Surviving Severe Interpersonal Trauma

An Examination of Hope

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Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original, except as acknowledged in the text. I thereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

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Abstract

This thesis explores the ways in which a number of individuals survived their experiences of severe and perpetrated trauma. I theorise the participant’s survival adaptations in terms of hope which I positioned as being an active relational process. A case study method was used to collect data from intersubjective-psychoanalytically informed therapy sessions, from three participants who each received 12, 60 minute therapy sessions. I utilised a hermeneutic ontology from the work of Gadamer, who contended that the development of understanding and meanings results from an active intersubjective process. This ontology and design enabled the research to capture and interpret aspects of the dynamic development of personal meanings about the experiences of surviving traumas. Central to my notions of hope is the concept of intersubjectivity which is based upon the work of Winnicott, Fairbairn, Ferenczi, Meares, Stern and Bromberg. Using their ideas about relatedness and identification I argue that survivors expressed hopeful intentions and actions through their conscious and unconscious adaptive strategies. I explore the peritraumatic hopeful adaptations the survivors made such as identifying with the aggressor, the splitting of self, and the overt valuing of relatedness. I further argue that hopeful intentions can be seen in such actions as the survivor remembering their trauma rather than re-enacting it, in their efforts in narrating their trauma histories despite their fears, shame and difficulties in finding a listener. The thesis concludes by exploring some of the ramifications for society of hope, trauma and witnessing: foremost being the need to recognise the vulnerable in our communities and the difficulties we face in meeting the challenges of knowing their stories.
Preface

This thesis started a number years ago from my clinical work in a disadvantaged area of Western Sydney in a public mental health setting. I had a full caseload which included a number of clients who were very complex in their presentations as a result of their trauma histories. Consequently I had been seeking to refer on a number of psychotherapy clients to different psychotherapy organizations. However, eventually the intake officer from one of the organisations called me to say that none of my referrals had successfully engaged in therapy with therapists who were mostly located in the more affluent suburbs towards the city. The intake worker expressed her sympathy for the relative lack of psychotherapy services in the western suburbs, and suggested that perhaps someone in her organisation could provide me with assistance in the form of supervision. I took up this supervision with someone who was quite a traditional analyst, an experience which plunged me into tremendous self doubt. I felt accused of being over involved, of taking on people who were incapable of change and of working in a way that could barely be regarded as psychodynamically informed, as I was not being absolutely neutral nor was I stringent enough in setting the boundaries of therapy.

Upon reflection I certainly was struggling with my caseload to make sense of my experiences with my clients, as I still do. However, over the course of my supervision with the psychoanalyst I became more aware that I had been putting the cart before the horse by trying to follow the earnest suggestions of my supervisor to find more “analysable” and “psychologically minded” clients. I came to develop the courage of my convictions that the daily reality of my clients was of disadvantage, struggle and the threat of chaos, and in part, what I needed to do was to articulate more clearly the struggles and
achievements of working with these individuals. As such, from the start there has been a social justice aspect to my research intentions.

Additionally, most times I encounter a newly referred client my first contact with their “story” is through someone else's written psychiatric case notes, which tend to be formulated in terms of problem and pathology. I often feel overwhelmed or ‘defensively certain’, in relation to their stories, which frequently results in my becoming uncertain if, I will be able to help or achieve anything with them, which is the reaction which the supervising psychoanalyst had resonated. However without exception, the experience of being with such individuals is dramatically different; while their stories can be even more shocking, there is also often the experience of encountering their ‘humanness,’ and also, my surprise afresh that this person has survived their experiences, or, even more so, that they seem such a decent person despite what they have inter-personally endured.

I come and go with my awareness that I am someone who comes from, and lives in, Sydney’s North Shore (a more affluent and resourced area of Sydney): I have a relatively untroubled middle class Anglo-Australian background, and I have come to the realisation that experientially I know little about trauma and uncertainty, thus I also came to believe that I knew nothing about the depths of survival. The more I thought about it, the more I saw that if one wakes up in destitution from the results of trauma, poverty, and impaired mental functioning, one has to find a way to survive afresh each and every day. I became struck with the thought that at the tin tacks level of lived experience, my clients seemed to know, at some level, more about survival in the extreme than I did; it was just that none of us realised it.
I have endeavoured in this research to capture some of these themes. Specifically I have attempted to represent the dramatic and evident narratives of trauma that tend to dominate and impair one’s reflective capacity and conceptions of the survivor. From this traumatic context I have also represented what I see as the more subtle but hopeful and self-sustaining experiences through which each of the participants have survived. I have attempted to create narratives about the research participants which locate them in their ‘lived’ histories, that capture their choices and actions which have contributed to their adaptation and survival, but in a way that I hope is neither sentimental nor idealistic. This ‘lived’ focus on meaningful choices dovetails with the hermeneutic ontological approach I used in the research. Specifically Hans-Georg Gadamer’s (1967; 1989) theorising regarding knowing and meaning are apposite to this research on trauma with his emphasis on the primacy of lived language through the intersubjective development of understanding through the disciplined use of uncertainty.

I used an intersubjective psychoanalytic therapy as a method to gather my data but as is outlined in my clinical descriptions, each of the clients had different needs and issues, varying from my sitting in on medical reviews with the client and doctor, through to working with them then they were in the midst of a dissociative re-enactment and a danger to themselves. This meant that the direct clinical work, as my former clinical supervisor pointed out, was not always in itself psychodynamic, but the hypotheses were generally psychoanalytically driven. Further, I have drawn upon the work of Donald Winnicott (and the work of Jessica Benjamin who has extended his work) to explore the emergence of the intersubjective creative potential of individual’s ideas which are so crucial to the understanding of the nascent emergence of positive aspects of the survivors self. Additionally, I have been strongly influenced by the work of authors such as Russell
Meares, Bessel van der Kolk, and Philip Bromberg who have combined theories about the effects of trauma on neuro-anatomy, the fragmentation of memory, the formation of self, and how the interpersonal language of therapy can work against this ‘biology’ of the trauma through the pursuit of meaning and reliable inter-personal experience. I argue in the thesis that ultimately hope, which is so crucial to survival, is found in the diverse space between the survivor and the Other, in their movements to relate.
Chapter 1: Introduction

In this chapter I will provide an overview of the research and build upon the preface to describe in greater detail how I came to conduct the research and the development of the research method. In brief the research explores the relationship between hope and survival for individuals’ who have survived severe interpersonal traumas and utilises both theory and empirical data. The data was gathered using a psychoanalytic case study method which drew upon the verbalisations and processes of therapy sessions however the research in itself is not an examination of the outcomes or processes of therapy, but a method through which to access the subjectivity of the traumatised participants.

After outlining the background to the method, I will then describe the ontology, the epistemological standpoint of the research and the chapter structure. In the literature review I will outline the relevant background literature to the empirical chapters, while additionally, in the empirical chapters I also build upon this literature when I combine both theory and empirical material to build my arguments.

The Development of the Research Project

In this research I investigated the ways in which a number of individuals survived in the face of severe-perpetrated psychological trauma. I framed the notion of survival through the concept of hope, and argue that hope is found in various unconscious and conscious relational processes varying from identification with the aggressor through to the process of finding another with whom the survivor can relate their story of survival, in order that they may find their own meanings, independent of the subjectivity that the perpetrator
first imposed upon the events. Further, I describe hope as being lived in the survivors’ efforts to genuinely relate to others; imbuing hope with a variable and dynamic nature.

Each of the participants in this study spoke of facing difficulties in living, describing problems such as amnesia, the painful disruptions to consciousness from re-experiencing traumatic memories, and involvement in dangerous relationships (from, forming relationships which were humiliating and dangerous for them, through to, feeling murderous towards others). Each of them presented to a public mental health facility seeking assistance as they were struggling with their mental health, struggles each of them overtly linked to their histories of trauma. Like other traumatised individuals with whom I have previously worked, each articulated a value in relating (and discovering) their stories of trauma and how they survived it, to someone who would listen. Such dynamics between speaker and listener, of speaking for self-discovery and in order to be heard, are the fundamental starting point for this work and drove a number of aims for conducting the research. First, I sought a method which would enable me to explore the manifestations of hope in narratives and behaviours of severely traumatised individuals that would be neither proscriptive, nor conversely, unstructured. Second, the research needed to draw on the narratives that were generated from within therapy, as this was the mode of contact with the participants. Third, therapy would also be a means to be with the participants as they developed their narratives of what had occurred and what the experiences meant to them. Fourth, beyond being an explorative framework, the therapy-research had to function as a holding environment for the traumatised individuals who were already presenting because of their distress.
I posit that intersubjective-informed psychoanalytic therapy (Benjamin, 1995, 1998) is germane to the nature of this research work, and in this chapter I will explore aspects of intersubjective psychoanalytic theory and practice, and discuss the ways I have used these approaches in my research methodology. Intersubjective psychoanalysis offers extraordinary insights into the nature of human subjective experience particularly with its emphasis on interpersonal relating and unconscious processes and it offers accounts for both the normal and pathological development of experience (Fonagy, Gergely, Jurist, & Target, 2002; Fonagy, Gergely, & Target, 2007; Garland, 1998c; Meares, 2004; D. W. Winnicott, 1971e). Additionally, intersubjective psychoanalysis offers both a method to develop the participants’ personalised narratives of their experiences (D. B. Stern, 1997), while also serving as a method of theorising the complexities of the subject’s trauma experiences, in particular their experiences of dissociation (Bromberg, 1998; Davies & Frawley, 1994; Meares, 2000), trauma based identifications with aggressors (Fairbairn, 1944(1994); Ferenczi, 1933(1950); Frankel, 2002a), and the ways in which survivor’s found hopeful and adaptive ways to survive their life experiences.

At the centre of my intersubjective theorising is the work of the paediatrician and psychoanalyst, Donald Winnicott. He theorised that personal lived reality developed from one’s relations with others. Winnicott believed that subjectivity arose out of the individuals’ abilities to express their innate creativity with another, which he articulated very clearly in his work *The Use of an Object* (1971e). While I will elucidate his theory more fully in the Literature Review Chapter (from page 29) in brief, Winnicott argued that humans are innately creative, which comes from our ability to discover experience, represent and identify with it, and then, his point of departure from his contemporaries, to subject these created identifications to destructiveness (1971e, p. 89). Destructiveness
if survived, creates real humans from the world of objects. That is, experience with, felt-to-be-real humans, is created not given (D. W. Winnicott, 1971e, p. 91), and is dependent upon the capacity of others around us to be subject to our destruction, which Winnicott termed as being ‘creatively used’ (D. W. Winnicott, 1971e). In his thinking, we are wired for making experience personally meaningful from a two person psychology. That is, through both identifying with and destroying one’s identifications the individual comes to form a personal lived-reality, where the individual views the world in a more objective manner (in contrast to the fantasy of the inner world). It is in this created interpersonal world where one can establish a personalised “shared reality” (D. W. Winnicott, 1971e, p. 91) with others.

I will argue that it is this two person reality that perpetrated trauma disrupts; the foundations of the self-with-other processes. In perpetrated traumatic experiences, there is no push and shove of recognising the subjectivity of the other and asserting one’s own (Benjamin, 1998, p. 100), rather, the experience is dominated by the frightening subjectivity and behaviour of the perpetrator (Frankel, 2002a) which induces terror and accompanying feelings of helplessness (where the victim is unable to react upon experience) in the victim. Such perpetrator induced passivity disrupts the creative abilities of the mind-body system and the generation of a meaningful representation of the event. Thus I conceptualise trauma in terms of dissociation using the work of Janet (developed by: Meares (2000), and Van der Kolk (1995)), and that of Jackson (also developed by Meares (2000)) to theorise dissociation as a disruption to the ability of the mind to maintain its normal integrated consciousness, and that representations of events from the time of the trauma is fragmented and impoverished; consequently subjectivity is also destitute. The net result is that while a subject may have suffered a shocking trauma, they
generally do not possess a complete understanding or memory of the events or events. Hence, the impoverishment of subjectivity is a central issue in the method of this research as when these individuals present for therapy they may know ‘of’ their trauma but not ‘about’ it, and thus, to develop an understanding of what such experiences mean to the survivor is a central aim of therapy. Below I will explain how I address the issue of dissociations and lack of personal meaning in the research design.

**Ontology**

The participant’s traumatic impoverishments of personal meaning presented an ontological challenge to researching and theorising the participant’s subjectivity, with two main hurdles. The first implication is the most overt, that there is reduced ‘subjectivity’ to study. The second difficulty is that the process of therapy may (and overtly aims to) alter the complexity and meaning of the traumatic events for the participant. Thus in this research I have used a hermeneutic ontology following the work of Gadamer (1967; 1989), which was re-formulated in terms of its relevance to psychoanalysis by Donnel Stern (1997). Gadamer’s work emerged out of Heidegger’s (1993) ideas on hermeneutics and phenomenology, and was largely concerned with theorising the process of understanding, meaning and truth.

Gadamer’s approach to hermeneutics is greatly relevant to this research, as a central endeavour in Gadamer’s hermeneutics is to theorise how humans develop understandings and meanings. Fundamental to Gadamer’s thinking was that meanings only emerge through humans actively meeting together, where subjects use the standpoints and understandings of the other to come to understand their own self-
experiences. So in Gadamer’s approach the therapist’s influence upon the development of meaning is viewed as a foundation stone rather than a stumbling block.

I will frame Gadamer’s theorising about ontology in terms of four key tenets; the universality of language in which he believes that the human realm is developed, maintained and constituted through language; the notion that meaning is not a fixed set of codes or universals but rather that understanding is always incomplete; the view that understanding develops from coming to recognise the incomplete nature of one’s ‘world view’; and finally that it is through encountering the world view of the other through the ‘use’ of language that we come to know a more complete picture. I will then overtly link Gadamer’s approach to trauma therapy.

**Gadamer’s World of Language**

Gadamer believed that humans live in a linguistic world; from birth we are immersed in a culture that transmits understandings, meaning and history through the use of language. But rather than language being a system of fixed meanings with which one formulates subjective experience, (as if discreet tools which are separate to the self), Gadamer positions language as being a “transpersonal... realm of interaction” (Palmer, 1969, pp. 205-206); a way of being with each other in which we are completely immersed. Human experience itself, thinking, feeling and understanding, is linguistic. Gadamer believed that through the realm of language humans have separated themselves from the immediacy of the environment; they leave the ‘environment’ and live in a ‘world’ created by the possibilities of language (Gadamer, 1989, p. 444). This world endows the individual with the ability to reflect upon experience, and to plan and hope for tomorrow.
Further, and importantly, the individual ‘belongs’ to this world of language: “[I]inguistiality provides the common ground in which and on which [the subjects can meet as... experience is not so much something that comes prior to language, but experience itself occurs in and through language” (Palmer, 1969, p. 207); it is a medium in which one participates (Shotter, 2003, p. 444). This living in language means, in Gadamer’s terms, that just as an individual does not assert that a group or country belongs to him or her, so too the individual learns, conforms, and belongs to the order of language (Palmer, 1969, p. 208). Gadamer did not view this ‘conformity’ negatively; rather he used it to express notions of holding, universality and objectivity; one’s creative potential is not imprisoned as ‘conformity’ can actually facilitate the possibility of developing understanding, as, without a universal set of understandings, there can be no possibility of communication (Palmer, 1969, p. 202). Gadamer argued that the universality of language brings with it “objectivity” and a means to reveal things as they are lived (Palmer, 1969, p. 209), that is, as language is involved in disclosing the world to us, our expression is “structured to fit the shared world and is therefore ordered to the world rather than our subjectivity. Therefore it [language] is more [ultimately] objective than subjective” (Palmer, 1969, p. 205).

Gadamer’s Breaking of the Hermeneutic Circle
Hermeneutic ‘understanding’ develops from engagement with the “hermeneutic circle” (Gadamer, 1989, p. 190). The process is expressed in the paradox “for the interpreter to ‘preform’ the text, he (sic) must ‘understand’ it: he must preunderstand the subject and the situation before he can enter the horizon of its meaning. Only when he can step into the magical circle of its horizon can the interpreter understand its meaning. This is that mysterious ‘hermeneutical circle’ without which the meaning of texts cannot emerge”
That is, a personal horizon while limiting what can be seen and understood, it is also a solid foundation of understanding all life experience, as with no prior prejudice we would have no immediate foundation for knowing. In other words, “[w]e can understand only those communications that we can locate in their [perceived to be] proper contexts” (D. B. Stern, 1997, p. 213). However this also creates an obvious contradiction: “How can a text be understood, when the condition for its understanding is already to have understood what it is about?” (Palmer, 1969, p. 25). The solution is found for Gadamer through working with our preconceptions of experience, what Gadamer calls “prejudice”, which he defined as “a judgement that is rendered before all the elements that determine a situation have been finally examined...[t]hus prejudice certainly does not necessarily mean a false judgement, but [a] part of the idea is that it can have either a positive or a negative value” (Gadamer, 1989, p. 270). Prejudices means that we comprehend by “continuously projecting complete understandings into communications from the other, communications we actually understand only partially” (D. B. Stern, 1997, p. 213).

Gadamer described individuals as having a view of ‘facts’ which is delimited by their own horizon (as opposed to a world view), where understanding is not advanced as the subject only sees what they expect to see. However, crucial to the ideas that Gadamer was expressing in prejudice, is that in the individual’s effort to articulate the parts of an idea that the hermeneutic circle will bring forth a coherent whole. Our ‘prejudice’ brings forth an “anticipation of perfection of what is to be understood” (Grodin, 2002, p. 47), that is, we expect with the addition of new-found ‘understandings’ we encounter a “perfectly coherent whole” (Grodin, 2002, p. 47). Hence we are optimistic that through formulating our experiences with another we will be able to find coherent and meaningful understandings. However like the physical horizon, the horizon of the individual “invites” the individual towards it, but then the horizon also advances with the subject (Gadamer,
So while we move towards understanding the ‘perfectly coherent whole’, it always eludes us, thus imbuing meaning and knowledge with a dynamic nature.

But in returning to how we understand, in order to break the paradox of the hermeneutical circle one must develop an understanding of one’s prejudice; an awareness that one’s language is inseparable from the culture in which one stands, that is, coming to know that there is a history to the use of language which is culturally bound with traditions of meanings; this brings a sense that one’s view is not the complete view; “[O]ur ‘truths’ are made possible by a shared background of life into which we are initiated, and to which we contribute through our dialogues and interactions with others” (Martin & Thompson, 2003, p. 4). A personal awareness that knowing is only partial and incomplete drives an approach to understanding which treats interpretations of text and dialogue as actually being ‘hypotheses’ rather than ‘factual observations’.

The Efforts of Play and Application

Through “application” (Gadamer, 1989, p. 341) of this theory of ‘a limited knowledge’ one approaches a text or an encounter with another cognisant that one is not solely in possession of a complete world view, a stance which can open the possibility of encountering new understandings of self or other. Thus it is through genuine efforts to know the other’s horizon that new understandings come to light, and in such encounters horizons can fuse where the one’s historical understandings are both retained and superseded (Gadamer, 1989, p. 307). The implication being, that when two individuals explore an experience, they are not reconstructing the experience in the present, but rather they creating a potential space (Rauch, 1998, p. 115) where horizons may fuse and new meaningful constructions can emerge from the history of the experience. Thus for
Gadamer, understanding the meaning of an experience is intrinsically a two person process where one uses the other “person in the dialogic situation to...rephrase, and imagine his (sic) experience differently. Meaning evolves after a common ground of imagination and language is built in the overlap between two people dealing with the memory of an event” (Rauch, 1998, p. 114).

However it is important to emphasise that fusions are not an automatic process, rather they may only occur through active ‘application’. Application as an idea becomes clearer in Gadamer’s use of the term “agreement” to describe the process of fusing horizons. Grodin (2002, p. 40) contends that Gadamer used ‘agreement’ as a term to denote the immediacy of the task of understanding: Grodin believes that the reader or participant in a discussion is not concerned with the horizon or intentions of the other, rather, their primary concern is the “subject matter” (2002, p. 40) at hand. ‘Agreement’ is reached in the immediacy of a discussion from the participants being occupied in reshaping and giving meaningful interpretation to a (shared but differently conceived) subject. It is only through finding words that the individuals will convey and express their standpoints, and from the new words, new meanings emerge. Thus one must apply oneself to discussion, and it is in this task of finding ways to reveal ones experience of the subject that a ground for (an ‘agreed’) common experience is created. Thus we return to the ontology of Gadamer’s approach to understanding, as the ability to apply oneself to a discussion and find ‘agreement’ is only possible through a grounding in the commonality of shared language, as it is linguistically that we ‘respond’, ‘interpret’, ‘search for words’ and ‘articulate’ our subjectivity (Grodin, 2002, p. 42). Gadamer further explained the notion of the effort of encountering the other in terms of play.
Gadamer privileged the spoken word over text, and particularly dialogue as a source of developing understanding and meaning as he felt that it is through the act of speech with another where we find precedent in the rules of language. That is; language has no volition to change itself, it is only through use that it is developed. In contrast, Wittgenstein (2001) who also spoke of coming to understand through language games in the end missed the fundamental point of play. As Lawn (2003, p. 289) stated Wittgenstein ultimately emphasised the adherence to the rules of a game where in the adherence to the to-and-fro of language games one has the opportunity to come across meanings and understanding. Whereas Gadamer emphasised that a key feature of a game is that one ultimately loses oneself (and the awareness of horizon and the rules of the game) in the task of playing the game. Thus also in speaking with another, in the game of speech we lose ourselves, which results in the ‘text’ gaining some autonomy to ‘speak for itself’ and be more fully understood.

Of particular relevance for this thesis is also the converse when the text cannot speak and where there are no words to be found for an experience. Grodin believes that it is these powerful moments of the negative, when words fail to express that the evidence of the linguisticality of experience comes into the foreground: “[t]he unsayable is only unsayable in the light of what one would like to say, but cannot. The limits of language thus confirm – and very eloquently – the universality of language as the medium of understanding” (2002, p. 42). Additionally, it is through these moments of the negative, the “shattering of our anticipations of understanding” where we come to realise that we have a view of the horizon rather than the world (Grodin, 2002, p. 44).
**Gadamer’s relevance to Psychoanalytic Trauma Research**

Gadamer’s work challenges the notion “that there are events or understandings that exist outside of individual and collective human experience, as if they were simple facts” (Rauch, 1998, p. 113). Rather than there being facts waiting to be discovered, aspects of self which are remote to the self-experience are viewed more as experiences which have been traumatically “lifted out of..the history.. of the subject and set aside as inviolate entities, estranged from language and its affective or psychological dimensions” (Rauch, 1998, p. 113). To access such inviolate entities (which are impoverished of subjectivity), through genuine dialogue with an-Other, the trauma survivor can come to understand these remote aspects of self.

Hence Gadamer’s approach offers both a theoretical account of the shifting language base to understanding and self knowledge, and he also offers an orientation towards how we come to understanding. Meaning is intersubjectively developed through the act of relating in language, but further, it is not automatic. Rather meaning emerges from a hopeful uncertainty where one tries to remain “curious” (D. B. Stern, 1997, p. 249) about oneself and the other effort, a curiosity which presupposes that one does not know all that is to be known. It is this second half, the aspects of the applied efforts of knowing which I will now discuss in terms of the study epistemology.

**Epistemology**

I utilised an intersubjective-psychotherapeutic epistemological approach in this research to examine the complex human phenomena of post-traumatic subjectivity and behaviours. Intersubjective psychoanalysis is particularly useful as it not only provides insights into the conscious and unconscious, but also into the traumatically absent (Davies...
& Frawley, 1994; Meares, 2000) influences upon subjectivity, and as such it is well suited to accessing and theorising about post traumatic subjectivity (Boulanger, 2005; Josephs, 2003).

**Intersubjective Psychoanalysis**

Intersubjective psychotherapy is a particular type of inter-personal encounter with its own set of objectives which are related to developing understandings about self and other, and the personalising of individual experiences (Bromberg, 1998; Meares, 2004). Additionally, it is a method for theorising about overt, or ambiguous, mental and behavioural phenomena, gathering data from multiple sources. Drawing upon the discussion above in the ontology section, intersubjective psychoanalysis, like Gadamer, challenges the notion of removed objective understandings (from the therapist). Rather, understanding is derived from the development of hypotheses where the therapist aims to work in the premise that, neither he or she, nor the client, possess a world view or the ultimate truthful interpretation of an experience. Intersubjective psychotherapy contends that ‘understanding’ develops in a relational context, through the task at hand of trying to engage in open and curious dialogue about one’s experiences (Bromberg, 1998; Casement, 1985, 1990; Frosh, 1999; Meares, 2000, 2005; D. B. Stern, 1997). Indeed, premature certainty is viewed as evidence that some traumatic intrusion (Meares, 2000, p. 109) or difficulties in knowing may be occurring (Josephs, 2003). Certainty may be suggestive that that there are unconscious or traumatic processes at work which have interfered with self-reflection and experiences of the other (Bromberg, 1998; D. B. Stern, 1997). Thus this epistemology implicitly draws upon Gadamer’s hermeneutic circle where the act of knowing is seen as a lived happening, formed in dialogue with another, where
one must maintain a disciplined uncertainty, which places pressure on reified and closed horizons, to be challenged and expanded.

As I discussed above, I argue that in perpetrated trauma there is a radical restructuring of the intersubjective basis of the self. In traumatic events, no longer is experience constituted from an inter-subjective tension between identifying with the other and the assertion of the self, rather, the subjectivity and actions of the perpetrator are forced upon the victim as the perpetrated actions exclude any empathically attuned formulations of the victim. The helpless victim cannot process experience through both accommodation and assimilation, rather experience is pathologically accommodated in an unmediated manner (Meares, 2000, p. 21). Hence in therapy there is active work on the part of the therapist and the patient to reverse the conditions of abuse through reintroducing a two person ontology (based upon a-symmetrical mutuality and difference) to traumatic experiences. In such a therapy environment (which is not static but momentary and dynamic) it is possible for the two person creative process to function in an emergent way (Ogden, 1994; D. N. Stern, 2003); through identifying and destructiveness, from which personalised lived reality is created. In other terms, the memories of the actions of the perpetrator (memories which are dominated by the subjectivity and actions of the perpetrator) are reviewed with an emphasis upon personalised-shared meanings with an openness to the emergence of co-created subjectivity. As such, psychotherapy is not merely a process of reconstruction or remembering, as much as it is a two person creative process (D. W. Winnicott, 1971e).
The Nature and Form of Data in this Thesis

As introduced above, there is a threefold implication of the hermeneutical ontology for the nature of the data produced from research using an intersubjective psychoanalytic epistemology. First, the ontology squarely places the researcher as being immersed in the process of developing ‘understanding’ in the therapy process; the subjectivity and dialogue of the therapist is constitutive in the process of understanding. The horizon of the therapist is used by the client to expand their own horizon, what Winnicott described as being nourished with ‘other than me’ experience (1971e, p. 94). Thus, in intersubjective psychoanalytic research the therapist’s subjective reactions (and as I discuss later, also the therapist’s absences) are indispensable as data. The second important implication is that the data is not static. The therapy aims to develop and expand the clients’ ability to move between self and self-with-other states in a more fluid and associative manner. As such, therapy attempts to develop the complexity and personalised nature of self-states, life narratives and understandings.

The third implication develops from the second, from the notions of complexity and association: to be able to understand the exchanges of psychotherapy as being meaningful ‘data’ the exchanges must be interpreted in context. Additionally, as I expressed above, I also assumed that the memories and narratives of the participants would be traumatically fragmented and incomplete. To work against this partiality, in this thesis I have attempted to present a fuller background description of each participant and I have also attempted to present the dialogue of therapy in the contexts of fuller interchanges and utterances to capture moments of emergence of new understandings.
**Intersubjective Psychoanalytic Data**

In terms of what is regarded as data for intersubjective psychoanalytic research, data is gathered from observations of verbal, affective and behavioural expressions such as: the verbal fluency of narratives; form of speech (Trzepacz & Baker, 1993); the congruence between narrative and speech patterns; the ‘fit’ of narratives with the person’s overall life story (Horowitz, 1988, p. 514); the openness of consciousness of the client and therapist (Meares, 2000; D. B. Stern, 2006); the degree of resonance and mutual understandings developed; and the development of metaphor (Meares, 2000, p. 125) which can denote the recasting of traumatic experience into personalised understandings. Particular attention is paid to shifts and variances in subjectivity, as listed immediately above, as shifts frequently reflect deepening of understandings or confirmation of mutually generated working hypotheses, or conversely that that there has been a loss of rapport, due to issues such as premature and unfounded certainty or therapist absence.

**Chapter Structure**

Below I will outline the structure and content of each of the chapters of the thesis, and how I develop my argument about how individuals have survived traumatic events and their experiences of hope.

**Literature Review (Chapter 2)**

I develop three main areas in the *Literature Review*. The first area is a brief background of trauma starting with Freud. I discuss relevant background literature on trauma from Freud and selected theorists with a focus on how traumatic events are perceived and represented.
I discuss Freud’s contributions to trauma theory through his concepts of the conscious and unconscious. I discuss his idea that unconscious material exerts powerful influences upon consciousness. I also outline his incisive comments upon trauma having its origins in the helplessness of objectless-fear (an a-relational state) and the discussion of signal and automatic anxiety he developed from his ideas on fright. These interrelated concepts are particularly important background concepts to the discussion of memory and dissociation. Additionally, I introduce Freud’s observation and naming of the compulsion to repeat and I outline my intentions to later relocate this idea into the work of modern memory and dissociative theorists, and comment upon the lacunae in Freud’s work in this area.

I broaden the discussion of trauma with a number of important ideas developed by Henry Krystal, a psychiatrist strongly identified with the Holocaust literature. Krystal re-read Freud’s work on the perception of danger to give a modern context to human perception, and how they embellish or negate dangerous stimuli. His work develops the concepts of memory, personal experience and subjectivity into trauma theory and I discuss his important differentiation between child and adult trauma processes.

I critique that while Krystal remained loyal in his position to Freud through locating his work in an ego-psychological framework, his descriptions take an approach to dissociation that is more consistent with that formulated by Pierre Janet (one of ‘dissolution’ of self in contrast to a defensive conceptualisation). From this background, I outline my position of what I believe constitutes the trauma process; I discuss the trauma process in terms of Janet’s dissociation drawing upon Meares, Jackson and Bromberg.
Additionally, I outline and discuss my use of the term consciousness, with reference to the work of James and Winnicott.

I then describe key elements of symbolic functioning from Bion, Klein and Segal and discuss the ways in which being able to represent experience symbolically both represents and regulates affective experience. Symbolic functioning is an important foundation of the self and is thus also important for intersubjectivity and meaningful relations. Thus I finish the first section of the literature review by taking notions of the symbolic into what I argue is its intersubjective foundations with the work of Winnicott.

The next section of the literature review sets the context for the first of the empirical chapters, Chapter 5, Hope through Traumatically Identifying. I touch on the work of Sigmund Freud and discuss how Freud was by his own admission, unable to capture the mechanisms of identification despite the centrality of identification to the populating of the ego and superego. I also describe the extensions of his theories with the work of Anna Freud in her work on identification with the aggressor. I cite Meares to argue that Anna Freud actually describes two different identifications under the one banner of normality; one that associates with the population of the superego and another which in her clinical vignette sounded more consistent with Ferenczi’s descriptions of traumatic identifications, which I more fully explore in the chapter Hope through Traumatically Identifying.

Subsequently I present Klein’s watershed ideas on splitting, projective identification and her descriptions of different states of mind and their associated processes. Her work is described by Thomas Ogden as introducing subjectivity into psychoanalysis and is thus
crucial to the discussion of hope where I am positioning it as occurring between subjectivities. I move yet closer to the first empirical chapter with an overview of Fairbairn’s ideas: I will elucidate how Fairbairn privileged love and the need to relate as a central human motivation; for a child to psychically survive it must find a way to feel loved. I outline his basic ideas on relationally based splitting, internalisation and identification. I finish the literature review with an important point and central argument for this thesis; the innate creative nature of humans. I then discuss the method design and introduce the participants.

**A Position on Hope (Chapter 3)**

In the chapter, *A Concept of Hope*, I outline my position on hope largely from the work of Winnicott and Erikson. I argue that hope is a relational outcome, which develops in health from the individual being able to most fully express their creative potential in relating. Additionally, I ground the discussion of hope in the context in which I will be exploring it; in the context of trauma. I refer to the Holocaust survivor Primo Levi’s idea that the relational movement of a human is what defines him or her as a man or woman. Through this link I move to highlight both the degree of trauma and distress, which I will be exploring in the thesis, and how I view hope as having a varied and complex manifestation. As such I initially outline the intersubjective orientation of hope and then throughout the thesis I examine and interpret the different intersubjective manifestations of hope, which I interpreted from the actions and dialogue of the participants. I then set the theoretical background to the thesis in the literature review.
Outline of the Method and Study Participants (Chapter 4)

In the method chapter I outline the processes by which the study participants were recruited. In brief they were clients presenting for psychiatric assistance from the acute mental health facility with whom I was employed. Possible participants were first screened for suitability for treatment by the Agency. If indeed the possible participants were appropriate for treatment by the agency and they also reported a history of interpersonal trauma they were invited to participate in a study with the therapist who also acted as the researcher. They were treated with the therapist’s usual treatment domain of an intersubjective psychoanalytically informed therapy.

As outlined above, the study aimed to explore the different manifestations of hope in the narratives and behaviours of severely traumatised individuals, while also functioning as a method to present the participant’s traumatic life histories in a form that could communicate their efforts to survive. These aims influenced the mode of data collection and presentation whereby I attempted to gather and present most participant dialogue or behaviour in the broader context of the therapy exchanges in which they occurred. Further, to be able to adequately describe the data related to shifting self states (of participant or therapist), or the emergence of themes and understandings in the therapy setting, the study data is presented as longer and fuller extracts of the therapy dialogue. As such I elected to use three illustrative cases using a psychoanalytic case study method (each of which had 12 therapy sessions) in order that I could explore aspects of their histories in some detail.

I collected the research data from therapy sessions using the psychoanalytic research method of Wallerstein and Sampson (1999) which combined the use of therapy notes and
audio recordings. Immediately following sessions, therapy notes were made which included a recall of dialogue of sessions, which included hypotheses of possible themes and processes, and manifestations of trauma (in client or therapist).

The data interpretation also used a psychoanalytic method. Psychotherapy as a process itself aims at developing meanings and understanding that I will characterise as developing (as noted above) working hypotheses concerning the content and processes of therapy and of the client’s self-representations. These working hypotheses are continually reviewed and developed using the context of case notes, audio recordings, extracts, and transcripts in self-reflection and clinical supervision.

Data for the research was extracted from case notes and supervision after all of the clients had completed the data gathering phase of their therapy.

The method section finishes with an introduction of the participants; Terry, Janine and Angus, and I then start the empirical chapters by initially extending the ideas of identification into how in the face of trauma children continue to have contact with hope through their traumatic identifications.

Throughout all the empirical chapters I develop my arguments by both describing my research data and combining this data with a discussion of the trauma literature which extend aspects of the literature review. As such, the format I utilised blends the presentation and discussion of research results.
Hope from Traumatically Identifying (Chapter 5)

*Hope from Traumatically Identifying* is an important chapter as in it I set out my arguments about the necessary but psychically damaging ways in which children find hopeful ways to relate to their abusive parents. In the first half of the chapter I immediately begin unpacking the work of Fairbairn and Ferenczi using therapy extracts from Janine. I argue that Janine was able to feel loved in her emotionally poverty-stricken childhood through transforming her experiences of her mother, with the use of identification, splitting, and distortion. Using Fairbairn I hypothesise that she found hope through swallowing the poisoned aspects of the parental behaviours; for a child, this action detoxifies the parent and frees the child to subjectively experience the parent as ‘loving’ in their abusive harshness. I extend these ideas through Ferenczi’s work. Ferenczi rather than focussing on splitting and identification, conceived the traumatised child as surviving and finding a method to relate through the dissociation of self. I outline Ferenczi’s idea of identification with the aggressor in which he describes the processes through which a traumatised child survives; dissociation, identification, and shadowing of the perpetrator. His work is an important development in my argument as I use his ideas as a basis for the work of other authors through whom I describe the consequences of such survival methods; the crushing of aspects of the child’s self and how the subjectivity of the perpetrator comes to further deplete and inhabit the victim.

In the second half of the chapter, from the foundations of Fairbairn and Ferenczi, I use the concept of emergence to describe both therapy setting processes and aspects of the participants histories. I examine both these aspects for evidence of ‘exceptions to the rule’ to the absolute nature of traumatic identifications. I argue that traumatic identifications are never complete. I develop the idea that ambivalence can bring with it
hope through exploring aspects of Terry’s clinical material. I argue that the introduction of a ‘third’ into the trauma scene can radically change the dynamics of these traumatic identifications. I turn to some research from the torture literature which provides, albeit quite hyperbolic, examples of differently conceived patterns of identification between perpetrator, victim and witness. I develop an argument using an analysis of how Terry positions himself in relation to others (through his use of relational nouns) where I contend (using Fonagy and Target) that for a child, their attachment with others will intervene in the absoluteness of their traumatic identifications. However I also argue that the child’s intervention in an assault which is born from witnessing one’s mother or sibling being severely beaten creates a deeply ambivalent set of circumstances where they are faced with both chances for hope and the destruction of their hopes. I further argue that while ever alternate contemporary narratives exist there is some meaning-construction from which to break up the absolute badness of the traumatic identification. Thus I postulate that it is from such incomplete identifications that witnessing can find, and engage with, hopeful emergences of flexible relating, to develop the survivor’s self and self-experiences.

This chapter serves to outline my arguments about the phenomena I observed as being hopeful but costly childhood survival mechanisms, and it also sets the scene for the later chapters, *The Absent Witness* and *Finding a Witness Finding Oneself*, where I explore how as an adult in a therapy context, the survivor needs the other in order to swim against the traumatic currents of their childhood in which they must use therapy to push out the subjectivity of the perpetrator and find their own voice.
In the next chapter, *(Chapter 6: The Absent Witness)* I explore the effects of identifying with the perpetrator but rather than using Fairbairn and Ferenczi I use more contemporary trauma theorists to describe the barriers to self-knowledge, relating to, and attesting to, how one survived. The chapter serves to set the scene to describing the great barriers that exist for the survivor in finding and using a witness.

**The Absent Witness (Chapter 6)**

In this chapter I return to Freud’s ideas in *Inhibitions, Symptoms and Anxiety* where he expressed anxiety as being relationally based idea (the self fears an object) whereas in fright there is no object, it is ‘singular’ and outside the two person ontology of the self. I unpack this contrast between the singular and the relational consciousness, initially, with a theoretical discussion using the ideas of synthesis, continuity, flexibility and metaphor, expressed in the work of William James, Pierre Janet, Hughlings Jackson, and Russell Meares.

I then discuss traumatic memories which I characterise as robust alien entities in the mind. I explore this in terms of the ‘singularity of dissociation’ where there is a fragmenting effect upon memory and representation. I empirically expand the argument using a description of an episode in therapy when Terry behaviourally enacted a traumatic memory. I describe Terry’s behaviours along with his descriptions of his traumatic realm and theorise that experiences such as those which Terry survived involved removing the basic building blocks of the self (through experiences such as violating the skin of self and other) where such violations undo the internal boundaries of the self. This leaves the self virtually no psychic mechanisms with which to generate subjectivity, meaning, or to contain and transform experience, where Terry’s memory of
being terrified fell to the realm of behaviour, as it was outside the dual realm of consciously shared human experience, and therefore was also outside of the penumbra of language.

I assert that re-experiencing such traumatic self states is a hopeless experience, as there is so little ‘self’ with which to mediate experience and contact the other. I characterise this as the witness being absent; I set the scene that it is from this, from within this cyclonic and oppressive horizon, which the survivor must reach out to the other. I feel that using clinical descriptions of despair to set their context and history is important if we are to grasp the hopeful acts of a survivor’s life. But before I explore witnessing, I develop my arguments about the innate nature of human creativity through Winnicott’s ideas regarding Otherness, destructiveness, and survival.

**Destructiveness and the Created Other (Chapter 7)**

Again this is a two part chapter, and in the first section I make a concrete argument of the necessity of the other with whom we can encounter the push and shove of relating. Initially I unpack Winnicott’s theoretical aspects of destructiveness and survival and I use the story of Angus’ shooting to make an argument of the intrinsic need of a surviving other. I advance an argument from Benjamin that Winnicott’s recognition and destruction are in fact dialectically inseparable, and are thus interdependent processes which bring about the boundary of the self and other. In part the argument explores the actions of perpetrated violence and argues that perpetrated violence is ultimately nihilistic as it works against the definition of self which is required in order that a hopeful space exist in which subjects can move to and from each other.
In the second section of this chapter, I develop my discussion of the interdependence of creativity, and recognition and destruction, using the idea (from Gadamer and Wittgenstein) that meaning and self experience emerges from being able to play in language. I discuss this idea through examining an interaction Terry encountered as a child, where he had a particular type of an attuned interaction with a child from school, in which he appears to have discovered himself as a(n) (emergent) subject, from which he burst forth into a world of subjectivity. From this example of Terry’s attuned experience I begin to build the theorising about the hopeful space between subjects and witnessing, which is the final empirical chapter.

Finding a Witness; Finding Oneself (Chapter 8)

In the final empirical chapter, Finding a Witness; Finding Oneself, I argue for the necessity of a sustained intersubjective space in which survivors can review and transform the momentary hopes of childhood (which are associated with traumatic binds with the perpetrator, and the loss and impoverishment of self) into a more mutually negotiated and created, two person ontology.

I start by exploring the position of the witness and illustrate from clinical extracts with Janine, the difficulties I had in being a witness to the events of her life. I describe the barriers to witnesses’ witnessing including absences in the therapist’s consciousness resulting from dissociation and defensiveness. Further I also describe what I interpret as the hopeful actions of the survivor which I locate in their tolerance of their shame (as explored in the chapter The Absent Witness), and in accepting a ‘good enough’ witness. I open up the notion of the good enough with the argument that the witness must survive the victim telling their story. They must be genuinely humanly present (which is a good
enough not perfect presence) and participate in relating through language, to the incoherence and impossibility of the story. They must place value in knowing of the other’s story and hold the faith that the survivor can endure and find something meaningful from the event, that is, the witness must maintain a faith that the form of the trauma can be destroyed from the position of the intersubjective present.

Additionally I argue strongly that such opportunities to use the space offered by a witness are not automatically taken up. Rather the survivor must choose to use the interpersonal opportunities offered. I argue that it is through these momentary choices that the traumatised come to ‘discover’ their own interpersonal meaningful history of survival. The survivor with the witness having pushed chaotic experience into Gadamer’s universal interpersonal realm of language, has taken traumatic experience from the ‘given’ to the ‘made’ and the lessons learned from both the experiences of trauma and witnessing emerge as interpersonally transmittable.

I extend the argument by positioning the subjectivity created out of the unspeakable experiences of perpetrated terror, as being tremendously relevant for humankind, as it contains a particular type of knowledge about the limits of human experience and survival, and therefore is ultimately a message about hope. However I also argue that the dilemmas of finding a witness to one’s story of survival remains complex as one must still listen to the story in its context to be able to comprehend its message, and further, that such messages are not readily heard as we continue to exist in a dangerous social order where power relations continue to create and oppress others, something in which we are all inextricably involved.
Next I will state the aims of the research before moving to a review of the literature that is apposite to this research.

**Research Aims**

This research has a number of aims. First it is to explore and describe the narrated subjective experiences of survival from individuals who have been subject to severe and perpetrated psychological traumas. It will frame the concept of survival in terms of hope and explore the manifestations of hope in the study participants’ verbalised subjectivity and in their different styles of interpersonal relating. I will argue that hope is maintained from various unconscious and conscious relational processes including: identification with the aggressor; the formation of alternate identifications that are neither traumatic identifications nor perpetrating, and; the process of finding another with whom the survivor can relate their story of survival in order to be able to find their own meaning independent of the subjectivity the perpetrator first imposed upon the events.

I will describe hope in terms of an inter-personal relational process; imbuing it with a variable and dynamic nature. Thus the study method specifically used transcripts and field notes from the therapy sessions of an intersubjectively-informed psychotherapy with an aim of representing these dynamic manifestations of hope. As mentioned above one of the arguments of the thesis is that hope is found through the process of the traumatised participants finding a witness and with this witness developing a fuller understanding of the meanings of the trauma to them. As such a concurrent aim of the thesis is for the narratives of the study to also be a representation of the process of witnessing. As such, I have presented the narratives in a form which presented the therapy dialogue as completely as was possible.
Chapter 2: Literature Review

In this chapter I will review a number of aspects of the psychoanalytic literature including trauma, symbolic functioning and identification. Initially when discussing trauma I start with Freud and move towards an interpersonal-psychodynamic approach. It is important to start with Freud as his theorising sets the scene for a number of basic tensions which still exist within psychoanalysis which I will explore below.

Freud and Trauma

Freud’s first original work on trauma was in his early writings on hysteria. Freud in collaboration with Breuer (S. Freud & Breuer, 1895(2001)) broke ground with their work (which following from Charcot) which located hysteria as a psychological rather than a physical condition. Freud and Breuer theorised that hysteria developed from a number of interacting traumatic events and mechanisms. First as a child, the individual had been subject to a “seduction” (S. Freud & Breuer, 1895(2001), p. 130) or ‘sexual trauma’ (S. Freud & Breuer, 1895(2001), p. 79). Second, the assault was followed by a period of “latent incubation” (S. Freud & Breuer, 1895(2001), p. 22); a “period of psychical working out (elaboration)” (S. Freud & Breuer, 1895(2001), p. 134) during which the original trauma is developed unconsciously. Third, the trauma of the ‘seduction’ develops not entirely at the time of original event, but when it is later re-experienced: in “its delayed revival as a memory after the individual had entered sexual maturity and could grasp its sexual meaning” (Leys, 2000, p. 20). Freud believed that as the child was immature at the time of the original trauma, they had less biological capacity for “excitatory effect” (S. Freud, 1896(2001), p. 167FN) than they have in adolescence.
Thus for Freud in his original formulation of hysteria, hysteria did not develop solely at the time of the original event (as there is “a failure to metabolize trauma” (Boulanger, 2002, p. 46)), rather, it is only after the survivor sexually matures that the abuse memories are revived, as in maturity the individual can more fully understand the meaning of the assault. In other terms, hysteria is constituted from a dialectic between the original trauma and its revival from mature sexual experiences and a temporal delay (Leys, 2000, p. 20). Accordingly, in this formulation Freud privileged the role of unconscious action, which from the start challenged the notion of a straightforward traumatic causality and the distinction between “inside and outside, and fantasy verses reality” (Leys, 2000, pp. 20-21). Freud abandoned his exploration of trauma (seduction theory) in the development of hysteria in 1897, in favour of the role of fantasy (in his work on the Wolfman Case (S. Freud, 1918(2001)).

Freud then rejoined his discussion of ‘trauma’ in Beyond the Pleasure Principle (1920). In this work Freud focussed upon the “economic” aspects of trauma theorising by revisiting the operations of the pleasure principle, and the movement and control of energies in the mind. He was motivated to rethink the pleasure principle as he could not reconcile his original formulation of the pleasure principle with how his patients repeatedly re-exposed themselves to traumatic situations, and with the recurrent experiences of ‘unpleasure’ experienced through traumatic dream material. He believed that these behaviours and experiences included “no possibility of pleasure” (S. Freud, 1920(1955), 20).

Originally Freud believed that the pleasure principle is one of two principles that govern the functioning of the mental apparatus, which guides the whole of the psychic functioning to avoid ‘unpleasure’ and to gain pleasure (S. Freud, 1920(1955), 7). The
second mechanism is that of the *reality principle* which does not abandon the pursuit of pleasure, rather it “demands and carries into effect the postponement of satisfaction...and the temporary toleration of unpleasure” (S. Freud, 1920(1955), 10). Freud regarded pleasure and unpleasure as an ‘economic’ aspect of his work, which he defined as an aspect that “endeavours to follow out the vicissitudes of amounts of excitation and to arrive at least at some *relative* estimate of their magnitude” (S. Freud, 1915, 181). For the pleasure principle to operate effectively, Freud felt that the mental apparatus required a structure that would protect and regulate the inflow of stimulation from the external world.

This led Freud to a biological explanation whereupon he hypothesised that the mental apparatus is sheltered from over-stimulation from the external world by a “protective shield” (S. Freud, 1920(1955), 29), which allows the feelings of pleasure and unpleasure (the indicators of the internal conditions of the mind), to “predominate over the overall external stimuli” (S. Freud, 1920(1955), 29). The protective shield functions as a semi-permeable membrane which allows in some stimuli and sensation.

Freud speculated that within the psychical system there were two forms of energies: “a freely flowing cathexis that presses on towards discharge and a quiescent cathexis” (S. Freud, 1920(1955), p. 31). Accordingly, for the mind not be overwhelmed by the uncontained inflowing (external) energies, the psyche binds this “energy that streams into the mental apparatus ..... from a freely flowing into a quiescent state” (S. Freud, 1920(1955), p. 31). The binding of energy or stimulation refers to the earlier work stemming from the *Project for a Scientific Psychology* (written in 1895 but only published in 1950), where binding is the movement of energy within the mental apparatus from a
free to a bound state. This is made possible from the network of well-connected neurones which can hold energy. Freud states that the ego itself is a “mass of neurones” (S. Freud, 1895, 368) and emphasises that the ability of the mental apparatus to hold and bind energy and cathexis, is only as a result of the effects that the neurones have upon one another, an established relational environment exists, such as the ego.

Freud had originally believed that binding was a process associated with the ego in that it operated to enforce the reality principle upon the pleasure principle. In *Beyond the Pleasure Principle*, Freud struggled to locate binding just within the ego, he observed that it is:

“only after binding has been accomplished would it be possible for the dominance of the pleasure principle (and of its modification, the reality principle) to proceed unhindered. Till then the other task of the mental apparatus, the task of mastering or binding excitation, would have precedence – not, indeed, in opposition, to the pleasure principle, but independently of it and to some extent in disregard to it" (S. Freud, 1920(1955), 35).

Binding then is both a function of the ego and of something that is more primary, more basic than the functioning of the ego. Freud makes reference to a number of binding activities that occur post-trauma. First, there is the immediate task of binding of the influx of energy from the breach by means of an “anticathexis” (S. Freud, 1920(1955), 30). Cathexis is a complex concept that was not clearly defined by Freud, yet it is seen as a crucial part of his economic theorising and in brief it relates to “how psychical energy is attached to an idea or to a group of ideas, to part of the body, to an object ....it relates to
how the mental apparatus transforms the internal instinctual energy that seeks
expression” (Laplanche & Pontalis, 1973, 62), and can also be thought of in terms of how
ideas and objects are invested in by the mind. Anticathexis was also vaguely defined by
Freud who stated that this ambiguity was due to the lack of psychoanalytic knowledge
about the “excitatory process that takes place in the elements of the psychic systems” (S.
Freud, 1920(1955), 31). Freud continued the biological analogy when he discussed
cathetic energy being drawn from other parts of the mental apparatus to “provide
sufficiently high cathexes of energy in the environs of the breach” (S. Freud, 1920(1955),
30), which depletes and renders largely inactive the other psychic functions.

