Freud. Over the years it has developed in various ways. In therapy, psychoanalysis uses transference and countertransference as a means of interpreting the enactments of the past within the therapeutic relationship.

Trauma derives from the Greek meaning penetration and wounding. It can be defined as a state where a previous equilibrium favouring life is irrevocably altered. If death does not occur, a compromise equilibrium is established. It is like a bone fracturing after being bent and stressed and then repairing leaving a permanent vulnerability, or a wound which will leave a scar and sensitivity.

Traumatology is the discipline which studies trauma and the symptoms and illnesses that result from traumas.

Common History of Psychoanalysis and Trauma

Prior to the Age of Enlightenment in the 1700's, there was little acknowledgement of traumas as senseless disasters, or of unconscious forces. Religion explained traumatic events as punishments by God for sins. Hysterical symptoms from unremembered

traumas in those days were explained as possession by the devil. Many sexually abused females were burnt as witches, or were exorcised of the devil who planted evil sexual thoughts in their heads.

This kind of blaming of victims was common. After all, if God was just, suffering must be deserved.

With the Age of Enlightenment, self-consciousness took a step forward in evolution, and human self-awareness reached the stage where many realised that magic, myths and religions were no more than ubiquitous unconsciously developed belief patterns.

Incidentally, this period saw the development of novels which depicted individuals who manifested unconsciously motivated patterns of behaviour. The times were ripe for awareness of unawareness, or awareness of the unconscious.

It was into this pregnant atmosphere toward the end of the nineteenth century that the first seeds of modern traumatology and the seeding of psychoanalysis occurred simultaneously. Both were concentrated in the figure of the great French neurologist Charcot (1825-1893). Charcot was intent to wrest hysteria from myths and religion into science. This he saw as his contribution in the war between rationality and religion. For him, possessed women were ill, suffering neither divine punishment, nor possession by the devil; rather suffering the consequences of all too human causation.

He utilized two recent discoveries. The first was that many thousands of girls had died as a result of injuries due to sexual abuse. Charcot surmised that many more women must have survived and carried consequences of major sexual abuse.

The second was hypnosis, which indicated that the mind could be split into different compartments which were unaware of each other.

Charcot brought the two discoveries together. Under hypnosis he accessed and brought to conscious light the unaware or unconscious early sexual traumas of his hysterical patients, and achieved relief of their hysterical symptoms. Traumatic hysteria replaced sin and possession.

Two famous students of Charcot, Janet and Freud, cemented and refined Charcot's ideas. Janet (1859-1947) developed the concept of dissociation of knowledge within the mind. He extended the hypnotic techniques of accessing the dissociated knowledge. He developed techniques of treatment, including suggestion, and life management procedures. I will spend more time on Freud.

Freud

Freud (1856-1939) initially connected hysteria unequivocally with sexual and other traumas which had been split from consciousness.

Through his clinical experience, Freud came to state unequivocally in *The Etiology of Hysteria* (1896) that the “determining factors...of hysteria are one or more occurrences of premature sexual experience... in the earliest years of childhood”. (p. 203) (Freud's italics). These sexual experiences were “stimulation of the genitals, and coitus-like acts”. In two cases, Freud had outside corroboration of the events. Two cases involved father-daughter incest (Freud, 1893 pp. 164, 170 footnotes). In arguing for the truthfulness of his patients' stories, Freud noted that they derived only pain and no pleasure from the telling. They came to remember the events during treatment with reluctance and shame.

Further, in the process they suffered concurrently both the original distress and their later symptoms.

At the time of trauma Freud saw the mind splitting into two as a primary defence. He called this the splitting of consciousness. He postulated that at the time of trauma the mind splits, in a state of altered consciousness called a hypnoid or dissociated state, into everyday conscious, and 'unreal', 'repressed' or 'unconscious' sectors.

Freud noted that traumas were alternately relived and suppressed. Freud further postulated that the nature of the defences determined the nature of neurotic and psychotic illnesses.

Incidentally, Freud was sceptical of theories of the times that masturbation was psychopathological; rather, he believed that pathological masturbation was a result of abuse.

I believe that *The Etiology of Hysteria* is still a classic. It fuelled much of the rebirth of modern traumatology. For instance, reliving and avoidance are the two major components of post-traumatic stress disorder. In my view, traumatology has not quite caught up with the richness of *The Etiology of Hysteria*.