Freud believed that the protective shield was not a set entity but was dynamically formed
(through the alteration of flows of energies within the psyche). In trauma due to “fright
and the threat to life” (S. Freud, 1920(1955), p. 31) the mind cannot prepare for an influx
of external stimuli; “we still attribute importance to the element of fright. It is caused by
lack of any preparedness for anxiety, including lack of hypercathexis of the systems that
would be the first to receive the stimulus. Owing to their low cathexis those systems are
not in a good position for binding the inflowing amounts of excitation and the
consequences of the breach in the protective shield follow all the more easily. It will be
seen, then, that preparedness for anxiety and the hypercathexis of the receptive systems
constitute the last line of defence of the shield against stimuli” (S. Freud, 1920(1955), p.
31).

In trauma, there is a piercing or breach of the protective shield and the mind is sent into
disarray:
Such an event as an external trauma is bound to provoke a disturbance on a large scale in the functioning of the organism’s energy and to set into motion every possible defensive measure. At the same time, the pleasure principle is for the moment put out of action. There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises instead – the problem of mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can then be disposed of (S. Freud, 1920(1955), 29-30).

The implication of this traumatic breach of the shield is that the ‘mental apparatus’ is overwhelmed with ‘energy’ both from external and internal sources.

Additionally, the later activity such as dreaming and re-enactments of the trauma are conceptualised as being further attempts at binding. Further, for Freud the activity of post-trauma binding (which occurred independently of the pleasure principle) did alone not explain the repeated emergence of traumatic dreams and re-enactments of traumatic experiences. Through an analysis of the nature of traumatic dreams and the play behaviours of children, Freud concluded that a “compulsion to repeat” (S. Freud, 1920(1955), 23) existed in the mind, which was likely to be instinctual in nature. He felt that this compulsion fuelled the dreams in traumatic neuroses and “is the impulse which leads children to play (S. Freud, 1920(1955), 23). Freud believed that children repeat unpleasurable activities, as being active allows the child to master their distressing impressions more than being passive (S. Freud, 1920(1955), 35). Laplanche & Pontalis believe that binding is “at the basis of the compulsion to repeat” (Laplanche & Pontalis,
however they caution that the discussion about the repetition compulsion is confused and “invariably involves the pleasure principle, instinct, the death instinct and binding” (Laplanche & Pontalis, 1973, 78)

In summary, in *Beyond the Pleasure Principle* Freud introduces the model of the protective shield, and a conceptualisation of trauma in terms of energy economics, where breaches of the shield caused inward influxes of energies, and additionally disrupted the flows of instinctual energy. The immediate process of binding can be observed as “mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can then be disposed of” (S. Freud, 1920(1955), 29-30). The follow-on activity of the mind is aimed at restoring the now suspended pleasure principle to its former functioning through repeated presentation of the traumatic material through re-enactments and traumatic dreams.

Freud introduced a number of significant ideas in *Beyond the Pleasure Principle* that are relevant to the discussion of trauma in this thesis. First, he “attempted to define the various mechanisms of defense the ego was held capable of deploying against stimulation, as well as the consequences for the psyche when those defenses failed” (Leys, 2000, p. 24). That is, he described not only the active nature of the perceptual system and the defenses but he also described psychic helplessness; the failure of defense in the moment of trauma which I will describe later as dissociation. Second, this helplessness is described by Freud as “fright, the state a person gets into when he has run into danger without being prepared for it; it emphasises the factor of surprise” (S. Freud, 1920(1955), p. 12). This state of fright where the mind is unprepared I will develop later in the chapter in terms of the mind’s ability to process experience and the
consequences for the psyche when it fails. Third, Freud also developed the idea of the compulsion to repeat, a constructive urge of the mind to bring repair to unresolved aspects of experience. However, in this model Freud does not account for individual differences in trauma effects; subjectivity or issues of meaning; nor does he account for any influence of learning either positive or negative, which could be protective or make one more vulnerable.

In *Inhibitions, Symptoms and Anxiety* (1926(1959)), Freud moves away from the economic approach of *Beyond the Pleasure Principle*, to a detailed examination of the role of the instincts and pre-existing mnemonic symbols in the development of anxiety. He wrote that he found it “highly improbable that a [traumatic] neurosis could come into being merely because of the objective presence of danger, without any participation of the deeper levels of the mental apparatus” (1926(1959), p. 129). The title of *Inhibitions, Symptoms and Anxiety* gives the work its focus and theme as Freud shifts more away from the “vessel” (Laplanche & Pontalis, 1973, p. 469) approach of *Beyond the Pleasure Principle* to look at the role of fantasy in the development of anxiety and trauma, consequently positioning anxiety in a more metaphoric, historical and internal context.

Freud wrote that repression occurs in relation to two different instinctual situations; the arousal of an “undesirable instinctual impulse” stemming from an external perception, and from a purely internal source, while the “protective shield exists only in regard to external stimuli, not in regard to internal instinctual demands” (1926(1959), p. 94). In using this internal-external distinction Freud sets the scene for his revision of anxiety, which places at centre stage the vulnerability of the inner world to tension from the instincts. Implicit in this statement is that the ‘protective shield’ is only effective at
stopping over-stimulation from the outside world, however the energy of the instincts is already ‘internal’ and has to be attended to by reactive defensive measure.

Freud extended his formulation of anxiety beyond being a symptom created by the act of repressive-inhibition, additionally he felt that was also a reproduction; anxiety could be a result of recognising a pre-existing image of an earlier traumatic experience, and when a similar situation occurs, they are “revived like mnemonic symbols” (1926(1959), p. 93). Freud saw the prototypic trauma mnemonics as forming from the earliest of traumas: the loss of the mother.

Freud described the following sequential development of anxiety: an infant is left alone and begins to long for their mother out of unmet need. If the mother does not materialise, the longing spills into anxiety. This anxiety is in response to the dangerous situation of a “non-satisfaction, of a growing tension due to need, against which it is helpless” (1926(1959), p. 137). The initial feared situation is the child’s own internal unmanageable build up of instinctual tension, against which the child is helpless to act, and it is this initial unmediated and unmanageable anxiety that the child is subjected to which is termed as “automatic anxiety” (1926(1959), p. 162). With subsequent experiences of helplessness, the early ego modifies the experience of danger; the danger becomes perceived as being external in origin, where the danger becomes the absence of the mother; and the child responds to absence with “the signal of anxiety, before the dreaded economic situation has set in” [italics added](1926(1959), p. 138). The expression of signal anxiety can then serve the child in eliciting a caring (rescuing) response from the mother.
Anxiety is therefore born from both the perception of external threat where there is “an expectation of a trauma” (1926(1959), p. 166), and from a “repetition of it in a mitigated form” (1926(1959), p. 166). In this formula, a ‘danger-situation’ is recognised by the individual and remembered as an “expected situation of helplessness”. Anxiety experienced in contemporary ‘danger-situations’ is then a reproduction of the original response to helplessness experienced from the earlier (frustrated libidinal) trauma, and functions as a “signal for help” (1926(1959), p. 167). But Freud believed from his observations that the unconscious give no indication of knowing anything about “the annihilation of life” (1926(1959), p. 129). Rather he felt that what was being reacted to in the traumatic scene was oedipal anxiety or its earlier developmental equivalents, such as the loss of the breast at weaning. He stated that

“the fear of death should be regarded as analogous to the fear of castration and that the situation to which the ego is reacting is one of being abandoned by the protecting super-ego – the powers of destiny – so that it has no longer any safeguard against all the dangers that surround it” (1926(1959), p. 130).

Danger situations develop over the life-course with:

“each period of the individual’s life has its appropriate determinate of anxiety. Thus the danger of psychical helplessness is appropriate to the period of life when his ego is immature; the danger of loss of object, to early childhood when he is still dependent on others; the danger of castration to the phallic phase; and the fear of his super-ego, to the latency period (1926(1959), p. 142).
Freud believed that the ego’s fear of the super-ego was in fact the fear of the loss of its love, and the fear of it being angry and punitive. The final modifications to danger-anxiety relations with the super-ego is the fear of death “(or fear for life) which is a fear of the super-ego projected on to the powers of destiny” (1926(1959), p. 140). Hence the formulations of anxiety were ultimately related to the danger of libidinal build up (Leys, 2000). However, within this formulation Freud still struggled to accommodate failures in being able to associate the past and present dangers; the moments of fright where the ego is helpless:

“Each individual has in all probability a limit beyond which his mental apparatus fails in its function as mastering the quantities of excitation which require to be disposed of” (S. Freud, 1926(1959), p. 148).....In..the traumatic situation, in which the subject is helpless, external and internal dangers, real dangers and instinctual demands converge. Whether the ego is suffering from a pain which will not stop or experiencing an accumulation of instinctual needs which cannot obtain satisfaction, the economic situation is the same, and the motor helplessness of the ego finds expression in psychical helplessness (1926(1959), p. 168).

Further, Freud also equates signal anxiety with the chaos of the traumatic moment:

it must be remembered that in the experiences which lead to a traumatic neurosis the protective shield against external stimulation is broken through and excessive amounts of excitation impinge upon the mental apparatus; so that we have here a second possibility – that anxiety is not only being signalled as an affect but is also being created out of the economic conditions of the situation (1926(1959), p. 130).
This formulation to a degree introduced the influences of subjectivity and individual experience into the understanding of danger and anxiety. Freud also provided a clear account of the mothers’ role in the development of her child’s symbolic functioning where experience is able to be represented and made more available to the psyche for judging and experiencing the tasks of life.

In summary, Freud provided a number of important concepts related to trauma. First, his theories from the outset established traumatic experience as having both a conscious and an unconscious aspect; there is not a direct correspondence between events, their representations, and the subject’s reactions. Second, Freud differentiated, albeit unclearly, between anxiety, danger and fright, where he made the distinction that being anxious in reaction to danger is not necessarily traumatic, it is being unable to react to trauma and being helpless which becomes traumatic. Third, Freud developed the idea of past traumatic events having an unconscious influence on current aspects of behaviour. Fourth, Freud gave an account of the role of care in the development of symbolic function and therefore in transformation of experience. Fifth, Freud developed the idea that the brain itself is established in such a way as to minimise the stimulation of the world and contain inflowing stimulation to make experience experience-able. Sixth, Freud observed the compulsion to repeat, where unresolved traumatic material is continually re-presented (despite its distressing nature) in order that it be resolved and worked through. However his theorising was also at times limited by his lack of conceptual clarity.

Freud was ambiguous in his use of the terms of anxiety and trauma (Leys, 2000, p. 25). He recurrently spoke of ‘childhood trauma’ (“the case in which a situation is analogous to the trauma of birth” (S. Freud, 1926(1959), p. 141)) to convey developmentally normal
processes and used the term ‘anxiety’ (“that anxiety is not only being signalled as an affect but is also being created out of the economic conditions of the situation” (S. Freud, 1926(1959), p. 130)) to denote adult experiences which seemed more traumatic in nature. Further, while Freud privileged childhood traumas as forming prototypic symbolic representatives, he did not give a clear account of adult trauma. Rather he formulated it in terms of a fear of castration and of super-ego abandonment (S. Freud, 1926(1959), p. 130). Such a position does not account for any new learning or new developmental capacities such as self-observation and the differences in childhood verses adult memories. Further, it does not account for the dissociation he observed when the ego is flooded and overwhelmed.

Below I will explore some of the contemporary developments of Freud’s theories of trauma. I will initially examine more modern theories of perceptual and cognitive capacities of the brain to outline how it is we perceive danger. I will discuss the different manifestations of infant and adult traumas, and contrast anxiety and dissociation before discussing more contemporary research on normal symbolic functioning (from signal anxiety) and learning, and the consequences of trauma upon symbolic functioning.

**Perception, Subjectivity and Anxiety.**

Perception is a process that is largely unconscious or preconscious, that is, it is a “multi-system and multi-step operation” (Krystal, 1988, p. 204). New perceptions are transformed by a process of evoking unconscious associations which are appraised, evaluated, re-evaluated and endowed with the individual’s meaning (Krystal, 1988, p. 204). Perceptions become more meaningful from the addition of “unconscious internal representations” or schemata (Schore, 2003a, p. 23); or in psychoanalytic terms, “the
stimulation of fantasies, memories and the addition of wish fulfilment” (Krystal, 1988, p. 205). This process of subjectively colouring perceptions with meaning allows them to be “reworked until the final phase of correct recognition is reached” (Krystal, 1988, p. 205). Accordingly, subjective perception can either minimise or amplify perceptions of danger to the individual (Krystal, 1988, p. 206) and in accordance with Freud’s reality principle (1938, p. 199), “psychic reality results from the interaction of perception from the outer world with those derived from inner sources, including unconscious fantasies” (Krystal, 1988, p. 219). Thus for Krystal, “psychic trauma results from a certain perception, evaluation, and effective reaction to a given danger of inner or outer origin. This means that the potential for psychic trauma is related to the nature of self-representation, the way danger is evaluated, and the entire perceptive, cognitive, and affective apparatus whereby such an evaluation can be effected” (Krystal, 1988, p. 202).

**Child and Adult Trauma**

Krystal is “one of the few psychoanalysts to address the different outcomes of massive psychic trauma between children and adults” (Boulanger, 2002, p. 48). Krystal made the distinction that due to the infant’s immature psyche they do not possess an established psychic reality nor adult-type affects (Krystal, 1988, p. 146). He characterised the process of childhood trauma in terms of the infant experiencing unmediated overwhelming affects which he described as “unspeakable [affective] horror” (Krystal, 1988, p. 146). The infant’s ‘affective storm’ causes cycles of both motor hyper- and hypo-arousal. Such affective experiences thus cannot be equated to the more contained experiences of adult anxiety. Further, Krystal also argues that nor can an adult ‘regress’ to an infantile state of trauma due to the adult retaining, to varying degrees, an ‘observing ego’. Additionally, as stated above, in the face of danger an adult can be adaptable as adults have a variety of
cognitive and defensive reactions which come into play that help them manage their anxiety. That is, Krystal believes that usually the adult’s initial reaction to the perception of threat is anxiety (this position is a continuity of Freud’s use of signal anxiety) where the individual who is in danger has the perception of “preventable danger” (Krystal, 1988, p. 143) and responds with anxiety. Thus the adult generally has a more developed mental capacity to perceive, represent and react to danger than the child.

The Traumatised Adult

Krystal’s subjective model of danger perception purports that adult trauma is initiated “not by intense affect, but solely when the subject recognizes that he is facing inevitable danger and surrenders to it” (Krystal, 1988, p. 202); initiating “catastrophic trauma” (Krystal, 1988, p. 114). However I would position this surrender more in terms of the ego being swamped, aligned with Meares’ uses of dissociation (which I describe in the next paragraph). Following the ego being overwhelmed and rendered incapable, the individual’s affective state changes from “anxiety to cataleptic passivity” which consists of a numbing and blocking of emotions and a “progressive inhibition” of mental functioning resulting from “constriction, desymbolization, and fragmentation” (Krystal, 1988, p. 151). Thus the catastrophically traumatised individual begins to lose their “initiative”, “judgement” (Krystal, 1988, p. 145) and life-preserving cognitions (Krystal, 1988, p. 151).

Such descriptions are similar to Nederland’s (1968) Holocaust ‘survivor syndrome’. However Krystal believes these “full blown traumatic state[s are]. . . seldom reached” outside of populations such as the Holocaust survivors, as defensive process are usually successful in mitigating against the full intensity of the trauma. However, such partial traumas can still evoke “a permanent change in one’s own function, defenses, or even self-representation” (Krystal, 1988, p. 214). Krystal thus defines adult trauma in terms of
the reaction rather than solely on the intensity of affects; “the traumatic state can neither be equated with nor understood through the intense affects that may have initiated it” (Krystal, 1988, p. 150). Rather trauma is initiated from when an adult individual can find no escape from “unavoidable danger of external or internal origin” and surrender, causing them to relinquish their “life preserving activity” (Krystal, 1988, p. 154). In other terms, the individual is psychically helpless in reaction to overwhelming experience, and cannot psychically formulate their experience in such a way to escape or act upon the threat, and it is this ‘psychic failure’ that constitutes dissociation (Krystal, 1988, p. 150). Boulanger (2002) who also draws upon Krystal, to argue that trauma reactions in adults (whose defenses and objects relations have not been previously shaped by trauma) cannot integrate a concept of themselves as vulnerable and as a result are paralysed by a sense of a collapsed and vulnerable self which permeates their conscious and unconscious subjectivities (Boulanger, 2002, pp. 51-52). Boulanger describes survivors of adult trauma as suffering from physical fragmentations, losses of affectivity and a sense of personal uniqueness in their actions, and a fear of annihilation (2002). Conversely, the traumatised child is more likely to have the trauma woven into their sense of self as they develop, which I will now describe.

**The Traumatised Child**

Meares formulates dissociation using the work of both Janet and Jackson (Meares, 2000). Meares states that Janet did not formulate dissociation as an active ego defense but rather as a disintegration or falling apart of the ego (Meares, 2000, p. 44)). Similarly, Jackson, an early neurologist and psychologist (whose work Freud is reputed to have drawn upon (Gay, 1988, p. 62)) postulated that severe stress has a disintegrating effect upon the functioning of the brain. In a similar vein to Krystal, Meares examines the
neurological aspects of sensation transformation; in Jacksonian terms, the central nervous system is composed of a series of representational units with the most basic being reflexive, with a “sensory-motor function” (Meares, 2000, p. 47). The brain “develops” and “evolves” higher levels of coordination of these representing units where sensations are refined, or as Meares describes it, the brain represents, re-represents and re-re-represents sensations. There is no introduction of new sensations or experiences at higher levels of the brain, rather, subjectivity, thoughts and affects are generated from a hierarchically organised synthesis of these re-re-representations of sensations. It is from the highest level of this hierarchy of the psyche that the self emerges. Jackson hypothesised that due to the self’s late emergence, it has the legacy of being fragile and nascent. Accordingly, in the overwhelming experiences of trauma:

“that those mental functions which have evolved last and which are the slowest to develop are the most fragile, the most vulnerable to assaults upon the mind-brain system. The greater the assault the further the retreat down the developmental and evolutionary pathway. He [Jackson] called the process, the reversal of evolution, dissolution” (Meares, 2000, p. 48).

That is, the moment of trauma ‘shocks’ the brain and the brain de-evolves, from the top down. The self which provides greater coordination and synthesis, is lost, and the brain fragments into its constituent parts (Meares, Stevenson, & Gordon, 1999, p. 836). In a similar while different vein, Fonagy argues that following interpersonal trauma there is a degree of defensive inhibition of the functional structures of the brain. The inhibition creates a regression which Sandler & Joffe (1967) conceptualise as, in part, being created from the “re-employment of previous structures that have been inhibited in the
course of development” (Sandler & Joffe, 1967, p. 260). Like Meares’ argument that higher psychic orders re-representing material (which acts to also inhibit), Sandler and Joffe argue, that the more proficient emerging ego processes inhibit (through superimposition) the obsolescent, more primitive and immature defensive systems which are always “present but hidden” (Fonagy, 1991, p. 653) by these more recent ego mechanisms. Crucial to the this review of trauma is Fonagy’s notion (based upon the work of Sandler & Joffe (1967)) that “it is only in response to pathological inhibition or breakdown of the higher order processes that such obsolescent aspects become manifest” (Fonagy, 1991, p. 652).

While these two models propose different causes for the ‘inhibition of inhibitions’, both give an account of a traumatic breakdown of the usual synthesis of the mind. Accordingly, Meares argues that an outcome of traumatic disintegration is the formation of poor associated satellites of traumatic-self states (Meares, 2000, p. 112), while other inter-personal and relational theorists (Boulanger, 2002; Bromberg, 1998; Davies & Frawley, 1994; Fonagy et al., 2002) argue the splintering of self is a result of ego-driven dissociation. Whichever model is used, dissociative dissolution or active ego splitting, the results are similar: “when a child is abused she... dissociates in the face of her terror, her confusion, and the unmanageable stimulation she is experiencing, forming split-off self-states encapsulating the entire set of traumatic self and object representations...[consequently, m]emories of childhood trauma are frequently unconscious or not fully formulated, lodged in dissociated self-states and acted on without awareness. Even when they have been brought into consciousness, they are frequently shrouded in uncertainty” (Boulanger, 2002, p. 51). I would stress that while Boulanger refers to the use of repression, she does not state that the adult survivors of
childhood abuse are completely amnesic to the events of their childhood. It is more that
the self states associated with these events are dissociated and poorly represented. For
example, two of the three participants in the study suffered extensive neglect and violent
abuse as children and both of these participants could still articulate a basic but rigid
outline of these abuses. Hersch (2000) and Stern (2006) explain that dissociation does
not always lead to only absolute amnesias but also to memories which are available to
consciousness but symbolically impoverished. I will further describe the processes and
consequences of dissociation below, however to better understand dissociation I must
first define what it is I mean by the term consciousness. I will outline a number of aspects
of normal consciousness and its developmental achievement, drawing from the work of
James and Winnicott. I will then explore some of the contemporary work on trauma,
consciousness and memory. In brief, I will posit that due to disruptions of self experiences
at the time of the trauma, traumatic memories are not well formed, integrated or
symbolised, and as such, operate at an ‘alien’ level in the mind. These trauma memories
are not experienced as ‘normal memory’ and cannot be flexibly recalled to mind and used
to inform the self; an impairment that further precludes witnessing to oneself after the
traumatic event.

The Consciousness of Self

The literature on the self is quite vast; for the purposes of the argument being put
forward in this thesis I will define the Jamesian use of the self. James believed that the
self is not a unitary object but is actually duplex:

“[w]hatever I may be thinking of, I am always at the same time more or
less aware of myself, of my personal existence. At the same time, it is I
who am aware; so the total self of me, being as it were duplex, partly
known and partly knower, partly object and partly subject, must have two aspects discriminated in it, of which for shortness we may call one the *Me* and the other the *I*” (James, 1892, p. 176).

Thus through “abstraction” (Meares, 2000, p. 12) different elements of the self can be identified enabling us to identify different aspects of an experience; the first aspect is the subjective experience of being immersed in the experience, and the second of observing oneself in the midst of such experience, or in other terms the *experiencing self* and the *observing self*. Authors such as Meares (2000; 2005), Ogden (1994), Donnel Stern (1997; 2006) and Bromberg (1998; 2006) extend the view of the Jamesian self by placing it in a relational context; they conceptualise the self as identifying with not only the different aspects of the self experience, but also with the Other, making the self tri-part (Meares, 2000, p. 10).

James saw that the self continually interacts and observes the world through a “stream of consciousness...[a] drift of images, memories, ideas, imaginings” (Meares, 2000, p. 10). In this stream, the self has a drift from one self-with-other experience to the next. While the environmental aspect of this stream continually changes and shifts, the self-experiences of the environment are more static and underpin a sense of self-continuity and a subjective sense of a synthesised (whole) self. That is, an individual has the subjective sense of being present and experiencing the present moment, while also simultaneously accessing the past through images, memories and reflections (the experiencing and observing selves). A sense of continuity and self synthesis is achieved through a number of routes. Partially the experiencing-self in the stream of subjectivity provides a temporal link moving between self states, and additionally a sense of being ‘the same’ arises from
recurrent experiences of the self’s affective reactions to different events, producing a sense of continuity. Donald Stern states “as a sense, not as a fact, [continuity] is actually consistently refound continuity, since the sensation of going-on-being emerges only when [a past] experience is brought forward into a present moment” (D. N. Stern, 2003, p. xix). Thus a conscious sense of self is a remembered sense of self, continually re-checked and reaffirmed in relation to past experiences of the environment. Thus the self is implicitly tied to the operation of memory and the ability to be ‘partly knower’ and ‘partly known’; to experience and simultaneously observe (through drift of images, memories, ideas, imaginings) with reference to the accumulated knowledge about the self and the world. Stern contends that the mind in knowing and referencing current experience to the past, is actively organising and amalgamating experience from the different sensory domains into memory.

The Project of Synthesis

Stern contends that humans have the innate ability to synthesise experience from different domains of sensory modalities, which enables the self to develop fuller pictures of their experience (D. N. Stern, 2003, p. 51). Stern contextualised his work on continuity with reference to Piaget (1952). Piaget hypothesised that continuity is established by bringing experiences in different sensory domains together through temporal sequencing and experience. For example an object such as a dummy can only be visually recognised as a dummy, by actions such as first exploring the feel and function with the mouth, and then through bringing the dummy out of the mouth and visually exploring it; it is the temporality of these actions which associate these two separate sensory domains of knowledge. However Stern argues that children have an innate ability to synthesise experience that is beyond temporally synthesised material. He cites an experiment
(Meltzoff & Borton, 1979) which gave blindfolded 3 week old babies one of two different dummies to suck. When the blindfold was removed the babies preferred to gaze at, and visually explore the dummy which they had just sucked on. Stern hypothesised that:

“infants appear to have an innate general capacity, which can be called amodal perception, to take information received in one sensory modality and somehow translate it into another sensory modality.....[Similarly]....[i]nfiants appear to experience a world of perceptual unity, in which they can perceive amodal qualities in any modality from any form of human expressive behaviour, represent these qualities abstractly, and then transpose them onto other modalities” (D. N. Stern, 2003, p. 51).

The implication being that a fundamental task of the mind is to be active in synthesising, organising and categorising perceptions of a yet unlabelled environment (G.M. Edelman, 1987). This is achieved by engaging “in two paradoxical activities: on the one hand, [the mind] creates schemas, and tries to fit all new experiences to its preconceptions [Gadamerian-prejudices]. At the same time, it also is constantly looking for new ways of putting things together [new Gadamerian horizons], for new categories to create” (van der Kolk & van der Hart, 1995, p. 169). In other terms, the mind fluxes between a world view and a horizon based view. These categories or views are organised not on the objective qualities of the object but on the subjective “quality of an experience and the feelings associated with it” (van der Kolk & van der Hart, 1995, p. 169). We tend not to associate and organise memory by chronology but rather through the subjective affective-based qualities of experience.
But for this learning to occur, the self needs to emerge in a relatively reliable and predictable environment:

“It can be said that good-enough ego-coverage by the mother (in respect of the unthinkable anxieties) enable the human person to build up a personality on the pattern of a continuity of going-on-being. In the state of going-on-being the infant gathers, takes inside, and synthesises “experience[s] that can be called personal” (D. W. Winnicott, 1962(1965), p. 60).

That is, when the environment is reliable and predictable, the self can make reliable observations where the variable in their learning is initially the self, not the environment.

But what constitutes a reliable environment?

**Initial Environmental Continuity**

To establish a reliable environment the parent needs to be active in sensing and acting upon the needs of the child. Without such sensitivity the child suffers the effects of ‘impingements’, whereby the child is exposed to the disintegrating effects of the unthinkable anxieties (later to be called the primitive agonies (D. W. Winnicott, 1963(1989), p. 89). Notably, Bromberg interprets Winnicott’s impingements and resultant primitive agonies as the experience of dissociation (1998, p. 271)). The most basic unit of going–on-being contains three elements, the child, the mother and the environment. As described earlier, the infant requires the outside world to be exposed in manageable and experience-able doses. Day to day this translates into the mother balancing feeding the baby, other siblings, ensuring sleep is established (for all parties), and providing a balance between being held, handled and the child being by themselves. In the home the
situation is usually more complex than the three units above. The mother tries to balance the needs of her baby with her own needs and those of the family. In his essay titled *The World in Small Doses*, Winnicott said in order to be imaginative and excited about our contact with “things of the real world,” we have our mothers “introduce the real world in small doses” (1964, p. 70); which is a function of containing and transforming experience for the child. Stern operationalises such descriptions through in clinical observations of mothers and children (D. N. Stern, 2003). Stern emphasised the aspect of *sameness* in a mother’s repertoire of responses. The child has an affectively coloured interaction with the mother amidst the mother’s predictable repertoire of responses. The patterns of behaviour and how they feel to the child are learned and remembered, and subsequently when a child returns to an experience, it is experienced as familiar:

Each time the infant is confronted with herself at moments of primary consciousness, she feels the “same” by virtue of the invariants created from her vital background feelings and her vitality affects and their expression. …Effectively, then, one feels continuous even if most of the time the sense of continuity is nowhere in play. But when it is, one re-finds the sense of being the same” (D. N. Stern, 1985 (2003), p. xix).

The facilitation of going-on-being is a task come to through the ordinary tasks of living, tasks that shift as the child and family develops, which influences the child’s sense of a continuity of self; like consciousness, mothering has both content (what is done) and form (how it is done). The importance of this point is not just about the reliability of the undertaking of the tasks but also how mothering is undertaken, it is the form, the feel of the interaction; again we return to reliability of the *affective vitality*, or affective quality of an experience which creates a sense of continuity for child.
In summary, I have outlined: the duality of self; consciousness; the mind’s innate synthesising; and the reliability of the environment. And in brief, the experience of the world must be initially mediated by the other to make experience experience-able by the child’s nascent self, a self that can then be adaptive and active in developing and synthesising understandings about their interaction with the environment and other subjects. This synthesis of the world forms an enduring background of sameness to experiences, and binds together the sense of self and makes experience comprehensible and useable to the self. With a present and reactive consciousness, one can readily contact and interact with the other, where one can be a co-creator of hopeful intersubjective spaces.

On the background of these outlined concepts of self and consciousness, I will next discuss the effects overwhelming experiences have upon the subjective experiences of self and the memories of these experiences. I will build the argument that it is impossible to adequately witness to oneself in the face of dissociation.

The Singularity of Dissociation

In trauma the duality (or threefold) state of the self is suspended; the self is in a state of singularity, a state Freud described in *Inhibitions, Symptoms and Anxiety*:

’[f]right’, ‘fear’ and ‘anxiety’ are improperly used as synonymous expressions; they are in fact capable of clear distinction in their relation to danger. ‘Anxiety’ describes a particular state of experiencing danger or preparing for it, even though it may be an unknown one. ‘Fear’ requires a definite object of which to be afraid. ‘Fright”, however, is the name we
give to the state a person gets into when he has run into danger without being prepared for it; it emphasizes the factor of surprise (1920(1955), pp. 12-13).

Freud described ‘fright’ in comparison to ‘anxiety’ and ‘fear’, both of which he conceptualised as being in ‘relation’ to either a dangerous object (fear) or the concept of a dangerous object (anxiety). This conceptualisation places anxiety and fear as being within Gadamer’s language constituted world; relational states, with an active perceiving and processing mind. Whereas the experience of fright is without world or object; the mind is shocked due to its lack of preparedness and therefore unable to perceive another object or concept. In this state of shock, the picture of the mind is that of singularity; the mind cannot perceive of itself in relation to another (object or concept). Ferenczi extended this concept, and emphasised the impossibility of preparedness, in his studies of childhood sexual assault. He believed that a child’s mental functioning is overwhelmed by the much greater power of the adult: “the overpowering force and authority of the [perpetrating] adult makes them [the child] dumb and can rob them of their senses. The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor” (1933(1950), p. 162). A child in a state of perpetrated fright loses their sense of self and they become mindlessly dependent upon the aggressor. The traumatised child is in a singular state where they are dominated by the perceived intentions and demands of the perpetrator. Similarly Laub describes this singularity in his Holocaust work on testimony and witnessing. He describes the event in terms of a disrupted cognitive capacity:

“[t]he traumatic event, although real, took place outside the parameters of ‘normal’ reality, such as causality, sequence, place and time. The
trauma is thus an event that has no beginning, no ending, no before, no during and no after. This absence of categories that define it lends it a quality of ‘otherness’, a salience, a timelessness and a ubiquity that puts it outside the range of associatively linked experience, outside the range of comprehension, of recounting and of mastery” (Laub, 1992, p. 69).

Laub’s description of extreme stresses being outside of the mind’s capacity is in a similar vein to the DSM-III-R’s PTSD descriptor, where traumatic experience was conceptualised as being “outside the range [or realm] of human experience” (American-Psychiatric-Association, 1987, p. 250); beyond the emotional and cognitive capacities of the individual to perceive.

Thus in such states of overwhelming stress the observing self is swamped making experience unknowable or incomprehensible: “the inherently incomprehensible…. structure of the event preclude[s] its own witnessing, even by its very victims” (Laub, 1995, p. 65); in trauma the mind is incapable and paralysed; it is dissociated. While there are many different uses of the term dissociation, I am initially referring to it as a “subtle disorganisation of cerebral function bought about by the overpowering effect of the emotions associated with the traumatic event” (Meares, 2000, p. 44) to capture the sense of dislocation and paralysis of the mind. However dissociation in this sense not only describes the moment of the dislocation of the mind (peritraumatic dissociation), but can also describe how such disrupted memory is stored in memory, and how dissociation may subsequently reoccur and recurrently disrupt the subjects ongoing stream of consciousness. I will return to the discussion of dissociation in Chapter 6, _The Absent Witness_ (from page 175) and outline different aspects to dissociation. Next I will return to
the discussion of how we come to represent our experience with a discussion of the normal and traumatic processes of symbolic functioning which will be relevant to the later discussion of dissociation and trauma also in Chapter 6, *The Absent Witness* (from page 175).

**The Mother: The Original Protective Shield**

As I wrote above, Freud coined the term ‘automatic anxiety’ to refer to situations in which the child is psychologically helpless due to being exposed to overwhelming stimuli. In this helpless state, the child’s affective reactions are largely unmediated and unfettered. Whereas the “mechanism” (Laplanche & Pontalis, 1973, p. 422) of ‘signal anxiety’ develops out of the child’s experience of being cared for, where the mother protects against being subjected to, and overwhelmed by their automatic anxiety. A symbolic representation of ‘anxiety situation’ is created, as what comes to be feared is not the internal automatic anxiety, but separation from mother. As it is symbolic, signal anxiety is in a mitigated or modified form, and thereby tolerable (Krystal, 1988, p. 206). Accordingly this development of signal anxiety brings the subject affect tolerance; being able to bear painful affects in the conscious sphere of mind which “allows us to extract the maximum useful information from them” (Krystal, 1988, pp. 219-220).

Khan stated that through the inception of the theories of automatic and signal anxieties in *Inhibitions, Symptoms and Anxiety*, Freud launched the foundations of ego Psychology, where the mother is conceptualised as being essential to provide “extraneous help” (Khan, 1963, p. 288); to protect and support the infant’s vulnerable developing ego. Subsequently, Khan characterised the mother as the initial protective shield, as the mother is an “auxiliary ego to support his [or her] immature and unstable ego function”
(Khan, 1963, p. 290). It is reminiscent of Winnicott’s words I mentioned earlier, that “there is no such thing as an infant” (D. W. Winnicott, 1965b, p. 39), meaning of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant. This conceptualisation of the mother as the auxiliary ego or protective shield is the ‘what’ of the development of symbolic functioning. Next I will explore ‘how’ it is developed starting with Bion.

**The Development of the Symbolic**

In describing the interactions of mothers and their babies, Bion (1967; 1970) theorised that mothers’ take in and hold in their minds the primitive and unbearable experiences of the infant; the mother is able to ‘grasp’ the anxieties of the child, through projective identification, and think about them without being caught up in them. The mother being able to grasp the experiences of the child effects a “transformation” (J. Symington & Symington, 1996) upon the child’s experience. The mother helps transform unbearable experience into something that can be meaningfully held in mind (J. Symington & Symington, 1996, p. 84), as she “take(s) the panic out of their anxieties” (Garland, 1998a, p. 109). Bion postulated that the child experiences sensations as what he termed “beta elements” (Bion, 1970, p. 10); these are raw concretely felt experiences, which cannot be held in thought and consequently they can only be dealt with through “expulsion” (projection) (J. Symington & Symington, 1996, p. 62). These beta elements are projected into the mother (or therapist), who through containing these beta elements, transforms them into alpha elements (Bion, 1970, p. 10), which when re-introjected by the child can be digested by the mind, and are therefore more bearable. These alpha elements can be stored in memory and are the basis of symbolisation and understandable thought, or subjectivity (J. Symington & Symington, 1996, p. 63). In other terms, it is the relationship
with the other, the initial ‘container’, or this ‘thinking’ and ‘coping’ mother which becomes internalised by the child (J. Symington & Symington, 1996, p. 58). So, in time, through relation with the mother, the child develops the ability and capacity to tolerate, manage and eventually think about its own anxieties; symbolically representing them.

Symbolism

Symbolisation “is a relationship between three independently existing and independently characterisable terms: the signifier (in this case the symbol), the signified (in this case the symbolised), and the subject (for whom the symbol stands for, or substitutes for, the symbolised)” (Petocz, 1999, p. 242). Following on from Freud’s notion of signal anxiety, the ability to effectively represent the idea of affects "is crucial in the achievement of control of overwhelming affect” (Fonagy, 1991, p. 642), it is the capacity to regulate affect (Fonagy et al., 2007, p. 309). As discussed previously, when affect is represented in a symbolic and minimal way, it allows the extraction of maximum experience (and thought) from it. Klein (1930/1975) and then Segal (1957) differentiated between two different aspects of symbol formation. The first was symbolic representation (Klein, 1930/1975, p. 220) in which the symbol represents the object but is not entirely equated with it; there is a differentiation between the two. In this mode, concepts can be experienced in a flexible way as there is a multiplicity of meanings and therefore ways of experiencing the symbolised. Symbolic elements (thought, affect, somatic and sensory), are also commonly referred to in psychoanalysis as mental representatives. Mental representatives are similar to understandings rather than fixed objects. Similarly Gadamer believed that meaning and understanding was not revealed by cracking a secret code of language which held its true meaning, rather that meaning is revealed through the dynamic use of language in the context of the other. Whereas Friedman argued (using
the example of trying to describe an object) that any object can be described by listing its attributes but that one:

"could not possibly describe it completely in however long a list of attributes. So your representation would have to be somewhat open ended. In other words, if a representation is a kind of understanding of an object, it will share some of the real object’s undefinableness. A representation that was neatly delimited would not be the representation of an object; it would be the representation of a formal relationship [such as a dictionary definition]" (Friedman, 1980, p. 220).

This formal and set relationship is similar to the second type of Symbolic formation; symbolic equation. Symbolic equation is where the symbol is experienced as being equivalent to the object symbolised and the two are felt to be identical (Segal, 1957, p. 393). The distance or distinction between the subjects self-experience and the object, or between the symbol and symbolised, collapses (Elliott, 1996). In symbolic equation the object represented and its representative lose their multiplicity of meaning and their freedoms and become a way of being rather than a way of thinking, where objects are reified as in Friedman’s dictionary text. Fonagy and his associates have extended the notion of symbolic equation and examined its developmental origins in terms of learning theories.

**Psychic Equivalence**

Fonagy, using Piaget’s theories, states that in the early stages of social development after the acquisition of language, the child’s understandings of the world are still quite limited. That is, these children who are developmentally at Piaget's "pre operational stage"
(Flavell, 1963, p. 150) have difficulty in conceptualizing the permanence of objects and in balancing and discriminating perceptual conflicts. Fonagy characterises ‘preoperational’ children as “expect[ing]” (Fonagy et al., 2002, p. 56) that their thoughts will be accurate mirrors of reality, that is, as being "direct replicas of reality" (Fonagy et al., 2002, p. 257), as opposed to representations of reality. Fonagy called this mode "psychic equivalence". As such, if the child is confronted with a conflict between their inner experiences and external reality, they will distort internal subjective experience in order to match "information coming from outside" (Fonagy et al., 2002, p. 56).

In adulthood, psychic equivalence is seen in psychosis and trauma. As in Klein's paranoid schizoid position, belief is knowledge; it is the liberation of the equation of belief and knowledge that is the work of therapy. Whereas usually in adulthood we experience that there is a difference between knowing and believing. In the depressive position a person "can believe but know that he does not know" (Fonagy et al., 2002, p. 260). An example of these two positions is hearing a banging on our front door late at night. For the severely traumatized person they may freeze in fear as someone is breaking in and they are in severe danger, but for the non-traumatized person, they fear that the banging means that someone is breaking in while perhaps also simultaneously thinking that it may be someone in need of help and assistance. They then would be more likely to react upon the situation with thought. Such a meta-stance of being able to observe one’s thinking and know that one does not know is a core concept in Fonagy’s work on mentalisation and reflective functioning.
Fonagy has termed “the capacity to conceive of conscious states in oneself and in others as the capacity to mentalize” (Fonagy, 1991, p. 641). In a nutshell, Fonagy, Gergely and Target (2007) describe ‘mentalisation’ as evolving out of a:

“biological predisposition to a shared orientation to the representation of external reality.....[in which] the child naturally turns to the caregiver to provide him with information about the nature of the world, internal and external. Marked mirroring (ostensive cues) ensures that awareness is inwardly as well as outwardly directed. By building second-order representations on the one hand, and exemplifying mental reasoning schemes to give sense to action on the other, the relationship with the mind-minded reflective caregiver transforms the implicit and automatic mentalising competence into an explicit, potentially verbally expressible, and systematised ‘theory of mind’.... Verbal practice and direction towards perspective taking plus mentalising explanations provided by the attachment figure are again conducive to the development of explicit mentalising. This eventually leads to the ability to draw correct inferences about the knowledge contents of others’ minds. The caregiver behaves towards the child in such a way that the child’s assumption of universal shared knowledge is mildly challenged and his knowledge of internal states expanded.” (2007, p. 312).

Fonagy speaks of a “pedagogical stance” (Fonagy et al., 2007, p. 312) where the parent is active in teaching the child how to be an effective agent in the social world. The parent teaches the child how to use their own subjective reactions to ‘read the minds’ of others (Fonagy & Target, 1997, p. 679). Thus reflective functioning is a crucial capacity to be
able to interpret one’s identifications with others and take a meta stance from self and other; for the child to be able to represent their own and the other’s mental states in a flexible and symbolic way, “the child develops a sense of...[utilizable] overlapping knowledge [with others] and yet of the uniqueness and separateness of his self-experience” (Fonagy et al., 2007, p. 312). However I have not yet completed the discussion of psychic equivalence as I am yet to explore the effects of psychic equivalence upon subjectivity, which I will now do.

**The Traumatic and the Symbolic**

As I described earlier, when discussing symbolic equation and psychic equivalence, it is not that the symbol and the symbolised are equated, but it is that the subjective sense of difference is lost. The meaning rich multiplicity, the play and flexibility of an experience is lost. The concept of equivalence allows us to expand Freud's moment of traumatic convergence (in *Beyond the Pleasure Principle* and in *Inhibitions, Symptoms and Anxiety*), for in psychic equivalence there is a collapse of:

"the [felt] distinction between the external world and the internal experience; when the external world becomes a direct reflection of our most terrifying thoughts, feelings, fantasies, and nightmares, reality testing is irrelevant, and the survivor enters into world of psychic equivalence...Normally in psychic equivalence, mental contents appear to correspond to physical realities; massive psychic trauma reverses the usual meaning of this term, however. It is not that perception has been contaminated by unconscious fantasies but that psyche is overwhelmed by external horrors that find their equivalents in the unconscious..... In the state of psychic equivalence, thoughts and actuality have become
In Freud’s description of psychic trauma, there is a period of chaos where "external and internal dangers, real dangers and instinctual demands" converge (S. Freud, 1926[1959], p. 168). In this trauma, the mind is inhibited, swamped, and paralysed. There is a lack of coordination and synthesis of experience; the subjectivity of the trauma is partial, fragmented and often lacking the ‘I’ or ‘me’, the narrating aspect. Boulanger argues using Fonagy that these moments of trauma feel like ‘objective’ representations of the trauma experiences; to the survivors they are “facts” or “truths”. Boulanger further argues that while the experience feels like ‘traumatic facts’, this ‘factuality’ stems, in part, from the mind being unable, due to paralysis, to generate a subjective sense of the experience. That is, there no personalised ‘I’ stance in relation to the traumatic experience; there is the loss of the Jamesian ‘I’ which is separate but related to experience.

Thus what I am arguing, and will explore in greater detail later in Chapter 6: The Absent Witness, is that in trauma, the ability to discriminate and impose ones original view from the ‘I’ upon experience is severely impaired. The self is impaired and no longer possesses the duplexity of being known by itself. Thus the traumatised individual enters an “unreflective world, [where] the self that acts as mediator between immediate and mediated experience is no longer accessible... Perceptions and interpretations are [experienced as] one and the same, and thought cannot be relied on to provide a different perspective. The loss of the self as interpreter of experience also implies that the self as maker and conveyor of meaning has been lost” (Boulanger, 2005, p. 24).
Longer Term Consequences of Loss of Mentalisation

In the longer term, trauma can disrupt mentalisation and the signal capacity of affects (in future responses to comparable dangers) where signal affects “are likely to be less adaptive and [consequently] one's vulnerability greater” (Krystal, 1988, p. 216). Krystal characterises traumatic experiences (where one has been helpless) as creating “a vulnerability to experience future events in a dire fashion, diminish the security, and thus make it more likely that the interpretation, the psychic reality, will be experienced as helpless in the face of unavoidable trauma” (Krystal, 1988, p. 218). Affects can lose their signal function as they become more associated with the trauma where they trigger a dreaded expectation of the return of the trauma state, a "doomsday orientation" (Krystal, 1988, p. 211). If a post-traumatic state develops into a trauma disorder, it is one where affects and their stimuli are defended against by the ego utilising more primitive defenses to prevent a return of the traumatic state. This reaction protects the individual against the return to the psychic trauma state by “blocking future ability for fantasy elaboration...[but also the] capacity for pleasure, joy, and happiness.... which is the price of simultaneously (but less successfully) blocking of the excessive intensity of pain and distress” (Krystal, 1988, p. 217).

A further consequence of the impairment of symbolic or reflective functioning is the hyper-activation of the attachment system (Fonagy et al., 2007, p. 299; Schore, 2003a, pp. 80-81). That is, a fearful child (or adult) whom is dissociative as a result of the actions of a potentially violent and frightening carer or significant other, is mentally impaired. Thus paradoxically the traumatised may seek closeness with those who abuse them for safety (Fonagy, 1999, p. 160).
Summary of Trauma Position

In this section of the chapter I have drawn a picture of trauma which is based upon the mind being overwhelmed and losing its usual self functions. Traumatic experiences become fragmented, partial and devoid of significant personalised meaning. I have discussed aspects of symbolic functioning which has its origins located solidly in the mind of the other. It is through the experiences of the caregiver and their representations that, rich synthesised symbolic function comes to life. However, thus far I have discussed symbolic representation of reality in terms of identification process (a fuller discussion of identification will follow in this chapter) but I have not as yet fully drawn out the intersubjective origin of intersubjectivity. It is important to discuss as I am arguing in this thesis that hope is found in the intersubjective movements and spaces between individuals, a space that is readily disrupted and distorted in trauma. I will start with a brief comment about intersubjectivity and Freud before outlining Winnicott’s theory of intersubjectivity.

Intersubjectivity and Freud.

A number of authors contend that Freud’s writing and theories were based upon intersubjective foundations, namely the drives and his therapy method.

Mills characterises that relationality comes from “the transmogrification of the drives” (Mills, 2005, p. 173). Mills argues that Freud used the term trieb to describe the ontology of the mind, as a “malleable, purposeful, transforming and transformative telic process of directed mental impetus, impulse, or endogenous urge” (2005, p. 173) that is embedded within the soma but not equated or reducible to it.
Freud places the object or the other, at the centre of this mental activity of the drives. Mills characterised Freud as seeing objects (others) as “the ‘most variable’ aspect to drive activity”, which “ultimately privileges human connection” (Mills, 2005, p. 174). That is it is only through relatedness and human contact can our drives fulfil their purpose.

While Freud was monadic in his theories and writings, “his theory of therapy, qua the talking cure...was from the start expressed in dyadic, or interpersonal terms alone...from the very beginning the theory of therapy was interpersonal” (Lothane, 2003, p. 613). As Freud stated: “he [the therapist] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient...the doctor’s unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious” (S. Freud, 1958/1912, pp. 115-116). Freud’s therapy privileged and promoted the relationship and the meeting of the two minds in the therapy.

**Reality through the Other.**

Laplanche & Pontalis (1973) comment that Freud and much of psychoanalysis is troubled and conflicted when trying to account for the establishment of reality in the individual. They characterise the establishment of reality for Freud being through an “obscure route” which is dependent on the use of reality testing, without being to develop a “consistent theoretical explanation of this process and without giving any account of its relationship to the reality principle” (Laplanche & Pontalis, 1973, p. 381). In contrast, Winnicott developed a theory of reality being established intra-psychically and interpersonally, for which he could clearly articulate the rationale, its links to infant observation, and its mechanisms.
Winnicott (1971e) postulated that the beginnings of the establishment of reality are in the moments when the child begins to discover the external world and show active interest in it. For the child, this is experienced as he/she omnipotently creating the object (a subjective object). In this state the child does not differentiate between objects that are internal (intrapsychic) and those that are external. In the child’s inner world, destructiveness prevails and objects within the inner world are subject to this destructiveness. By destroying the subjective object, and by the object actually surviving the destruction, the object is felt to be placed “outside the self” (D. W. Winnicott, 1971e, p. 91). In other terms, “if she [the mother] survives the attack without retaliating or withdrawing under the attack, then we know her to exist outside ourselves, not just as our mental product” (Benjamin, 1995, p. 39). In addition, “when the destructiveness damages neither the parent nor the self, external reality comes into view as a sharp, distinct contrast to the inner fantasy world” (Benjamin, 1995). Winnicott made the point that this is not a one off act of object destruction but rather it is a crucial element in "development" and "adaptation", hence making it a lifelong process (D. W. Winnicott, 1971e, p. 92).

Winnicott speaks of object "survival" in terms of the object not retaliating (1971e, p. 91). Object [parental] retaliation is seen in behaviours such as withdrawal, changes in quality of care, absence and self interest. However, when the object retaliates (repeatedly) in reaction to the destructiveness, then the reality process is derailed and the object is not placed outside and continues to be an internally felt experience. Benjamin believes that “when destruction is not countered with survival, when the other’s reality does not come into view, a defensive process of internalization takes place” (Benjamin, 1995, p. 40). The child who is left crying hungry in the cot, is not sure what has been destroyed as the child
does not get consistent feedback that objects are real or are fantasy, about what he or she can destroy, or about what will survive; he or she is confused and reality is not established.

In other terms when the infant does not have the freedom to destroy the magical parent in fantasy because the parent is grossly inconsistence, neglectful or violent, the parent never becomes fully real and external to the self. They are represented internally, in what Fonagy calls the alien self: “What cannot be worked through and dissolved with the outside other is transposed into a drama of internal objects, shifting from the domain of the intra subjective into the domain of the intrapsychic” (Benjamin, 1995, p. 40).