Difficulties in Accepting the Unconscious and Importance of Trauma

I think that there are intellectual and emotional reasons that make it difficult to accept the unconscious, and even greater forces that deny trauma as the centre of unconscious processes.

Firstly, to understand the unconscious one needs to have traversed the achievements of self-consciousness and self-awareness, as well as awareness of others' unawareness, and

lastly awareness of one's own unawareness. This is a difficult personal achievement, not made easy in a scientific culture which emphasises belief only in the consciously visible and measurable.

The emotional difficulty in accepting the unconscious is the requirement to examine one's blind spots, and this inevitably evokes unwelcome emotions and meanings about oneself.

Next, to allow trauma at the centre of unawareness and blind spots, adds the need to acknowledge the imprints of traumas that lie within us. This requires a reversal of the move of trauma knowledge into an area of unawareness, in order to not to be overwhelmed by it. To bring it to awareness again, we need to re-experience the original threats to our survival. Such awareness also threatens spiritual survival, if without the consolation of religion we simply have to accept that shit happens, and it happened to us, without higher meaning, purpose, or recompense in another life.

I will now indicate through Freud himself, how at a time when he could not afford to be aware of his traumas, he suppressed them, and in the process he choked off trauma in psychoanalysis.

Freud's suppression of trauma

Freud had an unusual family history, and he was born into family traumas. Reder (1989) noted that Shlomo, later Sigmund, was son of father Jacob and mother Amelia. Amelia was Jacob's third wife, and she was twenty years younger than Freud's father. She was the age of Jacob's second son, Philip.

During Amelia's pregnancy, Jacob's father died. Soon after Sigmund's birth, Amelia's favourite brother died. Amelia gave birth to another son, but when Sigmund was 17/12, he died. During his infancy, Sigmund's mother was unavailable to him. He was cared for by a nursemaid, who might well have sexually abused him by masturbation according to Krull (1987). At this time too, Sigmund might have witnessed his mother commit "incest" with her step-son and Sigmund's half brother Phillip, the one who was his mother's age. This may have contributed or been the cause of Sigmund's parents separating when Sigmund was three.

Jumping a few decades, in 1895, at the age of forty, Freud suffered a major trauma. He allowed Fliess to operate on his patient Emma Eckstein's nose. He deferred to Fliess's crazy belief that Fliess would cut out Emma's masturbatory fantasies, and her hysteria through a nasal operation. Freud deferred to Fliess because he depended on him as his quasi-analyst, and sole sympathetic listener of his sexual trauma theory; but even more, he depended on Fliess for his life, believing that Fliess could cure his hysterical but firmly believed and feared cardiac symptoms.

Fliess failed to unpack half a metre of gauze from inside Emma Eckstein's nose, and she nearly died as a result of this gross incompetence. Schur (1972), Freud's doctor and a psychoanalyst, described how Freud was psychically and physically traumatised during the unpacking and near loss of his patient. He vomited, and dissociated during the episode. However, over the weeks he repressed the significance of the episode, and displaced Fliess's incompetence on to the surgeon who saved Emma's life. He could not afford to be aware of the truth.

A second trauma in the following year 1896, was the death of Freud's father. At this time, according to Rush (1977), Freud was troubled by suspicions that his father had abused his sisters, who suffered hysteria. He also struggled against his own incestuous wishes toward his daughter. So within a year, Freud was threatened with the loss of two fathers and extreme disillusionment in fathers including himself. His anxieties, depression, psychosomatic symptoms, and morbid fear of death intensified in this period. In this period, Freud started to exonerate fathers, and to abandon his seduction theory. We may say that Freud achieved mental relief by suppressing his traumas, and changing his world view.

By the following year, September 1897, Freud wrote to Fliess in reference to hysteria in his sisters, that he could no longer hold that in "every case the father, not excluding my own, had to be blamed as the pervert..." Ironically, in years to come, Fliess's son Robert wrote that around this very time his father was molesting him. He regretted the fact that Freud abandoned his seduction theory at that time.