Thus, the child establishes (and re-establishes) the realness of the other through destroying his fantasy objects and the parents become real through their consistent attuned and empathic behaviours. In an adult form, true intimate relations are only maintained by a relationship that balances our own needs and the needs of the other. We need our own needs recognised and we need to recognise the needs of the other; a balance between self assertion and empathy. As Benjamin states, the development of a healthy understanding of reality comes from an interplay of “constant tensions between recognizing the other and asserting the self” (Benjamin, 1995), of healthy destruction and aggression. Reality comes from intersubjectivity.

As discussed above, fundamental to the development of self is the object relational experiences of the individual, where the relationship with the mother is the foundation of reflective functioning (symbolisation) and the external world. These are subsequently at the heart of thinking, affect representation and reality. Laub and Auerhahn state that an
internal symbolic level, in trauma, “the internal mother always watches, allowing the attack to occur, or at least failing to prevent it” (Laub & Auerhahn, 1993, p. 287). Consequently, there is an inhibition and disruption with the relationships with others, particularly intimate relations. As they state, “trauma disrupts the link between self and empathic other, a link first established by the expectation of mutual responsiveness in the mother-child bond and ‘objectified’ in the maternal introject..... the very fabric of psychic life” (Laub & Auerhahn, 1993, p. 287), reflective function, and defensive functioning. Thus ‘the Other’ ontologically is crucial to ones mental life.

Above I have outlined various aspects of intersubjectivity and the intrinsic links we have to each other, but I am yet to discuss how it is that we perceive and take in the other; a discussion which I will now conduct in the exploration of the concept of identification. Identification will be a key concept in all of the empirical chapters.

**Identification**

In this section I will discuss more ‘normal’ aspects of identification. There are different treatments of the concept of identification within psychoanalysis and I will outline some of the different uses of the terms as I will be referring to the identification concepts in later chapters and the assumptions underpinning different standpoints will be important to discern. In this chapter I will discuss Freud’s use and development of the term, and I will explore two different readings of Anna Freud’s work on identification with the aggressor. The first reading of Anna Freud will be from the standpoint of defense, and the second from the standpoint of dissociation, whereby I will draw out the boundary distinctions of normal and pathological identifications. Next I will explore Klein’s work on splitting, projection and her characterisations of states of mind using the idea of
‘positions’. Her work on the paranoid-schizoid and depressive positions gave psychoanalysis a model which accounted for the shifting capacities in one’s ability to identify and for the subjective experience of different states of mind in relation to the other. I will then discuss the work of Fairbairn which strongly privileged the role of the environment in the development and pathologies of the self. His ideas whilst they derived from Klein’s work on splitting, placed the need for affiliation as central to human motivation and in doing so took a relational stance rather than a libidinal stance to human motivation. His ideas have given rise to ideas of the multiplicity of self and how children accommodate early relational failures. I will then finish this section by looking at Winnicott’s developments on identification and difference. He introduced the notion that identification is not possible without notions of creativity and otherness.

As Freud came to the realisation of the significance of identification to the establishment of the ego, he commented that a complete understanding of identification had eluded him. Freud stated in a footnote of *Group Psychology* (1921(1955)) that he wished that he had conducted a:

“far more fundamental and comprehensive psychological analysis …[to uncover the]… path [that] leads from identification by way of imitation to empathy, that is, to the comprehension of the mechanism by means which we are able to take up any attitude at all towards another mental life” (S. Freud, 1921(1955), p. 110 FN).

By ‘fundamental’ I take it that he means the processes involved in being able to comprehend the self states of the other and how such states may become a part of the subject. From the outset then, identification was a term that encompassed both notions
of ‘comprehension’ and ‘integration’. The bulk of this section of the chapter will address the ‘integration’ aspect of identification, however it is worth also briefly describing research on the first aspect of identification; how it is we might ‘comprehend’ the self states of others. I restate this as ‘how do we understand how another person feels when there is a physical space between them and me?’ Neurological research postulates that there are distinctive mechanisms within the brain that allow us to feel what others feel.

How Do We Comprehend the other?

Stern in his introduction to the paperback edition of his classic, The Interpersonal World of the Infant (2003), explored three aspects of neurological research based on primates and humans. In the first, Stern wrote that when monkey A (who is stationary) watches the hand and facial movements of monkey B (who is moving), monkey A’s motor neurones fire in a similar area to the motor neurones which fired to make the motor movement in monkey B. Second, in humans, when one watches another person move, the ‘firing threshold’ is reduced in the muscles which would be required to make similar movements in the observer. Finally, Stern cited research which concluded that infants can distinguish quite early between ‘self generated stimuli’ and ‘other generated stimuli’, and that of these two, the other generated stimuli and events are more interesting to an infant (D. N. Stern, 2003, p. xxi).

Stern hypothesised from these research findings that these functions (assuming we have similar neurological structures to primates) allow a “neurobiological basis for, in some fashion, feeling in.. [ones’] body an act that occurred in another’s body” (D. N. Stern, 2003, p. xx). Similarly, Schore described projective identifications as an inter-personal communication using “facial expression[s], body posture and the form and tone of
vocalisations” (Schore, 2003b, p. 59) as a basis to the communication. These findings suggest an answer to the question: ‘how do we know the feelings of the other’ which Freud raised; we are wired with a preference for the other and neuro-physiological capacities exist which allow us to attune to, and develop, understandings of the experiences of the other. I will now move on to discuss Freud’s ideas about how individual’s attribute meaning to these experiences we have of the other, which illuminate how we both perceive the other and ultimately ourselves, both in normal and traumatic circumstances.

**Freud and Identification**

Laplanche and Pontalis believe that Freud came to see identification as a process central to the personality as it was the process through which the personality is “constituted and specified” (1973, p. 205). Freud’s early discussions of identification were in the context of theorising about the development of hysterical symptoms in *The Interpretation of Dreams (S. Freud, 1900(1953)).* Freud postulated that hysteria could arise from the fear of experience. Freud used the example of desire (bearing in mind its Victorian context) where a person with repressive tendencies could fear an identification with someone who was renounced or feared. In Victorian times a middle class woman may have feared identifying with a street prostitute who was positioned as being in possession of unacceptable desire. Realising one’s commonalities, that is identification, with the renounced other, if they became conscious, could open the way to the expression of unacceptable sexual desire. Hence, Freud theorised that hysteria could also be a defense against unconscious fantasies in which the subject identified themselves with another. Freud made the distinction that these identifications were closer to a sense of
assimilation or merger of the self with the other, rather than a simple imitation (S. Freud, 1900(1953), p. 150).

This theme of assimilation was further spelt out in his classic work *Mourning and Melancholia* (S. Freud, 1917). Freud made a shift to understand that the effects of loss could be mitigated against through identification, where the ego established an identification with the lost object, rather than simply seeking out an alternate object. In his famous words: “thus the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as though it were an object, the forsaken object” (S. Freud, 1917, p. 249). In examining this in greater detail, the ego identifies so strongly with the lost object that it is as if it is the lost object itself. The implication being that the ego divides itself where one part of the ego becomes the object and the other part continues the relations with this ‘as if’ ego-object. Hence the loss is denied and controlled through taking a part of the self to be the lost object.

Later in *Group Psychology*, Freud delineated between two different aspects of identification. Freud observed that the complexities of identifications develop in line with the development of a child’s cognitive capacity. Freud wrote that the child initially identifies with and desires his mother, while concurrently also identifying with his father. And this initial identification with the father is a “primal form” (Laplanche & Pontalis, 1973, p. 207) of “emotional tie with an object” (S. Freud, 1921(1955), p. 107), something Fairbairn referred to as ‘primary’; a merger with the other, where the subject feels immersed in the mind and emotional state of the object (Fairbairn, 1941(1994), p. 34). More modern readings of identification believe that this style of identification is not abandoned in adult life, rather it is the ‘glue’ of relating as it “generates emotional
contact between adult people...[as]...some element of deeply shared value is a necessary component [in love and friendship]” (N. Symington, 1986, p. 253). But in returning to the developing child, he is initially untroubled, as the two processes run in parallel (identification and desire). But as the child’s mental capacities increase, the child develops the awareness that the father is a threat to the child’s unencumbered relations with his mother, and the identification develops from wanting to be like his father, to wanting to be his father, that is replace him, and with this development the identification “takes on a hostile colouring” (S. Freud, 1921(1955), p. 105). Ultimately the resolution of the Oedipal struggle is reliant upon the son relinquishing his libidinal strivings for mother, and instead taking his father inside as an object to model himself upon and to partially identify with (S. Freud, 1921(1955), p. 105; Ogden, 1986, p. 134). This is the mechanism by which the ego ideal is formed. Thus in the formation of the ego ideal two types of identification are observed, the initial primal or primary form and the second, as the child matures, a “substitute for a[n abandoned] libidinal object-tie” (S. Freud, 1921(1955), p. 107).

However in this work in Group Psychology (1921(1955)), Freud also defined a further type of identification similar to his original observations in his work in hysteria, an identification which is independent of any direct sexual cathetic processes. He saw that identifications could develop from sharing a common trait such as the desire for a love affair. In such ‘hysterical’ identifications the identification is partial; it does not assume the characteristic of the whole person, it “only borrows a single trait from the person who is its object” (S. Freud, 1921(1955), p. 107).
But before finishing with Freud and identification, we must return to the main theme which was explored in his theorising in *Group Psychology*; that from abandoned object cathexes and identifications the ‘ego ideal’ was formed, which he developed further in his later work *The Ego and the Id (1923(1957)).* Freud developed beyond the notion that the lost external object is maintained internally; he came to believe that through identification the function of the other is taken into the super ego (S. Freud, 1923(1957), p. 34). Thus the prohibiting father is internalised as an object and the superego becomes thoroughly identified with it. The ego then partially identifies with the superego but never completely, and the superego and the ego relate as if two entities rather than a split whole.

I will briefly summarise the aspects I presented of Freud’s identification writings; first, identification is the method Freud positioned as populating the psyche. Second, there are two types of identification, primary and secondary. Primary is an early primal tie to the other, which becomes more complex over time but never fully superseded. This is an identification based upon a sense of experiencing a synthesis with or an immersion in the other, and is not a passing mimicry. Third, identification is a method through which the ego can mitigate against the loss of another, by identifying a part of the ego with the lost object. Fourth, Freud saw that maturing identifications bought with them rivalrous feelings from the developing child which ultimately leads to a crisis in identifying with the father. The crisis is resolved through a relinquishment of oedipal intentions and a stronger identification with the father and the formation of the superego. The superego can be seen as an internalisation of the parental function, more specifically, the internalisation of the superego function of the parent.
I will further explore the notion that conflict can strengthen identification through examining the work of Freud’s daughter, Anna. She developed the idea that in the face of fear and anxiety we identify with the aggressor.

**Anna Freud and Identification with the Aggressor**

Anna Freud (1966) wrote her essay *Identification with the Aggressor* in 1936 some three years after Ferenczi had explored a similar topic, but Anna Freud made no acknowledgment of Ferenczi’s ideas in this essay. Anna Freud appears to use the term ‘identification with the aggressor’ to denote both a developmentally normal process and a more pathological failure of intersubjective relations, while only acknowledging the former. In the first, ‘normal defensive identification,’ Anna Freud describes a process which helps the child manage and transform their anxiety resulting from their relations with others. Additionally, the second aspect, a ‘pathological dissociative process’, I have characterised as being qualitatively different due to the clinical description Anna Freud gives of the child. Rather than being a child who is defensively mastering an anxiety through identification, the child sounds more as if he is suffering from dissociation as a the result of fear. I will explore these two aspects below starting with the ‘normal defensive’ use.

Anna Freud observed that frequently in situations where children felt threatened by the power and authority of the other, that they start to become anxious in response to the aggression of the other, which is felt to be a threat. But rather than disintegrate or submit to fear and helplessness, the child identifies with features of the aggressive subject. The child then turns the aggression again outwards; “by impersonating the aggressor, assuming his attributes or imitating his aggression, the child transforms himself from the
person threatened into the person who makes the threat” (A. Freud, 1966, p. 113), and thus transforms and protects against, the anxiety; that is the bullied becomes the bully.

Through such an identification with the fearful person, the child can take in the functioning of the other and cope with the losses encountered with experiencing the other as aggressive, rather than the ideal of being caring (Laplanche & Pontalis, 1973, p. 209). Anna Freud expanded this notion of identifying with the aggression in the caregiver in About Losing and being Lost (A. Freud, 1953(1998)) to include other states of mind in the parent. She described parents who were absent for their child, children who Anna Freud described as feeling, or being, lost and unloved. Subsequently through identification the child themselves relates to their objects as a “loser”(1953(1998), p. 102), and also become one to lose their important objects. Thus Anna Freud also extended her formulation beyond identifying with functions of the other, to one where one the child identifies with the relational aspect of their encounter, such as identifying with how one drops objects from the mind.

In this first use of the term, Anna Freud seems to imply that the child has a sense of value in being powerful and possessing the potential for aggression (Powell, 1995, p. 62). It is not a mindless aggression, rather it possesses the duality of consciousness described in the introduction, where one is present in the moment of the action, while also possessing a model of the act in mind (D. N. Stern, 2003, p. 164). Meares argues that for such an identification to occur it has to be experienced in play and be anxiety free, where the child is “like”, or it is “as if” they are like the identified-with person (Meares, 2005, p. 111). This is the main thrust of Anna Freud’s argument: that identifying with the
aggressor is a defensive strategy which the child uses to master and diminish their anxiety to maintain an uninterrupted consciousness.

However, Meares argues that the clinical example from which Anna Freud argued does not support her theory. Rather Meares argues that in fact the clinical example illustrates a breakdown of consciousness where the duality of experience is lost. In her clinical example Anna Freud wrote of the case of a child who when confronted by an angry teacher automatically imitated the facial features of the teacher. The child’s imitating behaviour got him into further distressing trouble with the teacher and head of school. Meares (2005, p. 107) believes that is likely that the child was in a boarding school where he would have been separated from the ego support of his parents; leaving him more psychically vulnerable. As such Meares feels that in the context of this likely vulnerability, one could interpret the boy’s behaviour not as imitation but as a consequence of an obliteration of the child’s sense of self which led to automatic mindless behaviours, similar to echopraxia (2005, p. 107). This dissociative form of identification with the aggressor, while not articulated by Anna Freud, is the aspect of identification with the aggressor which Ferenczi explored which I explore later in Chapter 5: Hope from Traumatically Identifying, which is devoted to the dissociative aspects of identification.

In summary, Anna Freud’s work both extended the notions of identification in terms of adaptation, where children identify with states of mind and further, with the relational aspects of parental states of mind. However, she also uses it to denote the times where a child may be dissociatively acting out, that is to a failure of defense.
Thus far I have discussed identification in relation to the work of Freud and Anna Freud who focussed most on the mechanisms and processes of identification rather than the content of such processes. The person who is credited with elucidating the contents of identification is Klein whom I will now discuss. Although criticised for her “misuse” (Mackay, 1981; Ogden, 1986; D. W. Winnicott, 1962(1989)) of Freudian concepts, Klein’s writings expanded upon many ideas only touched on by Freud. Klein greatly contributed to psychoanalytic theory with her work on the interplay of anxiety, early phantasy life, and the influences of these on children’s identifications. Most significantly for this discussion, Klein developed the notion of one’s psyche being greatly influenced by one’s state of mind. The power of this work lay in her characterisations of the individual’s experiences and fantasies from within each state of mind. With different states of mind, one has a different lens through which one views the world and of the other with whom we identify.

**Melanie Klein and Identification**

To understand Klein’s view of identification we must briefly discuss internal objects, her paranoid-schizoid and depressive positions, then move onto identification and more specifically, Klein’s concept of projective identification.

**Internal Objects**

Klein was very interested to discover how individuals experienced their inner worlds. She positioned subjects as experiencing rich sensations and developing unconscious fantasies about these experiences, which she characterised in the language of ‘internal objects’. Klein wrote that subjects have a sense of experiencing concretely felt objects inside themselves, which are attributed with a sense of agency, and these internal objects
express in phantasy ‘the dramas’ of the internal world, such as threats to the ego by the id or the super ego. These internal objects can be felt to be enriching while also bad and threatening. Klein held that it is through this drama of the internal world that a sense of identity develops; “our relations with our [internal] objects comprise what we are” (Hinshelwood, 1991, p. 68). As with so much of psychoanalysis, Klein’s views of ‘objects’ developed over time but despite this, she did not ever clearly establish a definition. However Hinshelwood in his *Dictionary of Kleinian Thought* defined the Kleinian internal object as “ways of speaking of experiences of the self and the body. These are unconscious and are felt to make up the substance of the body and of the mind” (1991, p. 72).

**The Splitting of Experience**

As I discussed earlier in this chapter, in the section on *Symbolism* (from page 59), Klein distinguished between two different states of mind, with the first developmentally occurring before the second, but with the second never being fully achieved. To emphasise the transient and shifting character Klein referred to these states of minds as “positions” (Ogden, 1986, p. 83). The two positions are the paranoid-schizoid and the depressive. The paranoid schizoid position is the earliest state of mind of the infant. While Klein viewed the initial ego as being complete, due to its immaturity and fragility it is under threat of annihilation from the destructive elements of the death instinct (Klein, 1952(1975)-b, p. 62), which threatens to, and periodically does, fragment the mind. To defend against this threat the ego splits (Klein, 1946(1975), pp. 4-5), which Ogden restated as a “biologically determined mode of managing danger” (1986, p. 44). This organising reaction is “used in the beginning to create order out of the chaos of the infant’s earliest experience on the basis of categories inherent in his instinctual deep
structure” (Ogden, 1986, p. 47); that is, libido (good) and death (bad). This ‘organising’ split in the ego then drives a split in all subsequent external and internal experience; new experience is divided into good and bad and the ego creates ‘good objects’ from positive experiences such as “good bodily experiences and from introjections of positive experiences” (Hinshelwood, 1991, p. 76) with the other. Whereas in contrast, bad objects are created from unpleasant feelings and experiences which are attributed, that is, “projected into” bad objects (Hinshelwood, 1991, p. 76).

A further point to be emphasised of Kleinian theory is the role that the child’s relationships and their drives play in the development of their objects. Klein privileged the child’s body over their environment, that is, the child’s drives over their objects, in the creation of objects. In her theorising Klein emphasised the ego’s pre-existing expectation of danger as it had been immersed in and subject to, the danger of the death instinct from birth. The trauma of abuse or neglect for Klein reinforces the ego’s expectations that such danger exists (Ogden, 1986, p. 17) which in turn potentiates the destructiveness of the death instinct in his bad objects (Klein, 1958(1975), p. 239). Much of Klein’s thinking emphasises the potential for mental fragmentation and destruction as a result of the destructive power of the death instinct. However, Klein felt that simply splitting experience does not sufficiently remove the “endangered from the endangering” (Ogden, 1986, p. 45), rather, splitting must be combined with projection (Klein, 1946(1975)) to further protect mental objects from danger.

**Projective Identification.**

In the management of dangers of the mind, in addition to the compartmentalisation of experience, the child ejects good or bad experience into the other. In the case of the
projection of bad objects, bad objects are projected into the external objects where the child feels safer by, in phantasy, removing “an internal danger by locating the danger outside of oneself” (Ogden, 1986, p. 45). However this adaptation brings with it its own dangers. For example Klein felt that when the destructiveness of the death instinct was projected into the bad frustrating breast, it created strong anxieties of persecution and threat (Klein, 1948(1975), p. 34). The destructive behaviour shifts from the subject to the other. Conversely the good can also be projected into the other with the same net result. However this is not the end of it. The projection into the other not only affords safety, but ideally, the outcome of projecting into another is that the other holds the experience in mind and transforms it for the subject

Ogden (1986, p. 46) illustrates this process using Bion’s terms which I outline earlier (see page 57). The newborn child has to deal with its raw sensory data that must be attributed with meaning before it can be transformed into experience. Sensory data is initially raw concretely felt experience; Bion’s ‘beta elements’. Initially it must be transformed by the mother (the external object), to make it meaningful (into Bion’s alpha elements). Ogden gave the example of the baby’s low blood sugar level, it is physiologically registered by the infant who feels attacked by an internal agent (a bad object) and they must project this “sensory data” (1986, p. 46) into the mother who can hold the experience in mind and make it meaningful, that is, make it into hunger. Through being fed, a good experience, the infant can then introject a more knowable experience (1986, p. 46). Thus the child’s capacity for identification develops out of the parental abilities to identify with the self states of others (Fonagy et al., 2002) so and experience-able experience is found through the other, from the mother being able to identify with
the child’s raw experiences. Thus good and bad objects are not statically located but “circularly projected into the other and then re-introjected” (Hinshelwood, 1991, p. 76).

Klein used the term introjection, which originated with Freud who attributed it to Ferenczi. Klein uses it as a technical descriptor to denote the internalisation of an external object into the ego (Hinshelwood, 1991, p. 332). The internalised object may be identified with (introjective identification) which is assimilated as an experience of the ego, which Hinshelwood sees as populating such structures of the ego and superego with objects which are potential sources of identification for the internal world (1991, p. 332); this is the drama of internal object relations.

The Paranoid Schizoid Position

Ogden extrapolated that in the paranoid-schizoid position the infant (or the adult patient) experience is felt more from the perspective of being an ‘object’ rather than a ‘subject’ (Ogden, 1986, p. 48). That is, there is not a sense of the self mediating experience; it is ‘done to’ rather than the ‘self mediating’ and interpreting experience. While the child has phantasies about experience, Ogden characterises the experience in this position as observing automatic processes which occur within, from or to it. As he stated:

“the fact that this is a psychology without a subject, is the basic paradox of the paranoid-schizoid position. Psychological experience of the type being described exists in itself, but not for a self. Further it must be kept in mind that for patients operating in a predominately paranoid-schizoid mode, thought and feelings are palpable objects and forces that appear, disappear, contaminate, transform, destroy, [or] rescue.” (Ogden, 1986, p. 45).
An understanding of this state of mind, where the individual experiences a subjective loss of selfhood and becomes a passive recipient of experience, will be important when we return to the discussion of traumatic states of mind in Chapter 5: Hope from Traumatically Identifying, and as mentioned previously (see page 58). Hanna Segal developed Klein’s descriptions of the concrete primitive experiences of the paranoid schizoid position, with her idea of “symbolic equation” (1991, p. 35), where the individual has lost the meta stance in relation to objects and experience, causing the objects to become equated to the subject’s experiences of them. To cope with inconsistencies and contractions, the child with its nascent cognitive capacities is inclined to fit their ‘mind to world’. Thus in the mode of psychic equivalence, it is external reality, not the contents of the child’s mind, that is immensely and sometimes terrifyingly compelling” (Fonagy et al., 2002, p. 261).

A consequence of fitting one’s mind to the world and the experience of alternate shifting between good and bad views of experiences gives rise to magical feelings of events. Objects can magically disappear, be destroyed, be omnipotently restored and reappear, be transformed and be multiple (Klein, 1952(1975)-a, p. 49). Accordingly the self with other in this position is experienced in terms of identification binaries such as love-hate, good-bad, controller-controlled, destroyer-destroyed, creator-created and persecutor-persecuted. That is, identifications which are viewed through the lens of the paranoid-schizoid position feel magical, un-authored and binary (Klein, 1952(1975)-a, p. 50). Whereas, the converse is true of experiences viewed through the depressive position lens.
The Depressive Position

The attainment of the capacity to simultaneously hold the good and bad aspects of experience together in mind marks the attainment of the depressive position, which is a shift into “an entirely different realm of experience...[which is a] monumental psychological advance” (Ogden, 1986, p. 68). This shift is made possible from combination of emotional and cognitive developmental advances, from the taking in of good experience (Klein, 1952(1975)-b, p. 72) and the internalising of the holding and transforming experiences of the mother. The ability to view life from the depressive position is not a static attainment, rather Klein viewed it more like a fragile capacity that works in tension with the paranoid-schizoid position, she thinks of it more having times of “ascendancy” (Klein, 1952(1975)-b, p. 72). Ogden describes this ongoing relationship between the two positions as being similar to Freud’s topographic conscious and unconscious, where the two exist in a dialectical relationship that “creates, preserves and negates the other”(Ogden, 1986, p. 67). This is an important distinction as it is a way of thinking of experience where we never fully attain maturity or full mental capacity. Rather like in Erikson’s thinking, we continue to develop and mature through our lifespan, reinterpreting and re-formulating our experiences of ourselves in relation to others.

Objects which are created in the depressive position are whole objects, that is, they contain both the good and bad aspects of an experience, and are more integrated and “synthesised” (Klein, 1948(1975), p. 36); the love and hate for the same object “come much closer together” (Klein, 1952(1975)-b, p. 72). The child’s shift into possessing an integrated view of their objects was aptly named by Ogden as the “birth of the historical subject”. In the paranoid-schizoid position they were a magical rudderless boat which jumped between a rough sea and a calm sea, and in either sea it ‘drifted’. However in the
depressive position, the child becomes a boat with a rudder, and possesses charts of their journey in the one changeable and stormy sea. The child has developed the capacity to view experience from the position of “I”. Experience becomes imbued with personal-agency and contextualised in a broader interpersonal history (Ogden, 1986, p. 75), that is the infant’s current experience is suddenly related to their past actions. Like Adam and Eve’s dramatic shift in self-awareness after they ate the forbidden fruit, the infant is now burdened with the knowledge of “the fact that the object of the[ir] ruthless attack is the mother, the same person who is responsible for the total infant-care situation” (D. W. Winnicott, 1958(1965), p. 22).

A consequence of the child’s newly acquired self-awareness is an increasing realisation of their vulnerability to loss; as a result of ‘their’ actions, ‘their mother’ may have been “injured, [is] suffering, [or is] in danger of being annihilated ...and lost for ever” (Klein, 1952(1975)-b, p. 73). Thus depressive identifications are tinged with guilt and anxiety resultant from their ownership of their capacity for destructiveness and they consequently experience the desire to make good the damage done to the loved object; to attempt reparation (Klein, 1948(1975), p. 35).

In summing up, Klein introduced a powerful language related to objects which gave us a way of thinking about how experiences with other and with the self are represented internally. Further she developed formulations of states of mind which enable us to account for rapid shifts in the individual’s mentalisation capacities and conceptions of reality. While Klein emphasised phantasy in relation to the instinctual aspects of experience, Fairbairn interpreted experience through the need for loving object ties, and he developed his ideas about identification around this relational aspect.
Identification with a Relational Stance

Like Klein, Fairbairn postulated that the ego is whole at birth. However, unlike Klein, Fairbairn privileged the care environment over the instincts, and developed his ideas around the notion that it is crucial that a child has a good emotional “fit” with his parents (Ogden, 1986, p. 139), that is: “the greatest need of a child is to obtain conclusive assurance that...he is genuinely loved as a person by his parents, and... that his parents genuinely accept his love” (Fairbairn, 1941(1994), p. 39). A sustained experience of feeling reassured at his or her loving and lovability enables the child to have a sense of dependability in his “real objects” and he is able to mature and “renounce his infantile dependence” (Fairbairn, 1941(1994), p. 39).

But when the emotional fit is lacking the child suffers from “intolerable feelings of disconnectedness and defends himself by means of splitting” (Ogden, 1986, p. 139). In order to feel loved again, the unacceptable aspects of the self-other experience are disposed of (Fairbairn, 1944(1994), p. 89) through internalisation and repression. But this internalisation creates the “problem of having a painfully rejecting object inside” (Scharff & Skolnick, 1998, p. xiii). The solution was found by Fairbairn in structural terms like Freud’s theory of the development of the superego; the aspect of the ego which relates to the bad object (the ‘unloving’ mother) is split off, that is, the relationship between the ego and the bad object is split off in a fixed relation in reaction to feelings of estrangement from the mother. This split off aspect of the ego (identified with the bad object) is then repressed (Fairbairn, 1944(1994), p. 114). In forming these bad object identifications the ego is “organized around persecution and rejection, which he termed a
relationship between the Internal Saboteur (the ego component) and the rejecting object” (Scharff & Skolnick, 1998, p. xiii).

Additionally Fairbairn later argued that relationships which are over stimulating are also split off. Parents who over-excite through false promises, escalate anxieties or are seductive were named by Fairbairn as “libidinal objects” (Scharff & Skolnick, 1998, p. xiii). As with the rejecting objects, the libidinal ego identifies with the over exciting libidinal object and as they are too painful to be consciously held, they are split off and repressed. The net result of the recurrent identification and splitting, is that the ego becomes depleted and rigid in its function, but this is the compromise that the child must make in order to retain the good in the mother.

The theoretical advance which Fairbairn made here is that it is the relationship which is identified with: it is the “object relationship, rather than objects” (Ogden, 1986, p. 149). In the adult, hope and health are found through making real relations, which act to repair the splits in the ego and inner object world (N. Symington, 1986, p. 251). However Ogden criticised Fairbairn and Klein for investing internal objects with agency, organisation and motivation, which for Ogden, is counter-intuitive; he argues that representations of experience cannot become “semiautonomous agencies” (1986, p. 142). In fact Ogden states that Fairbairn himself described Klein’s attribution of agency to objects as a “demonologic” formulation (Ogden, 1986, p. 142). Ogden (1986) resolves the problem of Fairbairn’s objects being able to “think” (Grotstein, 1998, p. 83) by reversing Fairbairn’s ideas on splitting and used the concept of splitting to denote a normal developmental structuralisation, rather than a pathological condition. Ogden reformulated Fairbairn’s splitting of the ego in terms similar to Freud’s development of the super-ego where:
“such a dual split would result in the formation of two new sub-organizations of the ego, one identified with the self in the external object relationship and the other thoroughly identified with the object” (Ogden, 1986, pp. 149-150). In this formulation the subject identifies through both projection and introjection and “creates an amalgam in which he or she can identify with the ‘self’ aspect of the object or with the object itself or both” (Grotstein, 1998, p. 83). Ogden’s internal objects (the ego-object) become dynamic from being within the subdivision of the object-ego. This object-ego is identified with representations of objects while also retaining the ego’s structural capacities (Ogden, 1986, p. 150). Other authors such as Bromberg (1998) and Phillips (1994, p. 150) have continued to develop notions of the self in this vein and they argue that we have an even greater multiplicity of self and self with other states. They believe that we have a multiplicity of individual self states which are held together to form the democracy of the self which gives rise to the “illusion a of cohesive personal identity” (Bromberg, 1998, p. 514). Bromberg postulates that each self state operates independently where it can draw upon the realities, values, and affects of the other self states. These are important distinctions in understanding identification with the other, as it emphasises the different aspects to the self when relating.

However, Benjamin states that a theory of identification that solely relies upon projection and introjection, cannot make the shift from the intra-psychic to the intersubjective, as there is no mechanism for truly ‘recognising’ the other. The reliance of projections and introjections with the other, does not, to Benjamin, advance the subject from being a “self-enclosed, independent self”(1998, p. 90). Benjamin believes that what is needed to make this shift is a notion of difference, a disruption of identification (Benjamin, 1998, p.
90). Benjamin cites Winnicott’s concept of destructiveness as the site of their disruption which creates subjects out of objects.

**Identification with Fellow Subjects.**

Winnicott was very critical of Klein for what he viewed as her negation of nurture: “Klein involved herself in an implicit denial of the environmental factor, and consequently she disqualified herself from describing infancy itself, which is a time of dependence” (1962(1989), p. 448). While he was impressed with Fairbairn’s enriching clinical observations (1953(1989), p. 413) he felt there were also serious shortcomings in Fairbairn’s theory. Winnicott said that Fairbairn could not account for how the infant created its first object. Rather, “an infinite series of introjections and projections form the infant’s psychic experience. Fairbairn’s theory here lines up with the theory given us by Melanie Klein, which also allows no tribute be paid to the idea of primary psychic creativity” (1953(1989), p. 420). I will return to discussing Winnicott’s contribution to identification below in Chapter 3: *A Concept of Hope* (from page 92); I will further describe the relationship between creativity, destructiveness and the discovery of ‘objectively encountered objects’.

As discussed earlier in this chapter (see page 66), it is through the child omnipotently creating objects and then subsequently subjecting them to destruction, that the child progresses towards mature identifications. For Winnicott, the child cannot effectively move from the paranoid-schizoid position and achieve the depressive position until the object, the mother, intervenes in the intra-psychic world of the infant by actually surviving the destruction, and is felt to be placed “outside the self” (D. W. Winnicott, 1971e, p. 91). Without survival there is not a mature identification, (where the Other is
experienced as external), rather the object which does not survive is defensively internalised (Benjamin, 1995, p. 40), and subsequently identified with. In contrast to these internalised trapped identifications, for intersubjectivity to be established and maintained, the subject must strike a balance between ensuring one is recognised while also recognising the otherness of the other. Such a position ultimately identifies with the ‘self’ in the other, while not reducing the other solely to the self, through a recognition of both similarity and of difference (Benjamin, 1998). This idea of destruction and survival will be central in this thesis which I will develop in the empirical chapters. Next I will describe how I will refer to the concept of hope in this thesis and how I argue it is crucial to understanding how individuals’ survive traumatic experience.
The individuals in this study have all been severely traumatised. Each of them has endured suffering and torment at the hands of another. Each of them has experienced terror, shame, humiliation and mental disintegration and described protracted times of losing ‘hope’. Yet in spite of their subjective loss of hope, each has found ways to continue living and reconnect with hope. Hope, however, is an elusive concept and seems paradoxically related to trauma. Erikson saw hope as crucial to the mental survival of the individual; “the fact is that no person can live, no ego remain intact without hope and will” (1964, p. 118).

In this chapter I will initially outline some aspects of hope as a means to focus the discussion. I will draw from a German philosopher then from some psychoanalytic sources. The German philosopher Josef Pieper examined different attributes of hope. First, he saw hope as being related to attaining something which is desired; “[it is] directed towards partaking of something good, something loved, and because joy by its nature is the answer to the attainment of what we love” (Pieper, 1969, p. 20). Additionally, hope is about wanting something that we are not assured of receiving; “it is still something that might still be denied to us” (Pieper, 1969, p. 21). And thus “the thing hoped for is always of such a nature that the hoper has no [absolute] power over it. Perhaps he can do a little something to help it along, but he is impotent to sway the decision” (Pieper, 1969, pp. 21-22).
Pieper also attempted to resolve the ambiguity of hope caused by its multiple usages (the Oxford Dictionary (2005) lists hope as a noun, a verb, an adverb and as an adjective). He stated that the French language has two words for hope, “espoir” and “espérance”. Whilst the words are subtly different in a number of ways Pieper focussed on their “relationship to the plural” (Pieper, 1969, p. 24). “Espoir tends towards the plural, towards the ‘thousand things’ which can be hoped for; whereas espérance excludes the plural” and is thought of as ‘hope’. Thus, Pieper delineates between “hopes” and “hope” (Pieper, 1969, p. 24) to resolve the grammatical ambiguity.

Pieper illustrated the difference between the singular (espérance) and plural (espoir) of hope using the work of Herbert Plügge who studied the psychological adaptations of terminally ill individuals. Plügge delineated two aspects to hope; the “ordinary” or “everyday” hopes (the plural, espoir, as Pieper noted) and “fundamental” or “genuine” hope. Pieper characterised everyday hopes as “directed towards ‘future things pertaining to the world’, towards an ‘objects belonging to the world’, towards something that is to be bestowed upon us from outside, whether that is a piece of information, a success, a utilitarian article or even physical health”. Whereas fundamental hope has no such apparent object; “fundamental hope (singular!) [espérance] is not directed towards anything a person can ‘have’ but rather has to do with what a person ‘is’, with the selfness of the human being” (Pieper, 1969, pp. 25-26).

Pieper in his conclusion, following Plügge, hierarchically cast ‘every day hopes’ (espoir) below ‘genuine hope’ (espérance) when he observed that:
“true hope [espérance] unfolds and raises its head at the very moment of disappointment, when ‘hopes’ [espoir ] collapse and lose their meaning. Only then...is ‘fundamental hope [espérance]...most convincingly revealed’. Disappointment literally opens the way for ‘purging of all illusory hopes’; out of the loss of the common, everyday hope true hope arises. ... the hoper, and he alone anticipates nothing; he holds himself ready for a fulfillment still to come” (Pieper, 1969, pp. 26-28).

In brief, Pieper’s hope is the willing after something that is loved, that is out of reach and reliant on another for gratification and he sees hope as two states, the first, ‘everyday hopes’ and the second, hope in itself. These two states are similar to Winnicott’s “doing” (D. W. Winnicott, 1971a, p. 85) and “being” (D. W. Winnicott, 1971a, p. 85). With this similarity in mind, I will discuss a number of divergent and conflicting psychoanalytic views on hope. And I will then address these overt incongruities and then define how I will use hope in this research.

**Psychoanalysis and Hope**

Interestingly there is no direct reference to hope in the index of Freud’s complete works (S. Freud, 1974) nor is there in Laplanche and Pontalis’ guide to the language of psychoanalysis (Laplanche & Pontalis, 1973). However, both Frank (1961) and Green (1986) comment that the project of psychoanalysis is about hope. Frank argues that it is the task of the therapist to engender and mobilise in the patient the hope for a cure (Frank, 1961, p. 136). Whereas Green sees hope in the theoretical constructions of psychoanalysis; Freud’s “logic is a logic of hope because it counts on wish fulfilment” (Green, 1986, p. 241). Wish fulfilment is an unconscious process where wishes are
fulfilled through the vicissitudes of wish fulfilment (the Mountie always gets his man). That is, “the wish seems to the imagination to have been realised [through] dreams, symptoms and ... phantasies” (Laplanche & Pontalis, 1973, p. 483) that ultimately stem from unconsciously determined drive derivatives. Hence Green believes that psychoanalysis finds hope in the behaviour of the psyche where desire always triumphs over the environment.

Freud himself was rather disparaging about hope. He said in *The Future of an Illusion* that “life is hard to bear” (S. Freud, 1927(1961), p. 16) which Gay paraphrased as “helplessness is the common lot” (Gay, 1988, p. 530). Freud felt that civilisation and particularly religion, seized upon this uncertainty and helplessness, by gratifying the childhood wish for protection. Religion offers a hopeful “illusion” of protection from vulnerability and helplessness in the face of nature’s wrath, which is afforded through worshiping a powerful father (S. Freud, 1927(1961), p. 30). Freud sees such religious hopes as primary illusionary infantile wishes that enslave and bind humans. For Freud, freedom should be sought therefore, through the renunciation of the infantile wishes through the use of reason (S. Freud, 1927(1961), p. 54).

Boris took a similar (but somewhat more cheerful) line to Freud when he discussed hope in relation to desire. Boris postulated that infants are born with innate images of their needs, they are “pre-wired with preconceptions” (Mitchell, 1993, p. 205) which become the objects of their desire. However, Mitchell positions Boris’ concept of desire as “highly plastic, peremptory, and polymorphous...[or in other terms, it is] insistent and extremely undiscriminating ” (Mitchell, 1993, p. 205), that is, ‘any port in a storm’. Whereas in contrast, hope is committed to the ideal images of the pre-wired preconceptions and is
“choosy and demanding” (Mitchell, 1993, p. 205). Difficulty can then arise between hope and desire at the times when “preconceptions and actuality are too far apart, [then] hope comes into being as separate from desire and in fact serves as a restraint upon desire” (Boris, 1976, p. 144).

In fact for Boris, it is not until hope is “genuinely abandoned” that therapy can “become an experience capable of being experienced” (Boris, 1976, p. 149); that is, the renunciation of hope does not lead to despair but instead it leads to “the burgeoning of desire,.....[that is] in the face of loss, desire will take the path of least resistance and find a more accommodating substitute object” (Boris, 1976, p. 141). This is similar to Pieper’s ‘letting go of every day hopes’ in order to be able to find a more genuine hope.

However, of note, according to Boris’ theory, when someone loses the object of their hope, this should release their desire from the grip of controlling hope. But what he actually observed in his clinical work was that most commonly, free flowing desire for another object is rarely seen. Rather, “people elect to imagine that the [lost] object is within themselves...[and this is where] we see hope’s hand at work, for where desire’s aim is the giving and getting of pleasure, hope longs to have and possess” (Boris, 1976, p. 141). In this example of hope and loss, Boris observes an increased attachment to the object in the face of loss, rather than a fuelling of undifferentiated desire. That is, in the face of loss, hope seems to be less flexible and more rigid, and concerned with the denial of change and the restoration of old states. This incongruity will be addressed below but before this, I will discuss the work of Winnicott and hope.
Destroying the Object to find the Other

Winnicott found hope in what he called the innate destructiveness of children. Winnicott in his brief essay *The use of an object* (1971e) postulated, like Green, that humans are intrinsically hopeful and he outlined how the child came to use its objects in the world. In brief, this process starts when a child begins to discover the external world and show active interest in it. In these interactions the infant is seen to invest in and be excited by objects. For the child, this is experienced as him/her omnipotently creating the object (a subjective object). In this state the child does not differentiate between objects that are internal (intrapsychic) and those that are external. In the child’s inner world, destructiveness prevails and objects within the inner world are subject to this destructiveness. By destroying the subjective object, and the object actually surviving the destruction, the object becomes more “objectively perceived” and is felt to be placed “outside the self” (D. W. Winnicott, 1971e, p. 91). In other terms, “if she [the mother] survives the attack without retaliating or withdrawing under the attack, then we know her to exist outside ourselves, not just as our mental product” (Benjamin, 1995, p. 39). However if the object is felt to be annihilated (as in it retaliates) then the situation is hopeless and “cathexis withers” as there is no reliable feedback to nourish reflexive conditioning (D. W. Winnicott, 1971e, p. 93). Whereas the object which survives the child’s destructiveness (whom could now be regarded as an "Other" (Benjamin, 1995)) comes to be experienced as being ‘outside’, they are felt to be outside the omnipotent control of the infant, which gives rise to the sense of realness, and this created ‘Other’ is loved for surviving (D. W. Winnicott, 1971e, p. 87). So being able to destroy one’s fantasies and discover the real other, brings an experience of hope in the self and in the environment, through the experience of love for another.
Winnicott developed the term of hope in line with his own thinking about the importance of viewing the self as ‘the self with other’. His famous line is that ‘there is no such thing as a baby’; that is due to the child’s absolute dependence upon its mother, it is always the baby with its mother. The point of this being, that psychic life starts with and through the other. However another important belief he held was in the primary creative abilities of the child; the objects may have existed in the environment waiting to be discovered by the child, but Winnicott held that the child felt that they created or bought the objects into being. This creativity was imbued throughout his view of his patients. Hence he saw ‘attempts at growth’ (as opposed to fixation) in the phantasies and symptoms of his patients. For example Winnicott wrote of a patient who said that he found hope only after Winnicott told him that he saw no hope for him, yet continued to see him (D. W. Winnicott, 1960(1965)-a, p. 152). In essence they shared the feeling of hopelessness, however Winnicott also held hope for the patient, before the patient was able to discover it in Winnicott. So the patient’s experience of hope came from a relational process, one where Winnicott believed in the others ability to create and discover a need in himself, and then in the other. Hope in this use seems an outcome of the process rather than an aim in itself.

However Winnicott first developed his thoughts on hope through his famous view on “the antisocial tendency”. He postulated that the antisocial acting out of the child is a compulsive act of hope that aims to gain the recognition by society, of the failure in the child’s holding environment. The anti-social acts compel society “to go back to with him to the position where things went wrong” (D. Winnicott, W, 1966(1984), p. 110); where he is seeking “an external stability without which he may go mad” (D. W. Winnicott,
The compulsive act is driven by an unconscious protest that hopes to illicit a restorative parental response from society.

He later saw hope in other processes such as depression, conversion disorder and psychosis. In depression Winnicott sees that the depression “implies hope..... of being held over a period of time, while working through can take place” (D. Winnicott, W, 1956(1989), p. 31). In psycho-somatic conditions, the patient splits off their mental distress which is held in the body and their subjective experience is of a physical illness. Winnicott felt the physical illness was the patient’s unconscious communication to the therapist which expressed the patient’s hope of “the possibility” reuniting the mind and the body and developing a psychological understanding of their original mental distress. Similarly that the dependence upon the physician also expresses a hope for healthy dependence (D. Winnicott, W, 1964(1989), p. 114).

Finally, in the psychotic process, Winnicott again saw the individual attempting to communicate through their psychotic regression. He considered the psychotic person to be conveying aspects of their earlier developmental experiences, which had failed. Their hope was that their failed experiences “may be relived, with the environment this time succeeding, instead of failing, in its function of facilitating the inherited tendency in the individual to develop and to mature” (D. W. Winnicott, 1965a, p. 128). Again, Winnicott illustrates his tension and interaction between the intersubjective and innate creativity; a seed will grow but it needs fertile soil. Ideally the environment is responsive and attuned to the changing needs of the nascent sense of self as it develops (D. N. Stern, 2003).
A recurring theme in the quoted Winnicott references was regression, and its relation to the use of the other (the provision of the environment). Winnicott viewed regression as a necessary “self-healing return to the point at which psychological growth was suspended” (Mitchell, 1993, p. 207) with a “hope of a new opportunity for an unfreezing of the frozen situation and a chance for the environment, that is to say, the present-day environment, to makes adequate though belated adaptation” (D. W. Winnicott, 1954 (1947), p. 283).

Subsequent to this environmental adaptation the person can then resume their maturation and growth “through a natural, organic maturational process” (Mitchell, 1993, p. 207). While Winnicott speaks of the environment, he is speaking of the interpersonal environment of the individual, where regression is seen as a search for a responsive other that can provide the fertile soil needed for a return to growth. In fact, Mitchell commented that Winnicott’s concepts of the true and false self grew from Winnicott’s struggle to “disentangle the patient’s wishes and hopes that represent a longing for a more genuine, more personally authentic experience from those that are a shallow adaptation to what seems to be required from the outside” (Mitchell, 1993, p. 207). The implication being that Winnicott saw regression as having a purpose of restoration of adequate environmental provision; in the form of understanding, boundaries and space in which to play, but that this was in the hope of growth and the ultimate relinquishment of these needs with a movement towards more genuine and fulfilling relations with others.

Having outlined the above writings, I will now attempt to draw them together by first addressing the incongruities and theoretical tensions. First I will examine Freud’s criticism of infantile wishes by referring to his own needs in relationship to others. The second issue to be addressed is that of hope being ‘idealistic and smothering’ of desire (and
therefore creativity). And the final topic will be the notion that only through relinquishing hoping, can a truer deeper hope be found.

**Infantile Hope.**

Freud considered that the subjective pursuit of hope through a faith in religion was an immature wish for control and an attempt to gain relief from suffering caused by vulnerability to the ravages of the environment. Freud advocated the renunciation of the illusion of protection and that a second order process should take its place. This is reminiscent of his statement that ‘where there was id there shall be ego’. Freud argued that there is no place for any idealised need of another, no relinquishing control to the other at times, or deferring to the other. Yet manifest in Freud’s correspondence, and in the biographical accounts of Freud’s search for a protégé to whom he could hand psychoanalysis, there are references of his repeated sense of betrayal from those in his inner circle of followers, resulting from what Freud saw as disloyalty, leading to splits, rifts and sorrow. I am highlighting this in an effort to articulate that Freud especially demanded loyalty, deference, dependence and faithfulness (Gay, 1988) (Clark, 1980). The following quote where Freud is discussing pain and suffering illustrates this point; he described suffering coming from three sources: “from our body...; from the external world, which may rage against us with overwhelming and merciless forces of destruction; and finally from our relations to other men. The suffering which comes from this last source is perhaps more painful to us than any other” (S. Freud, 1929(1961), p. 77). In this statement he may be speaking, I believe, of a grief from the loss of his faith in others, his followers, the loss of an ongoing dependence or reliance on others (through his leadership). I draw a comparison between Freud’s criticism of religious hope (as being tied to infantile dependence and the relief from the helplessness caused by our biological
vulnerabilities) and his demands for infantile-like devotion from his followers. I interpret that Freud could not accept his own dependence upon others and such a renouncement of an aspect of himself led to Freud being theoretically dogmatic about dependence. I use Freud’s theoretical-personal inconsistency to question whether regressed relations to the other can be in fact absolutely renounced and escaped. Alternatively I contend that higher order developmental achievements overshadow more immature obsolete aspects of the self (Sandler & Joffe (1967)) but that in response to the inhibiting actions of stress on the “higher order processes ... such obsolescent aspects become manifest” (Fonagy, 1991, p. 652). This notion is similar to Klein’s work with the paranoid-schizoid position that is never fully replaced by the depressed position but rather is superseded by it. The implication being that while we continue to mature we never fully leave behind our (conscious or unconscious) hopes for another who will keep us safe and protected, and this idea will be further explored in relation to idealistic hope.

**Idealistic Hope**

Boris views hope as being idealistic and controlling, however in the broader concept of hope which I am developing, this position of hope can be seen as a defensive reaction to anxiety. Mitchell views Boris’ perspective of hope as hope in the paranoid-schizoid position. In this position, the mind is severely threatened from within, from its persecuting objects and this experience of persecution leaves the subject feeling as if they will fragment and fall to pieces. As a result the ego defensively splits and aspects of the self, such as dependence, are projected into others (Klein, 1946(1975), pp. 4-5). In other words, the threat to self cannot be held in mind and contained, or flexibly managed (such as Freud’s own experiences of dependence), and is repudiated in the self and the object. Conversely, if the subject was not able to split and project disavowed experience,
the subject would be full of the terrifying threat and could subsequently disintegrate. Such a state is one of psychic destruction and aloneness; it is hopelessness.

So, splitting and omnipotent control of one’s objects allows relating to oneself and to one’s objects to continue. This style of relating is overtly concerned with finding hope through sameness (the repudiation of difference) (Benjamin, 1998), object perfection, control, and the search for certainty (Mitchell, 1993, p. 212). Such an omnipotent orientation to one’s objects is an active stance, much like Pieper’s ‘thousand hopes’, where hope is a verb. It is not a movement towards genuine relations with the objects, but relating which is more concerned with maintaining contact with ones objects despite the disintegrating effects of anxiety and other strong affects. Rather than dismissing hope that is found through these defensive processes as being controlling, idealistic, or un-true, it would be perhaps more accurate to see it as necessary for psychic survival when subjects are in times of severe stress.