Freud shifted blame from adult sexual perversity to child sexual perversity. Children's constitution was polymorphously perverse, he said (Freud, 1905). Hysterical symptoms were consequences of patients' early masturbatory fantasies after all (1906). The Oedipal conflict, where the child desired the parent sexually became central in his thinking. In the case of Schreber, Freud (1911) deliberately did not look at the historical father who had published a book in which he advocated instruments of torture to treat children's behaviour problems; rather, he interpreted the son's delusions of his father's persecution as stemming from the son's Oedipal complex.

Finally, Freud suppressed recognition of the importance of trauma in the non-sexual traumatic neuroses, after suffering another string of bereavements, culminating in the death of his favourite daughter Sophie. Three weeks after Sophie's death, Freud used the term "death instinct" for the first time (Reder, 1989; Schur, 1972) (Freud, 1920). Again unable to face the truth and to mourn traumatic losses (perhaps a heritage from Freud's early life), Freud blamed the innate nature of the child again, this time as the source of death, destruction, sadism and masochism.

It may be said that having repressed his traumas, Freud re-enacted them. He abused his own child, psychoanalysis, by repressing its central creative life force, recognition that trauma radiates into symptoms. Of course, his brilliant mind continued to explore unconscious matters. However, his theory re-wounded the victims by blaming them.

Unwittingly, Freud reverted to a parallel version of religion's view of original sin and sexuality. The child was born perverse, and carried the death instinct.

When Einstein asked Freud, "Why War?" in relation to World War I, Freud was annoyed and could only answer according to his world view- that humans were basically aggressive and sadistic.

Consequences of Accepting and Denying Trauma Centrality in Pathology

Individuals, Patients

Philosophically, traumatology sees humans basically normal, striving for maximum fulfilment (or as Maslow said, maximising their potentials). This continues unless trauma derails this progression, and causes suffering and conflicts.

This view leads clinically to exploration of what derailed people, how, and why; and exploration of what aspects of their trauma responses and conflicts at the time they are reliving or avoiding.

Trauma therapy involves recognition of these dynamics and bringing them to light in a safe therapeutic environment. Eventually patients focus simultaneously on their traumatic pasts and the safe present. Out of that paradox, a wedge is inserted into the timelessness of trauma. The traumatic past is separated from the safe present. A narrative is formed in which the trauma is in the past, and is not relived in the present.

This experience can be quite emotional, and involves a partial altered state of consciousness. This time such a hypnoid state serves the traumatic material moving in a reverse direction to its original move into unawareness.

Not recognising trauma centrality can result to attention being paid only to peripheral ripples of trauma. I have seen Holocaust survivors and survivors of sexual abuse never having their traumas and their consequences recognized by therapists. Philosophically symptoms are explained as ripples from innate childhood conflicts. Salvation can only come by drinking in the benign moral figure of the analyst. Those who do not, are often labelled as inadequate, borderline, having psychotic structures, not being amenable to therapy, etc. Yet it may be the therapist and his or her theory that are inadequate.

Questions of World Views

In my definitions I have noted that both psychoanalysis and traumatology imply world views, different philosophies.

Psychoanalysis

Over the years, psychoanalysis has contributed massively to exposing the unconscious and much of its workings. It has brought to notice the rich world of children, their vulnerabilities and that they are not *tabula rasas*, or miniature adults. However, to the extent that psychoanalysis has denied trauma, it has had to imply innate human problems as the causes of the ills of the world.

Traumatology

has had its own history, and is in the process of evolving world views.

Like in psychoanalysis, outside of it, it has been recognized and suppressed in different waves. It has been recognized when it could no longer be denied, usually in the wake of wars, with millions of veterans and civilians clamouring for recognition. The current wave of recognition stems from the Vietnam War, and it is a tribute to its current torch bearers that it has not yet been suppressed.

In fact, recognition has spread to a variety of situations – other wars, genocide, torture, natural disasters, assault, rape, illness and dying, and so on. In this current wave, sexual abuse of children has been recognized again.

Traumatology has evolved as a discipline. It has scientifically explored many aspects of trauma, such stress responses, nature of dissociation, traumatic stress illnesses, and so on.

From my point of view, Charcot's wresting of mental and spiritual suffering from religion has continued. We may say that trauma, not death, or the devil is the major protagonist to normal fulfilment of life.

This philosophical path is a courageous one from three points of view.

Firstly, traumatology shows the widespread nature of traumatic suffering without the usual consolations of religion- that victims deserve what they get, that God has divined a suitable punishment, that there will be eternal recompense for worldly suffering in another life.