Subsequently, with this in mind, one can now reinterpret Boris’ critical observation that the loss of an object tends to lead to an identification with the lost object, rather than the opening up of desire. The emotional wrench caused by the loss of the loved object, causes grief and loss so severe that it disintegrates the mind. Such an overwhelming affective experience cannot be held in the depressive position. Consequently, the hope found through denying the loss is the only hope possible, a hope necessary for ego survival (Erikson, 1964, p. 118). In contrast, to the paranoid-schizoid position, the depressed position and hope will be explored below through questioning the necessity of the relinquishment of hope.
The Relinquishment of Hope

Freud (1927(1961), p. 54), Boris (1976, p. 149) and Pieper (1969, p. 26) each speak in their own way about the need to relinquish ‘hopes’, to either find maturity, desire, or a more mature ‘true hope’, thus describing another state that was less-wanting and ambitious, but more grounded, self-responsible, and open to the actualities and possibilities of the moment. I argue that idealistic hope is not relinquished in the pursuit just of desire, rather it is more in line with Pieper, where another form of hope is found. I see this like a move from the paranoid-schizoid position (with its intrinsically active, defensive doing) to the hope resulting from the depressive position. For instance, hope in the ‘depressive position’ is found paradoxically, from an understanding that realises ‘the bigger picture’ of the individual which includes a greater awareness and acceptance of the fragility of life, but also, of the uniqueness of their love objects. Mitchell also commented on the awareness of the fragility of the other: the “other whom one loves, who provides exclusive, irreplaceable satisfaction, will die, may abandon, and inevitably periodically disappoints and betrays. To love in a committed fashion over time is to hope; and to hope is to impart value in an inevitably uncertain future. Both love and hope are extremely risky” (Mitchell, 1993, p. 212). Additionally, the concept of hope being found through loving is expanded by Winnicott (1971e). He felt that when an object has survived destruction, it is loved for being real, genuine and outside of one’s control; so one relinquishes a sense of omnipotence for a more authentic relating and hope. With these contributions towards hope I will formulate a definition of hope.

A Definition of Hope

Hope is a subjective experience that is a necessary and vital ingredient in the mental life of humans; there is a need to feel hope for psychic survival. Hope is derived from the
experience of the movement to relate to others, and initially, to feel loved is a vital experience in this movement to relate. As we mature, hope results from meaningful and genuine contact with the other, which is organised around active affective communication. However this state of self-with-other is not merely achieved and sustained. As I outlined in the ontology (see Chapter 1: Introduction, from Page 5), we never have a complete understanding of the other, nor of ourselves, and the meaning of experiences arises from a shifting sense of confidence in one’s perceptions. Hence our understanding and relations with the other, if meaningful, will always be in a state of flux.

Additionally, self states are disintegrated by anxiety through such experiences as loss or violence. In such states, hope is concerned with momentary and defensive adaptations to the environment which achieve particular states of mind, in which the subject continues to feel loved by their objects. Thus for hope to feel more established for the individual, the traumatised subject needs to find relationships in which they can relinquish these grasping and controlling hopes to ones where the conception of the other (and therefore the self) includes meanings which have been discovered with the other rather than forced upon them.

**Hope and Trauma**

At the beginning of this chapter I quoted Erikson: he also said that “the fact is that no person can live, no ego remain intact without hope and will” (Erikson, 1964, p. 118); he saw will as “the unbroken determination to exercise free choice as well as self-restraint, in spite of the unavoidable experiences of shame and doubt in infancy” (Erikson, 1964, p. 119). In my present discussion, I have further developed the interpersonal context of Erikson’s ‘will’; I regard ‘will’ as the ‘movement to relate’ the termed I coined earlier. In
trauma the ability to relate to the other is severely impaired. That is, it is very difficult to
enforce one’s ‘right to exist’ let alone the right be recognised by oneself, or the other, as
a “subject” (someone with their own subjectivity and separateness to the perpetrator) in
the face of aggression from another (Benjamin, 1998, p. 99). An example of someone who
found hope in the movement to relate in the face of extreme destruction was Primo Levi
(1986). In one of his many Holocaust narratives he drew the picture of hope in relating.

In *Moments of Reprieve*, Levi described the moments of hope he felt in his interactions
with others in the concentration camp. As he put it: “[from the] anonymous, faceless,
voiceless, mass of the shipwrecked…. [emerged a few] men” (1986, p. 10). Each of these
men was able to express their former distinctive identities through momentary
interactions with their fellow survivors. However Levi described what it was in particular
that to him re-established them as men; it was when he recognised in them a “will and
capacity to react [to other men], and hence a rudiment of virtue” (1986, p. 10). As
Ignatieff commented, Levi’s story is about finding hope through “decency”, it is of how
each of the characters, despite the “infernal world” (2002, p. 4) which was consuming
them, exercised minute moments of freedom in their relating with their fellow man; the
movement to relate. Hence in the reverse, when he felt someone had stopped relating to
others, he questioned if they were still a man.

**Hope, Therapy, and Witnessing.**

I have included this extract from Levi to re-ground the discussion of trauma and hope, as
it is often in the extremes of human experience that hope becomes truly visible. This will
be a task of this thesis, to uncover the subjectively valued moments of movements to
relate in activities such as: stepping outside of identifications; through the survivor using
attuned relating; and through witnessing to one’s experience, where hope is found and re-established despite the experiences of trauma, but before I move to the empirical chapters I will describe the study method and the study participants.
Chapter 4: Method and Participants

This chapter will outline the design of the research and how I recruited participants, and the method which I gathered and analysed data. I conclude by introducing the participants.

Design

This research focuses on the therapy narratives of three study participants. I use a case study design which is commonly used in psychoanalytic theorising (Casement, 1985, 1990, 2002; S. Freud, 1909/1955; Frosh, 1999; Garland, 1998b; McWilliams, 1999; D. W. Winnicott, 1977). The case study design enables me to explore in depth the themes of relationality and hope in association with accounts of trauma. A smaller number of participants allowed me to include data from multiple sessions (twelve for each participant), which enabled me to explore and represent the development of processes such as post-traumatic-subjectivity, relationality, the ‘use’ of the therapist, and the emergence of meaning and witnessing.

Method

As outlined above, this research utilised a psychodynamically-informed case study method which I will outline in three parts: the first is a description of the data collection method; the second is the nature of the therapy process from which the data is extracted; and the third describes the nature of the data of the study.
Subject Recruitment

The research participants were recruited from clients presenting to a public mental health service in Sydney’s western suburbs (referred to hereafter as “the Health Service”) who were seeking treatment for trauma related conditions. The first contact the public have with the Health Service is a brief interview with the intake worker. This intake worker gathered basic demographic data and developed a brief description of the person’s current problems. The individual was then, if appropriate for assessment by the Health Service, comprehensively assessed by a mental health professional from the Acute Care and Assessment Team. The Acute Care and Assessment Team clinicians who undertook the initial assessments of clients were provided with information about the objectives of this study and a copy of the Participant Information Handout (see Appendix C).

The criteria were threefold. First, the client met the broad suitability criteria for psychological treatment from the Mental Health Service (had a significant psychological problem, had a degree of insight into their problems and had some ability to verbalise aspects of their difficulties). Second, the client articulated that they had been subject to an experience (or experiences) which they perceived to be traumatising. Third, the client perceived that they had been negatively affected by the event(s).

At the point of initial assessment the workers verbally informed the potential study participant of the existence of the study and also provided a written outline of the research (see Appendix C). Following the initial assessment, each client was discussed within the Acute Care and Assessment Team, and the team then decided between a number of options. First, they may have decided that the client was not suitable for
treatment, and then the client was either offered no further services or the team may have referred them to a more appropriate Service. Second, if the client was judged to meet the criteria for the Service and the team believed that the client needed or would have benefit from treatment, the Acute Care and Assessment Team referred the client to other teams/therapists within the Service. It was then this clinician who contacted the client and arranged the counselling sessions.

The outline of the research provided to potential participants did not identify the researcher, rather it provided the name of an alternate clinician who answered any questions about the research. If the identity of the researcher had been revealed at the point of intake it would have been a break with usual referral procedures. Further, the research being conducted was only one part of my normal clinical practice at the Health Service. During the study I also provided therapy to a range of clients separate to any research being conducted. If my identity had been revealed prior to referral it may have compromised the therapeutic relationship of those clients who chose not to volunteer.

Individuals who decided to volunteer for the research after reading the research outline handout re-contacted the worker who initially assessed them, who passed the referral onto me, and I contacted the client directly. The consent form was signed at the first meeting with the Principal Researcher.

The Therapy Model from which Data was Drawn

This description of the therapy model is in addition to descriptions of the model made in the Introduction (from page 13). The usual therapy I offer to clients who present with more severe and sustained trauma is psychoanalytically informed psychotherapy and the
therapy that the study participants received was no different in model or duration from this therapy. The therapy provided to the study participants was open-ended in duration, and I gathered data from the first 12 therapy sessions. The general aim of this form of psychotherapy with traumatised clients is to mitigate against further decline, support areas of adequate functioning, and (re-)establish some sense of personal integrity (Gabbard, 2000, 256). Further, psychoanalytically informed psychotherapy commonly involves a number of components including constructing a narrative of the trauma(s), establishing an empathy based supportive relationship, and helping the client develop a more integrated sense of self. The style of therapy used in this research drew from the work of Winnicott (1947(1954); 1956(1989); 1958 (1947); 1963(1965); 1963(1989); 1977; 1986), Object-Relations theorists (Garland, 1998a; Ingham, 1998; Srinath, 1998), Intersubjective and relational approaches (Benjamin, 1995, 1998, 2004; Boulanger, 2002, 2005; Bromberg, 1998; Ogden, 1986, 1994, 2003; D. B. Stern, 1997, 2006; D. N. Stern, 2004) and the Conversational model (Meares, 2000, 2004, 2005).

Central to the therapy is the value placed upon empathy and warmth which are central processes in developing and maintaining rapport and intersubjectivity. The traumatic splitting, fragmentation, disorganisation and alienation from self is addressed by encouraging the narration of traumatic ‘events’ where both the client and therapist participate in bringing traumatic events to the humanness of language. But the task of psychotherapy moves beyond a construction or re-construction of events, with a focus upon the feeling tones that arise in the interpersonal context of therapy (Meares, 2004, p. 63), where the therapy aims to value the expressions of genuine interpersonal moments of contact, and a privileging of the survivors’ affective self experience which the therapist strives to contact and humanely value. It is through these moments of affective
contact that intersubjective and relational psychotherapies privilege as a pivotal point for change to emerge; for the personalisation of experience. More specifically, it is through the immersion of the tasks of speaking and listening and having their affective expressions positively recognised by the other that the survivor comes to move from the ‘concrete factual events’ of the trauma, to cast their own interpretations, their own meanings, upon the trauma. As such, the “asymmetrical ...inter-subjective engagement” (Mills, 2005, p. 171), the warm relatedness, is a method in itself through which transformations occur (Meares, 2004, p. 63).

**Data Collection**

The research data was collected following the method developed by Wallerstein and Sampson (1999) which combined the use of a detailed and thorough clinical history, ongoing case notes, the therapist’s thoughts, reflections and associations about the session, along with audio recordings of the session, from which vignettes are extracted and utilised in supervision sessions and later in the analysis. In more detail the method was (in order of chronology):

1. Participants were recruited using the processes described above.
2. Therapy was undertaken for twelve sixty minute sessions. Each session was audio taped with the written consent of the participants. A cut off point for the data collection was set at twelve sessions. As described above (see page 108) issues such as the development of a therapist-participant relationship and the development of fragmented memories into meaningful subjectivity required a sizeable number sessions to emerge and be represented in the therapy. A Twelve session limit was judged to be a sufficient duration for such
developments to emerge (however therapy continued beyond the data collection period).

3. A summary of the history of the client was developed after the two sessions and was revised as a more thorough understanding of the participant developed.

4. Case notes were kept which captured data which also included aspects not represented in the verbal expressions, these included:
   a. Non-Verbal communication: Non-verbal behaviour is inferred from observing posture, activity, automatic movements, tics, mannerisms, compulsions, eye contact, facial expressions (Trzepacz & Baker, 1993).
   b. Behaviours and behavioural acting out: descriptive data of the times where a participant had been minimally communicative but had behaviourally acted out through a traumatic re-enactment. I used detailed descriptions which described the behaviours and their possible meanings.
   c. Therapist reactions and reflections. Recording of counter-transference reactions such as associations, impairment in empathy and emotive resonance, concrete expressions and gross empathic failures. These reactions and associations were subsequently reviewed in supervision.
   d. Supervision notes. As described above, I presented both audio and transcript extracts in clinical supervision where I reflected upon both process issues and working hypotheses.

5. Transcriptions were made of the verbal exchanges between the client and therapist.
Data Analysis

The analysis was a multi-process and multi-modal approach derived from standard psychoanalytic case study research methods (Casement, 1985, 1990, 2002; Frosh, 1999; Healy 2001; McWilliams, 1994, 1999; Rustin, 2001; Turpin, 2001).

The recordings of sessions were analysed through the following process:

1. An initial listen through where I recorded reflections on process, narrative themes which were related to post traumatic survival and noted observations upon levels and shifts in: rapport and client/therapist expressions of ‘certainty’ and ‘uncertainty’ of understanding and of overtly expressed realisations. Additionally through re-listening to the interchanges without the pressure of the immediacy and the shock which sometimes occurred on hearing the narratives, omissions and themes could be observed. As I outlined in the introduction (see page 13) the times when the therapist or participant was in a state of mind which was frozen, absent, or certain and narrowed, is positioned in this research as being suggestive of a dissociative process (Bromberg, 1998; Meares, 2000; D. B. Stern, 1997) and as being a traumatic absence of self and the introduction of poorly conceptualised self-experience (D. B. Stern, 1997). As such, these points of tension were privileged as they were hypothesised as being unexplored, impoverished of meaning, and therefore, also being a potential point for change and self understanding. I extracted vignettes from recordings which reflected the above observations.

2. While the primary aim of clinical supervision was to develop the effectiveness of therapy, it was also a rich source of data. In the supervision session the audio recordings were explored with a concurrent aim to uncover therapist blind spots
such as empathic failures, premature understandings and absences, while also
reviewing the hypotheses developed in and after sessions about narratives and
conscious, unconscious and traumatically absent themes and motivations.

3. The ‘survival’ themes which emerged in the initial analyses and in supervision
were subsequently presented, developed and revised in academic supervision.

4. After the therapy sessions were completed the therapy recordings were
transcribed. Subsequently I read the transcripts while listening to the audio
recording. I focused on the research aims, on the theme of survival which had
been developed in the field notes and supervision sessions.

5. In clinical and academic supervision, the survival themes were further reviewed
and refined through examining the transcripts, recordings and the reflectivity of
the therapist and supervisors. The survival themes that began to emerge as
significant were those of hope and relationality.

Study Participants

I have changed the participants’ basic identification information to respect their
confidentiality but I have not altered any aspects of the participants’ life histories or
dialogue other than when I may have truncated extracts (which I indicate in the text with
the word: ‘truncated’ in parentheses).

Participant One: Terry

Terry is a 43 year old unemployed forklift driver who lives with his wife, 10 year old son
and 7 year old daughter in their own home in Western Sydney. Terry’s wife has a full-time
job and the children attend after school care. Terry reports that while his family is
chronically short of money, his children have rich educational and recreational experiences.

Terry is of medium height and build and has a pot belly. He is of Caucasian appearance and has fair coloured skin. At times he could appear quite flushed and ruddy and at other times he could appear so drained that he seemed without any skin colouring. He has a number of tattoos on his fore and upper arms and on his legs. He is missing his lower front teeth and as a consequence has somewhat of a slushy lisp when he speaks.

Terry is the fourth of 6 children and was raised in a rural area of Australia. Both his parents are deceased. His father was a WWII veteran but little is known of either parent’s developmental background. Terry was told by an aunt that while his mother was drunk she fell asleep breastfeeding the eldest sibling, and smothered the child to death. He has verified for himself that a child died at this age.

He described his childhood as isolated and subject to extreme violence. He doesn’t have any memories of any of his siblings being at home. The elder siblings left as soon as they could and he remains very bitter that they did not take him with them. But nor does he have any memories of his younger siblings. He remembers his parents as heavy drinkers who were very violent towards each other and Terry. He recalled witnessing his father beating his mother unconscious, dragging her by her hair, kicking her while she was on the ground, and slashing her with broken glass. He said that his mother was hospitalised on numerous occasions due to her assault injuries. At times, Terry alluded to his thinking that his father may have murdered his mother given how brutal he was towards her.
Terry was also neglected as a child. He remembers being locked in a cupboard when his parents had people over for drinking sessions. He said that he would be left for so long in the cupboard that he would eventually soil himself and feared that he would be forgotten and die in the cupboard.

Terry has frequent intrusive memories and distressing dreams of his father’s violence and sadistic actions. When Terry was 7 or 8 years old (he is unsure) he found his mother hanging from the bathroom ceiling with a rope around her neck. He frequently had flashbacks of this hanging scene where everything goes dark and he is in the bathroom. He hears the rope creaking as she sways, and he sees her bulging eyes looking down at him “accusingly”. Terry frequently hears his parents’ voices in his head calling him useless and stupid. He finds these very distressing and finds them near to impossible to ignore.

Terry said that there were no birthdays or Christmases. There was no affection that he can ever recall. He said his food was always rotten or putrescent, and that the house was like a tip as it was full of garbage, maggots and vermin. He recalls a dog once wandering in through the back door, urinating on the wall and wandering out the front door.

Terry did not know his day of birth (and hence birthday). He had to apply for his birth certificate to establish this. Sometime after his mother's death, (when he was approximately 8 or 9 years old) Terry’s father stabbed him in the shoulder. He doesn’t know what led up to it or what happened to his father after this. He went to live with his neighbours who he said treated him like a servant rather than an adopted child. He said he stayed with them for a year or so. He has no memories of care or affection in this setting.
His elder brother took him to live with him in Sydney when he was about 10 years old. It is here that Terry first started using marijuana and alcohol. And thinks he spent several years chronically drugged and “out of it”. The teachers at school found out about his drug use and he was removed and placed in care in a hostel. He found them strict and uncaring and they did not seem to respond to him when he told them of his childhood. He later went to live in a Salvation Army hostel and there he seems to have found some care and comfort. He said that if he wet his bed or had a nightmare that a nurse would change him and hold him. He said he was “curious” as to why anyone would do this.

He is confused as to the age he was when he moved in with his sister, who took him from the hostel helped him gain factory work and encouraged him to go drug free. It appears that without drugs and alcohol he was quite hyper-aroused and he restarted into heavy use of alcohol, which prompted his sister to ask him to leave. He left her home and moved in with someone from work. Terry seemed quite socially isolated, however he did meet his wife at work. He seemed to have either been drugged or drunk throughout their entire relationship. He said he drank at pubs and would often go home blind drunk. He also said he was convicted of drink driving numerous times and recounted to me being so drunk that, on one occasion, he fell out of the car when the Police opened his door. He was gaol for his repeated drink driving and now has a ban on driving until 2030.

He denied ever abusing his wife while drunk or sober, but admitted (briefly) to having hurt her though his behaviour. He said he stopped drinking after an ultimatum by her to stop or she would leave, after he urinated in their cupboard thinking it was the toilet.
However Terry continued to use marijuana and at times speed to control his thinking and memories. He was convicted several times for possession of marijuana. On his last conviction he was sentenced to a drug rehabilitation programme. It was in this setting that he first disclosed and discussed in detail his traumatic past. Incredibly he had not told his wife of the extent of his past trauma, and it was only in the rehabilitation setting through the workers’ encouragement that he told her. He remembers feeling believed and told me of how she held him and had wept with him.

Recurrently he speaks of his flashbacks and nightmares in terms of how they affect his family. He is fearful of having flashbacks in front of his children as “It’s not good for them to see, I don’t wanna scare them”. Conversely, he spoke of the importance of being able to wake his wife after nightmares and how she would dry his sweat with a towel and hold him. He drew great comfort from this. At other times he would sleep on the lounge if he was too troubled by nightmares so as not to disturb his wife.

**Participant Two: Janine**

Janine was referred to the Service by the emergency department as she had stopped taking her blood pressure medications following the death of her sister. Janine reported feeling that she was not coping and felt extremely worried, could not sleep, and feared that she was ‘going mad’. She said that these feelings started after the death of her sister Kim from complications related to a fatal congenital respiratory disease. She was very distressed by obsessive and intrusive thoughts such as “there is a dripping tap near Kim’s grave; she might be drowning in her coffin,” yet concurrently, she could not articulate that her sister was actually dead.
Janine is a female in her mid forties who is currently in a defacto relationship with 3 children from 2 previous relationships. She works casually as a cleaner. Her eldest child, a daughter in her mid twenties, had left home and had her own two young children. Janine’s second child, a son, who is 19 years old, lived at home along with his partner and their infant son. Janine’s youngest, a daughter, also lives with Janine and attended senior high school. Janine lives in rental accommodation.

Janine’s mother is still alive and is the mother of 12 children to 4 different fathers. Janine characterises her mother as ‘an alcoholic’ whom is very dependent upon her third and current husband of 32 years, who is also an alcoholic. Janine believes that her mother came from a good home, but as she has no contact with any of her mother’s siblings nor her grandparents, Janine could not verify this.

Janine’s mother had 6 children with her first husband when she was quite young in a remote rural town (the second eldest is deceased – Janine’s mother stated that he was still-born after being assaulted by her first husband, whereas the eldest child of this relationship recalls this deceased child being severely retarded and dying when he was 2 years old). The first husband was described as being a violent and sadistic alcoholic, and of aboriginal descent. Janine said that he would often beat Janine’s mother quite violently and that he had encouraged his sons to have violent fist fights for cigarettes or alcohol “to toughen them up”. Janine told me that her mother left him by taking all the children to town and that she then left the four eldest children at the rail station and had the rail master call her husband to pick them up (she feared she would be killed) whilst she took the youngest child with her. This husband died in 1974 after being involved in a drunken fight where he was hit over the head with a bottle.
Janine’s mother then met Janine’s father and had only Janine with him. The relationship became estranged and he left when Janine was 3 years old. Janine’s mother then formed the relationship with Ted in which she was most stable. Janine described the times with Ted and her mother as ‘wonderful’: she said that her mother was a “proper mum” and that they had a “nice house with a cubby house”, kid’s parties, family holidays, her mother sewed clothes and that they would have “fish and chips on Friday nights”. Ted treated all the children as his own and was “kind and gentle”. When Janine was 7 years old, Janine’s mother met another man, George, who moved into this marital home, and Ted moved into a spare room, as he was concerned for the welfare of the children and did not want to lose contact with them. He did his best to protect the children but he was in ill health, and subsequently the family fell apart one year after he died (when Janine was 11 or 12). Ted left his entire estate to his only daughter of the relationship.

In contrast George was and is a violent alcoholic. After meeting him, Janine’s mother started drinking heavily, staying out at night and at times stayed away for weeks at a time. The child protection agency (DOCS) was involved extensively at different stages but Janine felt that they were ineffective.

Janine’s mother had a further four live births (Janine recalled a number of miscarriages and still births but could not recall how many). The eldest of the 4 went for a 2 week holiday when he was 11 years to his uncle’s house and never returned. Janine said her mother “didn’t bother about it”. She then had Kristie, Harry who died of leukaemia, and then her sister Kim (who had died prior to Janine coming to treatment).
Janine started school at 5 years of age and made a good start. She had sporadic attendance at school, but after only two years of schooling her mother would keep her home from school to do a great deal of the housework and to care for her younger siblings. The elder siblings attended school. She did not complete her school certificate and couldn’t recall when she actually finished school. She described her mother going into violent rages where she would smash up the home and beat Janine over trivial matters. Her mother did not protect her from George’s violence either nor did she acknowledge that George was sexually abusing Janine (and all her female siblings). George would bring men home from the pub and invite them to have sex with Janine but in anticipation she would barricade her room and slept with a knife. He would offer her cigarettes for sex from the age of 8 years old. Janine witnessed him bash her mother unconscious several times, and after one of the assaults Janine recalled “going mad” where she held a knife to George’s throat. Janine cannot remember why she did not go through with killing him. She witnessed many violent fights at home, including her mother having her nose and ribs broken several times, and Janine would try to physically protect her mother. Janine said that the next morning after trying to protect her mother that her mother could then wake up and beat her for interfering. She also endured parental absence where “absolutely nothing happened.”

She recalled her brother throwing a stone at her that lacerated her eye and her mother beating her for being upset. Her mother did not tend to her eye but sent her away. It wasn’t until a neighbour found her and took her into the mother, and then to hospital, that she received treatment. She said that her mother abandoned her in hospital. She said that she had to have both her eyes covered and could therefore not see. Janine was like this for three months, and said she was really scared but that she does not remember
her mother visiting during the whole three month admission (and is convinced she did not). Later when Janine was 12 and her mother had been away for a number of weeks, she walked “a long way” to the police station and told them of her situation. This prompted the removal and fostering of Janine and her siblings.

Janine has no memory of her father (Arthur) as a young child. She had some contact with him after George came into her life but George would put up barriers to her contact with him, and her father later remarried and Janine believes that his wife presented him with an ultimatum of “it’s her or me”. She has made no effort as an adult to contact him, she simply stated: “Why should I?”

While Janine has little contact with her siblings (the eldest 4 children), she does have some contact with the eldest, a female, with whom she has formed a stable relationship. Her 3 eldest brothers all live in remote NSW and none have formed lasting relationships. Two have extensive forensic histories, and all 3 have difficulties with drugs and alcohol. Recently one was admitted to hospital near Janine’s home and although she visited him she felt there was “nothing there” with him. She has close relationships with 3 of the siblings she grew up with. They have regular phone contact and she feels emotionally connected. She describes a pattern where she tends to be the sibling that the others at times communicate through and she feels like the “hub” or the “glue”. Janine cared for both her younger siblings when they were young and later she fostered them through the courts when she was 19 years old, as Kim had not been receiving her medication and was malnourished.
Kristie is her younger sister and has had a chaotic life. She has always struggled to regulate her emotions and has had a great deal of contact with Janine on most days. She has married violent men and she is described as being very promiscuous. She externalises most of her feelings and is “always” in crisis or conflict. Janine described Kristie as having at times, “George’s evil streak”. Prior to the death of Kim, Janine could have up to 10 phone contacts from Kristie a day. Janine cut contact with Kristie just prior to the death of their sister and subsequently Kristie threatened to assault and kill Janine. Janine’s sister, Kim, who died, was ill throughout her childhood.

Despite her illness, Kim had married Phil whom the family had felt was the “hope of the side”. Janine described him as “lovely and helpful” and that he cared for Kim. He was very close to Janine’s children but prior to Kim’s death Phil started to drink and had become uncharacteristically impulsive and self-focussed. He had made a sexual advance to Janine’s 21 year old daughter and had started an affair with his sister in law Kristie. Janine and her siblings had known that Phil and Kristie had been having an affair and were very angry with them both, but most of all with Phil as they “had expected more of him”. The siblings discussed the situation and decided not to tell their critically ill sister Kim (despite Kim having already accused Phil and Kristie of having an affair). Janine feels very guilty about this, and “hates” Phil for his actions and feels “so let down by him”.

As an adult, Janine reported feeling she has to care for her mother as her mother could not care for herself, and that she has to love her “because” she is her mother and this is how “good children should feel”. Janine cannot visit her mother without feeling disturbed and conflicted. Janine stated that she had cared greatly for her mother up until the last few years when she had a “chance” to look back and review her mother’s actions. Since
then she has had less involvement with her mother. Janine has had no support from anyone outside of the family unlike her other siblings whom were all supported by uncles or aunts with whom they spent time.

When she was 17 Janine was abducted from the street by 5 men and gang raped. During the rape they attempted to suffocate her, they stabbed and cut her, and she felt they left her thinking she would die. The Police caught and convicted the 5 men who were all gaoled for the rape. She was pregnant as a result of the rape but miscarried. She feared revenge for many years after the men were caught but states that she is no longer fearful of such. She still cannot visit the town where she was raped. She said that the experience of suffocation has always “stayed with” her.

Janine formed a relationship just after the rape. Said he was “OK” at first. He is the father to her first two children. She said he was “irresponsible and got in to drugs”. She said that one day “he went for a packet of cigarettes and was gone for a month”. Her second relationship lasted seven years and she had her third child with this man. She reported that she was a “nothing to him” and that she had no rights when with him. She took a serious over dose while she was with him after her cousin had died. Her third relationship was with a man who she characterised as being emotionally unavailable and withdrawn. They were together 5 years and she split from him six weeks prior to Kim dying. Janine then formed a relationship with a work colleague four weeks later whom she described as being “the most supportive person” of her entire life and that he was her “rock”. He moved in with her 2 week prior to Kim’s expected death. She felt that she was too hard on him as she pushed him away when he tried to sooth her, but despite this they were still together at the end of my contact with her.
Participant Three: Angus

Angus was a single man in his mid forties who at the time of his referral to me had just moved in with his mother into her housing commission flat. He was referred for therapy to address his low mood, suicidality and loss of interest in life which he attributed to having been shot six months earlier. He was shot at a fishing competition by a former fishing buddy and business associate. Angus had a fist fight with the gunman (who Angus said was drunk) earlier in the evening on which he was shot. The gunman committed suicide immediately after shooting Angus. Angus spent several weeks in hospital after the shooting and felt that the shooting had drained his vitality for living and his competitive spirit.

Angus was the second youngest of six children. He described an active but emotionally neglected childhood. He characterised his father as a withdrawn and harsh man who worked long hours in manual jobs. However Angus recalled being able to contact his father through his father’s interests in hunting and fishing. Angus said he learnt a great deal from his father but felt that his father never recognised that Angus had actually learnt anything from him and never acknowledged Angus as an accomplished fisherman (which Angus was). Rather Angus felt his father was critical, negating and demeaning towards him, especially whenever he attempted anything independent of his father. His mother, whilst she was present and efficiently provided the material aspects of ‘mothering’ during his childhood, was mostly absent from his narrations of his childhood. Angus said that he often fought with his brothers as they bullied him, but that neither of his parents intervened. Angus feels he was always respectful of his father but that his
brothers, when in their early adulthood, would dismiss and negate their father, much to Angus’ distress.

Angus struggled at school with his literacy which persisted into adulthood. Angus left school as soon as he could work and had worked in a variety of jobs from manual labouring through to working as a chartered fishing guide. He reported that he had recurrently struggled at work as his efforts as an employee went “unnoticed” and that his poor literacy held him back from gaining better jobs. Angus had developed some fishing equipment and had secured patents upon these innovations. He told me at length about foundationless ‘attacks’ made on his fishing innovations and he tended to counter perceived attacks with strong criticism of his critics’ characters or fishing skills.

Angus lost one of his brothers to suicide. The brother had sustained a back injury in his truck driving business had become depressed and was abusing alcohol. Angus had attempted to run the brother’s truck for him when the brother was first injured, but had stopped after he encountered conflict with his brother’s wife. His brother later shot himself when drunk, but Angus resisted exploration of the impact upon him of the overt similarities between his brother’s firearm suicide and the suicide of the man who shot him. Angus said that he had a difficult and distant relationship with his remaining two elder brothers who he described as “alcoholic”, “selfish” and “uncaring” towards their mother. Since the shooting Angus found some increased intimacy with one of his sisters, but their relationship was prone to conflict and fracture.

Angus was single at the time of the shooting but had previously had three significant heterosexual relationships. He described each ending due to his partners not being able
to share his interests or not being honest with him about issues such as their gambling or alcoholism. Angus spoke in terms of having “done everything possible for them” or that he had “done nothing wrong” in the relationships. He expressed concerns that after being shot he would no longer be able to work physically and had lost his ability to be a good provider. As such, he felt that he would probably not be able to find a wife or have children in the future, something which significantly distressed him.

While Angus spoke willingly about the shooting, he felt, as Boulanger (2002) described, dramatically altered in his sense of self and safety after the shooting. He felt that he was no longer able to enter fishing competitions for the risk of being shot again and even struggled to go fishing with friends. Angus positioned his shooting as having occurred as a result of an envious attack of the gunman, and feared a further attack in fishing competitions as he was still a good fisherman. Prior to the shooting he was an accomplished amateur fisherman and shooter. Angus told me that he was a particularly competitive fisherman and had lost many fishing partners as they had felt he was too aggressive and uncompromising in his desire to win. He also described a recurrent pattern that was very painful for him; he would train up-and-coming fisherman in his boat through guidance, instruction, and provision of tackle, but then they almost always ended up failing to “respect” or “acknowledge” his fishing knowledge and expertise after they parted company with him.

This completes the introduction of the research topic, the background literature, the description of the participants and the research method I used to research the ways in which the participants have survived in the moment and he in the longer term. I now start the first of the empirical discussions, *Chapter 5: Hope from Traumatically Identifying.*
Chapter 5: Hope from Traumatically Identifying

In this chapter I will begin to develop my arguments about hope and surviving perpetrated trauma. In this first section of the chapter I will examine the unconscious aspects of hopeful behaviour which I observed in the participants. I will develop my arguments drawing on the work of Fairbairn and Ferenczi and then expand upon their works using contemporary theorists.

The style of the theoretical discussion in this, and each of the empirical chapters, will be to present data in the form of therapy transcript extracts (and later in Chapter 6, The Absent Witness, a clinical case description) and to then develop my theoretical arguments based upon my interpretations of these extracts and clinical descriptions. The transcripts are a recording of the verbalisations of therapy. Pauses were not included the transcripts, but when a participant or the therapist failed to finished a statement it is indicated with the symbol “…..”, and when one person spoke over another this is also indicated with “(spoke over)”. Similarly, any transcripts which were truncated are indicated with the notation “(truncated)”.

Following are five extracts from Janine who in the first two extracts recalls her childhood neglect and abuse. In the third extract Janine is speaking of her current sense of self and how she struggles with her low self-worth. I have selected these extracts in order to allow discussion of the work of Fairbairn who examined how children adapt and survive inter-personally in the face of trauma and neglect. Janine’s voice poignantly illustrates some of Fairbairn’s ideas.
Janine Extract 1

Janine:  ‘Cause we moved and mum started drinking and staying out all hours of the night and then mum started to get tattoos and stuff. And I remember mum coming home the first time mum got this tattoo, it’s a big rose on her arm, and she woke us up, it was three o’clock in the morning, she come into my bedroom and my sisters that we shared, and like we were little kids, mum must have just left us home by ourselves and she come in to show us this tattoo. I think sometimes later on when we got a bit older, not older like I said because I left at 12, mum would be gone for weeks on end and just leave us in the house for weeks and weeks at a time. And a delivery man would come with some groceries, we never had no contact, we weren’t going to school. I want to know where DoCS [child protection agency] was. To this day, even my brothers can’t figure out we had DoCS in our life for so long but in the period of time we didn’t know where DoCS went. They didn’t come out for, I think it was about six months this went on for, we didn’t go to school, nothing.

Janine Extract 2

Janine: Yeah, she used to blame me when everything happened and there was fights when I was younger like if they had a fight and we stuck up for mum, she would attack me the most. I don’t know why but she would, she used to hit me the most out of all of them for no reason. She would come and take all her frustrations out on me. She wouldn’t do it much to the boys and she wouldn’t want to do it to my sister because like she had the money and the other two were too little, Tracey and Kim so she would, yeah, she would take it out on me. Always. But Tracey’s been, I don’t know. I don’t know if Tracey’s been in her ear hole and saying stuff or I don’t know, cause like Tracey’s her favourite so I don’t know.
Janine Extract 3

Janine: ...I had to leave because she [Janine’s younger sister] said some stuff that um.. I don’t know. Do you know what happened, right, they all had somebody, right, she got fostered out, my brother went to sleep at my uncles, all this stuff, right, so this sort of came out.

Therapist: So your sister’s older?

Janine: No, she’s two years younger than me. And my brother like was out on his own and all the other kids were living with their dad and she was saying, I don’t know if I told you, I was the one that used to cop all the beatings and everything, right, it was always me. And I said to her you were so lucky you know, you had nanna, I had no one. And she goes but you were strong, you never complained, you never did nothing wrong. I said I, I, like she knew, she said I know that you copped all the beatings and all that but you were the strong one. She said you didn’t need no one. She didn’t say it to hurt me but that triggered everything off.

Therapist: It was like she was still in that mindset of thinking about you in that way.

Janine: Yeah. Like I needed somebody and I had no one she said you never complained when you got beaten. Cause I did, mum used to really beat me bad, she would take all her frustrations out on me and not the other kids, it was always me for some reason and I never whinged, never complained, never cried, and I just took it, never answered her back cause she was my mum. And she says you were so strong you know, you didn’t need no one. And they all got someone and I had nobody. And that...I don’t know.

Therapist: It’s a really hard thing to hear isn’t it because it’s such a bizarre thing.

Janine: I don’t know, she was a kid and that’s how she thought of it, I was strong. She said you protected us all. I wasn’t strong, I think I was the weak one out of all of them but I just didn’t say nothing back. Just hearing it, it just made me a mess.
And I said, look I’ve got to go, let’s go. And I come home Sunday night like I couldn’t stay any longer. Like it was good but it ended up... Like we didn’t do nothing exciting but I think she needed to like talk about everything too and...

**Therapist:** Did you manage to talk about anything?

**Janine:** We talked about all that stuff and we talked a lot about Kim.

**Therapist:** Were you able to say in response, that wasn’t how it was for me?

**Janine:** I did a bit, yeah. I did, I said like it wasn’t fair, but I didn’t want to dump my... there I was again, I didn’t want to dump it all on her. I just didn’t want to, I tried to say it wasn’t fair.

**Janine Extract 4**

**Therapist:** When you’re not in this stage, how would your brothers describe you?

**Janine:** A nice decent person, that’s what they always say. I never do nothing wrong. I’ve never been in trouble with the police, always the goody two shoes, some of them don’t like that neither.

**Therapist:** Does it feel like that way from the inside?

**Janine:** No, sometimes I don’t, I think I don’t deserve things. And like when they were sending me the flowers and all that, that like, I don’t know, I was angry sort of that they sent me flowers. And like at Christmas time my kids try to buy me presents or birthdays or Mother’s Day, I don’t like it, I generally don’t open my presents, I throw them in the wardrobe until like it could be a couple of weeks later because I don’t think I deserve anything.

**Therapist:** Why’s that? Are you a valid person on the inside?

**Janine:** I don’t know, sometimes I think it must be with all that’s happened. I don’t know. I find it really hard, I don’t know. I don’t feel good about myself. I just don’t think I deserve anything.
Janine Extract 5

Janine: She [Kim, her sister] was in the hospital and do you know that my mum only went to the hospital twice to see her and they knew she was going to die. We had to drag her there. She [her mother] didn’t even ring her. She [her mother] doesn’t get out much but she was driven there and she still didn’t want to go. She [her mother] wouldn’t even ring her up and talk to her [Kim] on the telephone. This is what I mean. I didn’t even see mum cry at the funeral. The day she [Kim] was in a coma, the actual day that she went into a coma and I think she [her mother] went, I think three weeks before that, like she [Kim] was really bad one night and they thought that she might die then and I think we dragged mum there then and other than that, that was it. And Kim didn’t want her there anyway, she said she doesn’t care about me.

Therapist: So when did you come to the realisation? Did you feel that your mother didn’t care about you?

Janine: Yes.

Therapist: So when did you come to that realisation?

Janine: I don’t know. I always used to protect mum until a few years ago too. I mean if he [Janine’s step father] hit mum now or anything I’d be straight over there. But you know I’ve had, I don’t know, all of a sudden in the last few years I’ve turned towards mum too, like I love her and all that but there’s just too many things. I look back and see what she’s done and how she’s treated... And I look back and Kim being so sick and I think, frig you know, she doesn’t care about, maybe she does care, of course you’d care and that was her youngest daughter but like she didn’t show much emotion and all that and then I think well she wouldn’t give a shit if any of us dropped dead. I don’t know, that’s how I think now.

Therapist: You’ve got pride that you’ve always protected her and not having things said about her and...
Janine: Yes because mums never got any money and she’ll ring me up and I’ll go straight over there and give her because she bets and gambles and like we still have to, especially Tracey because she lives closer to mum than me, like she lives actually a couple of streets away, Tracey’s always taking food over to mum and giving her money and all that sort of stuff. All the time. They’re grown adults and here we are kids and we’re supposed to be, and now we have our own kids and we’re supposed to be still taking care of them. And they expect that, that’s what gets me, they don’t, especially him, [truncated] But I do care if something happened to mum, I’d be devastated but I just, I don’t know, I have all this crap inside and I don’t know, it’s just complicated sometimes, I don’t know what to do with it all.

I drew on the work of Fairbairn in the *Introduction* (Chapter 1) in the section on identification (from page 87); I described that Fairbairn positioned relationality as a central human motivation, and relationality is also a central theme associated with survival in this research. I will now rejoin with his theorising to explore what he argued were the more pervasive effects of trauma on a child and its relations with others, in order to interpret these accounts.

**Fairbairn: Getting Love from a Stone**

As I outlined in the literature review Fairbairn argued that the child needs to be loved by his or her parents. Specifically the child needs to feel “that he [sic] is genuinely loved as a person by his parents, and...that his parents genuinely accept his love” (Fairbairn, 1941(1994), p. 39). However if there has not been a good emotional fit between them, the child can feel unloved and that his love is rejected, which Fairbairn saw as “the greatest trauma that a child can experience” (1941(1994), p. 40). It creates unbearable ‘bad objects’, and such frustration of love and libidinal need can lead to the problem of
aggression. The difficulty here lies in that, if aggression were to be expressed by the child, then there is the risk of the child destroying contact with the real object, which would further perpetuate the problem being devoid of love (Fairbairn, 1944(1994), p. 113). That is, expressions of aggression in reaction to ‘the bad’ could further diminish parental availability and warmth. Fairbairn postulated that the child finds a solution, where a sense of hope is maintained (through emotional contact with the other) through the child internalising the parental aggression and suppressing their own.

Indeed, Fairbairn illustrated this basic premise with a remark on the clinical presentation of abused children. Fairbairn stated that children like Janine who were abused or neglected by their parents were most often reluctant to discuss their difficulties or to conceptualise their parents as abusive or neglectful, rather, it was often the children who saw themselves as being bad (Fairbairn, 1943(1994), p. 64). In Janine’s words:

No, sometimes I don’t, I think I don’t deserve things. And like when they [her brothers] were sending me the flowers and all that, that like, I don’t know, I was angry sort of that they sent me flowers. ...because I don’t think I deserve anything....I don’t know, sometimes I think it must be with all that’s happened. I don’t know. I find it really hard, I don’t know. I don’t feel good about myself. I just don’t think I deserve anything.

Janine said that “with all that has happened” (the abuse) she struggles to accept good experience as it highlights her feelings of being un-good and un-deserving. Fairbairn proposed that the child was in an impossible situation with regards to bad experience, as a child, whether it is loved or not, is ultimately dependent upon their parent and the child
has no choice but to ‘take’ the bad experience (and the relationship with the bad experience). Again in Janine’s words:

Cause I did, mum used to really beat me bad, she would take all her frustrations out on me and not the other kids, it was always me for some reason and I never whinged, never complained, never cried, and I just took it, never answered her back cause she was my mum.

In the above Janine emphasises two points. First that she functioned in some form as a ‘whipping boy’ for her mother which was performed dutifully. The second is that she had little choice in it. Janine explains taking a beating without complaint, “cause” it was from her mother. This explanation seems somehow implicitly logical to Janine but does not stand up to scrutiny. Outside the closed existence of her family life it does not sound justified or logical that Janine should be the safety valve for her mother’s violent frustrations. But in the logic of the dependent child’s existence there is no choice. As Fairbairn put it, children can resist taking cod-liver oil, but ultimately it is forced upon them (1943(1994), p. 67). Unlike cod-liver oil, the abuse is not readily digested, rather, the child internalises the bad experience which creates bad objects that dominate the child’s inner world to the extent that Fairbairn described it being like a “possession” (Fairbairn, 1943(1994), p. 67).

In addition to the badness of abuse being taken in, the child can also take in a sense of badness from neglect. Fairbairn illustrated this with a dream from one of his patients who dreamt of standing beside his mother and being famished. In front of him on the table was a bowl of chocolate pudding which he knew to be poisoned. He was faced with the
dilemma that if he ate it he would die, but if he did not, then he would starve (1943(1994), pp. 67-68). Thus neglected children while trying to identify with their parents for emotional survival, also take in the poisoned pudding.

In Fairbairn’s thinking the memories of abuse represent a “record of a relationship with a bad object” (1943(1994), p. 63). Such a relationship feels bad, intolerable and shameful; in that if the child is ashamed of her bad parents, then they are bad objects, bad objects with which she is identified. That is, the child is identified with internal relationship to the bad object; “the child’s objects present themselves to him as bad, he himself feels bad” (Fairbairn, 1943(1994), p. 64). In a similar theme, Anna Freud saw neglected children as feeling lost. She commented that they are children who have become lost from the minds of their parents, and they too become unable to establish or retain ownership of their possessions. She said that these children often later remembered their lost possessions, personifying them, and mourning for them being left alone and lost. Anna Freud said that lost children become “chronic losers, they live out a double identification, passively with the lost objects which symbolise themselves, actively with the parents whom they experience to be as neglectful, indifferent and unconcerned towards them as they themselves are towards their possessions” (1953(1998), p. 102). In essence, they become identified with a ‘relational dynamic’ which subsequently possesses their other relations. Interestingly, like Fairbairn’s patient who dreamed of eating the poisoned chocolate pudding, neglected children come to represent the nothingness of the parental dynamic with active imagery; something Frankel described as “[t]he idea that we identify with our feelings [that is, we] concretize them into personifications of ourselves” (2002b, p. 165). In simple terms as expressed by Janine, the relationship with her mother was
characterised by her mother treating her badly, and she became, over time, bad and undeserving.

Fairbairn observed that in contrast to the resistance to condemning their abusive parents, as mentioned above, the abused child once they have internalised the bad experience and identified with it, was more likely to ‘admit’ their own ‘badness’. Paradoxically Fairbairn believed that this identification with the bad rather than the good constituted a shift in the child’s inner world where the child becomes more hopeful. To explain this apparent paradox we must explore the time before a child has ‘become bad’.

Prior to the child becoming bad there is little sense of hope as they are intolerably gridlocked with badness, internally and externally. Externally, the parent with whom they identify feels bad. Such unmediated bad identifications are described as feeling like the binary opposite to the warmth and security of primary identifications, as, in the state of bad identifications, the child still recognises the destructiveness emanating from their parent. This leaves them at the risk of having no warmth, love, attachment or security (Rubens, 1998, p. 230). Internally, following the introjection of bad identifications, the abused child also comes under the threat of unmediated identifications with internal bad objects, which put simply is an abject relationship of persecution which feels “unconditionally bad” (Fairbairn, 1943(1994), p. 66); and without any hope.

**Hope From Swallowing the Poison**

A hopeful shift can occur if the child takes on the badness and releases the parent from being bad: “the child would rather be bad himself than have bad objects [which Fairbairn referred to as the] moral defense against bad objects” (1943(1994), p. 65). In the moral
defense the child takes in and contains the badness from their objects, and seeks to find a renewed sanitised object with whom he can relate. That is, the abusive parent is experienced as a good object with whom they can identify. Overtly at this point, hope appears to have been restored for the child as they have found a method through which they can contain the badness in object relationship and establish some security in their attachment relationship. However Fairbairn saw that without some internal ego mechanisms the child would still drown internally in their badness.

The child mediates and transforms this unconditionally bad state through the operations of the super ego (I discussed the development of the superego in Chapter 2, the Literature Review, from page 72). Freud positioned the superego as being populated from the persecuting harshness of the parental relationship, but additionally, the super ego also possesses the ego ideal, the idealised aspects of the parent. When the ego identifies with the super ego the relationships can be critical and admonishing, or conversely approving. Thus in the inner world the abused child’s superego (to which the ego relates) can judge their actions as good or bad. That is, Janine could identify internally with her good objects and feel “conditionally good” (Fairbairn, 1943(1994), p. 66) (as judged by the super-ego), and believe that she was an innocent child, in Janine’s words, a “nice decent person...[who never does] nothing wrong... goody two shoes” who did not deserve the beatings her mother gave her. Alternatively she could identify with her bad objects and feel “conditionally bad” (Fairbairn, 1943(1994), p. 66) and implicitly deserving of the beatings, in Janine’s words again: “I find it really hard, I don’t know. I don’t feel good about myself. I just don’t think I deserve anything”. Thus through super-ego identifications the child’s ego could feel ‘morally’ good or bad. How is this dilemma resolved?
Fairbairn argued that if given a true choice, the child would gravitate to the good objects and feel a sense of intrinsic internal self worth, but that ultimately such a choice in an abusive world leads to an existential crisis. As Fairbairn stated:

“it is better to be a sinner ruled by God than live in a world ruled by the Devil. A sinner in a world ruled by God may be bad; but there is always a certain sense of security to be derived from the fact that the world around is good- ‘God’s in His heaven- All’s right with the world!’; and in any case there is always hope of a redemption. In a world ruled by the Devil the individual may escape the badness of being a sinner; but he is bad because the world around him is bad. Further he can have no sense of security and no hope of redemption. The only prospect is one of death and destruction (Fairbairn, 1943(1994), pp. 66-67).

Thus Fairbairn would argue that Janine found hope in her childhood through the enactment of a reversal, where the source of badness in the relationship is reversed: Janine’s innocence was sacrificed and she became culpable and the bad resides within her: “But I do care if something happened to mum, I’d be devastated but I just, I don’t know, I have all this crap inside and I don’t know, it’s just complicated sometimes, I don’t know what to do with it all”. Janine through reversal has the ‘bad crap’ reside within her. Janine’s culpability enabled her to experience her mother as ‘good’ and ‘loving’ through the reversal of the parental harshness. Again in Fairbairn’s biblical terms, by Janine becoming a worthless sinner she could feel that she deserved the wrath of a perfect and judging God (Frankel, 2002b, p. 164), who’s love was expressed in the corrective punishments. Hope is found through wringing out a drop of emotional sustenance from
distorting violence into care. However, Janine throughout her sessions made no reference to having a conscious sense that her mother loved her after the abuse started. Rather, it was invariably the reverse:

**Janine Extract 6**

And she [Janine’s sister] said it’s a wonder that I don’t have hatred for the rest of them [Janine’s siblings] because they all got somebody and they didn’t cop it as much as me. But I don’t, I don’t have no resentment towards them at all, I love ‘em all. And I said to her heaps of times, I love you and all that, if anything ever happens, I don’t want to be Kim and go with you’s thinking that I didn’t love you’s cause I do. I don’t have bad feelings. And I love mum and all that, I mean I’ll always love mum, she’s my mum, I just don’t know why she continues to hurt me the way she does.

Janine recurrently spoke of loving her mother despite feeling unloved: “And I love mum and all that, I mean I’ll always love mum, she’s my mum, I just don’t know why she continues to hurt me the way she does”. At a cognitive level Janine was unable to fault her own actions as a child; however she still could not escape the pervasive feelings of being bad and undeserving. Thus if she experienced any love, it was experienced unconsciously drawn from the violence. Further, for Fairbairn, with the abject being located within Janine, she became the ‘unlovable’ and her hope was for a redemption through becoming loveable. Therefore, if we think of hope as the movement to relate, with love being at its centre, Janine’s hope as a child was tenuous; it was a hope for hope.

Fairbairn believed that without a hope for change and redemption from their dreadful environment, the abused child could not survive their childhood. Janine repeatedly spoke
of standing and taking a beating from her mother and of being helpful to her mother; she turned what were potentially helpless and bad experiences into active actions, which I interpret as hopeful actions. And indeed, Janine lived through her most abusive childhood and the trauma in her adolescence, and still managed to raise her own children as well as a number of her siblings. That is, unlike her mother, Janine saw value in: maintaining stable housing; in sending each of her children to school; in cleaning her house herself rather than have the children clean it; in being sober and; in holding regular employment. The implication being that, while Janine’s pervasive subjective sense of self felt recurrently hopeless and worthless, she was active in providing the material and emotional conditions in which she could facilitate relating: her actions were hopeful. Fairbairn’s ideas provide a way of thinking about Janine’s distorted subjective experience of herself which is at odds with her memories of her childhood. Her internalising of the badness of the relationship became a method through which Janine could find emotional sustenance in her relations with her mother; she could get love out of a harsh heart.

I will now explore the work of Ferenczi, who although working separately to Fairbairn, also extended a view of childhood trauma that did not relegate environmental traumas behind the actions of fantasy life. I will explore some of Ferenczi’s theories (and how these have been developed by contemporary theorists). Ferenczi not only explored how the badness of the relationship is internalised, but also gives a fuller understanding of mechanisms by which the subjectivity of the perpetrator comes to inhabit the victim.

**Ferenczi and Identification with the Aggressor.**

Ferenczi, in his work *A Confusion of Tongues Between Adults and the Child* (1933(1950)), developed his ideas about ‘identification with the aggressor’ from his observation that his
patients were often more attuned to his unconscious subjectivity than he was; his patients had an “exceedingly refined sensitivity for the wishes, tendencies, whims, sympathies and antipathies of their analyst, even if the analyst is completely unaware of this sensitivity” (1933(1950), p. 158). And this highly tuned sensitivity inhibited them in expressing transferential hate and aggression which he had observed. Rather than hate Ferenczi, they identified with him (1933(1950), p. 158). In tracing the origins of these identifications, Ferenczi developed the idea that they were born from their “unbearable traumatogenic past...[where] the trauma, especially the sexual trauma, as the pathogenic factor cannot be valued highly enough” (1933(1950), pp. 160-161). Such identification was not then seen as an attunement or empathy, but a highly anxious reaction to a perception of a very dangerous threat from the analyst. He thus coined the notion of the identification with the aggressor (1933(1950), p. 162). Illustrating this is the following extract is from Janine. It was from the end of a session where we had discussed her family difficulties and her grief. We had run over time by five minutes and I sensed that she was possibly suicidal and offered her another session within the week.

Janine Extract 7

Therapist: Do you want to see me later in this week?
Janine: I don’t care, if you want.
Therapist: Can you put it in other words than that? Do you want to see me later this week?
Janine: I am I think. There’s a lot there this week.
Therapist: What about you see me at 10 o’clock on Friday?
Janine: I’m sorry I did this to you.
Therapist: That’s what I’m here for.
Janine: I know that. I guess I have you to talk to. It's hard to tell people. I can't talk to Steve, he goes, talk to me, tell me what's going on. I can't tell him all that stuff about mum and everything, I have a little bit but not much.

In retrospect my responses to Janine were both clipped ("Can you put it in other words than that? Do you want to see me later this week?") and somewhat stereotypical ("That's what I'm here for"). While I was not aware of feeling annoyed with her, the transcripts show that I was less flexible and empathic than I would have hoped to be, and less open to the possibility that I was annoyed with her. Ferenczi's point is that Janine is likely to have fearfully sensed my irritability before I did and then tried to 'head it off at the pass' with an apology: "I'm sorry I did this to you".

**Identifying with the Aggressor: A Cuckoo in the Mind**

Ferenczi typified identification with the aggressor as being composed of three processes. The initial component is that of subordination. He saw a progressive reaction of anxiety. At high levels it robs children of their subjectivity and expression: "for the overpowering force and authority of the adult makes them dumb and can rob them of their senses. The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor" (Ferenczi, 1933(1950), p. 162). In other terms, the child's sense of self diminishes with her increasing anxiety until a point is reached where the child dissociates and his/her sense of self becomes determined by, and is dependent upon, the aggressor.

In the second stage the child takes in or identifies with, the aggressor. In this manoeuvre "[t]hrough the identification, or let us say, introjection of the aggressor, he disappears as
part of the external reality, and becomes intra- instead of extra-psi
chic; the intra psychic
is subjected, in a dream-like state as the traumatic trance, to primary process....[where]
the weak and undeveloped personality reacts to sudden unpleasure not by defense, but
anxiety-ridden identificati
oŶ aŶd ďLJ iŶtƌoŶ aƌ the ŵeŶaƌiŶg peƌsoŶ oƌ aggƌesso ƌ͟
(Ferenczi, 1933(1950), pp. 162-163). Ferenczi positions the identification with the
aggressor as the ego’s last grab at survival in the face of absolute collapse. The child is not
able to react in a defensive way that involves the child’s creative potentials or the
distortion of fantasy, rather he or she reacts with an illusionary sense of self; the
observable experience for the victim is that their sense of self is actually that of the
aggressor, it is felt from within, and the subjective sense is that their actions, although
under duress, come from within.

Such a state of ‘knowing’ the perpetrator from within enables the victim to “divine”
(Ferenczi, 1933(1950), p. 162) the desires of the perpetrator and equips the child to react
*in a way which will best save them* (Frankel, 2002a, p. 103). This is Ferenczi’s third
observation of identification with the aggressor; that abused children can develop and
display overtly precocious emotional abilities (Ferenczi, 1933(1950), pp. 164-165). Frankel
described this as a “precisely attuned compliance with the attacker.... [where] the other
person fills the void left by dissociation of her own feelings and perceptions with an ever-
vigilant, overheated [quasi] intelligence” (2002a, p. 103), and the victim interprets and
responds to experience from the perspective of the domineering internalised perpetrator
(S. Stern, 2002, p. 728). The consequence of such internal identification is that the
subjectivity of the introjected perpetrator usurps the part of the child’s self that
generates “primary subjective experience of the moment” (S. Stern, 2002, p. 729) or what
Ogden would describe as the ‘ego thoroughly identified with the self’ (1986, p. 150).
In the example I cited above (Extract 6) Janine seemed to react to my irritability before I was aware of it myself. It is difficult to definitively interpret from a single instance that such an ingrained hypervigilant identification is occurring. However when I reviewed the transcripts of Janine’s sessions I found numerous shifts in Janine’s affective states in response to what could have been shifts in my affective states, such as when I was starting to finish the session. A further example is below. Recurrently in sessions Janine quizzed me as to the cost of listening or apologised for telling me her traumatic story.

**Janine Extract 8**

Therapist: Well you’ve got a lot of gumption.

Janine: I think though I should thank my mum I guess for that part, hey, since she was so nasty to us when we were younger maybe it’s made me tough. I don’t know.

Not really tough, cause I’m weak, but you know what I mean.

Therapist: Perhaps what you’re saying is you’re used to it but it doesn’t stop it hurting.

Now, I’m here next week and then I’m off for two weeks.

Janine: Yeah it’s Christmas isn’t it.

Therapist: I’ve got a two week break.

Janine: You going away or anything?

Therapist: No, I can’t afford to. Did you want to meet up the same sort of time?

Janine: Yeah, that’s fine. Don’t you ever get tired of hearing people’s problems?

Therapist: It’s my job.

Janine: I know that but you know.

I had previously mentioned in this session that we had to end, notwithstanding this, upon review, the closure of the session seems somewhat sudden and curt (*Not really tough, cause I’m weak, but you know what I mean. Therapist: Perhaps what you’re saying is*
you’re used to it but it doesn’t stop it hurting. Now, I’m here next week and then I’m off for two weeks). I may have been feeling depleted or irritable, but I had no recall or notes of such. In response, Janine seemed overtly empathic in that she appeared to have an awareness of my vulnerability as a trauma therapist to vicarious traumatisation (Boulanger, 2005; Pearlman & Saakvitne, 1995). However, I hypothesise that it was a traumatic identification, given the abruptness with which Janine shifted from speaking of her difficulties into exploring my welfare. Ferenczi’s idea that Janine was responding to the threat of my anxiety, insensitivity, and/or rejection is a compelling argument. Such ‘knowing’ of the [potential] aggressor is based upon two different but interrelated identifications.

**Identification: Two Sides to the Coin**

Ferenczi believed that in identifying with the aggressor the child takes in two different aspects of the aggressor; not only the aggressor’s consciously held intentions and wishes, but in addition, the perpetrator’s disowned and split off aspects of self. Racker in his work on transference and counter transference referred to these as concordant and complementary (1968, p. 134).

I will illustrate these points with further extracts from Janine. The event that prompted her to come to therapy was the death of her sister Kim. Prior to Kim’s death, Kim’s husband, Phil had started an affair with another of Kim’s sisters. Phil had separated from Kim’s for a brief time but is said to have returned after Kim refused to take any of her life sustaining medications. Janine said that during the period of the separation Kim would not acknowledge to anyone that Phil had left. As Kim’s illness progressed the rest of the siblings in the family kept the affair secret from Kim:
Janine Extract 9

But when we used to come up there we’d have to say he’d [Phil] come for one of the kids but he’d be sitting with Tracey like we’d have to tell Kim straight out lies to her face and she’d be in the hospital. And we’d say, oh he had to do something or, but he was up with her [Tracey]. So we were actually lying to her [Kim], like we all got caught in this web, you know, of all these lies and deception and I don’t know... See I don’t know what to think today. Like my thoughts are everywhere, like I don’t know, I don’t know where I’m coming from really.

Janine narrates feeling under duress from Phil, as he kept telling Janine and her siblings that they would kill Kim if she knew of the affair:

Janine Extract 10

And he [Phil] kept saying, oh if you tell her you’re going to kill her sooner she’ll be dead and we sort of all knew that.

Complementary identification can be seen when “the victim molds [sic] her own experience into the attacker’s experience of himself” (Frankel, 2002a, p. 105), she knows him from the inside, and in this state she feels what he feels. Racker stated this process (concordant identification) “is based upon introjection and projection, or, in other terms on the resonance of the exterior [the other] in the interior, on the recognition of what belongs to another as one’s own (‘this part of you is I’) and on the other equation of what is one’s own with what belongs to another (‘this part of me is you’)” (1968, p. 134). This identification is more than a mimicking; rather, it is strongly felt and subjectively attributed to oneself. Janine felt that her family had respected and looked up to Phil and
as such he had ‘standing’ and influence in her family. But with the increasing stresses surrounding Kim’s failing health Janine described Phil and Kim having become increasingly destructive with each other. As I noted above Phil started an affair with Kim’s sister and went to some lengths to conceal his affair from Kim. Janine narrated that she felt more drawn into Phil’s deceit of Kim than a passive complicity: “if you tell her you’re going to kill her sooner she’ll be dead and we sort of all knew that.” Janine appeared to form a concordant identification with Phil where rather than only behaviourally sharing his silence, she also shared his culpability: “So we were actually lying to her [Kim], like we all got caught in this web, you know, of all these lies and deception and I don’t know... See I don’t know what to think today. Like my thoughts are everywhere, like I don’t know, I don’t know where I’m coming from really”). Janine came to be immersed in Phil’s capability to kill Kim; she had shifted from observer to participant.

Conversely, complementary identifications occur when the aggressor projects aspects of themselves into the victim where they are treated as disowned objects in the victim, and the victim identifies with these rejected objects. The greater rejection or distancing of perpetrator from the ownership of what is projected, the more intense the complimentary identification; “[w]hat is not owned is felt to reside in the other at a more intense level” (Racker, 1968, p. 135). In contrast to concordant identifications, complementary identifications are the flip side of the coin to the feelings and behaviours of the perpetrator. The perpetrator feels angry and the victim feels scared or guilty, and when the perpetrator behaves aggressively, the victim behaves with compliance and passivity. Again illustrated by the above extract, in addition to sharing Phil’s culpability, Phil was perceived as certain and forceful in his thoughts whereas, in contrast Janine felt
she acted with uncertainty, passivity and compliance to his aggression and threats: “like we all got caught in this web, you know, of all these lies and deception and I don’t know”

As the above extract shows in identification with the aggressor the two types of identification are held together; the perpetrator’s subjectivity is imbued in the victim’s self, and additionally so is the perpetrator’s ‘shadow’, that is, their cast off aspects of self.

Ferenczi focussed on the process of the child taking on the Otherness of the perpetrator’s guilt. He felt the transfer of guilt resulted from the wholesale taking in of the aggressor’s inner world, where not only were the ‘demands’ of the perpetrator taken in, but also the denied and split off aspects of the perpetrator; his or her guilt. Ferenczi observed that this left the child after the attack feeling “enormously confused, in fact, split- innocent and culpable at the same time – and confidence in the testimony of his own senses is broken” (Ferenczi, 1933(1950), p. 162). Janine oscillated within the two identifications (Seligman, 1999, p. 140), where she was guided both by a forced-and-false ‘us’ [her and Phil possessing a deadly secret], and by “his other” [his vulnerability and uncertainty] (Frankel, 2002a, p. 105). In addition, while I have illustrated this discussion with specific examples of Janine’s dialogue and behaviour, Seligman argues that Ferenczi positioned the identifications being expressed more in terms of an orientation towards the other, an orientation from within; Seligman describes subject-other interchanges as possessing their own distinctive “contours” (1999, p. 140) of identifications between self and other which I will now explore.

**The Contours of Abuse**

Seligman described the identifications not so much in terms of the attributes of the individuals but more in Fairbairn’s terms of an “interactional process” (Seligman, 1999, p.
140). If we tie this back to Ferenczi’s scene of trauma, then what is taken in and reacted with, is the shifting dynamics of the abuse. An illustration is found with Angus who described his vacillating relations with others:

**Angus Extract 1**

Angus:  
Yeah. I’ve always been defensive. I was only ever told, like I said to you, when I raced the motorbikes, and stuff like that, and I didn’t use workshop manuals and my Dad would come into the garage and the motor would be in pieces and he would say: “Frigging idiot, how the hell are you going to get that together?” and whatever, and I never got encouragement at all, anything like it, you know?

Therapist: So you see yourself as being chipped or criticised?

Angus: Every time. And every time I brought friends home they were no good, and this was no good and that was no good, and this person’s no good, and I ended up when I was in my 20s and early 30s, I was doing the same thing and I actually looked at it and I thought, Jesus, that’s Dad, and I started changing my ways and I had an open mind, and I did meet people and when this person bites you it doesn’t mean the next one will, and that’s you have to keep an open mind. Dad never had that sort of open mind. Dad was a very, ah, ah, self-contained type person, which I am to a degree, in my sport and so forth, but I believe that what I’ve seen Dad do, and whatever, his fishing and hunting and all that came first to a degree [truncated].

Therapist: But it seems to you that you’ve included other people and you’ve come to teach people and share your craft and there wasn’t that with your dad. It was more of a solitary thing with your dad?

Angus: If you didn’t do what he thought you could do, that’d be the first thing you’d hear. And if you did do something and he didn’t like the way you were doing it, it was straight out, Oh, you frigging idiot. What are you doing it like that for? Or,
you know, he was always aggressive ... sort of aggressive, but now I've learnt and
because I've looked at myself, dad didn’t actually have control of himself.

And later in the same section of dialogue:

Angus: Yes. I saw traces of it and at times I've actually really, really gone off in my boat
at people, and whatever, because they would just not stop stuffing around. You
know? And, oh, I don’t know.

Therapist: You've got some of the same characteristics?

Angus: Yeah. I have and I don’t like it, cause when I've gone home, I've looked at it and
I've thought, Jesus Christ, why did I do that? You know? Why didn’t I just talk
calmer [truncated].

Angus recalled his desire for encouragement and recognition from his father and in
contrast to this was his experience of his father as domineering and negating. As explored
with Fairbairn, Angus as a child had no choice but to “identify with those relational-
emotional states, including the sense of helplessness, that his father [kept] out of his own
awareness [by] thoughtlessly inflicting them on his son” (Seligman, 1999, p. 140). Angus
was in a complementary identification of feeling helpless. Importantly such a mode of self
with other, can be identified with from either side of the duality (his father’s sense of self
and father’s disowned objects) in new relationships; thus Angus remains identified with
this way of being by repeating this bully-victim orientation, that is, he would stay within
the:

‘abuser-abused’ internal role relationship, but he [also] would
simultaneously be taking on the abused, helpless self as well. This
identification, then, is with a dyadic relationship system rather than with a single role, or, to put it another way, as an orientation of one’s subjectivity within a self-with-other relationship dyadic characterised by oscillations between one position and the other (Seligman, 1999, p. 141).

Seligman’s ideas allow us to again reflect on the crushing of the duality of self with other. Rather than having an intersubjective space that has been constructed between self and other, the abused child has a single self process and contour that has “been directly imported from the mind [and behaviour] of the threatening person” (Frankel, 2002a, p. 106). Bollas reframed the victim’s loss of subjective-self in terms of the extracted gain which the perpetrator makes from denying the individuality and subjectivity of their victims and named the process “extractive introjection” (1987, p. 158). He stated that the process results from the perpetrator denying the existence of psychic elements in the mind of the victim; rather, the perpetrator perceives that they themselves represent these elements. For example, in the act of dominating and belittling Angus’ competency and curiosity, Angus’ father held all the ‘knowledge’ and Angus was denied his own independent competent skill base. Further, Angus’ father’s forcefully angry and overly emotive expressions enabled him to ‘arrogate’ “to himself” (Bollas, 1987, p. 159) Angus’ emotive elements and reactions, leaving Angus depleted of self-authored and independent affective reactions. Repetition of such actions depletes victims of their selfhood and experiences that feel genuinely personal. So Angus could be seen as being interpersonally diminished from not only his father’s negation but also through dominating him interpersonally with overbearing and harsh emotional expressions. Such arrogation was something that Angus carried with him into most contemporary relationships. He felt a particular sensitivity to people taking from him and being
diminished by the experience. However such identifications are double sided and readily reversed. As such while Angus frequently spoke of feeling victimised by the actions of others, it was most likely to be in the context of having ‘taught someone’. He narrated a number of times that he had trained many men to fish, but that at some stage most of these trainees had struggled to find their separate identity as fishermen, as he had with his father:

**Angus Extract 2**

And even Ken, he ... I can feel that he was ... he was going out with his workmates, and like I said to you, the last time he went trout fishing and showed a guy what he could do with a sounder and whatever, and, you know, and he was actually showing off, and when the guy asked him, he said, Where’d you learn that, Ken, he said, I know a lot more about sounds than you think I do. That really hurt me, because he knew that I taught him. He knew that he never used to braid his line before he met me. He couldn’t even tie the knots. He couldn’t even tie a leader on to his outfield. He’s never caught a yellow belly or anything before, or cod, or stuff like that. Now he’s a bloody expert.

Above (extract 1, on page 151) I quoted Angus’ description of how his father would diminish him; “my dad would come into the garage and the motor would be in pieces and he would say, “Frigging idiot”. How the hell are you going to get that together, and whatever, and I never got encouragement at all”. Rather than Angus’ father recognising Angus as possessing separate and independent subjectivity, Angus’ father would diminish Angus’ separateness and sense of self. Angus describes an automatic triggering of such a relational contour in his contemporary relationships. In the extract immediately above (which is representative of other similar statements) Angus describes seeking and being
denied recognition, as he had as a child: “That really hurt me, because he knew that I taught him”, and feeling hurt by this lack of recognition from the Other. However, as an adult, the relational contour was played out where Angus sounded more like his diminishing father, and his ‘ungrateful former student’ became the “Frigging idiot”. Additionally, Angus also then arrogates all fishing expertise as emanating from himself: “He knew that he never used to braid his line before he met me. He couldn’t even tie the knots. He couldn’t even tie a leader on to his outfield. He’s never caught a yellow belly or anything before, or cod, or stuff like that”. Interpersonal encounters where Angus feels negated seems to trigger a “traumatic script” where old patterns play out to a set script that is acted out but never fully seen as such at the time (Meares, 2000, p. 98). This traumatic script is something that Angus tries to protect himself from having to enact again due to the distress it brings him. Such a need for psychic protection usually develops into an inter-personal hypervigilance (Davies & Frawley, 1994, p. 117).

Longer-Term Effects of Identifying with the Aggressor

Again, in returning to the child to see the development of the process before we examine the adult manifestations, Davies and Frawley characterise the ‘abused child’ as a “hypervigilant child, ever cautious, always watching, struggling futilely to ward off the next experience of abuse” (1994, p. 117). Drawing upon the reflective functioning theorising of Fonagy (see Chapter 2, Literature Review, from page 64) Davies and Frawley observe that for the abused child to feel a sense of safety, they must, like Janine in her traumatic relationships with her mother (see from page 134), hypervigilantly scan all those around them and be “pathologically attuned to their needs” (Davies & Frawley, 1994, p. 117). Such hypervigilance leaves the traumatised child with an impaired sense of self and safety, making them further vulnerable to trauma:
maltreatment impairs the child’s reflective capacities and sense of self. This situation can, and probably often does, induce a severe and vicious developmental cycle. Poor comprehension of mental states associated with maltreatment amplifies distress, activating the attachment system. The need for proximity thus persists and perhaps even increases as a consequence of the distress caused by abuse. Mental proximity becomes unbearably painful, and the need for closeness is expressed at a physical level. Thus the child may paradoxically be driven physically closer to the abuser (Fonagy et al., 2002, p. 352)

From the discussion of the literature above and from the relational patterns I described in Angus we develop a picture of the adult survivor who while experiencing the potential for danger in all relationships, is nevertheless ensnared in a traumatic paradigm of relating. While the danger may or may not be physical, there is always an intra-psychic danger, as illustrated above. To survive this unrelenting threat, “identifying with the aggressor becomes institutionalized as a generalized way of relating to people” (Frankel, 2002a, p. 114) from either side of the doer-done-to coin (Benjamin, 2004). The survivor may, through subjugated identifications, attempt to “ placate the potential abuser within-the other, [while] rarely, if ever, experiencing her own needs in the situation, or taking the long term consequences of her actions into account” (Davies & Frawley, 1994, p. 117). For example, when Janine was confronted with what may have been the forerunner to abuse with me (mild frustration, fatigue or irritability), her sense of self awareness seemed to diminish and she seemed more consumed with my mental state and needs. Similarly, Angus’ sense of self seemed “attenuated” and “flimsy” (Meares, 2000, p. 100) when he
was speaking of his aggressive and negating enactments from the reverse side of the coin. As such, either side of the doer-done-to coin brings with it a short-sightedness of the Other. Frankel commented that “pressured, biased scanning of others paradoxically results in both tremendous sensitivity and great blindness to others’ motives” (2002a, p. 115). That is, while each of the survivor interactions are not necessarily with a perpetrator, the survivor’s impaired reflective functioning inhibits them comprehending this, leading to defensive denial or distortion of these contradictory aspects of experience (Davies & Frawley, 1994, p. 117).

As Stern argues, such institutionalised reflexive other-identifications can lead to a “poorly articulated or distorted [sense of self], making it less of a resource for navigating the complexities of life. This deficit in turn [further reinforces]... a distrust in one’s own capacities, a tendency to project power and wisdom into the other, and an addictive-like dependency on the other’s perspective with which one over-identifies” (S. Stern, 2002, p. 728). Put in other terms, a distrust in one’s own “primary subjective experience of the moment ” (S. Stern, 2002, p. 729), creates a need of another who may guide, advise or dominate. So in the longer term, the victim, especially when stressed or vulnerable, may seek out domineering others to “tell the subject who he or she is” (Meares, 2000, p. 100). Seligman believes there is a tendency for victims to return to their original traumatising object ties or form new object ties that share similar ‘relational contours’ (Seligman, 1999, p. 140) as those with the original abuser. This is a cycle of abuse that is difficult to break, as a return to old relational contours further reinforces the distrust in one’s primary subjectivity. For example, towards the end of seven of her twelve clinical sessions, Janine asked me direct questions which invited from me a subjective opinion of Janine or her experience. The themes she asked about were first, whether she was
“crazy” or “normal (four occurrences)”: “Do you think I’m nuts? You must think my family’s crazy”; “And like that was Sunday, the letter was Monday and Julie and all that crap was last night so I’m just like, all right, and then I think oh well, I’m going to die one way or the other. I know that’s stupid, why do I think like that?”; “No I didn’t want to come today. I didn’t...do I sound crazy?” and; “Is that normal? I can’t remember if I felt like this when my brother-in-law died. I’ve just got no, I’m exhausted all the time, like just doing something takes so much... I do a little but it just takes a lot of effort. Is that normal”? Second Janine asked if her hatred of her step father was acceptable: “We all hate him, we all do. I know I shouldn’t say hate but I do. After everything he’s done, no one likes him, none of us like him. He’s done bad things to us, he was never nice not even to the boys, he used to bash the boys, I mean not just hit them, bash them [truncated]. I think they’re very lucky they didn’t have him. Is that bad to say” [truncated]? Third Janine asked me if she was wrong to not have wanted her dying sister to have suffered: “Is it bad of me, like I’ve brought this up before, part of me wishes that she died before when she, when she had that bleed” [truncated]. And last, whether she [Janine] had improved over the course of the sessions: “Do you think I’ve got better since I’ve been coming here”? I contrast these with a converse example: in the last session of the study towards the end of the session Janine stated:

**Janine Extract 11**

At least I haven’t, one thing too, I haven’t had thoughts of killing myself every ten minutes so I’ve gotten better in that respect. I was like down at first and I sort of got a little bit better.

Janine spoke of an improvement in her mood in commenting that her mental state had improved. After making this unprompted judgement of herself she ended the session
confidently without seeking my point of view about herself. The point being, that while the trauma survivor has a fragile sense of self especially when confronted with a domineering, insensitive, or frightening other, it is not a complete self or other blindness, it is a fluctuating impairment which is prone to ambivalence, and in these moments of ambivalence there are emergences of different aspects of the survivors’ self. That is, both Stern and Ogden use the concept of ‘emergence’ in their formulations of states of mind (Ogden, 1986, p. 69) or the self (D. N. Stern, 2003, p. 37). This emergence or partial attainment promotes a view that also emphasises the achievements of self, beyond the deficiencies. For example, as I discussed in Chapter 2, the Literature Review, Ogden postulates that the depressive position emerges from the paranoid-schizoid position, but never completely supersedes it; rather he believes the two exist in tension with each other (Ogden, 1994, p. 34). Similarly, Stern observed that the self is present from birth in some form or another which continues to develop and shore up over the life time to varying degrees, hence his coining of the concept of an “emergent sense of self” (D. N. Stern, 2003, p. 45). Thus I in this thesis where I am exploring the different manifestations of hope in individuals with histories of early and sustained trauma, where ever possible, I will frame my discussions in terms of emergence, and look for moments of nascent exceptions to the traumatic impairment. Below I will further explore the idea that hope can emerge from experiencing ambivalence.

**Hopeful Ambivalence**

As I discussed above, Janine was the recipient of renounced and projected aspects of her mother’s experience, material with which Janine identified. However, to add to the complexity of the drama of Janine’s internal world, while traumatic identifications are disruptive and compelling, they are never complete identifications: “there is always some
piece of one’s own perception that remains and resists giving up to identification” (Frankel, 2002a, p. 104), and can see the parent as culpable. As Janine narrates:

**Janine Extract 12**

Janine: I used to take a knife to the bedroom. My bedroom and my sisters, like we shared a room, it was the only one that had windows left in the whole house. Every window they had broken through all their fights, there was always fights and he was always bashing mum and then we used to stick up for mum and then next morning when she was sober she would remember that we were swearing at him or whatever we did to him and we’d cop it, she would belt into us. And she had a broken nose a few times, she had broken ribs, like I mean he used to bash her and bash her. And, yeah, and we would stick up for her and then we would cop it. She would take it out on us.

Therapist: How did you make sense of that?

Janine: I don’t know, just survived I guess. That’s why sometimes I think I’m worth nothing. When she used to hit me and I get that in my head like mum didn’t care about us so why would anybody else. I think that. But I used to always think that I was going to be determined if I ever was a mother this was never, ever going to happen to my kids, never, ever. I used to say that and I’ve never ever let this happen. And I used to lay in bed and cry and think, you know of a night time and I could hear them fighting and I’m thinking, get me out of here. It was horrible, it was a horrible life. I honestly don’t know how we all survived it.

Janine could narrate the abject nature of her childhood and how she knew other children should not have been subjected to it. She could discuss its impossibilities and how she had saved her sisters and her own children from such a fate: “But I used to always think that I was going to be determined if I ever was a mother this was never, ever going to
happen to my kids, never, ever”, and again from Janine’s Extract 3 (on page 131): “it was always me for some reason and I never whinged, never complained, never cried, and I just took it, never answered her back cause she was my mum”. However when it came to witnessing to herself and exonerating herself she wavered; “I don’t know, just survived I guess. That’s why sometimes I think I’m worth nothing.” That is, she can almost see her innocence, but her vision seems obscured by when she re-experiences the badness that came from her mother’s actions.

Thus the traumatised child may feel ambivalent, an ambivalence where she has to reconcile the view that the other’s behaviour was wrong, with her own immersion, compliance, and [forced] participation in the abuse. Such resistance to absolute compliance while causing an ambivalence between guilty self-reproaches and anger and fear, is also hopeful. There is a courage in facing the wrongness of one’s past in the effort of not mindlessly repeating it with one’s children, but it required Janine to experience both the badness of her compliant identifications with her mother, and also to bear the pain of the losses such as the idealisation of her mother and the protection of dissociative compliance. Janine placed value in the warm relational aspects of mothering. Such movement to relate is both between Janine as mother and her children, and also between her internal object relations where she recognises her own selfhood and subjectivity.

**Fanning the Embers of Hope**

Ferenczi viewed that in the trauma, a part of the child’s personality “regresses into the state of happiness that existed prior to the trauma – a trauma which it attempts to annul” (Ferenczi, 1933(1950), p. 164). A part of the personality remains identified with an image
of a caring parent and tries to exert this split off image of the parent, upon the current experiences of the parent. The regressed ‘survival behaviour’ of the traumatised child (passivity, compliance etc.) is thus acting like a hopeful fanning of the embers of the parents’ love in the hope that the perpetrator will return to the pre-trauma idealised state; a hope for “new experiences with old objects which, if provided would have the effect of liberating them from their addictive attachments and making possible a freer form of connection grounded in authentic self-experience” (S. Stern, 2002, p. 729). That is, there is a hope that the perpetrator, or contemporary substitute, will act outside of the old relational contour, and accommodate the intersubjective needs of the survivor:

**Janine Extract 13**

I did tell her like that it’s only been in the last few years that I’ve brought all this up with mum and that cause I used to still hang out with mum and all that and still like cop it but I just... Like for example last night I had all this left over, heaps of food and all that from Christmas so I took mum over a couple of big bags of like salmon and all that that the kids weren’t going to eat and there was Christmas puddings and all this sort of stuff, right, so I took it all over last night and Pat said: “Oh mum that was nice of Janine”, and she goes “Oh yeah it was”, and she says, “Oh but Tracey bought me all this stuff”. And I said: “Well that was really nice mum that Tracey did all that” but she was more like: “Oh I’m so excited that Tracey did,” it but it was just expected of me. That’s how it come across to me that [truncated].

And later in the same session:

I really had the need the last couple of days to see her [Janine’s mother], I really, really wanted to see her for the last few days. But I just knew that that would
Janine appeared to hold out hope despite her recurrent disappointments and negations from her mother, that she would be able to elicit the former mothering in her mother, and that things would be good again as she believed them to be when Janine was young. Such a standpoint is quite similar to Winnicott’s view of psychotic regression. Winnicott regarded psychosis as resulting from an earlier developmental failure; a regressive psychosis not only communicates aspects of the original parental failure, but also serves as a hopeful opportunity for earlier experiences to “be relived, with the environment this time succeeding, instead of failing, in its function of facilitating the inherited tendency in the individual to develop and to mature” (D. W. Winnicott, 1965a, p. 128). Winnicott saw regression as a hope for authentic self-experience with the formerly perpetrating other, a hope for a new opportunity in a currently ‘frozen situation’. In terms of this thesis, I would argue that it is the hope for movement prompted by the contemporary environment making “adequate though belated adaptation” (D. W. Winnicott, 1965a, p. 652) “where[by] the individual can resume their natural maturational processes (Mitchell, 1993, p. 207), that is, releasing the traumatised individual’s innate creativity; to create and discover new objects.

A Silk Purse from a Sow’s Ear

In the above discussion I have illustrated times when Janine acted out of an alternate relational format to the victim-perpetrator dynamic. It is a format which gave Janine some ability to stand outside of the powerfully annihilating trauma process and provided a means by which the Janine as a survivor could keep intact her movement to relate with
others; the intersubjective duality of herself with Other, where mutually both Janine and her Other shaped the contours of the relations between them. I will further unravel this issue by again referring to Janine’s Extract 3 (on page 131).

In her narrative she describes experiencing a complementary identification with her mother. Her mother needed to get ‘something out’ and Janine ‘took this’ from her mother: “mum used to really beat me bad, she would take all her frustrations out on me and not the other kids, it was always me for some reason and I never whinged, never complained, never cried, and I just took it, never answered her back cause she was my mum”. She presents it as a resigned, dutiful loneliness. Despite this paralysed dutifulness she also remembers being able to be active and protective for her siblings. Janine implied that she felt a sense of identification with her siblings when they were under threat from her mother or step father, but not by using the same victim-perpetrator identification contour. If she were to use that identification contour she would be bound to either, acting out of passivity and being dutifully receptive, or conversely to the interactional process, be aggressive, violent and intrusive. Rather, she appeared to be protective, and she remembers, and is remembered for, parenting her siblings: “and that’s how she thought of it, I was strong. She said you protected us all”.

An Alternate but Interrelated Identification

However the process contains more than alternate identifications. The identifications do not exist separately to each other. As discussed above, identification with the aggressor aims to be a ‘closed system’ where the aggressor can dominate the victim. The perpetrator ejects the unwanted aspects of themselves and takes the vital mental contents of their victims. The victim is treated as an extension of the perpetrator rather
than an entity in their own right, as Benjamin states “[v]iolence is the outer perimeter of
the less dramatic tendency of the subject to force the other to either be or want what it
wants, to assimilate the other to itself or make it a threat. It is the extension of reducing
difference to sameness, the inability to recognize the other without dissolving her/his
otherness” (Benjamin, 1998, p. 86). In the violence the victim's identity and difference is
denied where there is no ‘us’ or ‘we’, rather it is the ‘me’ and the ‘not me’ of the
perpetrator.

When Janine entered the victim-perpetrator dynamic she stood in the spaces of
identifications (Bromberg, 1998, p. 285) and entered as a third. While she was reduced in
her narrative to being a victim of the perpetrator, as she felt returned to being a victim of
the ‘closed system’, she still nonetheless remembers and is remembered, for swapping
places with her siblings, and as such is recognised as caring for them; “you protected us
all”. This action is from neither side of the victim-perpetrator dynamic; rather it is a
different yet inter-related identification. Janine remembers her intervention between her
siblings and their perpetrators, as ultimately being reduced to a subjective feeling of
passivity: “I wasn’t strong; I think I was the weak one out of all of them”. She feels
reduced from the position of the ‘witnessing third’ to that of the victim. However she can
concurrently describe the knowledge that she acted out of a different identification; in
Ferenczi’s terms she acted from an identification with her idealised pre-perpetrating
mother. As Ferenczi stated, the identification with the idealised parent “attempts to
annul” (Ferenczi, 1933(1950), p. 164) the current parental behaviour. Janine hoped to
reinstate mothering into the household. However the hopeful behaviour she displayed
was without the subjective experience of hope. It was a hopeful empathic action that
appeared to bring further suffering rather than a relief from suffering.
What then prompts such an identification with her siblings if it appears to bring further suffering? Implicit to her narrative is a sense that to witness the abuse of her siblings was more distressing than to ‘cop it’ herself. This difference in identifications is a theme that is repeated in the trauma and attachment literature. I will briefly refer to the literature on torture before discussing the attachment literature with reference to some vignettes from Terry.

**Unbearable Identifications with the Victim**

From a review of the torture literature, Basoglu & Mineka concluded that the key features of effective torture were the victims being subject to pain and suffering that induced in them experiences of “unpredictability and uncontrollability” (1992, p. 202) at the hands of their torturer. Miller saw this as removing a human need, perceived control; “[i]n the absence of a safety signal, human beings remain in a chronic state of fear and apprehension” (T. Miller, W., 1992, p. 116). This need for predictability and control was discussed by Basoglu and Mineka who observed that “[m]any survivors report that having to wait to be taken from their cell to the torture chamber can be even more distressing than the torture itself. For example, one survivor stated that he felt almost relieved once electrical torture had started. He had learned to cope with it after several occasions and every time the session started, he realized it was not as bad as he feared it would be” (Basoglu & Mineka, 1992, p. 206). This infers that the torture victims felt a *degree* more control when the torture started compared with the waiting period. In addition, and important to this discussion Basoglu and Mineka stated that some of “most distressing aspects of their [torture survivors’] past experience [was] being forced to witness other people being tortured”. These may have been relatives, friends or strangers with some
being forced to torture others. Some of these forced participants stated that this activity “is even more distressing than being tortured oneself” (Basoglu & Mineka, 1992, pp. 205-206). So in using the control and helpless hypothesis, a child subjected to unpredictable and uncontrollable violence will suffer through great anxiety and may suffer despair and be helpless. However in comparison to this experience, children may feel even more distressed and out of control, if they witness violence towards an attachment figure or a sibling. As such, a three part identification can be a potentially more distressing experience than a two part identification. The picture this develops is of an individual caught between conflicting needs; their needs related to their own physical survival, while also feeling compelled by their identification with someone else’s suffering. In his childhood Terry witnessed his parents beat and mutilate each other and he was also subjected to violence himself, yet as with Janine, he spoke of a strong attachment to his parents.

**Hyper-attachment and Violence**

As stated above (on page 155) Fonagy and his collaborators believe that when confronted by terrifying parents, children’s survival strategies come from automatic attachment systems which are activated. These enable the child to maintain proximity and attachment with the carer despite the abuse.

I will illustrate Fonagy’s thinking on attachment and traumatising parents with reference to Terry. The two main flashbacks and nightmares that Terry repeatedly experienced were finding his mother hanging, and seeing his father beat his mother and his father then making him clean up her blood. Despite the other horrific abuse he was subjected to, his flashbacks and dissociative re-experiencing of his trauma are related to the torture
of others, not of himself being subject to abuse. The following represent a number of discussions that were quite similar to these texts about these two experiences.

**Terry Extract 1**

Ah the worst part of the umm, when, I noticed mum on the ground and dads’ got the, a broken bottle over er and cuttin er, cuttin er face and that and the bloods spurting, spurted on the walls and me old man told me to clean it up. And ah I keep on having this nightmare clean up this blood off the walls and on the floor and the walls are pulsating blood and I can’t clean it up quick enough. The old man’s shouting at me, shouting at me, strappin, strappin me, strapin me, strapin me, and I ‘m trying my best to clean it up but I can’t, I can’t get over it.

**Terry Extract 2**

Terry: Just dad used to kick mum from the backdoor to the front door, back to the back door. And back to the front door, kicking her, and bashing and thumping her, sometimes she wouldn’t come home for about a week and a half, cause I know now that she was in hospital. Badly bashed. Come home with black eyes, broken ribs and soon as she got out of hospital, the old man get into her again. Come home drunk and grab anything and slash me with the ironing cord, be in the corner and he’d be slashin me, hittin me, hittin me, hittin me, and after the 10\textsuperscript{th} one and I’d just, go ahead do your best and...yeah.

Therapist: Did it stop hurting or did you just get brave?

Terry: I just went numb. I was bleeding through the ears, through the mouth.
Terry Extract 3

I used to scream my head off for someone to stop it [his father beating his mother]. Stop it stop it. And he’d [say] shut up you bastard get to fucking bed. You know what I mean, before I start on you. You know what I mean? I’d just lie underneath the bed and start, and just cry and......

The language of these texts shifts midway from past tense to being spoken in the present tense. Often Terry would repeat an aspect such as being strapped like above, whilst simultaneously appearing to be looking at the scene while describing it to me. Research conducted by Hellawell and Brewin (2004) found that the language used in flashbacks tended to use greater amounts of detail, particularly perceptual, more use of present tense, and often mention fear and helplessness and horror. As such, while Terry was not experiencing flashbacks in the above narrations, he did however appear to struggle to differentiate between memories of past events and current day experiences. Similarly, Terry frequently used language in sessions that was spoken with the intensity of a terrified person, and his narrations of his memories were subject to little revision or alteration with subsequent discussion.

In the first half of both of the first and second narrative extracts, Terry is describing seeing his mother being beaten and refers to his mother as ‘mum’ and his father as ‘dad’ whereas in the second half of the extracts, Terry speaks of being strapped and refers to his father by “old man” and “he’d”. This language shift prompted an examination of the transcripts to contrast his references to his parents. His language was compared between the use of parental nouns (mum, mother, mummy, dad, daddy or father) with the use of...
possessive pronouns, pronouns and slang to refer to his parents (her, herself, he, him, his, himself, old man, they, them, and any instances where he spoke of actions that referred directly to his parents without using parental nouns or possessive pronouns). The table below (table 1) is a summary of how Terry referred to his parents in different behavioural narrative scenarios. The first column categorises the different violent and neglectful interactions Terry described in relation to his parents. The second column indicates for each of these different violent interactions, the frequency in which Terry referred to his parents using parental nouns compared to the total references to his parents, and these are expressed as a percentage.

Table 1: Summary of Terry’s Parental References.

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<th>Terry’s Narrative of a traumatic scenario of:</th>
<th>% of total references to parents which used parental nouns:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father assaulting mother</td>
<td>60</td>
</tr>
<tr>
<td>Father assaulting Terry</td>
<td>11</td>
</tr>
<tr>
<td>Father sadistic to Terry</td>
<td>0</td>
</tr>
<tr>
<td>Parents having locked him in a Cupboard</td>
<td>50</td>
</tr>
<tr>
<td>Mother assaulting father</td>
<td>45</td>
</tr>
<tr>
<td>Mother assaulting Terry</td>
<td>25</td>
</tr>
<tr>
<td>Parental Voices</td>
<td>60</td>
</tr>
<tr>
<td>Discussing parents</td>
<td>30</td>
</tr>
<tr>
<td>Mother dead</td>
<td>72</td>
</tr>
<tr>
<td>Wanting to kill his father</td>
<td>0</td>
</tr>
</tbody>
</table>
Terry’s highest use of more personalised language is when he was speaking of finding his mother hanging dead (72%). This occurs mostly in the narrative context of recounting the content of his flashbacks or trauma dreams, where the most used pronoun was ‘mum’. The second most frequent use of parental nouns occurred when Terry described witnessing his mother being beaten by his father (60%). These are in contrast to the times when he spoke of his father being sadistic towards him, his father beating him or his mother beating him (0%, 11%, 25% use of parental nouns respectively). This shift in language is most obvious in the first extract above, but is represented consistently in the transcripts. As cited earlier, Fonagy (1999, p. 160) commented that in the face of strong violence there is a suspension, or perhaps inhibition of higher order mental function and an activation of the attachment mechanisms which causes the child to attach more strongly to the abuser.

The use of the nouns ‘mum’ and ‘dad’ may reflect the memory of Terry’s hyper activation of his ‘attachment system’ with his parents. However in the above extracts, if his attachment activation is represented in the use of parental nouns, it is not in the instances when he is being severely beaten. Of the different thematic scenarios represented in above table, they can be divided into three different positions in relation to his parents: being isolated and deprived of any contact, witnessing violence, and being subject to violence. In contrasting the experiences of witnessing violence with being subjected to violence, an over-simplification for the point of emphasis is that when witnessing violence Terry appears to more frequently use ‘attachment language’, (Mum, Dad) whereas when he is subject to violence he more frequently uses objectifying language to refer to his parents.
The Parent Within

In returning to the discussion, we are examining the idea that in the face of a three part perpetrated experience, the child suffers in a different way to that of a two part identification. From Terry’s accounts it appears that when being beaten he could still stand, be numb and be defiant for himself; in other terms, he could identify with the aggressor more absolutely, and lose his fragility and vulnerability. But when the scene was interrupted by a third, when his attachment figure was being beaten or apparently murdered in front of him, he experienced a different stance; he is called to action to rescue. While this is still largely a complementary identification as it is a victim-rescuer binary, it still marks a move away from the perpetrator-victim binary. Additionally, Terry was emotionally enlivened and yelled and screamed, but he was then overwhelmed and distraught. The child feels an identification with vulnerability and suffering of the attachment figure (the perceived victim). But additionally, he or she can also identify from the other side of the relational configuration, from the ‘internalised idealised parent’ who is compelled to parent the helpless other. So while the reaction may be activated from a traumatic attachment mechanism, it is not necessarily a purely regressed reaction which is simply associated with a survival reaction, rather, it is also a compulsion to exist for the Other, a compulsion to relate.

So we return to the notion that the distress and suffering which causes Terry’s nightmares and flashbacks was also perhaps borne from moments of hope, where he became emotionally enlivened through a different identification. In Ferenczi’s terms, while Terry’s father may have set the scene, Terry made an alternate identification based upon a relational format between the split off and idealised parent and the helpless
other. Terry did not identify just with the helplessness, but in the other side of the relation, with the helpful.

**Concluding Comments on Identification with the Aggressor**

The hope found within identifying with the aggressor is a complex unconscious hope. At some stages it is associated with a hope for hope, for a redemption from the abuse, where the parent can be renewed and resuscitated. But it is also a means of finding love in a harsh landscape where they can experience and give love; it is a hope in the moment which arises from an innate need to relate and to experience love from either side of the dynamic. But is it is also a hope that brings the victim out of the safety of numbness and the certainty of being thoroughly involved in the perpetrators omnipotent needs, of maintaining an attachment with the perpetrator, into the uncertain domain of emotional life and ‘choice’. Acting out of an alternate identification is strongly related to the hope of dissolving the perpetrator in the parent and resuscitating the loving parent, a hope that is lost in the moment of ‘witnessing’ where the perpetrating parent is discovered afresh, but where paradoxically the caring parent is found within. Perhaps this caring parent-child was a part of what Ferenczi observed when he commented upon the precocious abilities of victimised children; that they could be better parents than their own parents.

However the discussion should not get drawn into being sentimental or idealising of this child. The child is a victim of terrifying abuse and the precocious abilities are emergency measures, not mature traits. The children “became containers for the other, but were unable to contain (lacked a maternal container) themselves” (Benjamin, 1998, p. 32) and without the maternal container they are in the longer term subject to “the
Chapter 6: The Absent Witness

Following on from the previous chapter, where I concluded with a quote from Benjamin who wrote that in trauma, the mind fails in its task of holding and representing experience which leads to the re-emergence of unsymbolised material, similarly, below I will explore the ‘impossibility’ of witnessing (symbolising experience) oneself in the midst of severe trauma.

In this chapter I will argue that following severe and perpetrated trauma there is an ‘impossibility’ to the task of witnessing one’s own trauma, due to the recurrent effects of dissociation which can preclude the survivor from reflecting upon their experiences. I build upon the discussion of consciousness and dissociation in Chapter 2, the Literature Review (from page 47), by illustrating the effects dissociation has upon consciousness and memory, using the participants clinical material. It is an important empirical chapter as it contextualises the arguments I make later in the thesis in chapter 9, Finding a Witness; Finding Oneself (from page 240) where I argue that it is due to the particular presence of an Other that the survivor can begin to attest to their traumatic experiences. Additionally, this chapter also serves to give depth to the concept of hope following trauma, as it illustrates how abject and isolated survivors’ dissociative mental states can become. I present Terry’s descriptions of the terror and desperateness he experiences when he is subject to flashbacks or re-experiencing memories of his past. Theses clinical extracts will provide context to the understanding of hope through a discussion of the converse of hope: hopelessness and despair.
Further, I will also argue that the traumatic event is marked by dissociation, a disruption to consciousness, whereby the individual can no longer observe themselves in relation with the other, and their ability to impose their own subjective interpretations upon their experience is lost. I describe this disrupted state as a state of traumatic aloneness where one loses the intersubjective format of the mind, which precludes (in the moment) knowing the self or other. As such, I will position the manifestations of hope as being survival-focused and momentary, as without a relational format, the subject’s hope is hope as a *verb*, where hope is related to symptom relief, denial, and the removal of traumatic self states.

I will start the chapter by further describing dissociation by delineating three different types of dissociation and illustrating these with therapy extracts from the participants.

**Peritraumatic dissociation**

Peritraumatic dissociation is the mental impairment the subject suffers at the time of the traumatic event (van der Kolk, van der Hart, & Marmar, 1996, p. 307), when the subject experiences “depersonalization and derealization” (van der Kolk, 1997, p. 250) as is illustrated in Angus’ narration of being shot:

**Angus Extract 3**

Angus: *Now, Ted came to the door, Ken was trying to make me apologise and I wouldn’t apologise. I said, The guy’s stinking drunk, I said, I’m sick to death of being attacked and also apologising for those people, and I said, I am not apologising. I said, I’m sorry it’s come to this, but I said, I’m not apologising, and Ken went off his brain. What actually ... what I was thinking, because Ken was interfering, when he interfered he told me to get into a room and the first thing I did was I*
went into the spare room and Ted went straight up to Ken and put a gun to his head, and he said, Get him out now. Get him, I’ll blow your fuckin’ brains out. Get him out now, you know? And I looked around the corner because I heard the words and I couldn’t believe what I saw. Okay? I could not believe it. I went so numb it wasn’t funny. So, I stood at the back of the table, which was in the kitchen area, it’s a rather large kitchen area, and Ted was in the door, and Ken was at the sink to the right hand side. So it was like a triangle, okay? Every time he spoke up Ted went over and put the gun to him. Ted gave him four warnings, full on warnings, and the last thing I heard Ted say to Ken, Do you have any kids? And Ken said I have three. He said, they have just saved your life. Anyhow, with that I actually went completely and utterly numb. I went outside my body. I think … I can’t say I did or I didn’t, I was either I was above the fridge outside my body, or sitting on top of the fridge, and I was looking at everything. I walked to the front of the table and I couldn’t feel a damned thing. I was completely numb. And I sat in a chair, like that, and I put my hands about there, one on the table and there, and I was trying to see if Ted was going to aim for the heart or the head [truncated.