Secondly, traumatology challenges conventional morality that the good are rewarded and have a good conscience, and the wicked are punished and suffer guilt and shame.

Traumatology has shown that innocent victims are racked by survivor guilt and shame for what happened to them, while perpetrators rationalise their acts, and may sleep sweetly with their sense of power.

Impartial observation suggests, as I did with Freud, that people distort their moralities in order to survive and adapt, and morality and forgetfulness are secondary to survival needs. Traumatology, by placing trauma centrally, sees morality and religion as derivatives of human needs, not as primary protective, benevolent beacons from above.

This may threaten us with a vision of vulnerability in a purposeless amoral universe.

Thirdly, by recognising the widespread occurrence of trauma, and its all too frequent human sources, traumatology may need to become active. It may need to advocate for the traumatized, and highlight trauma sources in order to prevent their noxiousness.

Traumatology may need to be political. Therapists may lose their sense safety, and therefore such action requires courage.

The other side of trauma

So far you may feel overburdened by the thought that trauma rules the world. I think it only rules psychopathology.

What I did say is that trauma derails and distorts normal life. Normal life is what is really central, what even survival is about. To survive for what? For the fulfilment of normal life potentials. The rest is an unwelcome diversion.

Traumatology implies that the untraumatized person is normal and good. It is only in trauma that morality is distorted toward survival, and a blameless person will assume guilt in order to survive.

We need to realise that for every traumatic symptom there is an opposite fulfilling one. For every abandonment there can be a bond, for every hate a love, for every shame a pride. Both sides are within the human repertoire. Trauma therapy tilts the see-saw from the traumatic toward the fulfilling. Recognition of trauma in fact leads to recognition of fulfilment. The two have adjoining frameworks, like the halves of a see-saw. In a way, knowledge of trauma gives us knowledge of its opposite, fulfilment.

Rejoining of trauma and psychoanalysis

In my view traumatology and psychoanalysis are slowly rejoining in a new way. The new way is influenced by new scientific knowledge in neuroanatomy, neurology, and developmental psychology.

Freud always hoped to obtain a neurological basis for his psychology. That hope may be in the process of being satisfied. In the last decade, it has become ever clearer that the right hemisphere of the brain is the basis for the unconscious. Its functioning and that of the unconscious bear remarkable similarities. Both are non-verbal, emotional, with close connections to the autonomic or involuntary nervous system and hence psychosomatics.

Both know no time, and abstract in patterns and contexts as against the left hemispheric verbal linear ways.

The right brain is the dominant hemisphere up to the age of three, becoming ever less so by the age of seven. The right hemisphere is the side of the brain to which traumatic material is dissociated. It resides there in non-verbal form, as if forgotten.

Traumatology has started to examine how traumatic material is deposited in the right brain, the unconscious, and how it permeates the mind and body from there.

Psychoanalysis has explored the mind of early childhood, and has the expertise of transference and countertransference to see how it is replayed in the therapeutic relationship. Psychoanalysis recognises a wide range of emotions, defences, and verbal and non-verbal communications. Recently psychoanalysis has looked at attachment disorders in terms of early childhood trauma, and how this is replayed in the therapeutic situation.

A rapprochement is occurring. If psychoanalysis readmits trauma into its centrality, and traumatology draws on the techniques and knowledge of psychoanalysis, the two can form a formidable force for individual and societal therapy.

Conclusion

I hope that I have advanced my aim by a tiny step, in making some of you more aware of what traumatology has to offer in therapy and in philosophy.

In providing the history of trauma and psychoanalysis, I have indicated the traumatic history of trauma, how it was abused in childhood and how it has been relegated or split off into unawareness.

The early abuse is most instructive. Charcot's and Freud's knowledge of trauma was born of parents abusing their children. Freud's abuse of his trauma theory teaches us how even the most sophisticated of us can become deniers and even perpetrators when we are traumatized. How we can attack our own creativity.

This view opens up a whole new world – of examining the traumatisers, from sex abusers to terrorists. This could be the scientific psychology project for this century.

In the meantime, both trauma and psychoanalysis have survived and are putting their narratives together. Hopefully, the twins are reconstituting their old family connections and carrying them into a new world and new projects.