And in a later session

Angus Extract 4

Angus: Because after the apology incident … No, actually it was when I was still in the room and then I came out because Ted was putting the gun up to his head and everything, I then decided Ken, you’ve got to get out of here. Piss off. Leave it to me. Okay? I walked sort of back and forwards around the table, I was all confused. I didn’t know what to do because I know if I ran outside and locked myself in the dormitory, which was so easy to do, I might have been okay, but
because Ken was being so intent by sticking his nose in it and then ordering me like I was a piece of shit, I thought, ‘No, stuff you’. Get the hell out of here; get that gun away from you. I can’t tell your wife that you bloody got shot because you tried to protect me. You know? And all that went through my mind.

Therapist: So you were really having racing thoughts?

Angus: Oh, incredible racing thoughts. You can’t ... Anyhow, all that was going through my mind. I didn’t actually see three of the people that were in that room that night and I know them all really well. There was another lure maker as well, and his friends and so forth. And apparently they were from here to you away from me, which is, you know, a metre and a half or so, all the times that I walked back and forwards and did whatever. Because they actually turned up and came into the room and Ted produced a gun. So they were totally and utterly caught unawares of what the hell was going on.

As we see in Angus’ narrative of his trauma, his description of dissociation is quite complex and contains a number of phenomena. First, Angus speaks of altering levels of consciousness, affective variance and cognitive ability. Throughout the ‘shooting scene’, Angus recalls his consciousness as initially being narrowed and focussed only on feelings of defiance: “The guy’s stinking drunk, I said, I’m sick to death of being attacked and also apologising for those people, and I said, I am not apologising. I said, I’m sorry it’s come to this, but I said, I’m not apologising.” His description sounds like he experienced initial sense of being reactive and being in charge of himself despite feeling alarmed (I explored these reactions in the previous chapter as Angus being mentally present while being quite defensive and negating of Ted). Angus is present in the moment and is also able to associate the experience with past experiences: “I’m sick to death of being attacked and also apologising for those people.” But as the threats from Ted escalated, Angus
dissociated: “Anyhow, with that I actually went completely and utterly numb. I went outside my body. I think ... I can’t say I did or I didn’t, I was either I was above the fridge outside my body, or sitting on top of the fridge, and I was looking at everything. I walked to the front of the table and I couldn’t feel a damned thing. I was completely numb”. He describes a sudden loss of affect, a sense that his body no longer contained him, and he was speechless, with his experience seeming to be more visually dominated. This aspect of the shooting scene does not reveal anything personal or surprising or associated with past experience, it is somewhat stereotypical in its content. While it is a brief moment between going numb and moving to be shot, brief moments can contain a great deal of detail and attributed meaning. There is no reference to thinking about his life, about mortality or dying. Rather he seems somewhat automated and impoverished of subjectivity.

**Ongoing Dissociation**

The second aspect to dissociation is ongoing dissociation, that is “[o]ngoing depersonalization and ‘spacing out’ in everyday life” (van der Kolk, 1997, p. 250), where individuals chronically dissociate and have disturbances to their consciousness. Such disturbances are particularly relevant to this discussion as it is contemporary disturbances to consciousness which can prevent individuals reflecting upon their past trauma experiences. Such experiences are reflected in the experiences of Terry. Whenever we discussed his past he struggled to maintain a normal consciousness. He would be frequently ‘absent’ in session where he appeared to be in another time where his body was motionless and he was staring at a horrific scene. He would return from these scenes distressed, confused and seemed dazed. He frequently thought of suicide or sought medication that would block his memories of his past:
Terry Extract 4

I should end my life, it’s useless. All that sort of.. now my old man’s getting me back in a different way. Giving me nightmares, won't leave me alone. Can't get rid of it. Hanging on like a leech. The doctors fix the tablets, new medication, I might get good night’s sleep.

Rather than being mere gaps in experience, absent moments, Terry tips into another state of consciousness where he re-experiences aspects of his past, re-experiencing which is deeply distressing for him.

Fragmented Representations

The third aspect of dissociation is that of “the sensory and emotional fragmentation of experience” (van der Kolk et al., 1996, p. 307), where the trauma disrupts the usual process of representing experience in an integrated memory. It describes the isolation of traumatic memory from consciousness reflected in the individual’s impairment in being able to flexibly recall and narrate their experiences (van der Kolk et al., 1996, p. 307). In a less absolute state, it can also refer to the states where the individual has memory of the trauma experience, but where the dissociation “drains [the] experience of affective meaning, disconnecting it from the experience of self” (Hersch, 2000, p. 12). I will expand upon the disruptions caused to memory by dissociation below.

Memory and Dissociation

Contemporary memory theorists portrait memory as being a complex system with many conscious and non-conscious “components and functions [which appear to] operate with a relative degree of independence from each other” (van der Kolk, 1997, p. 246). While
there are various classifications in existence, memory is generally divided into “declarative” and “non-declarative” memory (van der Kolk, 1997, p. 246). Non-declarative (implicit or procedural) (van der Kolk, 1997, p. 246) memory denotes memories of procedures (skills or habits), perceptual and short-term memories (Tulving, 1993, p. 67).

Declarative (or explicit) memory is the conscious awareness (autonoetic awareness (Wheeler, 2000, p. 597)) of facts that can be expressed through the use of language. Tulving divides declarative into “semantic” and “episodic” (1993, p. 67) memory. Semantic memory “registers and stores knowledge about the world in the broadest sense and makes it available for retrieval” (Tulving, 1993, p. 67), and episodic memory is positioned as an evolved aspect of semantic memory. It is the “the self’s experiences in subjective time and space [and is accompanied by] ...a distinctive, unique awareness of re-experiencing here and now something that happened before, at another time and in another place. The awareness and its feeling–tone are intimately familiar to every normal human being” (Tulving, 1993, pp. 67-68). Nelson (1992) elaborated further on adult episodic memory and felt that the unique and personal form or episodic memory would be more accurately captured by the term autobiographical memory as she feels that episodic was a more general form of memory for recent events which tends to fade or become merged into more general schemas for regular events (D. N. Stern, 2003, p. 97).

It is the autobiographical aspect of memory that authors such as Janet (1907), van der Kolk (1997; 1995; 1996), Meares (2000), and Terr (1988; 1993), argue is lost or impaired in peritraumatic dissociation, while the semantic memory system continues to function (Meares, 2000, p. 36). These authors argue that higher order consciousness organises and synthesises (beyond conscious awareness) incoming information into
narrative form and that traumatic states are characterised by an initial or ongoing inability to formulate traumatic experience into coherent and personalised verbal-narratives (Meares, 1999, p. 1853; van der Kolk, 1997, p. 254) using declarative episodic memory.

The Dissolution of Memory

In Chapter 2, the Literature Review (from page 47) I outlined an evolutionist approach to development which postulates that later developmental achievements inhibit the functioning of earlier levels of functioning and that when later achieved developmental organisations are impaired, the superseded organisational process comes into operation (Meares, 1999). Thus, in times of trauma experience is organised at the sensorimotor or perceptual level (as humans develop cognitively from the “sensorimotor...to perceptual representations...to symbolic and linguistic modes of organizing mental experience” (van der Kolk & van der Hart, 1995, p. 172)). Put in other terms, when confronted with the “speechless terror” (van der Kolk & van der Hart, 1995, p. 172), of trauma, the most recently developmental achievement, that of narration and self observation, is lost. As in the narration of Angus above, he lost his argumentative and angry verbalisations and lapsed into a state of visually observing the scene from outside of himself.

However, these more primitive sensorimotor and perceptual memories cannot be easily accommodated rather, they are assimilated without attachment to other memories, and “therefore cannot be easily translated into the symbolic language necessary for linguistic retrieval” (van der Kolk & van der Hart, 1995, pp. 172-173). But as with the discussion of consciousness, subjective experience is personal and associated with a sense of uniqueness, and so too, memory is more than ‘retrieval’ and labelling words (D. B. Stern,
2006, p. 88), it is also about developing personal meanings. So without a linguistic aspect to an experience, the subject is unable “to reflect upon experience” (D. B. Stern, 2006, p. 87) and engage in the act of interpreting one’s experience through formulating it into words that attribute meaning to an experience (D. B. Stern, 2006, p. 88). For example, Angus’ recall of the shooting event is a visual memory, of locations, of positions relative to tables and gunmen, not to his reflections about his life, achievements, injustice, the fear of pain or innumerate other aspects of existence that could be reflected upon in relation to moments of the realisation of one’s mortality. In his description of the moment prior to being shot, instead of what would seem to be a personally significant moment, there seems to be a paucity of experience and meaning. Angus’ narrative illustrates Hersche’s (2000) comment that one can remember a global narrative of an event, but that it is drained of any affective meaning and connections to the broader meaning structures of the self.

**The Tumbling from Words to Action**

Without experience being embedded in the broader meaning structures of the mind, memories are not associatively linked, are not able to be recalled, and nor are they normally available to consciousness, rather, without strong biographical (episodic memory) elements, the traumatic experience re-presents itself in other forms such as “repetitions of trauma related images, affects, somatic states, [and] actions [behavioural re-enactments]” (Brett & Ostroff, 1985, p. 417) which can intrude into consciousness as distressing visual images, somatic sensations, or in the form of flashbacks or fugue states. Put simply by Freud, if experience is not remembered it is destined to be acted out: “he reproduces it not as a memory but as an action; he repeats it, without knowing, of course, that he is repeating, and in the end, we understand that this is his way of remembering”
(S. Freud, 1914(1958), p. 150). Following is an illustration of acting out, rather than flexibly remembering an experience. It is an episode which occurred when Terry dissociated in session. Below is a description of the event drawing on notes made flowing the therapy session:

Terry looked tired, flushed and stressed when I met him in the corridor. I was running late and he was waiting in the corridor leading to my office rather than the waiting room. Terry told me shortly after sitting in my office that he was “having an attack” and looked increasingly anxious, stiff in his body and was grimacing and rubbing his head. A moment later he became quite still, had little expression on his face and seemed to lack a focus or gaze in his eyes. He shifted stiffly to the edge of his seat and dropped to his knees, before dropping forward onto his closed fists.

He began to scrub my carpeted floors with his hands in closed fists as if holding a rag. He scrubbed with a backwards and forwards motion as if using an old washboard, it looked clumsy and inefficient. He was slow in his movements and seemed unable to clean the floor. I felt he was cleaning blood from the floor.

I spoke repeatedly to Terry telling him who I was, where he was, when it was, and that this was a safe place; all to no avail. He would occasionally pause, sit back on his haunches and examine his hands before wiping them on his shirt with a revolted look on his face.
I touched him on the shoulder and he simply said “go away” in a low growling tone, and then moved away from me as far as he could, like a frightened child. I felt fearful and perplexed. I had not encountered such a behaviour in a client before and I also felt fearful of further frightening him and how he may react towards me. Further, I was also worried about the carpet burns he would have been developing on his knuckles as he scrubbed my carpet, which gave my anxiety a sense of urgency. I called in a staff doctor whom I knew to have skills in these areas.

I introduced the doctor to Terry who had been rubbing my carpet for more than 20 minutes. The doctor got down on the floor and asked Terry what he was cleaning and Terry replied “blood”. The doctor assured him that he was doing a great job and asked with what he was cleaning, “a rag” was the reply, to which the doctor asked if he needed another, to which Terry replied “No”. The doctor pointed out a few areas that still need cleaning as Terry was moving towards them and then doctor spoke firmly to him saying he had done a wonderful job and was finished. He asked Terry to move to a chair, to which Terry, in a very compliant manner, got up and sat in the nearest chair. The doctor ran through a number of breathing and muscle relaxations with him but Terry was not able to fully complete the last relaxation exercise and seemed to be slipping back into the previous automated state. I intervened and told Terry that we would have to get going soon as he would have to get dinner ready for his children, and I ran through his evening routine as I could best recall it, during which Terry started to moan, rub is head and
looked directly at me. He appeared confused, tired, and fearful upon his ‘return’ to consciousness. I commented that he had been having a flashback and he said “Yeah”.

Terry then said that the past had come back, to which the doctor said: “The past was real again” and Terry answered, “Yeah”. Terry later said it was “mad” that he could be with his family celebrating last Christmas one moment, and then be 5 years old cleaning up his mother’s blood the next moment.

I later asked Terry how he knew he was starting to slip from consciousness and he said that he could feel something like a rush of blood to the head. I had the sense that it was like slipping into a pit. Whereas in a discussion with a colleague, my colleague had a very strong sense of dissociation approaching as being much more like a lion hunting down a running gazelle.

Terry was in a fugue state, a dissociative experience in which he appeared to re-enact a literal reproduction of an earlier experience. This involuntary revisiting of the bloody scene of his childhood is very reminiscent of Pierre Janet’s case study of ‘Irene’. The case study of Irene was published in the latter part of the 19th Century by Janet and is described by van der Kolk and van der Hart (1995, p. 162). Irene would act out a scene of the night of her mothers’ death. The repetition was of the behaviours which Irene carried out on the night of her mother’s death; she would administer a drink to her mother’s corpse and try to move her dead mother. van der Kolk and van der Hart describe Irene as suffering “two sets of symptoms: on the one hand she was amnesic for the death of her
mother – she could not tell the story” but instead she symptomatically acted them out, outside of conscious awareness, through “automatic behaviour, comparable to what all of us do while eating, walking, and so on” (van der Kolk & van der Hart, 1995, p. 162). The salience of this is that while Irene could act out the night of her mother’s death she could not narrate the events to herself or others. Unlike Irene, Terry was somewhat aware of the above experience; he narrated the nightmare of the experience in the first minute of his initial session:

**Terry Extract 5**

Ah the worst part of the umm, when, I noticed mum on the ground and dads’ got the, a broken bottle over er and cuttin er, cuttin er face and that and the bloods spurting, spurted on the walls and me old man told me to clean it up. And, ah, I keep on having this nightmare [where I have to] clean up this blood off the walls and on the floor and the walls are pulsating blood and I can’t clean it up quick enough. The old man’s shouting at me, shouting at me, strapin, strapin me, strapin me, strapin me, and I ’m trying my best to clean it up but I can’t, I can’t get over it.

However, Terry’s narration illustrates an experience that is barely remembered; it is uncontained and inflexible; “it is too fragmented both in its form and from other experiences to be well contained in narrative [rather].. [t]he essential nature of dissociation ...[with its] inherent lack of reflective capacity has the potential to create an ongoing experiential reality of fragmentation” (Hersch, 2000, p. 12). Without the containing function of ‘normal’ memory, the traumatic event loses it sense of being real. That is, while traumas are real, they take “place outside the parameters of ‘normal’
reality, such as causality” and have more of a magical omnipotent feel to them (Laub, 1992, p. 69). For example, when Terry narrates his trauma experiences, they have a very literal and current tone, they begin to sound as if they are in the present and the narrating seems to be more of a reexperiencing, which can be heard in the form of Terry’s dialogue: “The old man’s shouting at me, shouting at me, strapin, strapin me, strapin me, strapin me”. The dialogue is spoken in the present tense, and the bombardment of the yelling seems re-experienced in the repetition of the word ‘shouting,’ as does the movement of the strapping feel present with the repetition of the word ‘strapin’. Even in his narrations of his trauma he struggles to maintain a vantage point from today, the past comes to dominate and he begins to re-enact rather than adequately ‘remember’ (S. Freud, 1914(1958), p. 150; van der Kolk & van der Hart, 1995, p. 167). Further still, the words in his speech appear to evoke fear in themselves. In these moments Terry seems without any intersubjective hope. Rather he desires the removal of his un-changing, un-shifting memories.

Un-reality and Literal Experience

Van der Kolk observed that a feature of traumatic memory is that as they are fragmented from other experience, they are not flexibly associatively linked to other memories. That is when I spoke to Angus about fishing and types of fish he could discuss a range of topics and had a range of memories and affective associations that came to him. He was lively and was able to access a variety of self states such as champion, master, unsung hero, lure maker and aggrieved competitor. However discussions of guns were either avoided or tended to lead directly to Ted and the shooting. That is, the mention of guns despite Angus having been an accomplished hunter did not produce hunting stories about technique, animal behaviour and his honed skills like the mention of fish did. The
associative linking of memory seemed impoverished in terms of guns. Without more
generalised associations, Angus’ memory of the trauma appeared more dominant. In
other terms, the words such as gun, knife, or blood, appear to lose their representative
function and become more equated with the action or object (Segal, 1957, 1986).

It appears for Terry words are sometimes experienced as feeling real in some way and
there is some confusion with action. He would be bothered for days at a time with images
of his mother hanging, staring down at him, and these were accompanied by a voice in his
head saying “cut em out”. Rather than being a memory, it was his daily ‘un-reality’ and
Terry came under the sway of the experience. He started to feel that he would have to
cut someone’s eyes out to make the images in his head stop.

**Terry Extract 6**

Therapist: What do you think about doing?

Terry: Stabbing...cutting their eyes out.

Therapist: There’s a part of you ... you went quiet when you were thinking about it.

Terry: Yeah there’s the complications of just going out and doin’ it. I don’t want to step
over that line. I feel like if I do that my dreams will go away. [He had been slow
and cautious in telling me and then his pace quickened to say:] Every time I look
at the old man his eyes are looking at me. And me mum’s swingin’ at, swingin’ in
the bathroom, her eyes are looking at me. [It felt real like he only looked this
morning into the faces of his parents]

Therapist: And somehow if you could take someone else’s eyes out it might stop.

Terry: Yeah

Therapist: Stop these dreams.

Terry: Yeah

Therapist: How would it stop them? What would make the difference?
Terry: I don’t know it just seems that way.

Therapist: Mmm ..And how longs the idea been with you for now? And how have you stopped yourself from doing that?

Terry: Well I just tell myself no, no, you can’t do that its, its, bad, you’re hurting someone else for no reason.

Therapist: Somehow there’s a feeling that....[spoke over therapist]

Terry: It goes back to their eyes looking at me all the time.

Therapist: Your mum and dad’s eyes?

Terry: Aye

Therapist: Your mum and dad’s eyes?

Terry: Yeah, Especially my mums

Therapist: Anyone would do in a sense that you’d put a stop to it.

Terry: Yeah.

For Terry, language could no longer hold the events of his childhood and he felt drawn to resorting to physical means to contain the past. I felt while working with Terry that he felt no choice but to use concrete measures to deal with concretely felt ‘real again’ events as there for him was no reliable boundary between past-present or between enacted-metaphoric. Rather when these events occurred Terry was again subject to the impact of the singularity of the trauma experiences.

Below Terry described his distress at seeing the assault of his mother and being immersed in her blood; “and dads’ got the, a broken bottle over er and cuttin er, cuttin er face and that and the bloods spurting, spurted on the walls and me old man told me to clean it up;” (from Terry Extract 1, from page 168), it was a distress which ultimately manifested itself in the above account of his desire to cut out someone’s eyes.
Realising the Primal Scene: The loss of the Unreal.

To see a parent attack the body of the other, and open it with their fists and with blades, must be an engulfing experience. Laub and Auerhahn describe such experiences as creating a knowledge that is largely incomplete and not available to conscious recollection, but despite these impediments “the reality of the traumatic events is so compelling that knowledge prevails” (1993, p. 289). As an analogy Auerhahn and Laub compare this traumatic knowledge as “a primal scene equivalent...,[t]he primal scene is about participation in a scene...[of sex which the child interprets as aggression].... via projection and identification with actor or victim” (1998, p. 371). The first hand exposure of concretely seeing the insides of one’s parents as a result of aggression, confronts the child with knowledge that is beyond the capacity of the mind to know, but is both compelling and horrifying; it is a knowledge that cannot be fully realised. The primal scene as a construct conveys the dilemma and impossibility of “knowing something one does not know, not knowing what one knows, and not knowing what to do with what one knows” (Auerhahn & Laub, 1998, p. 371). But Terry was more than a witness. As Laub argues, events that are massively overwhelming to the self (in Laub’s case it was the Holocaust) preclude by their enormity and completeness the possibility of a witness existing who was not swept up into the event: “[n]o observer could remain untainted, that is, maintain an integrity-a wholeness and a separateness—that could keep itself uncompromised, unharmed, by his or her very witnessing. The perpetrators....brutally imposed upon their victims a ...pressure [that] totally excluded and eliminated the possibility of an unviolated, unencumbered, and thus sane, point of reference in the witness (Laub, 1995, p. 66). Similarly, Terry was never a witness to his parent assaults; he
was a forced participant, participation which allowed him to see his own experience but not to know it.

Thus such traumatising events create this unrealisable knowledge that is compromised and from which the subject cannot remove themselves sufficiently to get a complete picture. While it is not a knowledge that would ever able to be grasped at any age, perhaps what Auerhahn and Laub, and Ferenczi (1933(1950)) before them, were trying to grasp, is the sense of the incestual, of the child being privy to something that they should not know. It conveys the sense of taboo, of guilt, resultant from having crossed (or having been dragged across) boundaries into something private, that is between the parents.

The crossing of generational boundaries of this parental violence impinges upon a child’s fantasy life. As explored earlier, in the chapter on identifications, children have urges and fantasies of destructiveness, both as perpetrator and victim, as for example, when Esther Bick (1968) described a child’s fantasy of violence against the skin of the self. The child’s fantasy saw the skin as being like a sack that held the potatoes in and together. In fantasy, the child expressed her fear that a hole in the skin would be like a tear in a sack of potatoes, and her contents would tumble out (Bick, 1968). However, this fantasy is only of use to the child when it is not enacted, when they operate to contain and symbolise feared experience. Auerhahn and Laub (1998; 1993) illustrate this point dramatically with two clinical vignettes. The first is of a man whom during surgery for a heart attack dreamt of being beaten, while his mother stood and watched without intervening. The second vignette described a child from a family who were tortured together, and forced to cross incestual boundaries, while the rest of the family were made to watch. Auerhahn and Laub typify the first narrative, the heart attack victim, as a
superficial paradox but with an underlying success of the representation of meaning; “it was as if mother were present and hence as if her protective shield were gone, whereas in fact it was her very presence in the imagination, that is, the continuance of her psychic representation, that allowed for the structuring of the narrative as one about absence” (Auerhahn & Laub, 1998, p. 364). So the continued presence of a maternal object in his psychic life facilitated a representation of a highly stressful experience. In strong contrast, the incest-torture victim’s mother in reality could not protect her during a terrorising event as it was the actualisation of a metaphor, the enactment of psychotic levels of experience (Auerhahn & Laub, 1998, p. 364).

**Madness and the Loss of the Metaphoric**

If we think about the enactment of metaphor and Winnicott’s use of destructiveness, we again return to the notion that the real is only found through the destruction *in fantasy* of the mother, who becomes real through *in actuality* surviving. If we also look at Boulanger’s (2005) use of psychic equivalence, she reverses psychic equivalence to denote when overwhelming trauma finds its *equivalence* in the pre-existing primitive agonies of our mind (not that there are pre-existing mnemonics of trauma in existence in the mind, more that the experience of mental paralysis and ‘not being’, create yearning holes in the self which are ‘backfilled’ with monstrous fantasy (N. Symington, 2001)). Des Pres put this as: “in extremity, states of mind become objective, metaphors tend to actualize, the word becomes flesh” (1976, p. 174). Putting these together, then it is “the real presence of the mother [in the trauma that] destroyed her protective” and internalised reality functions, which she had previously represented (Auerhahn & Laub, 1998, p. 364). That is, when the inner childhood fantasy of the destruction of objects “is actualized, that is, when psychotic levels of experience [fantasy] are enacted, language
and communication disappear; experience becomes subordinated to images and
mothering is truly absent” (Auerhahn & Laub, 1998, p. 364). If we lose our relationship
with our knowing and know-able mother we lose our narratives; “for it is the relationship
with the [internalised] mothering other that makes coherent narrative and dialogue
possible” (Auerhahn & Laub, 1998, p. 364). In other terms, for the traumatised subject
their “[f]aith in the possibility of communication [and living in a language constructed
world] dies and intra-psychically there may no longer be a matrix of two people – self and
resonating other” (Laub & Auerhahn, 1989, p. 379). Without a belief in and trust of the
internalised mother, the learning about the difference between fantasy and reality is
undone. The belief, knowledge or perhaps better described as confidence, that symbols
are symbols, words are words, that fantasy is separate from action, is lost, or never fully
established. What seems so powerfully lost in the participation of his mother’s torture for
Terry is the unreal, rather than the real. To Terry words seemed hyper-real rather than
representative. While Terry was able to marry and valued his marriage and children,
when he was lost in dissociation, he lost the maternal container which held frightening
experience. Along with this loss, he also lost the distinction between his fantasy and
action, and “symbolism as symbolism los[t] its autonomy” (Des Pres, 1976, p. 69). In these
times, Terry with no relational movement (internal or external) was left with no choice
but to deal with the felt-to-current (and real) past traumas through real actions; in order
to stop seeing the trauma, someone would have to lose their eyes.

Concluding Comments about Being Absent to Oneself

In this section I have argued that witnessing to the self is precluded due to the absence of
the individual. At the time of the overwhelming trauma the subjects mind goes to water
and loses the sense of the ‘me-ness’ of their experiences, rather experience takes on a
factual concrete feel. The memories of these traumatic events are not in a narrative form that can be held in mind and reflected upon, the memories are in more sensory and somatic form which lack personalised interpretation. As the trauma memories lack symbolic and associative richness, they instead exist as alienated memories which when triggered, return the survivor to the singularity of fright (dissociation). In trauma, one’s ontological foundation, one’s mother, who is taken inside and woven inextricably into the experiencing and observing aspects of self, is compromised and lost. Experiences that exist within the self can no longer be known and played with such confidence, rather, there is a constricting and constricted hope like Pieper’s thousands of hopes; the hope for the renunciation and removal of memories, for the denial of self and the excising of the Otherness of self.
Chapter 7: Destructiveness and The Created Other

I discussed in the literature review that Winnicott conceptualised destruction as being at the core of relating for the individual, as it is through the expression of destructiveness that reality and the Other is ‘created’. These real Others are loved for being genuinely real and as such, out of the control of the subject: this is the establishment of intersubjectivity. Further, it is in this intersubjective space between self and other, that the hopeful movement to relate is found. I argued in the previous chapter that in traumatic developmental circumstances, the mind of the traumatised child is dominated; and as such he or she has little room to play in their experiences with the other.

In this chapter I will argue that the expression of destructiveness is essential to the experience of hope, but that this destructiveness must be embedded within the ability to recognise the Other, as without such, there is no holding of destructiveness. In unfettered states, destructiveness can escalate to the point that the Other is destroyed. And without an Other, the ontology of hope is destroyed; with no Other there is no possibility of the movement to relate. This is an important argument which I will take some time to develop, as without the Other, we lose the conditions necessary for the movement to relate, which also constitutes hope.

I will develop this argument by first unravelling what Winnicott meant by the term ‘destruction’ and its implications for lived intersubjective experiences. Second, I will argue that rather than being irreconcilable opposites, recognition and destruction are in fact dialectically related, as each operate to hold and inform the Other. That is, rather than being independent of each other, the ability to recognise and the ability to be destructive,
are dependent upon each other for their existence and functioning. I will illustrate this proposition with narrative extracts from Angus speaking of his experiences of violence. I will argue that due to Angus’ developmental traumas he struggled to recognise the real Other clearly, and without this ability to see the Other, he lacked a mechanism to contain destructiveness, where ultimately, destructiveness was experienced by Angus as a loss of hope. Fourth, I will argue that for the traumatised individual, the move away from actual destruction to the realm of the symbolic can bring forth a nascent sense of self, and the possibility of inter-subjectivity and hope. I will illustrate this with an example from Terry.

**Winnicott’s Destruction**

Winnicott located destructiveness within his concept of primary creativity. For Winnicott, the child discovers that there are interesting objects in the environment, a ‘discovery’ which gives rise to feeling as if they have created these environmental objects. In more detail, the mother waits in the environment to be discovered by her child and the child first creates a need for the mother before they discover her (D. W. Winnicott, 1971e, p. 94). This sense of having created something gives rise to a sense of curiosity, individuality and uniqueness, and protects against despair and hopelessness. This for Winnicott was the creation of unique and personal objects. But next, these objects have to be transformed from objects into subjects.

Following the discovery of their created objects [identification], the child then subjects these objects to destructiveness, a destructiveness which, if survived by the object, leads to the creation of real objects. Winnicott saw a crisis develop when the fantasy destructiveness became “actual destruction [through the] object’s failure to survive” (D. W. Winnicott, 1971e, p. 93). In this statement, Winnicott places the responsibility on the
object to survive, thus not relegating destructiveness to pathology but as a part of creativity. And in true Winnicott style, the intersubjective infant discovers reality rather than the Freudian ego which has reality imposed upon it (Benjamin, 1995, p. 41). Benjamin characterised survival as the object not retaliating with behaviours such as aggression, absence, exclusion or moralising (1998, p. 91). A retaliating parent who has not survived the child’s destructiveness, cannot be effectively identified with, where they are experienced as external and beyond omnipotent control. Rather, as with Fairbairn, the parent is defensively “internalised” (Benjamin, 1995, p. 40). Such a magical parent (object) is never satisfactorily ‘destroyed’, rather they remain identified with internally: as an alien split off aspect of the self. In contrast to this split off internalised identification, for intersubjectivity to be established and maintained, the subject must strike a balance between ensuring one is recognised while also recognising the otherness of the Other. Such a position ultimately identifies with the ‘self’ in the Other, while not reducing the Other solely to one’s self.

The implication being, that destructiveness is the process through which we test out the reliability of fantasies, and the conceptions of self and Other; if the destructiveness is survived it gives rise to the feeling of objects being genuine and real, or as Benjamin states, it makes Others from objects (1995, p. 48). Interestingly, when Winnicott was later reflecting upon a child’s destructive potential, he linked this potential to the fiery breath of dragons (1968(1989)-a, p. 239). Winnicott asked the question of fire which he attributed to the Roman scholar Pliny: “who can say if the essence of fire is constructive or destructive” (1968(1989)-a, p. 239)? The point Winnicott makes about dragon’s fiery breath, is not to resolve whether it is destructive or constructive, but instead to observe its innate presence; “the ‘destructive’ (fire- air or other) aliveness of the individual is
simply a symptom of being alive” (1968(1989)-a, p. 239). But in using dragons’ breath as a metaphor in his discussion, he also reemphasises his differences from Klein. Rather than focussing on fantasy and identifications, he is interested in how through lived out relations with the Other, this internal impulse of destructiveness actually ends up in an action, like the child biting the mother’s nipple (1971e, p. 92). Winnicott had previously portrayed this aggression in babies as initially being “ruthless” (1947(1954), p. 265), but not in a malevolent way, rather, as they are too young to possess a concept of the Other, Winnicott described them as being “pre-ruth” (1947(1954), p. 265).

As such, in these formulations of children Winnicott captured a description of the child’s self expression and excitement in living; their “liveliness” (Korner, 2000). In this formulation of the emerging child, the child possesses a vital engagement with others in their environment, “which is basic in all our natures, which we cannot do without, unless we give up our claim to physical and mental health” (D. Winnicott, W, 1945(1986), p. 170). In Winnicott’s way of thinking, in order to vitally live ones’ life with Others with whom we identify, it is inevitable that those around us, can, merely by our need to breathe and test out our jaws, feel singed and bruised; this, to Winnicott, is where hope is found rather than lost. This is his movement to relate; the subject in living displaces his objects, he pushes up against his objects in the hope that he will find them; that the object will survive this push and become an Other. Thus, I view destructiveness as a hopeful process, a process which can only be realised (and despair avoided) by the environment coming in to meet the assertiveness of the subject (Benjamin, 1995, p. 38).

The task of finding hope through this movement to relate in health is a complex one for the subject. It requires a recognition of alterity (Benjamin, 1998, p. 100) and difference,
which enables the subject to contain and tolerate the disruptive assertions of Others
without withdrawing their warmth and goodness in relating. I will argue below, that in
post traumatic states the task of finding the Other through the survivor expressing their
destructiveness is a more complex and frail process. Using Winnicott’s formula, when the
environment comes in to meet the destructiveness, destructiveness becomes a tool with
which one finds the Other; the hope found in the movement to relate. However, to
varying degrees, each of the participants in this study encountered perpetrated lived-out-
destruction, which I position as being a crisis of both recognition and of survival; their
perpetrated destruction was not mutually made out of the push and shove of Winnicott’s
living but rather as I postulated earlier, from the imposed experiences of the perpetrator.

**Recognition and Destructiveness; Doer and Done To?**

If we view recognition and destructiveness as a linear interaction, there are a series of
shifts from one state to another, a continual cycle of reversals of recognition with self-
assertion. As Benjamin states, such a process would be a power relationship that would
see-saw between subject and object, a “complementary structure....of giver and taker,
deer and done to, powerful and powerless” (1995, p. 43). Rather, the task of finding the
Other is to “balance assertion and recognition...as a constant tension between recognizing
the Other and asserting the self” (Benjamin, 1995, p. 38). This is a tension which Benjamin
(1995) and Ogden (1994, p. 50) characterise as a Hegelian dialectical tension (Hegel,
1807(1977)). By viewing recognition and destructiveness as dialectically related, we are
enabled to move to a view that describes how they construct each other, inter-
communicate, and how intersubjectivity is created from the two (Ogden, 1994).
Benjamin (1995, pp. 42-45) illustrated the effect a dialectical relationship has upon recognition and destructiveness with an example from child development. Benjamin drew from the play and interchanges of toddlers who are engaged in developing their sense of self in a good enough environment. Benjamin described how the child’s emergent recognition of the Other (the mother in this example) marks the development of the child’s reflective functioning capacities. The child has a nascent recognition of the separateness of the mother’s mind, and is both excited and frustrated by this discovery, where the frustration is often expressed in a subsequent breakdown in the toddler’s ability to recognise the Other: “I insist on my way, I refuse to recognise you, I begin to try to coerce you; and therefore I must experience your refusal as a reversal: you are coercing me” (1995, p. 42). In this stage the mother’s survival of such destructiveness depends upon her ability to maintain the child’s hopefulness through recognising and accommodating the toddler’s limited and ambivalent ability to recognise them.

As the toddler develops, their reflective functioning further emerges and they begin to develop a ‘theory of mind’ (Baron-Cohen, Leslie, & Frith, 1985; Premack & Woodruff, 1978); the toddler begins to comprehend (recognise) that others may know how they feel without necessarily sharing the same feelings. This development of self-ability brings with it a further differentiation of a potential space between self and Other; a space for play (D. W. Winnicott, 1971c). As such, the child begins to play with the power relations that are inherent in the ability to recognise, refuse or negate the Other. The toddler now wants a share of this power and control she has discovered and the child’s play begins to test out their omnipotence and destructiveness by an insistence upon the sharing and swapping of roles with the mother. Initially this process forms complementary power structures of “giver and taker, doer and done to, powerful and powerless” (Benjamin,
1995, p. 43): or recognition and destructiveness. As in earlier forms of the child’s nascent abilities to recognise the Other, initially, the child tends to subject their mother to the destructiveness of controlling urges, but through play, the child can come to recognise and accept their mother’s ability to also express destructiveness. However this depends upon the mother’s survival through joining the play, role plays and through the playful assertion of boundaries.

Through ‘playing’ with opposing different roles, both roles can come to be held in mind together, which through dialectical mechanisms, gradually “dissolve[s]” and “transcend[s]” (Benjamin, 1995, p. 43) the complementary power relations of opposites rather than maintaining a continual cycle of transfer of roles and power. That is, it is the power reversals that are dissolved, not the differences between the child and mother. The child’s understandings and negotiations of differences are dealt with in a qualitatively different way; through ‘push and shove’ and some unavoidable ‘singeing’ of the Other, both mutuality and difference come into view. These are the conditions for the experience of hope; a self and another, an Other with whom the self can experience mutuality. However Benjamin’s descriptions are an illustration of the behavioural manifestations and the outcomes of a dialectical relationship, not the mechanisms behind them.

I will now undertake the discussion of dialectical mechanisms below, starting with a description of dialectical relationships. Following this, I will then examine the inter-dependence of dialectical relations and how this inter-dependence is lived out relationally; the movement to relate drawing on case examples. Specifically, I will discuss Angus’ experiences of violence to illustrate Hegel’s assertion that the loss of the
dialectical tension between recognition and destruction, results in a collapse of meaning and a loss of the dynamism of self and Other; a loss of hope. The final aspect of the discussion is the mechanism of dialectal simultaneity which I will describe using Stern’s (2003) research on attunement. I will argue that Stern’s description of attunement combines both the elements of recognition and destruction and that attunement describes an interpersonal process through which one can ‘experience’ the subjectivity of the Other without merger or the collapse of difference and thus possess a mechanism that bridges sameness and difference, and gives relating its momentum.

**Dialectical Mechanisms**

What I wish to now examine is what occurs in the hopeful space of unrest between the dialectical relationship of identification and destructiveness and the Otherness it produces. One of the key ideas of dialectics is that any two mental operations which are in a dialectical relationship are in a continual state of “unrest” (Mills, 2000, p. 842) with each other; they move to “at once cancel or annul opposition, preserve or retain it, and surpass or elevate its previous shape to a higher structure” (Mills, 2000, p. 842). That is, their relating is ultimately constructive and therefore essential to psychic life (Mills, 2000, p. 842). However as the language used in the discussion of recognition and destruction (Benjamin, 1995, 1998, 2004; Ogden, 1994) is so similar to that of Hegel’s dialectical relations, for the point of clarity I will first illustrate the concepts of dialectical interdependence and simultaneity, in relation to consciousness and unconsciousness, before discussing these features in relation to the dialectical relationship of recognition and destructiveness.
Dialectics and Interdependence

Ogden states that the two elements which form a dialectic are:

“mutually dependent, each defining, negating and preserving each other.
Neither exists nor has any conceptual or phenomenological meaning except in relation to the other. The two ‘co-intend’....in a relationship of relative difference as opposed to absolute difference; the two coexist in a mutually defining relationship of difference” (Ogden, 1994, p. 18).

In a dialectical relationship there is a dependence on the opposite element for self-delineation and definition. Each holds and influences the form and content of the other. Both elements of the dialectic overtly exert a paradoxical influence upon the other because they each constitute “a presence affirmed by its absence in the other. That is, [using consciousness and unconsciousness as an example] the... Unconscious is the Other to the... Conscious and the ...Conscious is the negating, preserving Other to the ...Unconscious” (Ogden, 1994, p. 20). Unconsciousness is described, delineated, and understood in terms of the negative of conscious states; without the conscious there is no unconscious. Additionally, while consciousness and unconsciousness can be thought of as conceptually ‘independent’, their very nature makes them reliant upon the functions of the other. For example, in terms of recognition and destructiveness the ability to negate the other (or subject them to destructiveness) relies on the self’s ability to recognise the object for destruction. Without the ability to recognise there can be no destruction at an ontological or functional level:
“Each self wants to be recognized and yet to maintain its absolute identity: the self says, I want to affect you but I want nothing you do or say to affect me; I am who I am. In its encounter with the other, the self wishes to affirm its absolute independence even though its need for the other and the other’s similar wish undercut that affirmation. …[A]t the very moment of realizing our own independent will, we are dependent upon another to recognize it” (Benjamin, 1995, pp. 36-37).

Benjamin sees this dilemma of the self at the heart of Hegel’s discussion of selfhood in The Phenomenology of Spirit (Hegel, 1807(1977)), where a tension arises between the self in its need for absolute independence (where the self expresses its destructiveness in trying to absolutely negate the other) and its simultaneous need of recognition from the Other. In the struggle to establish itself as an ‘independent island’ it is necessary for the self to recognise the Other as a ‘like island’ (another like subject) in order to be recognised itself by the other. As discussed in the section above (on page 200), the awareness of the other does not arise spontaneously, it is a function that develops intersubjectively. For the individual who developmentally has not experienced the privilege of good-enough care, there is a degree of short-sightedness for the other, (discussed in Identification with the Aggressor on page 155), creating an imbalance between recognition and destructiveness. Hegel argued that this creates a crisis of self where the self seeks absolute recognition (which is a negation or destruction of the other) despite the concurrent ontological need of the other to recognise them. Hegel characterised a battle erupting from, and developing with the awareness of, the similarity of the other to the self. Both subjects seek to “raise their certainty of being for themselves…[and] attained to the truth of this recognition as an independent self-
Hegel believed that the necessity for the impaired self to identify with the other created a tension within the self to negate and destroy the other; a return to omnipotence. In this omnipotence, through the action of fantasy, the other is equated and ‘reduced’ to the self; the self escalates to a state of powerfully negating the other and any representations or relations to the self the other may hold. This negation or turning away from the other, aims to protect the narcissistic integrity of the self. This crisis is an escalation of the destructive potential of the self (due to the impairment of recognition), which is a crisis for both the self and the Other. The poorly-perceived other is subject to destructiveness which if responded to with further destruction by the other creates an escalating negation towards death.

Hegel believed the escalation is resolved through a “trial by death…[in which the self] does away with the truth which was supposed to issue from it, and so too, with the certainty of self generally” (Hegel, 1807(1977), p. 114). That is, through the destruction of the opposing self, the other, one is actually killing off the self’s facilities of recognition. Additionally, the other who defines the self as self is lost; the dialectical tension between recognition and destructiveness is then lost. In contrast to the good-enough mother and child dyad there is a loss of hope. That is, in the definition of hope I described concrete hopes, hope as an active verb, where there is a negative movement to relate as the other becomes constricted and restricted through violent control and/or unchallenged omnipotent fantasy. Such a hope is fragile and readily lost with objects being destroyed in this escalation of destruction through negation and counter negation.
This escalating denial of the other, in the ‘hope’ for selfhood is illustrated poignantly by Angus. Angus in the struggle for his independence of will engaged in a tragic battle of identities with another, to ‘the death’. I will explore his loss of hope after the death of a rival, through focusing upon references to aggression, negating statements and interpersonal conflict with Ted (the gunman). Below I have retained the basic chronology of the narration and I have interspersed the transcripts with interpretations to develop the above themes in the lengthy extracts.

The Destruction of a Meaningful Self

A recurring dynamic in Angus’ narratives is a recurrent self-characterisation in terms of being a ‘master fisherman’, while also a ‘victim’ whom others can only defeat through spoiling and negation. Below is an example of Angus positioning himself as the hapless victim of the destructive envy of others.

Angus Extract 5

They don’t want you to excel or do whatever, you know? ...he [a fellow fisherman] particularly did nothing but absolutely ruin my name with a lot of people. ...It’s like a syndrome and they have negativity at certain shows and you’ll see certain people hanging out together who just absolutely give everyone trouble. ....I’ve never planned being one of the best fishermen in Australia. It’s all just been a hobby and an absolute passion.

While in a limited number of times he acknowledged taking another position of ‘victimiser’, he did not (in relation to the events leading to him being shot) identify himself in this position. Rather, Angus positioned himself as possessing few aggressive or rivalrous motives. In particular, his narrative of being shot presents himself in the position
of self-defending victim and as rescuer, in reaction to the aggression and jealousy of Ted the gunman (he also attributes these themes to others). He positioned himself as merely reacting in self-defence in the face of the aggressive actions of others. However in contrast to his self perceptions, Angus’ narrations of the events leading to him being shot, were characterised by references to his own violence and escalations of negation.

**Angus’ narration of the pre-shooting interactions with Ted**

Angus builds a picture of a battle of wills on the shooting night. Ted had wanted to have a drink with Angus, but unwittingly Angus turned his back on him at the beginning of the night:

**Angus Extract 6**

Apparently he put his hand out for a handshake, now I was 30 feet away from where he made his gesture and to me it looked like come and have some drinks, and I said, No thanks, Ted, I’m going home to bed. Okay?

Ted wanted to speak with Angus; Angus wanted to avoid Ted and did not welcome a social advance.

**Angus Extract 7**

Ted was, oh, just being rude and arrogant and things like that, you know? And he was saying things that I never did do. Like I phoned him up once [2 years prior to the shooting], where I used to work at a fishing tackle store, because they had no knowledge of fishing but they opened a store, and I actually rang Ted from that store in front of the manager, the manager’s son and his other son, plus the floor manager, you know? And he went right off his brain and
carried on, and what that was actually about, Ted’s wife got very ill and he had to, he was making lures for us under contract, or he was in the process of getting ready for it, and he said, Look, I need three to six months off. He said, my wife’s very ill and we said, Well, fine. So, we sent him up a cheque, we got our money back, and I said to him, I said, I’d like to take the dies to Vietnam because I actually had a factory in Vietnam, and they said that they could do the work for me for about three to six months while he was organising himself, and least keep some product going. Well, he went off his brain. He said, Oh, taking my technology over there and rah, rah, rah, and you’re trying to rip me off and I said, Ted, you’ve just got it so wrong, mate. So wrong. I said, What you call technology, over there is in their bins. It’s rubbish. I said,...you know, I couldn’t even explain to him. He just went off.

Angus introduces the narrative saying he did nothing wrong to Ted, it was just Ted being accusatory, “rude and arrogant”. Without apparent awareness, Angus also speaks of his denial of Ted’s competency as a rival, and as a lure producer; “Ted you’ve just got it so wrong, mate. So wrong. I said, What you call technology, over there is in their bins. It’s rubbish”. I perceived the implicit narrative to be, first, that Angus felt justified in defending himself from Ted’s verbal aggression, through counterattack. And second, that Angus’ perception of his response was that it was not an escalating counter attack, despite it being quite negating of Ted’s competence.

Returning to the chronology of the ‘shooting night’ narration, Angus then tried to leave and terminate the discussion of Ted’s grievances with him:
Angus Extract 8

I said, Well, I’m finished now, and I put my glass down and he just grabbed me.

He says, I’m not finished with you yet and then he grabbed my other arm. He just pulled me up and over the tables.

A fight ensued, Ted very drunk and Angus quite sober. Angus punched Ted to the ground in what sounded like a very harsh action:

Angus Extract 9

We had a fist fight, and I’m not a real fighter, but then again I’m not one, if I have to, then I give it everything I’ve got. Anyway, I left him laying on the ground on his hands and knees, and he had blood out of his mouth, his nose, and he had a pretty big graze on his cheek, you know? And whatever. But then I started yelling and screaming, and I said, Ted, go away. I don’t want a fight. Ted, I don’t want a fight. At that same time I called for one of my friends to come out and he held me away.

The destructiveness had escalated without either acting in a way where they ‘survived’ for the other. That is to say, on Ted’s part, his action was not the living out of destructiveness as Winnicott described it (the fiery breath that singes), rather it was actual aggression. As Benjamin states, “[v]iolence is the outer perimeter of the less dramatic tendency of the subject to force the other to either be or want what it wants;...[i]t is the extension of reducing difference to sameness, [and an] inability to recognize the other without dissolving her/his otherness” (1998, p. 86). With regard to Angus’ contribution to negation and violence, he recalled Ted bleeding on the ground on 210
his hands and knees (a position of submission and vulnerably), and yet Angus had to be held away by someone else. Despite the aggression that Angus told me that he had enacted, and his obvious position of power over Ted, Angus still positioned himself as being under attack: “But then I started yelling and screaming, and I said, Ted, go away. I don’t want a fight. Ted, I don’t want a fight”. Angus did not appear to consciously acknowledge that to this point there had been a “complementary structure...of doer and done to, powerful and powerless” (Benjamin, 1995, p. 43), in which each had swapped positions of ‘top dog’ several times.

Ted then turned up at Angus’ room some number of minutes later after ‘the fight’ seeking an apology from Angus. Did Ted feel diminished, negated or humiliated, or simply unheard?

**Angus Extract 10**

Now, Ted came to the door, Ken [his roommate on the night] was trying to make me apologise and I wouldn’t apologise. I said, “The guy’s stinking drunk”, I said, “I’m sick to death of being attacked and also apologising for those people”, and I said, “I am not apologising”. I said, “I’m sorry it’s come to this”, but I said, “I’m not apologising”, and Ken went off his brain.

The position returned to one that was more congruent with Angus’ subjective experience of the event; that he was again fending off an attack. After the refused apology, there was a further escalation where Ted pulled a gun. Angus appears to have understood that Ted was offering the deal of ‘an apology for your life’. This moment in time could indeed be viewed as an enactment for Ted of ‘Hegel’s crisis of the self’. Hegel used the metaphor of the dual to illustrate the need of the self to diminish the other in front of a witness in
in order to re-establish the self. Ted had been diminished and apparently humiliated by Angus in front of at least one other man, and appeared to seek to negate Angus to re-establish himself. However Angus appeared to feel that if Ted had achieved this exchange, if Angus had apologised at gunpoint, if he had in effect begged for his life, then he would have lost his sense of self, and then his life:

Angus Extract 11

Angus: Because the type of person Ted would be, would be when you apologise he would say, You piss-fart little weakling, and just go bang (transcript truncated)

Therapist: That certainly seems to be important at that moment you did things with a sense of dignity, that you were ...

Angus: Yeah. Yes. If I was going to die I was going to die with, the truth. Yeah. It was going to be on my terms.

Angus then narrated the shooting as:

Angus Extract 12

Ken was interfering, when he interfered he told me to get into a room and the first thing I did was I went into the spare room and Ted went straight up to Ken and put a gun to his head, and he said, “Get him out now. Get him, I’ll blow your fuckin’ brains out. Get him out now”, you know? And I looked around the corner because I heard the words and I couldn’t believe what I saw. Okay? I could not believe it.... time he spoke up Ted went over and put the gun to him. Ted gave him four warnings, full on warnings, and the last thing I heard Ted say to Ken, [was] “Do you have any kids”? And Ken said “I have three”. He said, “they have just saved your life”. Anyhow, with that I actually went completely and utterly numb. I went outside my body. I think ... I can’t say I did or I didn’t, I
was either I was above the fridge outside my body, or sitting on top of the fridge, and I was looking at everything. I walked to the front of the table and I couldn’t feel a damned thing. I was completely numb. ....I went to the table and I said, “Ted, if it’s me you’ve got to shoot, do it now”. He put the gun up, he cocked it, wasn’t even cocked, put the gun up, took careful aim, took one big step forward, ..... and pulled the trigger.... And then he went across to Ken and he said, “I can’t finish Smithy off”. He said, “I’m going to give you a slug”. And Ken just took off into the other room and apparently he [Ted] walked outside two steps and shot himself. Now my friend [Ken] holds me directly responsible and that I almost had him killed four times that night. The only reason I sat at that table was to please Ted enough to leave my friends alone. That’s all I did. And that’s the God-honest truth because he even says it in his own statement. I went to the end of the table and said, “Ted, if you have to shoot me now, do it now.”

Angus’ position in relation to Ted again changes. He had hidden in his room with other men after the fight with Ted. But Ted has become enraged and is armed with a gun. Angus described hiding from Ted and being what seems so terrified that he became numb and de-personalised: “I actually went completely and utterly numb. I went outside my body”. However quite remarkably Angus then decided to hand himself over but without begging or surrendering and was shot by Ted. However, Angus’ descriptions of his motives deny his own complicity in the scene of aggression: “Now my friend [Ken] holds me directly responsible and that I almost had him killed four times that night. The only reason I sat at that table was to please Ted enough to leave my friends alone. That’s all I did.” Angus’ description zooms in on the immediacy of the shooting and does not include his own escalating and retaliatory behaviours in the formulation of the outcome; “That’s all I did.” Angus seems to insist that this moment is in fact the “whole story” (Benjamin,
1998, p. 107). Additionally, Angus spoke in a later session about what he felt went through Ted’s mind immediately before and after the shooting:

Angus Extract 13

I think that gave Ted that much remorse because I actually sat in front of him and didn’t challenge him. So he didn’t get the satisfaction he really, really wanted, but he had a split second or two to actually think about what he’d done, and that is what I tried to achieve over and above everything to get Ken off the hook. And as it turned out I did so. Who cares? Ken shouldn’t be worried about that.

Angus continued to deny the effect of his actions in all the exchanges he had with Ted, the fight, the denial of Ted and the shifts in the holder of the ‘top dog’ position. Rather, Angus focused on the last minute of the standoff. However it appears that by sitting in Ted’s line of sight and offering himself to be shot, he ultimately denied Ted an apology or a further fight, and laid claim to the ‘rescuer’ role (So he didn’t get the satisfaction he really, really wanted, but he had a split second or two to actually think about what he’d done, and that is what I tried to achieve over and above everything to get Ken off the hook) relegating Ted to the ‘perpetrator’, whereby he retook the top (moral) dog position. It seems that in shooting Angus, Ted did not gain what he was seeking; rather it has the ingredients of the ultimate of denial of Ted. Ted then stepped outside and shot himself.

Further still, Angus also presents himself in an omnipotent light when it came to surviving Ted’s attack. He was adamant that he was not going to die, in a sense that he could not be killed:
Angus Extract 14

No. I never thought I was going to die. When I did get shot I sat in the chair and I went, “Oh, Jesus Christ. That hurt. Oh”. And I said, “Ted, You’re a fucking arsehole. You really are”. And I said, “Jesus that bloody hurts”, and I says, “I think I can feel something down here”; and then it just hit my mind, just like that. “Fuck if I don’t lay down he’s going to shoot me again”; so I laid down. The second I laid down the blood just oozed out of my stomach and I think that’s what stopped him from doing it again.

Angus in the madness of the shooting, retained his ‘Hegelian duelling self’ as ultimately, Angus focussed only upon his feeling that he had ‘shown up’ Ted once again, who then shot himself. In the final moment, as Angus narrates the shooting, he still negated Ted as a force, he still denied Ted recognition; as having an independent agency; “and I think that’s what stopped him from doing it again”, that is he again emphasised his own actions and negated Ted’s Otherness.

It seems evident that both Angus and Ted ‘understood’ each other’s actions and overt wishes; “I said, I am not apologising. I said, I’m sorry it’s come to this, but I said, I’m not apologising”. So what then was so negating if both ‘acknowledged’ but refused the wishes of the other? While there was a degree of acknowledgement it was more of a cognitive acknowledgement as neither seemed willing [or perhaps able] to form a “double identification”, a state in which they maintained their own position while also entertaining the position of the other (Benjamin, 1998, p. 107). Neither was able to understand the subjective experience, lived experience of the other beyond a cognitive aspect of the experience (D. Winnicott, W, 1945(1986), p. 170). Without such a doubling of subjective experience there was nothing to hold their own anger and destructive rage.
Angus’ narrative of his fight with Ted tragically aligns with the struggle for self that Hegel described. Both sought recognition from the other that the their self was “pure being-for-self” (Hegel, 1807(1977), p. 114) but neither was able to receive the acknowledgement of self from the other, rather Angus described a continual series of exchanges of denials. Each felt diminished by the other; “Apparently he put his hand out for a handshake”; “Ted was, oh, just being rude and arrogant and things like that, you know?”; “And he was saying things that I never did do”; “What you call technology, over there is in their bins. It’s rubbish”; “Anyway, I left him laying on the ground on his hands and knees, and he had blood out of his mouth, his nose, and he had a pretty big graze on his cheek, you know”; “and I said, I am not apologising”.

However, rather than the denials staying as denial, they spilled strongly into action and behaviour. They had a brutal fist fight, Ted threatened Angus with a gun and ultimately, he shot Angus, then himself. This action seems remarkably congruent with Hegel’s words:

just as each stakes his own life, so each must seek the other’s death, for it values the other no more than itself; its essential being is present to in the form of an ‘other’, it is outside of itself and must rid itself of its self-externality. The other is an immediate consciousness entangled in a variety of relationships, and it must regard its otherness as a pure being-for-self or as absolute negation (1807(1977), p. 114).

In Angus’ narration there are no references to either Angus or Ted being able to de-escalate the cycle of denial and counter-denial. There was no ‘survival’ afforded to the
other to take the deathliness out of the escalation. However, these experiences of Angus’ were those of every day. He encountered Ted who was aggressive, dismissive and controlling. Angus reacted with irritability, being dismissive and defensive. In reaction to a threat to his ‘self’, Angus seemed to desire an outcome where he could ‘cut off’ and be rid of Ted, an absolute state of ‘being for himself’ where he could exclude the possibility of the Other (Hegel, 1807(1977), p. 114). Ogden (1986, p. 41) argues that these urges to exclude the Other are common states of mind when one is feeling defensive and under threat. However such an excluding position, as demonstrated by Angus, is based upon denial, which has little Winnicottian ‘survival’ (which is required in the form of the tolerance of the recognition of the Other and a tolerance of the knowledge of one’s ‘self-externality’ which is located in the other). Further, in hoping for an outcome that controls or excludes the other, we smother the movement of relating. More specifically, the fantasised outcome of destructiveness, such as control and denial, is very different to the realisation of the lived experience of it. That is, in living out destruction through violence or violent negation, we are reduced only to the self. In such a state of solitude and isolation we lose the fundamental conditions of a meaningful self; the intersubjective self with Other. Such a position is a-relational and starves the self of the surprising otherness of the Other, and ultimately of the boundary of the self.

Hegel asserted that the outcome of this “trial by death [is to do] away with the truth which was supposed to issue from it, and is, too, with the certainty of self generally” (1807(1977), p. 114). That is, the dialectical relation relies on the other element to give form to the self. Without the opposition of the other to hold the denied and renounced aspects of self, to relate with, there is a “collapse into a lifeless unity which is split into lifeless, merely immediate, unopposed extremes; and the two do not reciprocally give
and receive one another back from each other consciously, but leave each other free only
indifferently, like things” (Hegel, 1807(1977), p. 114). This lifelessness seems powerfully
present in Angus’ narrations of his post shooting life changes:

**Angus Extract 15**

Angus:  I ended up in bloody hospital, the last three weeks I’ve spent at my friend’s place
house-watching, and I’m a vegetable. I can’t get up and do anything, I don’t even
go fishing any more. I’ve given that up. I’ve given up everything. I cannot find
the energy to do anything. I’m a complete bloody vegetable.

Therapist:  It sounds like it’s really taken the spark out of you. It’s taken the spark plug out.

Angus:  What spark? I tell you now, I was the most active person. I used to race go-karts
and motorbikes. I did motorbikes for twelve years, road racing as well. I’ve
always done my hunting and my fishing and my camping and my canoeing and all
that kind of thing.....[truncated] Everything aches. I went to a band the other
night with my sister and my friend who I was watching the house and I’ve known
him for 31 years. I’ve never had a problem with him. He’s been a terrific person,

you know? And I was that stressed out, I had that much pain, that I wanted to be
happy and I couldn’t be happy. 05.01.19 p8-9

An over arching post-shooting theŵe for Angus is of paralysis and passivity; “I can’t get up
and do anything; I don’t even go fishing any more. I’ve give that up. I’ve given up
everything. I cannot find the energy to do anything. I’m a complete bloody vegetable”.

He describes feeling that his life has come to a sudden stop like Coleridge’s Ancient
Mariner who after shooting the albatross had burst into a sea of calm. What is more, in
Angus’ conscious fantasy and his dreams, his conflicted dynamics with Ted occur again:
Angus expressed a sense of mental inertia, an inability to be happy or fulfilled. Prior to
the shooting he was involved in negating and being negated. He felt unheard and
misrepresented, but he could live and compete; he could savour victory and was an
accomplished fisherman who sounded like he engendered rivalry and envy in others.
However from the ultimate defeat of a rival, where he ‘out did’ an armed rival whilst
being unarmed, does he feel victorious? No: he feels unhappy, unmotivated and filled
with self-defeat. In Angus’ fantasies it seems that nothing has been learned, and nothing
but ‘the self’ has been affected. That is, the fantasy of contemporary rivalry triggers the
same chain of events, Angus is again shot, Angus continues living, but he is again without
liveliness; *(I actually walked down the street and I saw some people, and I said, Maybe
you believe me, maybe you don’t, but I said, I’ve been shot twice now and I’m still alive. I
said, Aren’t I blessed?)*, when Angus walks down the street people are indifferent objects
to him.
As Hegel stated, through destroying the other, the opposing force, the self loses its sustaining identity and self recognition. The boundary and operation of self is weakened and the sustenance gained from relating is lost. Angus’ experience illustrates powerfully how the sense of an independent self is illusionary, and when destructiveness tips into the destruction of the other, the self is also annihilated in the murder of the Other. In short, the welfare of the self is dependent upon the self’s treatment of the Other, which is the second of the two basic Christian commandments; “Love thy neighbour as thyself” (New-York-Bible-Society-International, 1973). If one treats this commandment as a “lore rather than a law” (Korner, 2007) then it can be seen as communicating the principle that we are inter-related and ultimately inseparable from the Other. Thus, Other-destruction is ultimately self-destruction. Angus’ experience seems to communicate that nothing about living is initially learned by the death of the Other, rather, the deathliness that Hegel described is what Angus narrated as his experience after the shooting. Angus described his subjectivity from the position of the ‘negative’, in which he lacked; ‘energy’; the ability to ‘do’; and ‘living’, with the exceptions of calling himself ‘a vegetable’ and ‘anxious’.

**Ontological Change**

However it is not complete to say that nothing about living is learned by the death of the Other. I feel that ontologically it creates a new reference point, albeit poorly represented and remote to conscious experience. As I argued in the *Absent Witness*, in the experience of the trauma, the survivor experiences a sense of an abyss, that is, in the state of destruction there is a singularity (as a loss of the possibility of intersubjective contact) to experience that is unbearable and annihilating. Such a state of singularity conjures for me the image of an ‘oubliette,’ the medieval dungeon where prisoners were thrown after
being tortured to die. These chambers were named from the French ‘the forgotten’. That is, when one is thrown into the oubliette it is the archetypal state of aloneness and nothingness; one awaits an already unknown and forgotten death; experiencing perpetrated destructive actions (from either side of the doer-done-to paradigm) can form a roughly hewn and remote to mind, representation of annihilation. While such a representation is not richly meaningful and is poorly understood (Boulanger, 2005; Bromberg, 1998; Laub & Auerhahn, 1993; Meares, 2000; D. B. Stern, 1997), it nevertheless becomes, as Angus narrated, a new aversive reference point: “Exactly the same thing. I dreamt that I was in hospital, I dreamt that I went through all that crap before... And then I woke up from the dream.....I woke up as sore as sore can be”.

In other terms, a perpetrated traumatic moment can be viewed as a moment where there is a loss of the tension between self and other (and inside and out, real and unreal) which gives rise to a new aspect of experience: the oubliette. When Angus dreams of a return to his oubliette in which no one recognises his pain and paralysis, he wakes feeling fearful and in pain. In the shadow of this oubliette experience, Angus spoke of a new awareness of a need for contact with others. Earlier I referred to Gadamer’s idea that human’s live in a world that has been culturally constructed through the use of language and how most of us are largely unaware of the world of language as we are so immersed in it like a fish in water. So too, Angus, who now that he has had an experience of being out of the intersubjective world, now recognised the possibility that he is in an intersubjective world: in his last session of the study data collection period, Angus spoke of a different experience of intimacy. Angus described the experience he had when he took his former General Manager fishing and showed him one of his favourite fishing spots.
Angus Extract 18

Angus: But on top of that I took the manager, I mean the manager from [Company Name of his former employer] out on Wednesday night ...And showed him the weed area around the rowing club which is the old bridge there. The old bridge going to [Place name] and around that area there’s a lot of fish and stuff, and we spent the night out and we were just talking, and just general sort of stuff, just easy stuff, and he’s quite a remarkable person. He had some instances at work we talk about it, but he actually trusts enough to be confidential, and that really means a lot to me, you know? You know, we have that understanding and so forth, and like, what his work [Therapist spoke over Angus]

Therapist: He confided in you about stuff that potentially could get him into a hassle, in that you’ve been at the brickie level and he’s been at the top...

Angus: But we’ve always ...

Therapist: There was a meeting of minds in some ways?

Angus: Yeah. Oh, when I say we always fish together. Well, Jamie likes fishing but he hasn’t been out for that damned long that he’s new to lures and all that sort of stuff, and how to find fish and where the fish are, and what they’re about and ...

So he’s learning all that from me, but in the same turn he’s taught me a few things on just how to look at things and why he looks at things certain ways and so forth, and he is a kind man. He’s not a pushover and he’s able to weigh up things and put them in their perspective, and ... which I mean is if it’s out of line we’ll put them back in line, or whatever the case may be, but at the same token he’s a very understanding, fairly soft spoken bloke, and that means a lot to me.

A person I look up to.

And later in the same session
Angus: Yeah. But he doesn’t have to lie and say, Oh, Jesus, you’re brilliant. Oh, Jeez, you’re great. You’re this, you’re that. It’s not what you need to hear. What you need to hear is that you’re actually corresponding with someone and we both came up with a happy conclusion. And that’s all I ever wanted [truncated]. It’s beneficial to both of us [truncated]. And I give him the most utmost respect because as far as I’m concerned, he’s earned it, just by his position and so on. You know? And that’s where I think people fail [truncated]. Like he holds a high grade of level of his intelligence and everything, but he doesn’t enforce it and he can still be a normal person and correspond normally.

In contrast to the times where Angus had spoken of his impairment of self in the face of aggression and destruction, he found a greater sense of self through contact with Jamie. He saw Jamie as different to himself but not as annihilating. Angus contrasted the singularity of aggression, to his encounters with Jamie, encounters in which he felt he could have a different standpoint to Jamie without having to “enforce it” with aggression. I feel Angus discovered this intimacy as he said: “And that’s all I ever wanted.....It’s beneficial to both of us,” like it is something he has seen and desired but not previously been able to attain. As such, it sounded like a discovery between Jamie and Angus, rather than being won. In Gadamer’s terms, it was through meeting of horizons that Angus felt more at peace with himself as he was newly aware of a relational space that felt hopeful to be within.

**Concluding Comments on Interdependence and Dialectical Relations**

At some length above I have to attempted to distinguish between destructiveness and destruction, as an understanding of the distinction between the two is of importance in
this thesis exploring the manifestations of hope in trauma survivors. The two abilities, to be able to identify with one’s objects, and our ability to impose one’s own needs [fantasy or otherwise] onto objects, mutually constitute each other. With the ability to express our destructiveness, to use our ‘fiery breath’, we can burn away the cobwebs of fantasy and omnipotence, and what survives, albeit a little singed, is a sustaining world beyond the self. Without the self’s ability to identify with the object, there would be no object which could be destroyed. Similarly, without the ability to negate, the self would be consumed in identifying with the other; “[n]or can any appeal to the acceptance of otherness afford to leave out the inevitable breakdown of recognition into domination” (Benjamin, 1998, pp. 83-84). In terms of this thesis, it is the space between self and other with which we are concerned; I am proposing it is the movement contained within this space that hope is found. It is found and created from the tension of pushing up against each other. If either withdraws, collapses, or is too aggressive with their force, the space to relate is lost. Thus hope is not found in single acts of recognition and destructiveness but in continual applied effort of relating. While I postulate that hope is found and experienced from these continual efforts to relate, hope can be significantly damaged by acts of perpetrated destruction where destructiveness is not informed by recognition which disturbs the fundamental ontology of hope in the self.

Thus, I believe that the ability of individuals to express their destructiveness is crucial to their living and relating, but only when it remains in dialectical tension with their ability to recognise the Other. Neither, Angus or Ted ‘survived’ the destructiveness of the Other through recognition where they could have acted with self assertion that was based upon an acknowledgement of the Other being different. Benjamin argues that without an acknowledgement of the difference in the Other, difference is repudiated and
internalised in the self as “dangerous abject” (Benjamin, 1998, p. 107). Without destruction being held by recognition, there is a contraction in the range of self-states which can be experienced, both in the self and the Other. Implicit to this idea of survival, is non-retaliation where we recognise the different-but-similar selfhood of the other and do not continue to escalate the destructiveness where it turns into actual lived destruction.

In the above discussion of destruction I have argued for the interdependence of recognition and destruction utilising a negative illustration, that is, what occurs when the two are not held in balance to inform each other. I will now follow this with an illustration of when the two are held together to inform each other. In the section above I focused upon the interdependence of the recognition and destruction for their form and for the formation of hope. What I will now explore is how in a dialectical tension recognition and destructiveness create a new condition; intersubjectivity. This intersubjectivity is formed from both elements and rather than being a blend of both elements is viewed theoretically as a new form from both elements.

Below I will initially outline the theoretical underpinnings of dialectics forming new forms of experience, before illustrating this with an example from Terry. Terry discussed a time he recalled where a friend visited his home and witnessed the violence at home. Despite his young friend running away and disappointing Terry, after the incident Terry appears to have felt more in touch with reality and to have developed an ability to observe and question the meaning of his experience. I will interpret that the introduction of the dialectical tension of being both recognised and negated by his friend introduced an
intersubjective ontology to Terry which was non-lineal in its inception, and was a stance from which Terry began a nascent form of hopeful relating.

**Simultaneity and Dialectics.**

The intersubjective experience which is formed from the tension between recognising and negating the Other develops from the two elements sharing common experience, which is referred to as “simultaneity” (Ogden, 1994, p. 21). In the dialectical tension between recognition and destructiveness, through simultaneity, an experience can be experienced both within the subject’s identifications and also within their destructiveness. This principle of simultaneity can be illustrated with Freud’s view of how negation operates between consciousness and the unconscious. If one views consciousness and the unconscious as being dialectically related, a thought which has been repressed into the unconscious “can make its way into consciousness, on the condition it is negated. Negation is a way of taking in cognizance of what is repressed; indeed it is already a lifting of the repression, though not, of course an acceptance of what is repressed” (S. Freud, 1925(1957), pp. 235-236). That is, there is a partial lifting of repression, as the content of the repressed becomes included into consciousness but the awareness remains repressed. Freud gave the example of a patient saying ‘it’s not my mother’ when asked what a dream may have meant. Freud hypothesised that the statement indicated that the repressed idea (that indeed it was the patient’s mother) had returned to consciousness on the condition that it was consciously negated; ‘it’s not my mother’. The implication being, that repressed material does not move in a lineal or complementary manner from the unconscious to consciousness, rather it simultaneously appears in different forms in both. Further Ogden (1994) argued (using the work of Hyppolite (1956(1988))) that if one returns to the German term which Freud used to
denote this lifting of repression, “aufhebung” (Ogden, 1994, p. 21), if it is re-read in a Hegelian context, it also comes to mean a simultaneous denial and suppression, while also being a conservation and rising up (Ogden, 1994, p. 21). As such, simultaneity enables the content of ideas to be consciously experienced but on the condition that the ideas are not recognised. But in this state, the material that was formerly repressed, where it was only experienced in the unconscious, moves through the action of ‘aufhebung’ to be simultaneously in both consciousness and the unconscious in different forms; thus the simultaneity of the dialectic creates a new and richer experience.

Similarly, in terms of recognition and destructiveness, using the above principles, one can learn and be enriched from encountering the Other, even if there is a concurrent subjective denial of this knowledge and (Otherness-) enrichment. That is, to identify with the other, the subject does not have to experience any sense of conscious affiliation with the Other. In such cases the subject is consciously negating the subjectivity of the Other, but in negating this aspect of the subjectivity of the Other, the subject has first to (unconsciously) identify with the Other if the subject is to be able to “disidentify” (Benjamin, 1998, p. 106) with the position of the other. The survival in this formulation of simultaneous identification-dis-identification is that the subject dis-identifies with an aspect of the subjectivity of the Other rather than absolutely annihilating the Other (Benjamin, 1998, p. 107). This formulation allows us to see that while we may not subjectively feel that we have any identification or similarities with others around us, and no forum for the hope felt from relating, we may still experience a hope from the Other through our reciprocal unconscious identification with them.
Put more in terms of Winnicott’s language, the recognition-destructiveness-dialectic gives rise to interplay where the subject identifies with the subjectivity and actions of the other (recognition), while also having the space to interpret the subjectivity of the Other in their own way (destructiveness); the dialectic creates an interpretation of the subjectivity of the Other, a stamping of one’s own creativity on the role. The subject’s destructive-fantasies and memories of experiences, ‘recast’ (D. N. Stern, 2003, p. 161) the roles of the Other, and as such, old forms are destroyed, and yet these old forms are still maintained as ‘new and improved models’. The dialectical simultaneity creates a transitional state where experience is neither fully acknowledged and attributed to the self, but nor is it completely cast from consciousness. Rather, it is a potential space, an “intermediate playground” (D. W. Winnicott, 1971d, p. 47) where experience can be played with and explored, where it can be paradoxically denied whilst also being conserved. This potential space between self and others is a hopeful space as it is “inclusive” of both self and other, while also preserving “difference” without it collapsing (Benjamin, 1998, p. 107).

**A Recapitulation on Play: Recasting Otherness**

However, this description of the *playful* recasting of Other-experience does not meld easily with the narratives of the lived (or perhaps better described as survived) experiences of the study participants. The concept of play seems somehow out of step with the more survival focused existence which both Terry and Janine have narrated which I explored in the chapter *Identification with the Aggressor*. However, if we step back from the notion of playing with experience, and privilege the concept of *recasting* experience, it seems to fit better with the narrated experiences of the study participants. Daniel Stern (2003) argues that the process of *recasting* experiences of others is not an empathic identification with the other, but rather it is a process of an *attuned*
identification with the other. Stern reached the conclusion that affective attunement was significantly different from general notions of empathy. From his summary of the empathy literature he concluded that empathy denotes a four part sequential process that involves “(1) the resonance of feeling state; (2) the abstraction of empathic knowledge from the experience of emotional resonance; (3) the integration of abstracted empathic knowledge into an empathic response; and (4) a transient role identification” (2003, p. 145). He believes that these later processes of empathy rely heavily upon cognitive processes which necessarily combine with the affective resonance. In contrast, Stern described affective attunement as having the same initial process of empathy (affective resonance) but then “automatically recasts that experience into another form of expression. Attunement thus need not proceed to empathic knowledge or response” (D. N. Stern, 2003, p. 145).

Hence the notion of attunement fits well with the discussions of recognition and destructiveness above, where the individual may not have a conscious empathic identification with the subjectivity, role or representations of the other, but may still engage with the other in an unconscious or renounced way. Hence hope can be found in the movement to relate rather than the awareness of the movement to relate.

Stern’s work on attunement provides behavioural descriptors through which we can examine aspects of identifying. I will explore this notion of a recasting of attunement in relation to Terry and an incident which to him was a subjective empathic failure on the part of his friend, and experienced as a denial. But surprisingly, Terry also recounts the empathic failure as being an inroad to a deeper self-experience.
Terry Extract 7 (Session 1)

Therapist: Did you ever get to school?

Terry: What happened one day, when I came home from school I brung Eric. A friend along. He come through the back door, and dad was strangling mum, on, in the hallway, Eric looked at, looked at what was going on, and he’s never seen anything like that; I looked at Eric’s face, and his face looked so shocked cause, I didn’t understand Eric was lookin’ like that cause it happened every day to me. It was a daily occurrence. He ran out the back door and he ran home. He never came since. Told his parents what happened and they said don’t go around his place no more. They told the kids at school and umm, he told the kids at school and the kids wouldn’t talk to me and umm, and, the picture on his face looked so shocked, dad was bashing mum up in the hallway and his face looked so shocked.

Therapist: Sounds like you’d stopped being shocked.

Terry: Aye

Therapist: Sounds like you’d stopped being shocked.

Terry: He was so shocked at what was going on, cause he nothing happened like that with his parents, like that.

Therapist: You’d stopped being shocked it wasn’t a surprise to you though.

Terry: It was all a daily occurrence to me. Seeing his face like that and run out the back door, and I ran out the back door and tried to stop him and he just kept running. The worst thing he done to me was he told the kids at school about what was going on in my household. And no kids talked to me at all then. That was a bad thing he done he shouldn’t have told the kids that.
Terry Extract 8 (Session 2)

Terry: It’s only if you were me, if you were in my shoes for 5 minutes when I was younger, you ... terrible.

Therapist: It, it sounds like he’s telling me this, that it’s something that, that is hard to survive mentally, and to know about.

Terry: With me friend, Eric, helped me. He came home and he seen mum bleeding along the hallway, and his face, you know what I mean, his face... [Petered out]

Therapist: Showed you how bad it was in a sense.

Terry: Yeah that’s right, how, what, the realisation of really what was going on in the house, you know what I mean. The old man turned around to Eric and told ‘im “Get the fuck out of the ‘ouse” [change tone and accent] or else I come and beat you over the ‘ead”. And he just took off like a lightning bolt. And I ran ran with him and he went out the back gate and I screamed my head at him and he wouldn’t, wouldn’t turn back run back, you know what I mean. And then told his mother and his mother wouldn’t let ‘im, and he told kids at school, and kids wouldn’t play with me, and I was all by myself at school. That’s a bad thing he done to me.

Terry Extract 9 (Session 3)

Therapist: But they wouldn’t have been beating you 24 hours. There would have been periods while they were drinking or while your dad was at work, but it sounds like those bits just aren’t there in your mind.

Terry: No its not. I used to hide under the house when the old man used to come home.

Therapist: Would you play under there or just be still.

Terry: I used to talk to Eric underneath the house. I think I took on Eric from the school kid. Cause he was the only friend I had at school but he disappointed me, like I told what he done. Supposed he disappointed me so much I took him on as an imaginary friend.
Therapist: So you talked to your imaginary friend under the house. What sort of things would you talk about do you remember?


Therapist: Did you ever come to figure out why your parents did it while you were under the house?

Terry: No I was just too young to comprehend what was going on really. But he ah, dad always blamed mum for suffocating Betty you know what I mean, that’s all I heard. You suffocated er, you suffocated er, and you bitch, you slut. You suffocated er. And that’s how the fights used to start.

Case Discussion of Destruction and Survival

In the above extracts the overt narrative from Terry is concerned with him bringing home a friend from school, Eric, who witnessed Terry’s dad beating Terry’s mum. In the first session I missed Terry’s point of how shocked Eric seemed to be, rather I suggested that as a child Terry was numb (Therapist: Sounds like you’d stopped being shocked. Terry: Aye. Therapist: Sounds like you’d stopped being shocked. Terry: He was so shocked at what was going on), which in reflection was probably more my reaction to the story. But despite this failure to understand on my part, Terry returned Eric again in the first session and reiterated the shock on Eric’s face; “Seeing his face like that and run out the back door, and I ran out the back door and tried to stop him”. In the second session Terry again returned to the sense of surprise and affective livening he experienced from the look on Eric’s face. Terry started by trying to tell me how hard his childhood was, and I responded that thinking and reliving was really difficult and he then spoke of Eric’s reactions to his parents, but then he lost his train of thought and flow of ideas. However, when I responded that Eric’s reaction seemed to show him how bad his childhood was, Terry
shifted in his expression and responded with a comprehensive statement that narrated how Eric had reacted, how Terry had pursued Eric and socially how much more isolated he became at school after Eric told others of the event.

In the third session Terry spoke of how he “took on” Eric as an imaginary friend after the incident with the actual Eric who had let him down. Now overtly this is not logical as to why one would model a friend on someone who had let you down. Why not take on someone more idealised or benign? However, I argue that an examination of the fleeting and troubled interactions and affective shifts in the narrated scene reveals that Terry felt that the interaction was not meaningless, but rather, it was experienced as being quite meaningful.

**Attunement and Survival**

Benjamin sees failure to survive in putative retaliation or failure to react; through such behaviours as aggression or absence (withdrawal of affectivity and warmth) (Benjamin, 1998, p. 91), or in a breakdown of relating (apathy or indifference). Terry certainly saw a great deal of retaliation in his early remembered life. He was subject to severe violence and witnessed some horrific violence. He also was neglected and left at the mercy of his own needs and loneliness. However, of all his childhood experiences he also values a moment that he narrates as a betrayal, an empathic failure, which overtly looks like a failure to survive on the part of his friend Eric, but it was a moment that was to be identified with for a significant number of years. Thus it seems it was more experienced unconsciously as survival rather than retaliation.
What then would lead this to be experienced as survival? In the narrative Terry speaks of the “picture on his [Eric’s] face”. Pictures convey meaning and stories. In contrast to Terry who was regularly swept into the scene of violence but could not observe himself, it was Eric who was able to “show him” [Therapist’s words, session 2] “a picture” [Terry's words] of the horror of his life. But rather than defend against such a picture with panic, mindless identifications, Terry was vitalised by this picture. He pursued Eric as he fled, screaming for him to “turn back”.

I interpret that Terry developed a sense that Eric understood what was occurring in Terry’s household, but Eric then reacted in a way that the household did not usually react. Benjamin named such a reaction as attunement (after Stern (2003)) which she characterised as “responding in another medium” (1995, p. 34) that has the effect of translating and interpreting one’s experience of the other from one domain into another. This interpretation has the effect of communicating both a recognition of the other while also resisting absolutely identifying with the other, the dialectical simultaneity that creates the Other. I will outline Stern’s description of attunement to illustrate this basic tension.

**Attuned relatedness**

Stern describes affective attunement as a vital process that is “a recasting, a restatement of a subjective state” (2003, p. 161) of the other. Stern identified six elements of attunement; the absolute intensity (the intensity of expression matches in the same of different modality the expression of the other); intensity contour (“the changes in intensity over time are matched”); temporal beat (a regular pulsation in time is matched); rhythm (a pattern of pulsations of unequal stress is matched); duration (a behavioural
time span is matched); and shape (an abstracted aspect of the others behaviour is matched in a different act)(2003, p. 146).

In the interaction described above between Eric and Terry, which as described, was actually between Eric and Terry and his parents, there are a number of elements of Stern’s types of attunement. In terms of ‘absolute intensity’, Eric is described as reacting to the sight of Terry’s mother “bleeding up the hallway” when he “took off like a lightning bolt”. There seems a match in intensity between the intensity of violence between the wounded mother and the assaulting father and the instantaneous reactivity of Eric’s feet. Similarly Terry ran after Eric: “And I ran ran with him and he went out the back gate and I screamed my head at him” and they seemed to have a similar intensity and ‘contour of intensity’ of affects while running. The duration of the running and yelling appear to have been the same for both boys. And finally, which seemed so important to Terry, he seemed to experience Eric as attuning to his parent’s violence through the shape of his response, specifically with his facial reaction. Stern stressed that shape attunement was an action that took one expression and abstracted it into another expression. Eric witnessed the severe violence of Terry’s home life and in the moment, his face showed a picture; it told a story. So these elements seem a complex set of shifting interactions where Eric witnessed violence and reacted in an apparently automatic but affectively lively manner. He was not numb or frozen and so too, Terry also remembers being affectively lively.

However, one could argue that if the narrative stopped at this point that it would not be a narrative of attunement but more akin to a complementary identification in Ferenczi’s terms (1933(1950)). Eric reacted to the scene and his actions were largely in reaction to a
powerful scene of perpetrated violence. However the ensuing action appeared qualitatively different from a complementary identification. Eric’s later reaction was not one that was subjectively ideal for Terry. For his purposes Terry appeared to want someone who would stay with him, who would not tell of his home life; a concordant identification. But Eric was not particularly empathic to the needs of Terry. Eric’s survival is only significant when compared to the context of Terry’s abusive childhood, as Eric survived for himself rather than Terry, and his reaction was a mere scrap of attunement. Eric reacted as a scared child and spoke of the event to his parents and to the other kids at school, he was not silenced by it unlike Terry; “And no kids talked to me at all then. That was a bad thing he done he shouldn’t have told the kids that”. It was consciously felt by Terry to be retaliation and a humiliation.

Eric reacted in a way that delineated himself from Terry. He was not an object that was to be omnipotently controlled by Terry in the way that Terry’s parent’s controlled him, rather, he enacted a response of his own. Benjamin refers to this as a “negation in Hegel’s sense” (1995, p. 39). The forcing of his own response was based upon an attunement, but it was not an empathic outcome for Terry, in fact he narrates it as a betrayal. However following the attuned encounter with Eric, Eric became an important figure in Terry’s life, a constant companion: “I used to talk to Eric underneath the house. I think I took on Eric from the school kid. Cause he was the only friend I had at school but he disappointed me, like I told what he done. Supposed he disappointed me so much I took him on as an imaginary friend”.

Simultaneity means that such denials as Eric’s, that resulted from a recasting of an affective identification, can become a positive intervention in the traumatic life of others,
such as Terry. ‘Intervening’ breaks up the absolute nature of traumatic identifications and counter identifications; “only the concrete outside other can break up the closed energy system, only the other who can be moved but not coerced by us can take on some of what is too much for the self to bear” (Benjamin, 1998, pp. 91-92). Terry’s household was dominated by violence and Terry’s was unable to speak of it or escape it. After Eric came and left in a horrified state, Terry remembers being able to wonder why his parents did what they did: “Why mum and dad excuse what they done. Why I get locked up in the cupboard. Why do I get belted,” and he felt that he could speak with his new imaginary friend, Eric, about these things. He was able to maintain an image of someone who through being real (simultaneously the same but separate) could help him bear the unbearable.

However Winnicott also stressed that such a moment where it is discovered that objects survive destruction, leads to “the object is in fantasy always being destroyed. This quality of ‘always being destroyed’ makes the reality of the surviving object felt as such, strengthens the feeling tone, and contributes to object-constancy” (D. W. Winnicott, 1971e, p. 93). Thus recognition and destruction needs to be a recurring act rather than a one off act. So without repeated experiences of destruction with Eric, the concept of Eric as separate began to emerge for Terry, but it was not established where Terry could “use objects” (D. W. Winnicott, 1971e, p. 93). Winnicott’s ideas around survival hold together both Terry’s impaired reality testing and reflective functioning, and also his consciously felt need for real human contact. An imaginary friend could be more real and comforting to Terry than his parents; he could find water in his desert, that is, his self could be nourished and expanded with “other-than-me substance” (D. W. Winnicott, 1971e, p. 94). But in returning to hope, I saw it manifest itself in momentary connectedness, something
that could be held in mind and built upon. The denial of Terry was helpful to Terry not just because it bought Eric into view as being real, but also because the denial did not escalate the destruction; his friend Eric survived by reacting in a way that was relatively contained to Terry. Eric was able to demonstrate he understood what had occurred at Terry’s home (which contained the denial) and Terry then seemed able to identify with this reflective function ability, and start to question his experiences and identify himself as being separate to his experience.

In summary, it is whilst recognising the object through attuned identifications that the subject is simultaneously trying to destroy these identifications with the Other. That is, it is only through pushing up against our objects that we can ascertain whether or not they are merely a house of cards of our construction. When the object does not collapse, we have reliably used our destructiveness to establish the illusory nature of our fantasies, and the realness of the Other, then meaning exchange can be established between the subject and the Other; “[w]hile I am loving you I am all the time destroying you in (unconscious) Fantasy” (D. W. Winnicott, 1971e, p. 90). It is through the Other separate-yet-similar intervening (through survival) that breaks into the intra-psychic loops of fantasy (which are functionally static) bringing with it, the essence of hope; a space in which one can relate and take in other than me substances which can be experienced and used. But in pushing up against the Other, we are also given the responsibility of being ‘the surviving Other’ for those with whom we relate. As Plato suggested, “self expression is inseparable from self-control” (Howard, 2000, p. 24).
In the next chapter I will extend the discussion of the necessity of the Other for self discovery and knowledge, through a discussion of the psychotherapeutic use of witnessing.
Chapter 8 - Finding a Witness; Finding Oneself

In this chapter I will conduct a discussion of witnessing in which I will argue that witnessing is a relational process, which is in itself, is a method for transforming the singularity of trauma experiences. I will return to and develop the argument I developed in Chapter 6, *The Absent Witness*: that in trauma, the self and self experience is disrupted at an ontological level. That is, the basic assumptions about the self-in-relation-with-the-world are disrupted or never properly established. As such, witnessing one’s self experience to the self or the Other is precluded by the singularity of the survivor’s state of mind. In this section on witnessing, I will first argue that recurrently the therapist is also subject to the mindlessness and singularity of the survivor’s trauma experience, and explore how aspects of the therapy relationship provide hopeful avenues out of the traumatic singularity. These aspects will include the survivor’s contributions to the establishment of a holding space; the survivor accepting a good enough therapist presence; the use of new language constructions with the therapist to break the entrapment of enactment; and the acceptance of the relationship with the therapist, which can potentially further unsettle the already disturbed self. I will argue that through attesting to another, the survivor endeavours to find a greater meaning about their trauma experiences, meaning which is beneficial beyond themselves. I thus will be arguing that the survivor attesting to their traumatic past with another is an extraordinarily hopeful act, as it is a consciously engaged method of producing the movement to relate, for the self and the Other.
Witnessing Shock

“[T]hose who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides. It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement and remembering (Herman, 1992, pp. 1-2).

As Herman emphasises, and as I explored earlier in Chapter 6, The Absent Witness, to bring dissociated events into a relational and understandable format, the trauma survivor requires a witness who is consciously present; one who does not turn away but rather one who can hear the story of the survivor. This hearing as explored in Creative Destructiveness is more than listening. To truly realise the implications of the experiences of another, to be able to empathise and attune with them, one must let the story of the other resonate within them. As Felman commented, psychoanalysis is intrinsically a relational process: “Freud create[d] the revolutionized clinical dimension of the psychoanalytic dialogue, an unprecedented kind of dialogue in which the doctor’s testimony does not substitute itself for the patient’s testimony, but resonates with it, because, as Freud discovers, it takes two to witness the unconscious.” (1992, p. 15). That is, ideally, both the survivor and the therapist hold the survivor’s traumatic experiences within and subject the experiences to identification and to their destructiveness, through this, the experiences become personalised and known to both parties.
However, Herman also argues that it is human for the witness when confronted with the shocking nature of trauma to experience an automatic impulse; the urge to turn away and renounce one’s identification with, and knowledge of, the other’s suffering. The witness’ first contact with singular and un-relational experiences is potentially a concordant experience within the witness; an initial reaction of self protection through withdrawal and turning away, in order to avoid identifying. The witness is subject to the destruction of trauma in the moment where they may not be present for themselves or for the client. O’Brien eloquently describes such ‘shutting off’ in his writings about his experiences as a soldier in Vietnam:

“When a booby trap explodes, you close your eyes and duck and float outside yourself. When a guy dies, like Curt Lemon, you look away and then look back for a moment and then look away again. The pictures get jumbled; you tend to miss a lot. And then afterward, when you go to tell about it, there is always that surreal seemingness, which makes the story seem untrue, but which in fact represents the hard and exact truth as it seemed” (O’Brien, 1990, pp. 70-71).

When witnessing as therapists we are not faced with booby traps, guns, blood or the extremes of violence, but we are faced with our own identifications with the fragmented stories of trauma where through constructions and identification, we start to “partially experience [the] trauma” (Laub, 1992, p. 57) within us as we “fill in” (Gerald M. Edelman, 2004, p. 120) and “reconstitute...[trauma stories] in one's own imagery” (Caruth, 1995, p. 144) using the experiences of one’s own Gadamerian horizon. These partial
identifications can cause us to recoil and want to look away. For example, Lifton
chronicled many of the actions of the Nazi doctors, through interviews with both
survivors and the Nazi doctors themselves. In an interview with Cathy Caruth, Lifton
recalled that during the interview processes he suffered Herman’s dilemma. As he began
to identify with the Holocaust victims’ experiences, he started to dream that he was in a
concentration camp with his wife and children. He said that such dreams gave him more
of an understanding of the defensive urges felt by witnesses, those which impel the
witness to exclude and negate the trauma histories of survivors (Caruth, 1995, pp. 144-
145).

Pearlman and Saakvitne feel that it is inevitable that the empathically engaged trauma
witnesses will react to some narratives with “shock” and “disgust” (1995, p. 298). Recent
research on anxiety and disgust, found that “while fear and disgust both motivate
withdrawal, they may do so for different reasons. Fear-motivated avoidance protects the
person from perceived danger, while disgust-motivated avoidance may be more often
linked to sensation or imagery” (Woody & Teachman, 2000, p. 293). Additionally, the idea
of disgust has recently relationally developed from Freud’s original formulation of it being
a defense against unacceptable thoughts (S. Freud, 1905(1953), p. 151), to a more
prominent interpersonal position of gatekeeper of the psyche; where disgust guards the
self against noxious identifications whilst maintaining one’s otherness orientation (S. B.
Miller, 2004).

Thus in witnessing, we do not always survive in the moment, in the Winnicott sense.
Rather we turn away and duck through defensiveness or a failure of defense, which I will
explore below, illustrating with case examples. While it is a false dichotomy to delineate
between defensive reactions and dissociation, for the sake of clarity of argument I will
delineate between the two, in order to draw out different aspects of the absence of the
witness for the survivor. I will first discuss defensiveness in the witness and illustrate it
with an extract from Janine.

**Fact Finding: The Defended Witness**

In Janine’s initial session, she opened the session by saying that she had recently lost her
sister to cystic fibrosis. Immediately following this, Janine disclosed that she was feeling
suicidal which led her to describe a family history of completed suicides. The extract
below is without truncation and begins approximately 50 seconds into the first interview:

**Janine Extract 14**

Janine: Yes. So it’s brought up a lot of stuff, heaps and heaps of stuff.
Therapist: So how have you been feeling of late?
Janine: Not good, not good at all. I’ve had like thoughts of suicidal thoughts and all that
stuff so. I’ve had other losses. My brother-in-law and plus my brother actually
both of them committed suicide.
Therapist: How long ago?
Janine: I think my brother-in-law now is about, I think probably seven years and my
brother has been I think about three years now.
Therapist: And do you know what was going on with them, or...?
Janine: It was all over women.
Therapist: As in breaking up, girlfriends or wives?
Janine: My brother-in-law, it turned out that his wife was having an affair and I think
that just sent him crazy.
Therapist: How old was he?
Janine: He was 32 and my brother was 20. And he had a fight with his girlfriend. I don’t know, they went out and he had a fight with his girlfriend and then that night he hung himself so like I don’t know, that’s all I really know. No one really knows exactly...

Therapist: And your brother-in-law, which side of the family?

Janine: He was my ex-husband’s brother but we were really, really close, like very, very close and he actually shot himself. He actually waited for her to get home and do it in front of her as she walked in the door, so... That’s still like, even though me and his brother haven’t been together for years, like it was a family, you know because we’ve got kids of course so like we’re all...

Therapist: You never really separate from these things do you?

Janine: No.

Therapist: I guess the obvious question is how did it affect you at the time, I mean it must...

Janine: ....when my actually brother-in-law died and my grandfather passed away like a few months later, I actually tried to commit suicide and I spent a few weeks here in the hospital because it actually was a lot, a lot, lot, and I couldn’t deal with it

Therapist: This was after your grandfather and your brother-in-law?

Janine: Yes and there was just other things going on at home and I’d separated from my, well, I was fighting custody for one of my, like for my daughter and it was just like all one big mess at that stage and I think everything just got on top of me

Therapist: And how long ago was that?

Janine: Probably about, say six years ago, I think it was..... I haven’t really had that many thoughts, like every, I don’t know a couple of times over the years I’ve had that little thing but lately since Kim passed away I’ve just, it’s been...

Therapist: Been really strong again?

Janine: Yes, it’s brought up all the old stuff again
I would characterise my responses with Janine as being mechanical, distant and (pseudo-)factual in form (Janine: .....that night he hung himself.....Therapist: And your brother-in-law, which side of the family?). Whilst the transcript overtly reflects me as distant and ‘factual’, in contrast I recall feeling swamped and disorientated by Janine’s narration. Laub positioned the witness’ preoccupation with facts as being a defensive “[foreclosure....through an obsession with fact finding; an absorbing interest in the factual details of the account which serve to circumvent the human experience” (1992, p. 72). Laub also cites other defensive reactions in the witness including:

- First, a “sense of total paralysis, brought about by the threat of flooding by the fear of merger with the atrocities being recounted.” Second, a “sense of outrage and of anger, unwittingly directed at the victim- the narrator.”
- Third, a “sense of total withdrawal and numbness”. Fourth, a “flood of awe and fear; we endow the survivor with a kind of sanctity, both to pay tribute to him and to keep him at a distance, to avoid the intimacy entailed in knowing”. And last, a “[h]yperemotionality which superficially looks like compassion and caring. The testifier is simply flooded, drowned and lost in the listener’s defensive affectivity” (Laub, 1992, pp. 72-73).

It was difficult for me to take in the extent of trauma in Janine’s life, both past and present, and I was not reacting with empathy but more with an interest in knowable facts “to avoid the intimacy entailed in knowing” (Laub, 1992, p. 72) the ‘unknowable’ emotional facts of her life. My defensive questions reflected a general disorientation and stumbling. In therapy, if the survivor experiences a failure of holding from the therapist, it...
can contribute to the production of uncontained traumatic narratives such as Janine’s above. Herman described this as survivors:

plunging into graphic, detailed descriptions of their traumatic experiences, in the belief that simply pouring out the story will solve all their problems. At the root of this belief is the fantasy of a violent cathartic cure which will get rid of the trauma once and for all. The patient may imagine a kind of sadomasochistic orgy, in which she will scream, cry, vomit, bleed, die, and be reborn cleansed of the trauma (1992, p. 172).

Janine spoke of feeling very bombarded by life experience; “[it] was a lot, a lot, lot, and I couldn’t deal with it” and as Herman described, in her narrative Janine ‘plunged’ into graphic aspects of her trauma experiences within the first minute of her session. She described feeling like she could not contain or live through her life-experiences, and seemingly, I was in a concordant state as therapist and witness, as I was un-containing for her.

**Dissociation: The Absent Witness**

The second aspect of destruction manifesting in the witness which I wish to illustrate is dissociative mindlessness, which as I outlined in the Literature Review I position as a failure of defensive processes; the times when the witness freezes as his or her defenses have failed to contain his experience. I refer again to the case example of Terry’s traumatic re-enactment described in Chapter 6, The Absent Witness (from page 183). In brief, Terry spontaneously began scrubbing my floor and I had knelt down onto the floor with him, to try to reengage him. I tried speaking with him but he did not respond, so I
touched his shoulder and he suddenly moved away from me and looked very frightened, as if I was going to hit him. I believe that in his dissociated state I had become a perpetrator to him and I experienced seeing the look terror on his face. I also froze, and could not say anything and felt helpless. I had to eventually leave the room to regain my thinking, speech, and to get help. In such a state I could be seen as suffering a peritraumatic dissociation (Boulanger, 2005; Caruth, 1995; Fonagy et al., 2002; Josephs, 2003), where I was paralysed after participating in a traumatic enactment, or what Boulanger describes as being caught in a voyeuristic position (2005, p. 26). At such times, the witness’ mind cannot begin to realise the identification with the traumatic occurrence, and the witness’ initial experience of the trauma concordantly reflects aspects of the survivor’s experience; it is partial and absent in form. In other terms, as the therapist I lost my position of witness and was immersed in my human frailty where I enacted a traumatic role into which I had just been swept.

Occurrences of paralysis and mindlessness in the therapist are viewed by a number of authors (Lifton in (Caruth, 1995)); (Boulanger, 2005; Bromberg, 1998; Mitrani, 2002; Pearlman & Saakvitne, 1995; D. B. Stern, 1997) as being, at times, an unavoidable part of the witnessing process, as horrifying and un-thinkable material is not automatically containable. Rather, the understanding and containment of such material only develops gradually out of these moments of powerful absence (Boulanger, 2005, p. 29; Mitrani, 2002).

In returning to Herman’s dilemma, the partiality of the witness’ experience caused by dissociation and defensiveness is only the first aspect of Herman’s formulation: it is the initial urge to look away. In looking away the witness regains a degree of their reflective
function but then they are confronted with the next aspect of Herman’s formulation, the ‘moral’ responsibility to look back to the victim. Thus I argue that in some ways the process of holding and understanding severe deprivation and trauma histories as being like O’Brien’s description of the moments of seeing trauma; from looking, looking away, and then looking back again.

**Looking Back Again; Hope in Using the Other**

Unfortunately for each of the participants in the study the starting points for their therapy discussions were characterised by moments of ‘looking away’ and freezing, for us both. While I find this difficult to acknowledge in myself, it is these confrontations with destruction (which summon the defensiveness or dissociation and the ensuing failure of holding (Boulanger, 2005)) in which the survivor and the witness have an opportunity to find the essence of hope, courage and creativity. That is, it is the witness and the survivor beginning to find some way to talk which acknowledges the destruction and creates a method for moving forward. The survivor and the witness are acting in a hopeful way together when they return to experiences which have initially made them look away.

An illustration of this is again from Janine’s initial session. Later in this session I had tried to contain the session by asking if Janine was a local to the area, however the reverse effect occurred, and she told me more of her traumatic past; the flow of the session picked up as if we were again being swept along in a fast current of water from which neither of us could escape. Towards the end of session, after Janine had told me a great deal about herself in a short period of time, I asked her what it was like to have talked in the therapy session:
Janine Extract 15

Therapist: How have you found talking here today?

Janine: Oh all right. I feel like I’m talking about someone else, I do. Like I’m really sooky. I could go ahead and I’d probably cry which probably would be a big thing for me. But I feel like I’m, like I’m talking about someone else.

Therapist: So you’re a bit removed from all of it. You’ve given me the facts of it all.

Janine: Yes, it’s like, you’re here and I’m not there, but I am.

Therapist: Are you generally like that with your feelings about yourself; that you can be a bit factual or you never usually talk about yourself anyway.

Janine: No, I don’t talk about myself a lot, I don’t think. Well to my close friend I say a couple of little things but I don’t say a lot. I don’t, like I try not to let people, because I don’t think it’s fair to be dumping problems on everyone else….I just thought that before like I’ve dumped all this stuff on you straight away and I think well...

Therapist: Well, I did ask you.

Janine: I know.

Largely I was still looking away and unable to empathise with all of her feelings or acknowledge my own; Janine spoke of feeling both sooky and of being removed and I only reflected upon the overt nature of her speech, of being removed which is likely to be the aspect of experience we were both sharing (Janine: I’d probably cry which probably would be a big thing for me. But I feel like I’m, like I’m talking about someone else. Therapist: So you’re a bit removed from all of it. You’ve given me the facts of it all). Whilst this intellectualised state is far from ideal on the part of the therapist, it is the psychic material that the therapist must attempt to digest through trying to ‘glimpse’, ‘grasp’ and ‘re-evaluate’ the experience (Boulanger, 2005, pp. 28-29). These attempts of transformation of “the disorganizing beta elements ...into alpha elements” (Boulanger,
2005, p. 29) are a starting point for the emergence of a nascent “creation of a shared ‘potential space’” (Bromberg, 1998, p. 15). Whilst such moments are not necessarily hopeful, what is hopeful are the conscious efforts applied in returning to the exploration of frightening material where the dyad increases the complexity of expression and understanding. What is required is to be curious where the dyad has “an acceptance of uncertainty [and new]…constructions” (D. B. Stern, 1997, p. 78). To be curious enough to formulate traumatic material in the face of dissociation is quite an achievement. That is, for Janine to return to traumatic material and ask me to listen to it again when it has clearly undone our states of consciousness the first time is an onerous task. To “have” a witness in this way (Levine, 2004) is very uncertain territory as it requires Janine to find space in the mind of the witness despite being unaccustomed to using the minds of others to hold such ‘bad’ material. I believe I saw this hopeful behaviour in Janine as she was later able to speak of feeling suicidal in a very different way as illustrated below.

In Janine’s 6th session she elaborated on her previous suicide attempt (referred to above) and the state of mind which she experienced after it:

**Janine Extract 16**

Janine: Can I tell you this, right?

Therapist: Mmmm.

Janine: I know this isn’t going to… Now this might sound weird right…. When I had the overdose and I sort of come out of it, it was like I was empty inside, even though I probably knew I had, still the problems were there, I was like I had, there was nothing inside, right. I had like, it didn’t feel like I had no heart or anything, like no, I was like a shell on the outside but I felt good; I had peace like. And I don’t know, sometimes I think that, I don’t know, I know this is stupid but I think, well
maybe if I took something and then I’ll have that peace again, like, but then I
could die, like I know it’s stupid. And I had like peace a month, like a couple of
months sort of like I had no, I was like a shell. It was like, oh well no one can
touch me now. No one can do anything.

Therapist: It was like you cored yourself out somehow.
Janine: Is that weird? Is that normal or? I don’t understand. And I think I could just be
like that and then for a few months I could have peace and then I think that’s
stupid because I didn’t have really peace at all. I know like everything was still
there, it didn’t go away.

Therapist: But at one level it did go away and what you’re talking about is being numbed
and shut down and it all just disappearing.
Janine: It did, it felt good.

Janine’s further developed this overt narrative of wanting to disown her self-experience
(while paradoxically containing and transforming it) in a later session when she again
spoke of these images of suicidality. Janine spoke of a song which she had been listening
to where a singer was expressing themes which she felt to be like her suicidality:

**Janine Extract 17**

Janine: It’s an old song. But I think most of it like, I know that they actually like wanted
to kill themselves and they’ve got all this dreaming like, they say the words like,
there’s no return, you know, like you’re running away from all the pain and that’s
how I think, and that song reminds me of how I’ve been feeling, I just want to
run away from the pain and all this stuff.

Therapist: You can’t blame yourself for wanting to run away from it.
Janine: But it would still go with me.
Therapist: Very unfortunate thing about running away is that you take yourself with you.
Janine: Yeah that’s the thing. I say to myself, if I did that I’d still have it here and then I’d be more lonely cause I’d gone and left them and worried about what they’re do and if they’re making a mess in the house. So that’s stupid, stupid things.

I believe that from my experiences with Janine in the first number of sessions, which were marked with defensiveness and dissociation, she had communicated aspects of her trauma to me, and that it was through experiencing this communication albeit chaotic and ill formed, that facilitated me developing some sense of her inner torment and felt-to-be-“badness” (Fairbairn, 1944(1994), p. 66). Based upon this understanding of her traumatic inner world, I could genuinely communicate an acceptance of her wish ‘for peace at any cost’: “what you’re talking about is being numbed and shut down and it all just disappearing”, after which, Janine rejoined to say that the experience of absence had indeed felt good. Additionally, in the second extract, Janine owned her urge to run away from her feelings and she also articulated a different aspect to the fantasy, the realisation of an isolation which led to a valuing of relatedness: “I’d be more lonely cause I’d gone and left them”. Such a shift is a contrast from the initial session where Janine could not speak coherently about the idea of suicide; through exploring her suicidality she had developed metaphoric ways of representing her sense of mental pressure and her impulses to flee from it.

Her expressions in the transcripts above were hesitant and fresh. They were not free flowing like a well trodden path, rather it felt like she was struggling to find words to speak about something with someone for the first time. As she spoke she seemed to be “creating” or “formulating” (D. B. Stern, 1997, p. 90) her experience. Janine was discovering knowledge about herself as she spoke: “[k]nowledge in the testimony is, in other words, not simply a factual given that is reproduced and replicated by the testifier,
but a genuine advent, an event in its own right” (Laub, 1992, p. 62). In contrast to the initial session where I had been pedantic about facts, in these interchanges I had been able to help form a space for Janine’s feelings to take form. Through her persistence with talking Janine “surprised” (D. W. Winnicott, 1968(1989)-b, p. 299) herself with something mutually constructed from her exploration of anxiety provoking material. Janine worked at telling me in different ways about her experiences, rather than using language in a way that only revealed what she “already” knew (D. B. Stern, 1997, p. 90) from her old horizon. For example, Janine found words to express an intersubjective paradox; her desire to be empty, that is, to withdraw and flee from others and herself, and yet through this expression with another, she simultaneously brought her different self-states close together and owned more of her self-experience (Bromberg, 1998). Janine deepened her understanding of herself through relating her experience to another; she was able to move from a controlling hope where one stays within narrowed-known constructs, into a more uncertain and uncontrollable domain. To make this shift Janine also had to encounter the good-enough.

**The Good Enough**

I laboured and struggled to include the transcripts which graphically illustrate my fumbling and mental falling over. But I felt that they were central to my discussion of witnessing as they are the reality of this style of work. These moments of destruction affect the witness and the survivor where the survivor is required to persist with an imperfect listener. An illustration of the dilemma of speaking to flawed listeners is through a contrasting position. Laub described Holocaust survivors who could not tell their stories of survival and access their own subjectivity, due to an obsessive, doomed hope of finding the perfect listener. These survivors were recurrently disappointed and
dismissive of their potential witnesses as there was “never enough listening or the right listening to articulate the story that cannot be fully captured in thought, memory and speech” (1995, p. 63).

While Bromberg states that the therapist “must learn from his patient how to be a ‘usable’ object for that patient” (1998, p. 210), this also implies that the survivor must find a way of communicating their needs to the witness. This requires of them courage and persistence in order they accept the efforts of the therapist to listen despite their dissociation and defensiveness. Bromberg feels that the therapist drives this process of acceptance through the therapist experiencing and “acknowledg[ing] their own limitations” (1998, p. 211). However, this learning cannot occur without the survivor’s relinquishing the hope of a perfect listener when they discover their listener to be fallible. It is an ambivalent battle between seeking an authentic yet imperfect listener, in contrast to their inner controlling hopes of the perfect listener and with whom they can perfectly express themselves. Thus narrating trauma experience not only confronts the survivor with a task of letting go idealised hopes of the other, but also of communicating the ‘perfect story’ of their trauma and survival.

The form of trauma experience is described by many authors (Boulanger, 2005; Caruth, 1995; Krystal, 1988; Laub, 1992; Laub & Auerhahn, 1993; Terr, 1988; Uyehara, 1997; van der Hart & Brom, 2000; van der Kolk & Fisler, 1995; van der Kolk & McFarlane, 1996) as being beyond expression and words for even the most gifted of orators and writers. For example, Lifton said that Primo Levi, who had appeared to have “mastered” his Holocaust experience in his creation of widely embracing narratives, was left with a “not quite” in his formulation of his experience: a “tragic” lacunae between experience and expression.
Lifton felt that this “haunted” Levi (1995, pp. 134-135) and Lifton wonders about the link between this and Levi’s probable suicide. As I discussed in Chapter 1, *The Introduction*, Grodin (2002) believes that one’s confrontation with the un-sayable brings one to the terrible realisation of the universality of language as the ultimate medium of meaningful human communication and the impossibility at times, of possessing a method with which one can bring the horizon of the other to bear on one’s traumatic experience. The “not quite” (Lifton in (Caruth, 1995, p. 134)) brings with it the realisation of the depths of the vacuous alien oubliette which has been created within the survivor and which continues to exert an isolative presence upon the survivor, particularly as Lifton formulated with Levi, when the survivor comes to put into words for the other what occurred. Thus in bearing witness to one’s trauma experience one can also be confronted with the realisation of the impossibility of finding a language to absolutely communicate the full extent of the experience. In these terms, for the participants in the study to survive constructing their narratives, they had to tolerate and accommodate the partiality, the ‘not quite’ of their stories, in order to experience mutuality in the deeper aspects of themselves.

In this section I have explored the contributions made to the intersubjective space through the survivor reaching out to the witness despite the frailty and humanness of the witness and through their tolerance of the unspeakable in their expressions of their trauma; moments which display their hope in their movements to relate. In this next section I will explore a more perilous and frail state of hope, where the survivor is in a traumatic state where they have little capacity to contribute to relating. Overtly in this state, there seems only to be despair and terror, and yet the survivor expresses hope when they accept the witness’ recognition of their humanness despite their hopelessness.
**Traumatic Re-enactments: Slipping into the Oubliette.**

In chapter *The Absent Witness* and above, I described a moment in my office where Terry dropped to his hands and knees and began spontaneously cleaning my carpeted floor with his bare knuckles. I described my frozen fear when I had ‘become’ Terry’s perpetrator. In my room he was cleaning up blood, and I had been unable to hold him in the present. Rather he had sunken into the lonely world of his abusive past where he felt unreachable to me. Words and Otherness could not hold his past and his trauma spilled out of him in action. I felt that I had missed a moment and he was out of reach. However, there were other times when Terry was slipping into the void of his past and he was able to reach for me and use me to stay present.

This concept of the trauma survivor being in an oubliette of their past traumas relates strongly to my discussion of hope as, in these moments when they are re-experiencing the dominance of their traumatic past, to reach them in their oubliette from the ‘present moment’ feels impossible. It is improbable not only because of the remoteness and encompassing nature of the ‘oubliette’ but also as a result of the identification the survivor has with the oubliette. As Anna Freud argued, those who are “lost” from the parents’ minds become themselves “lost” and “losers” (1953(1998), p. 102). Terry was hard to reach in the oubliette as he merged with it.

Further, for the survivor who is prone to re-experiencing their traumas, to narrate their traumatic experience to another is risking being re-immersed in it. Yet, not speaking leaves them without a mechanism to open up and break up the oubliette. It is this dilemma of otherness which I wish to draw out and illustrate using the Terry’s clinical
material. I will argue that it is a remarkably hopeful act to reach out to the Other when it also risks realising one’s past bringing forth the risk of again contacting the oubliette of trauma.

The following vignette from Terry’s sessions was selected as illustrative as to the momentary shifts in Terry’s Otherness and his abilities to accept the other. Prior to this particular session he had been bombarded for several weeks by flashbacks, dreams and voices in his head. He had been experiencing visual images of his mother hanging by her neck staring ‘hatefully’ down at him. He had been unable to escape these images and gradually he developed the idea to remove someones’ eyes. While it is quite a long piece of transcript, I chose not to truncate it in order to communicate the concrete trapped feelings that were consuming Terry. His sentences were short, directed and without hesitancy and I interpret this as Terry having a grossly narrowed field of consciousness. In this state his focus was on finding a concrete solution to being trapped and isolated with his perpetrating parents. He was swept up in their violent paradigm and felt hated.

**Terry Extract 10**

Terry: I feel like killing someone but I don’t know why.
Therapist: Do you?
Terry: Yeah
Therapist: Anyone in general?
Terry: Not really anyone would do.
Therapist: And have you had this feelings before?
Terry: Yeah its been killin' for a while now. I don’t want to step over the mark.
Therapist: Yeah. You think about doing it?
Terry: Oh yeah, yeah.
Therapist: What do you think about doing?
Terry: Stabbing, cutting their eyes out.
Therapist: There’s a part of you ... you went quiet when you were thinking about it.
Terry: Yeah there’s the complications of just going out and doin’ it. I don’t want to step over that line. I feel like if I do that my dreams will go away. Every time I look at the old man his eyes are looking at me. And me mum’s swingin’ at, swingin’ in the bathroom, her eyes are looking at me.
Therapist: And somehow if you could take someone else’s eyes out it might stop
Terry: Yeah
Therapist: Stop these dreams.
Terry: Yeah
Therapist: How would it stop them? What would make the difference?
Terry: I don’t know it just seems that way.
Therapist: Mmm .And how long’s the idea been with you for now? And how have you stopped yourself from doing that?
Terry: Well I just tell myself: no, no, you can’t do that, its, its, bad, you’re hurting someone else for no reason.
Therapist: Somehow there’s a feeling that....
Terry: It goes back to their eyes looking at me all the time.
Therapist: Your mum and dad’s eyes?
Terry: Aye
Therapist: Your mum and dad’s eyes?
Terry: Yeah, Especially my mums
Therapist: Anyone would do in a sense that you’d put a stop to it.
Terry: Yeah.
Therapist: And have you felt that way with your family.
Terry: Nah that’s out of bounds
Therapist: So there’s this sense that it would make a difference but you’re not sure how it would.

Terry: Yeah I think if I take someone’s eyes out they won’t look at me anymore.

Therapist: Cause like you’re..

Terry: I can’t step over that mark

Therapist: It seems to me when the eyes stare at you, you keep thinking that there trying to tell you something.

Terry: Yeah they’re hatred eyes, evil eyes.

Therapist: But someone you meet on the street mightn’t have evil eyes.

Terry: Yeah it doesn’t matter but, as long as those eyes are out it’s the main thing.

Therapist: So you think you’ll do it?

Terry: I’m getting close

Therapist: Can I help you in some way in not doing it? I wouldn’t want to see you do it. I wouldn’t want to see you do it for some else’s sake and I wouldn’t want to see you do it for your sake. Have you gone out looking to do it.

Terry: Yeah I went out a couple of days ago I went to kings cross and I was going to do it to a bum on the road. But there was too many people walking up and down. He was asleep with cardboard on him. And I said he’s worthless. He can do. But I didn’t I didn’t end up doing it.

Therapist: I’m glad you didn’t.

Terry: Yeah

Therapist: We can all end up on the street ourselves.

Terry: Yeah I know, I’ve gotta get that out of my head....I’ve always been mad I know I have.

Therapist: It feels like a madness when you’ve [inaudible as he spoke over the therapist]

Terry: Madness alright

Therapist: It sounds a bit mad to me

Terry: Yeah
Therapist: Cause I can’t see how cutting someone’s eyes out can stop you dreaming, cause that’s what they are they’re flashbacks.

Terry: I’ve got to keep on saying that to myself.

We had talked for some time about his need to kill and maim someone, and we had spoken through his frame of reference, that is, I had explored how he was experiencing it. I had been able to get him to elaborate on what it felt like to be stared at, and he gave a sense that it was his past experience which was driving him. Ogden described a state of mind in relation to the paranoid-schizoid phase, which seems to describe Terry’s state of mind, where the self exists as an object; a phase of “‘it-ness,’ wherein...[one] is lived by his experience” (Ogden, 1986, p. 42). Terry was being ‘lived’ by his parent’s behaviour, which we were discussing at that time, largely in the present tense. Terry seemed insufferably trapped and cornered into a solution of violence.

However in a moment that did not seem to belong to me, I put it to Terry that he or I could be the bum: “We can all end up on the street ourselves”; that is suggesting that he identified with the bum. He immediately spoke of the “madness” of the scene. After the session when I first reflected upon this interchange I thought that this sudden shift from a concrete narrowed discussion of eyes to a more reflective stance (Fonagy, 1997, p. 692), indicated a “correct interpretation” (Healy 2001; Kernberg, 1994, p. 1193) on my part. But upon further reflection, when I re-focussed on the experience of the interchange, what I recalled as most prominent was feeling both frightened and fascinated by Terry. Consequently I now feel that what was significant for Terry was that I had maintained a human presence; I had entered into Terry’s frightening space with him, and expressed concern for the person whose eyes he had wanted to cut out, for myself as a potential victim, and for Terry. In getting Terry to speak of his experience I was not consciously
seeking his meaning in a therapeutic manner, rather I too was focused on everyone surviving Terry’s murderous solution; but nor did I dissociate. I remained focussed on human concerns of the time, about the safety of myself and others, but it seems also that this occurred without Terry experiencing me as withdrawing my emotional availability from him. As such we shared genuine emotional human interchange (N. Symington, 1986, p. 239). I feel that it was a humanness which reached Terry and which he then reached for, out of the violent abyss. In other terms, I survived Terry’s violent destruction while also recognising Terry’s humanness, which I believe, also enabled him to recognise me as a like but different Other (see also discussion on recognition and survival in Chapter 7, 
Destructiveness and the Created Other, from Page 223).

Before we spoke of this experience, Terry was locked inside his head with his voices and images of his mother hanging, looking down at him “accusingly”. Despite the dominance and familiarity of his parent’s ‘solution’ of violence in his psyche, Terry was able to relinquish this concrete hope and have the experience of another: a “taking in of new thought, affect, perception, or experience – in whatever admixture of reality and fantasy” (Levine, 2004, p. 947). Such ‘having’ is a risk as it involves relinquishing one’s own solution to find the other, when one is already feeling isolated and trapped. Additionally, in such a tortured state of mind which harks back to the cruelty of his parents, where experience was mediated through actions rather than the more developmentally sophisticated language mediation (Levine, 2004, p. 498), to contact another through language is not a reflexive or automatic action, it requires concerted effort from Terry.

To be with the witness, the survivor must have the “courage” to “transgress” (D. B. Stern, 1997, p. 160) their own natural urges to turn away from witnessing their own experience
with another, and face the distress of their past with another. In other terms the movement to relate is an applied effort, where the victim consciously turns to the witness rather than away from them. To stay engaged is where the victim finds an uncertain nourishing hope but hope that requires responsibility and bearing the pain of one’s past rather than cutting it out. It is bearing the impact of knowing one’s past which I wish to next explore, again in relation to this incident with Terry.

The Shame of Witnessing

When recounting the above incident to me, Terry spoke of his mother’s eyes accusing him. He spoke of various accusations, of being bad, wrong and of having failed her. He felt accused by his parents rather than by himself. In Ogden’s sense the accusations were ‘living him’, and in response to such shameful accusations he was prepared to consider murder.

Terry Extract 11

Terry: The worst past about it is when you see mum swinging and her eyes are looking at ya, oh.

Therapist: There bulging and..

Terry: Bulging, yeah, and her face is all purple

Therapist: And you’re not able to do anything?

Terry: No I can’t do anything at all [we speak in the present tense]

Therapist: And you’re trying to lift her legs and you couldn’t [something he had told me in a previous sessions]

Terry: Couldn’t do, lift at all

Therapist: Mmm. So you think the eyes bulging makes you remember you couldn’t do anything at all.
Terry: I don’t know, I just tried to lift her up and every time she looked at me she had her eyes looking at me like that.

The act of seeing and being seen, was intimately involved in Terry’s memories of the trauma. The internal experience of seeing the assaults (and felt-to-be-murder), the act of seeing and being seen had become represented or equated to the eyes of others. The contents of Terry’s internal world were felt to be concretely represented by aspects of the external worlds (Fonagy, 1997, p. 692): eyes. In Terry’s state of distress he could not find safety from recurrently seeing his parents’ violence and mutilation, and ultimately his mother’s death. The unbearable pain of seeing seems to have become equated to eyes. In equating the homeless “bum’s” eyes with an aspect of his inner experience, an aspect of himself, he was actually unconsciously wishing to cut out his own eyes, to stop the pain of his seeing (as opposed to witnessing), and being seen. Laub and Auerhahn characterise the defense against seeing as being caught between knowing and not knowing. They believe that “the knowledge of trauma is fiercely defended against, for it can be a momentous, threatening, cognitive and affective task, involving an unjaundiced appraisal of events and our own injuries, failures, conflicts and losses” (1993, p. 288). To witness his own history of suffering and deprivation, to put the pieces of his life together or to “remember, that is to re-collect or collect together, survivors must gather together the fragments of the event[s] and create a whole, memory. But bringing the fragments together runs the risk of not only if activating them, but also of perceiving the experience in its entirety, in a fearfully new gestalt or perspective, perhaps for the first time” (Auerhahn & Laub, 1998, pp. 362-363). Terry was caught in the bind of knowing and witnessing his and his family’s suffering and destruction which brought with it intolerable distress and cognitive disturbance, and he found himself again in the oublielette.
When Terry spoke in the present tense of the trauma, he sounded caught in Herman’s dilemma, between being the ‘perpetrator’s silent accomplice’ or the ‘victim’s knowing witness’. Whilst trapped with only his parents he could not meet the accusations that he should have saved his mother. He could see as an adult that he could not have possibly saved her, but in the re-lived experience, he felt that he should have saved her, and that he was a failure for not doing so. Logically it cannot be a choice for a child; it is an impossible bind, as a child did not have the cognitive or physical capacity to make such a choice. However, Terry’s subjective experience of this seems to imply an experience of having faced this choice and feeling a shame from his ‘failure’ in the moments of violence. He refers above to the distress he re-experiences trying, and failing, to lift his mother, and how she stared accusingly at him with bulging eyes.

**Terry Extract 12**

Therapist: Mm...Do you feel that’s kinda what gets you with the eyes, with the anger  
Terry: The anger yeah, the anger of not helpin’ them, not helping mum.  
Therapist: Do you think she’s looking at you angrily?  
Terry: Yeah  
Therapist: Accusing you somehow.  
Terry: Blame, yeah, cause they always used to pick on me. You know what I mean.  
Therapist: Yeah  
Terry: Lock me in the cupboard, chain me to the bed.  
Therapist: Yeah. Somehow you were bad or wrong somehow  
Terry: Yeah like I’d done something wrong....Everything I done was wrong.
In the myth of Oedipus Rex (a foundation stone of psychoanalysis) when Oedipus’ actions are realized by Oedipus and his family (murder of his biological father and incest with his mother), Oedipus called out "Oh, on these eyes shed light no more, ye everlasting skies that know my sin. I have sinned in birth and breath. I have sinned with Woman. I have sinned with Death" (Guerber, 1938, p. 176). When he then finds his wife (whom he has just realised is also his mother) dead, he stabs his own eyes with her brooch to stop seeing the light of day. He accused the sky of knowing his experience and blinds himself to the sky’s light (and its accusations from what it has witnessed). Oedipus felt accused by the sky of sins, that a curse, from the sins of his parents, had led him to.

Terry’s memory of trying to act and failing, and this being ‘seen’ by his mother in his moment of failure sounds an unbearable shame for a child. His desire to save his mother, his need to give her his love was futile, it was not enough to save her and this failure was witnessed by his mother’s accusing eyes. Fairbairn argued that such shame caused the child to feel that they were too bad to be loved (1944(1994), pp. 39-40). As explored in the chapter Identification with the Aggressor, such early relational trauma impinges upon the child at the level of the self, the trauma is not discrete and separate to the self; it is woven into their self states and their object relationships at the level of who they are and how they feel about themselves (Boulanger, 2002). To remember their past is to get in touch with their own shame of themselves, their internal compromises they necessarily made to cope with the abuse of the past (Fairbairn, 1944(1994), p. 110).

**Surviving Badness**

In cases of extreme abuse such as Terry’s, it is also common to be neglected. This neglect is an impingement and fills the inner world of the survivor with badness as Symington
states: “I am pretty sure when you get people who are full of the most awful internal objects, real monsters, inside them, it is their way of representing an absence, because there is no way within the human equipment to produce an image of an absence…..[while] the physical act of abuse, horrifying though it may be, is probably nothing like as bad as what is absent” (2001, pp. 66-67). That is, a space formed by destruction is not empty and waiting to be filled, rather it is already full. Winnicott’s primitive agonies are based upon the notion that when ‘being’ is severely disrupted through impingement, the child falls into the hands of monsters. Symington thus reinforces the point that without an Other there is no subjective psychic life; alone in the darkness of night a child’s space can become filled with demons and threat; from the want of holding. So if you have substantial encounters with ‘absence’ and with ‘real monsters’ in your childhood, then it is plausible that your inner world is doubly filled with monsters. This is an alien internal world that seems without hope that is to be fled, locked up, or cut out.

To relate from the position of such a terrifying inner world recasts contemporary experience through their old traumatic lenses; survivors frequently “tell the story of their traumatization with a mixture of past and present, but their current life is characterised by doubt and humiliation, by feelings of guilt and shame: past meaning schemes determine the interpretation of the present” (van der Kolk & van der Hart, 1995, p. 178). However, despite this tremendous shame that had motivated Terry to pluck out eyes which witnessed his shameful failure, he found a way to tell me of his felt-to-be “wrong” and failing actions. In witnessing, the survivor has to find ways of speak of their past and their re-lived current shame and to use the Other to digest the shame (Haliburn, 2006, p. 112).
In moments I was able to be with Terry in his shame and fear, and he had the courage to speak of his impulses to be a monster and his potential for shameful behaviour. Through speaking he could re-find his ability to relate and his need of the other, despite his powerful shame and the risk of it being ‘stared at’ again. Through contextualising their trauma experiences in their broader life narrative the survivors comes to an “understanding” about how the monsters had come first to inhabit them (Korner, 2005). The monsters are brought out of the oubliette and into the intersubjective space where the survivor’s monsters can become less monstrous. As a witness I had survived encountering Terry’s monsters and we applied our understanding upon them. The intersubjective space is a place of creative-destructiveness that breaks up the oubliette and the indelibility of ‘traumatic facts’ which to date have been dissociatively singular, and unamenable to revision and new learning. The survivor faces a dilemma of accepting or rejecting the witness’ Otherness of understanding. If the survivor accepts, they can encounter a witness who hears the shame of the past, the person’s internalised monsters (Meares, 2000, p. 88), without equating the survivor to their monsters. But to accept is also a dilemma, as to accept such a witness into their internal world is to upset the balances, the beliefs, and negations of self experience which the survivor has had to make in the past in order to survive, and this is a further threat to the self.

Rather than follow the family paradigm of his childhood of putting mental life into action, Terry found a way to tell me of the pain of his past and not act upon it. He chose relating and witnessing, despite his emotional pain, rather than enactment. Through being able to speak of his pain and shame, he transcended the doer-done-to way of being (Benjamin, 2004) of his childhood and used the witness to subject old perpetrating ways of being to
destructiveness. Together, Terry and I found some way of holding his annihilating past in the space between us, and subsequently he did not resort to violence. To accept the experience of an unbalancing Otherness with the witnessing other is a courageous act of hope. Further, Terry used the witness to achieve destructiveness rather than destruction of a previously shameful way of being; the family paradigm of violence. By placing this ‘resistance of perpetration’ in the context of its origins, the family context, it allowed us to discover that he had actually created decency, as he had borne the pain of the past without “repeating it” (S. Freud, 1914(1958), p. 150). Such a discovery bought out a new story of survival and a new reason for speaking of one’s past.

**The Discovery of Lore**

“In Lodz I [Abe Goldman] was given the task of hiding my mother in the attic [after my father was taken away]. After four weeks my mother was emaciated; she was very weak. We had to climb up rope ladders and after a while she couldn’t do it. She came up with a proposition: that I should go on hiding and she would present herself for deportation. I couldn't let my mother go on her own. When we arrived at Auschwitz it was women to one side, men to the other - and in those few precious moments I had with my mother she was able to whisper in my ear: "Abraham, you should do everything humanly possible to survive. And when you do, I want you to tell everybody, wherever you will be, what actually happened, what they have done to us." (Clohesy, 2007, p. 18)

Abe Goldman speaks of a task his mother gifted him in their final moments before they were separated. For Goldman and his mother to individually know what was happening
was wrong did not suffice. Goldman’s mother needed others to know of their fate. She gave him a purpose; a horizon to walk towards for which he should survive; living to testify. Goldberg was charged with the task from his mother to survive to have particular relations with people. She set him the task of seeking witnesses who would not look away, people with eyes and ears but most importantly, minds. He needed knowing witnesses who could recognise the Holocaust and how it had affected him and his mother.

The Oxford Dictionary defines the term “witness” in relation to fourteen different usages and these appear to derive from two main sources, religious and legal. There are a number of dominant themes in the definitions. First, a witness is an individual who attests from their personal experiences or perceptions. Second, the witness attests in order to establish the veracity of facts. Third, the witness speaks to a discerning audience (whom could also be themself), an Other, or a broader formal or informal community. When one also looks at the etymology of ‘witness’, it was formerly used to denote “knowledge, understanding [and] wisdom” (The Oxford English Dictionary. 2nd Ed OED Online., 1989). From this, I take it that to witness requires one to use their subjective perceptions to afford evidence to the narrative of another, and from this process, as with hermeneutics, human meanings are established. A powerful act of such was that of Hannah Arendt’s commentary on Eichmann.

Arendt (1963) wrote a now famous commentary on the trial of Adolf Eichmann, one of the Nazi architects of the ‘final solution’ against the Jews. Eichmann had coordinated the deportation and transportation of the Jews to the concentration camps and gas chambers. Laub argues that work such as Arendt’s, witnesses to the act of witnessing
(1992, p. 58), as she interpreted the evidence of the trial to the wider community. Arendt believed that knowing about the actions of Eichmann and other Nazi’s is of vital importance to more than the Jewish community, as, to Arendt, the actions of the Nazi’s had ramifications for the meaning of humanity and the nature of mankind (1963, pp. 92-93). Arendt thus sees the necessity to place individual traumas in a broader sphere to discover what they mean not just today for the individual, but also tomorrow for mankind.

This too was the case for each of the participants in the study as they each developed ‘understandings’ about their experiences which took them beyond the isolation of trauma, to become witnesses themselves, and through witnessing could create lore for humanity. I will illustrate the participants’ ‘understandings’, starting with Terry.

**The Transformation of Loving and Overflowing Holding**

Above I wrote of discovering with Terry that amidst his murderousness we found something personal and meaningful to him; a sense of decency. We realised in Terry an ability to create something good from what seemed to be nothing. Terry spoke of a similar theme which I explored in the section on *Creative Destructiveness* with regards to his imaginary friend Eric, whom he had created from a scrap of real experience. Below he is describing the importance of love to a child. He describes how he had created love out of dust, and how he gave and received this love. Of note is the variation in his language. As I have noted in other explorations of his narratives, Terry’s speech is usually quite clipped and short, and can be very repetitive. I believe the variation following denotes an effort to communicate the importance of his experience:
Terry Extract 13

Terry: It was, was, the hardest thing to put him away. When I started to grow up, around friends, I couldn’t talk about him anymore, had to let him go, and I cried. Cause I had to let him go.

Therapist: He was a really, really important part of your....

Terry: He was.

Therapist: mental existence, of your daily existence.

Terry: He was beside me all the time when I was young. Without him I ... you gotta do that when you're a kid. If you don’t make up a friend like that you're doomed.

Therapist: So you got to have someone to hold onto. It sounds like you had a real ability to survive, even with nothing, you created something out of nothing. How does it feel when you're telling me about this?

Terry: Sad, emotional. I cried for hours when I had to let him go, to say good bye to him. A necessary change, I thanked him for everything he’d done, but I had to let him go.

Therapist: It sounds tremendously sad hearing it.

Terry: He was a no-body but he was a somebody.

Therapist: Sounds like he was a real foundation of your sanity.

Terry: He was.

Therapist: Even though he wasn’t real. Sounds like having the feeling of a person being with you kept you sane.

Terry: That’s right

Therapist: Even though you knew that people thought it was a bit mad.

Terry: I didn’t care what they thought.

Therapist: Yeah but 15 to 16 is when you had to let him go. But he was really, really, really important.
Terry: Yeah very important. Closest thing I had to, only thing I really loved. You're married are you, kids? Good to have kids, especially when they are little babies, when they fall asleep in your arms, [inaudible] change their nappies, leave that to the wife, they grow up so quickly

Therapist: It sounds like the experience of loving has been a, a tremendous thing because its kept you sane. Kept you together.

Terry: If I didn’t get married and have kids I would have been dead a long time ago. I would have jumped off a bridge. To get so much love back it makes you stronger, you know. It’s day to day, you know.

Therapist: It sounds surprising how loveless your childhood was, how hard your childhood was, that you can love and accept love.

Terry: Oh oh, I rebelled, when I was young, I didn’t want to know anyone, I didn’t get close to me friends and that, I just [inaudible], I didn’t get close to many people. I didn’t like getting close to too many people, I didn’t really want ‘em finding out who I was, you know, how I thought about people.

Terry spoke of the absolute need of the Other and the transformation he experienced from loving. He emphasised most of all that he had had Eric to hold on and to love, but he was not sentimental about it. When I appear to have missed the impact of what he had told me about loving, Terry also told me that the love from others could make him feel that he was bad inside: “I didn’t get close to many people. I didn’t like getting close to too many people, I didn’t really want ‘em finding out who I was, you know, how I thought about people”. When I reviewed the transcript I see I missed at one level what he was telling me. Terry poignantly illustrated Fairbairn’s principle, that it is important that one’s love is genuinely accepted by the other, and this is transformative for the person: “Yeah very important. Closest thing I had to, only thing I really loved”. Terry asked me if I had children and spoke authoritatively of how his caring had kept him alive. He had no
conscious model of loving, yet he found it in himself. I still find this a tremendous aspect of his self that Terry shared with me and a piece of knowledge I feel I can truly attribute to my relationship with Terry.

The second aspect I found so startling in my interactions with Terry was his ability to hold experience. While my initial impression of him was that of a frail and leaky container, as I got to know him, his terrible past, and his current relationships with his wife and children, I realised that he actually was able to hold in much more of his traumatic experience than that which spilled over the top. He demonstrated that one has to imagine and understand what the Other is holding beyond what it is that they cannot.

**On Being Genuinely Oneself**

The second extract is from Angus from a later therapy session. In our earlier sessions Angus had repeatedly and exhaustively told me how aggrieved he felt at his fellow fisherman as he felt that his heroic actions had gone unrecognised. I had tried to empathise with his loss but I had felt bombarded by him and somewhat mechanical in my efforts to connect with him. Like his experience of others around him, I felt I was not reacting from a place of genuine concern. I felt he was trying to drag concern out of me, and recurrently I missed chances to give it to him before he demanded it of me. In contrast, in extract 18 (on page 222) Angus spoke of finding a genuine contact with another fisherman whom he felt could hear him rather than being insincere and giving something that wasn’t genuine. Angus spoke of finding someone with whom he could genuinely relate because of recognition that included both sameness and difference. For Angus to be able to find someone who could stand apart from him and recognise him without then negating him felt very powerful for him. Previously in chapter 7, *Destruction*
and the Created Other (from page 207), I explored how Angus felt negated by Ted’s negativiy, while in this passage he builds on this idea by also naming that he can feel negated through idealisation: “But he doesn’t have to lie and say, Oh, Jesus, you’re brilliant. Oh, Jeez, you’re great. You’re this, you’re that. It’s not what you need to hear”.

Angus’ words are in contrast to his interchanges with Ted where he felt an inauthentic recognition, which appeared to escalate their negative feelings for each other. I feel what Angus taught me was about the importance of being genuinely oneself. For speaking out of a mechanical or theory driven speech as a therapist or witness, sweeps the witness into an enactment of the therapist’s or the other’s dissociated or renounced material (Meares, 2000, pp. 105-106; D. B. Stern, 1997, pp. 248-249) which reinforces the veracity of the destruction which led to the dissociation in the first place. To be oneself introduces automatically a position of difference, which also opens up possibilities of a different vantage point from which to see the other and of a third space between the self and Other (Ogden, 1994) where one can experience the Other. In his own words Angus restated Hegel’s words that without grounding in the self, one cannot give or receive genuine otherness. Angus also restated my thesis that through letting go of controlling hopes one can feel hope. Through relinquished being able to control the other Angus seemed more in touch with feeling hope and found a more genuine Other.

We are What We Eat.

Janine recurrently spoke of how she compulsively identified with negative experience and how she took into herself. As an example the following powerfully illustrates her struggle to stay separate from other-generated badness.
Janine Extract 18

Janine: It’s so messy, when’s this all going to stop, this is like it’s out of control. I mean like we had trouble and then like we can go for months and nothing will happen and everything’s like this has happened, it’s just been one drama... It’s not stopping. I mean, like it’s just one drama after another one. One of my brother’s is sick or one of them’s having a nervous breakdown over Kim and then he’s fine like and... It’s just, I don’t know, it’s just one big mess. I felt a bit angry at Kim this morning and said, why did you die, this wouldn’t have happened. But it would have happened anyway, like it’s not, it’s not her fault. And I’ve got this TV Week and had to go to the cupboard looking for something and I picked it up and I threw it back in there cause it’s the story about the other boy having the transplant and I thought, oh don’t sit there dwelling on this and I just like walked out the house. Cause I had to do public transport today so I thought I’m not sitting round there. So I just went and sat at the bus stop just to get out of the house a bit early cause I didn’t want to sit there dwelling on stuff and looking at a picture or something...I thought I got better the last couple of weeks cause I started to sleep a little bit and I was even a bit better and now like all this week I’m ..........again, I’m not sleeping...I was thinking this morning too, is it my fault that they turned out like that and then I thought well what did I do, I didn’t really do anything to them. I never drank and did drugs, I was never out, I was still at home. I mean they come from mum and all that and that’s what I was trying to tell myself like they were with mum years before I got them so part of me’s telling myself don’t put the blame on me because like I did the best that I could for them too, cause I had two little ones as well. And like Tracey took off and got pregnant, I cried so much for them and how she started to... Like she took off and all that for all those months. But then part of me thinks, jeez is it my fault, so I’m sort of like stuck in the middle, they look at me and they think I didn’t do
the right thing by them. I don’t know. I wish they’d blame someone else. I know, they don’t seem to blame mum.

In the above transcript, Janine described her struggle to see herself as something other than bad. If she did not consciously repel the bad it seemed to feel as though it was drawn into her. What I learnt so powerfully from Janine was how she dealt with the bad experience with others: Janine had started to realise that despite finding the bad almost unbearable and poisonous, she could automatically take it in nonetheless. Through meeting and speaking I felt that she began to realise this capacity to take in the bad and saw its roots in her childhood (as explored in the chapter 5, *Hope from Traumatically Identifying*, from page 129). I felt that she spoke powerfully about how children who are treated badly identify with this experience and become bad on the inside and it becomes their lived reality. To me her narratives reinforced the significance of the theorising (Benjamin, 1995, 1998, 2004; Fairbairn, 1946(1994); Fonagy, 1999; Fonagy et al., 2002; Fonagy et al., 2007; D. N. Stern, 2003; D. W. Winnicott, 1960(1965)-b, 1964, 1971b, 1971e) I discussed in earlier chapters (in Chapter 2, *The Literature Review* and Chapter 5, *Hope from Traumatically Identifying*) which underscore the necessity for a child to experience loving and attuned parenting.

**Creating Wisdom and the Need for Lore**

Through the participants’ abilities to hold onto diminishing, consciousness-destroying past events, they made the creation of intersubjective experience possible. By sufficiently holding back their trauma experiences it became possible that the survivor could, through language, find ways to communicate with the listener (and resist the re-enacting of events which had previously harmed them). More specifically, because the participants
used the universal medium of language to communicate, and in rendering transmittable
the previously unrealisable aspects of themselves, they were able to take possession of
what Gadamer saw as the objectifying nature of language (Palmer, 1969, p. 205) to
realise the ‘facts’ derived from their experiences. That is, by drawing upon the cultural
medium of language, witnessing draws upon the history of the use of language while also
discovering new ways of using this language: so the ideas the participants discovered (the
importance of love and a playful space for children; the need to be genuine with each
other and; of the lasting ill effects of abuse and neglect) drew upon our current cultural
understandings but in a new way. Thus witnessing creates personal narratives which have
broader ramifications than just for themselves: each of the participants created culturally
salient narratives from their “judgements” about the “knowledge” they developed about
their traumatic “experiences”, and these aspects (experience, knowledge and ‘good’
judgement) are the fundamental aspects of The Oxford Dictionary of English (2005)
definition of “wisdom”. Further, it is a wisdom that is of relevance for the health and
wellbeing of our societies.

Coming to the realisation that one possesses knowledge relevant to humanity also brings
forth the tension around recognition expressed by Goldman’s mother and Arendt;
knowing or being wise is not sufficient, one also needs to create lore from wisdom.
Valuable knowledge concerning the individuals in our societies needs to be
communicated and recognised through the function of lore: the transmission of
sustaining cultural traditions and wisdoms (The Oxford English Dictionary. 2nd Ed OED
Online., 1989). I believe that this ‘need’ to live out learning is also explicit in the work of
Gadamer, and in the intersubjective and relational psychoanalysts; ideas and knowledge
is only of value to humanity when it is lived out between individuals.
I stated at the outset of the thesis that hope is found in the movement to relate, to strive to find the genuine Other and the self. To painfully come to the realisation from one’s dire past experience that one has valuable wisdom for humanity is a precious aspect of relating. The survivor is able to attest to facts about humanity and have something that is genuinely theirs, albeit harshly borne and frighteningly discovered. From within an isolated and frighteningly overwhelming experience the survivor can create something that is genuinely worth knowing, which is truly a hopeful object for the self and the Other.
Chapter 9: Conclusion

In finishing the thesis I will first draw together a number of salient points about hope and the movement to relate expressed by survivors of trauma, before conducting a brief critique of some aspects of the research and conclude with a number of comments about the implications of this research for future research.

Research Findings: A Conclusion

In concluding, I conceptualise four broad themes expressed in this thesis which I will detail in the section below. First, that hope is found in the space created through relatedness. Second, in the face of violence from attachment figures, children are impelled to extraordinary lengths to maintain some semblance of a relationship through which they can feel that they are loved and cared about. However, such adaptations are costly to the child as they generally cause gross distortions and impoverishments to the child’s sense of self, and to their capacities to feel hope. Third, the contemporary effects of childhood trauma can leave the survivor impaired in their ability to experience different self states, and as such they have diminished relations with less fluidity and flexibility in and between their self states. To then be with an Other in a contained manner is a remarkable and hopeful feat. Fourth, attesting to one’s traumatic experience requires the survivor to ‘find their own voice’, in order that they transform a perpetrated event from the ‘singularity’ of the perpetrators actions, into personalised meaning, which can be communicated to others through the universality of language. Such personalised narratives of trauma, suffering and survival contain valuable lessons for humanity, but these are stories that are not readily constructed or heard, yet they are nonetheless exceedingly meaningful for the individual in society. In constructing such ‘lore’ the
survivor creates a hopeful orientation to the world, as their story contains a potential personalised lesson for humanity should they be able to recognise it.

**Hope Is Found In Relational Spaces**

In this thesis I have argued that hope is found through relationality which in itself is a basic human need. In positioning hope as being constituted in the shifting space between subjects, it is imbued with a strong dynamic character; Winnicott, and later Benjamin and Ogden, characterised the space between self and other as being created through both identifying with the Other and through an ability to metaphorically negate the Other; to recast the experience in one’s own light. Gadamer’s work described this from another perspective. He held that understanding the Other is reliant on an awareness of the limits of one’s own view, from an awareness that one can only see the horizon, not the world. Through the participation in the tasks of living we can engage in playful dialogue with the Other, it is here where we have the opportunity to encounter and take in the Other’s view of the world. Further, our own horizon moves with us, and we never ‘establish’ a view of the self or Other; rather, we are always developing capacities to dynamically conceive of the Other.

The capacity to conceive of the Other as a different-yet-similar subject brings with it a view not just of the Other but also the self. Such a capacity can allow us to survive the negation of Others and yet still conceive the Other, and oneself, as subjects. Thus, even when we have not survived for an Other (such as when we withdraw or act aggressively), the subject can still maintain a reflective consciousness where we are represented as a subject in advance of us acting as such. In this way we can maintain a more stable sense of hope. In chapter 7, *Destructiveness and the Created Other*, I argued, drawing on the
narratives of Angus, the necessity of subjects using the capacity to conceive of the Other in order that we survive for each other; so as to take the destruction out of destructiveness. Without such, surviving the ordinary push and shove of relating can quickly take a nihilistic and hope destroying turn.

While Angus’ story dramatically conveys the notion of survival and destruction it was far from unusual. At one level, prior to the shooting, Angus’ wrestles for recognition with Ted were timeless wrestles in which we all engage, ones in which we approach hope from the position of ‘espoir’ (the hope I described in chapter 3, A Concept of Hope which I characterised as being a hope concerned with doing, acquiring and controlling). While we need to acquire and be productive to live in the world, it is a form of hope which left unchecked tends toward omnipotent control. It can become a hoping for outcomes based on our own prejudice of our horizon which is mistaken for a world view. When we exclude the Other’s horizon in such a manner, we are asking other dragons to turn off their fiery breath, whilst not seeing the fire in our own. That is, we project our aggressive, abject, undesirable aspects of ourselves into our objects (as opposed to intersubjectively constructed Others) and remain insightless to our own disowned self states. I argue that we can all struggle to recognise, let alone tolerate, our own renounced behaviour which we are all capable of disowning and projecting into others; I certainly struggle to remain open to the possibility that I am as revolting as the person I don’t like. But without such an awareness of our own limiting and diminishing behaviours, we also negate our own self experience. As the work of Jessica Benjamin saliently conveys, we are constantly working against recognising our self experience through denial, splitting, and projection, and in so doing, we diminish our espérance: hope in the singular, where we are able to be nourished and replenished by intersubjective contact.
**Finding love: The Pig’s Ear**

I argued from the therapy narratives of Terry and Janine that in traumatic circumstances children survive the harshness of the traumatic parenting, in part, through re-orientating themselves towards the bad experience in order that they feel loved. The work of Ferenczi and Fairbairn is invaluable in understanding how the scant love is found; the child behaviourally shadows and internally detoxifies the perpetrator. The victim’s actions are based upon the actions of the perpetrator; they move in the shadow of the perpetrator. The victim, in having their actions determined by the perpetrator, has a shadow which is the darker aspect of the perpetrator, cast into them. The effect is that the victim’s self becomes arrogated and absent, but at the same time, imbued with the bad of the ‘relationship’. While Fairbairn and Ferenczi differ in the subtleties of the functions of the holding of the bad, the main message from them is that bad experience is forced upon the victim. The notion of ‘victimhood’ is that it is impossible to stay separate or refuse as the self has been swamped. The reorientation the victimised child performs in relation to the perpetrator occurs when the child unconsciously interprets the parental harshness as a reaction to the child’s badness (which has been internalised from the shadow) and comes to feel loved through the ‘appropriateness’ of the punishment; the child makes a silk purse from a sow’s ear, but it is mostly still an empty purse. Hope found in swallowing the bad, is perpetrator based, and as such is shadowy, momentary, and easily diminished. Yet these survival identifications are neither completely blind nor absolute.

Each of the study participants expressed a potential and a desire to identify beyond the shadow of their perpetrators. At one level, both Terry and Janine explicitly described
being troubled by moments of identification with their siblings or parents in the scene of perpetration. In these troubled identifications they were emotionally enlivened and moved to step out from the shadow of the perpetrator to protect and care for others. The participant’s accounts and those in the literature suggest that while the victim is traumatically forced into the dissolution and isolation of dissociation, it can be different when the trauma involves a third. When the subject moves from the position of victim to witness, their subjective distress can increase even further, which impels him or her out of the mindless abyss of dissociation. Both Terry and Janine described intervening in the violence directed towards others as they had found it impossible to remain numb and watch; they were compelled towards action to protect. I argued that it is overstating their momentary enlivements and their moves to protect as being active ‘choices’. Nevertheless when contrasted with Janine and Terry’s accounts of their passive compliance in the face of violence directed at them, in reacting to intervene, it seems that they did act upon identifications which placed emotional survival ahead of physical survival. But in terms of lived experience, neither could stand by and see the destruction of an Other with whom they may find intersubjectivity and meaning; they could not tolerate to see the destruction of the possibility of hope. Terry and Janine stated that they do not remember feeling hopeful, rather they characterised their emotional experience as terror, confusion and despair. Thus in the times of seeing violence perpetrated against another, children can express hope in their behaviour (rather than subjectivity), in the value placed in the Other through their actions to intervene, and thereby to rank love and care (from either side of the dynamic), over their own physical safety. I believe that the narratives of Terry and Janine describe an intrinsically hopeful behaviour in children, an automatic reaction to preserve someone with whom they can relate and experience hope. It is a grasping at the remnant straws of a scarcely present
humanity in the hope that a potential to relate will remain, that is, that another will remain with whom they might create intersubjectivity. As such, I conceptualise this as the child preserving a potential rather than an actuality of hope, in which the child hopes for hope.

But, outside of the directly perpetrated events, both Terry and Janine were loving towards siblings or imaginary friends, something Terry in particular believed was essential and life saving. Somehow in his childhood, he created a hopeful space which resembled intersubjectivity, and Terry turned a survival need into an actuality.

**Contemporary Effects of Childhood Trauma: Leaky Hope**

I argued in chapter 6, *The Absent Witness*, that trauma is characterised by its mindlessness resulting both from the singularity of dissociation and fright (where the mind is markedly diminished in its ability to be reflective and act upon experience) but also from the disruption and erosion of a human ontology by the perpetrator. That is, meaning is constructed intersubjectively through the push and shove of mutuality; from dialectically recognising the horizon of the other while simultaneously destroying both superseded horizons. Whereas in Winnicott’s terms, the perpetrator does not act as a meaning generating agent, rather he or she annihilates him or herself as a subject as there is scant survival in his/her actions; the perpetrator’s terrifying actions in the moment of perpetration preclude themselves from being ‘created’ as a subject by the victim. Thus in the wake of the perpetrator, the victim is left with these ‘uncreated’ alien objects that are outside the realm of human experience. As these objects were not ‘created’ in the first place, nor can they be destroyed by the mind in order to make them ‘real’. These alien objects do not act in terms of ordinary bounded experience, and
destructively re-emerge to disrupt the fragile consciousness of the survivor, dragging them into the oubliette, the realm of the alien; a fall from the language created-cultural world to Gadamer’s environment (1989, p. 443).

I illustrated the effects of the drag into the oubliette with the ineloquent narratives of the study participants who described the suffering they endured when dissociatively immersed in the oubliette. For example, for a period during the study, Terry’s suffering was so protracted, intense, and beyond self reflection, that he considered mutilating others to stop his suffering. However, it is very important to me that I stress that he did not directly injure anyone when he was again subject to this ‘mad’ unmediated world of “primitive agonies” (D. W. Winnicott, 1963(1989), p. 88). Terry’s ‘past’ did not respect the bounds of time: he recurrently experienced flashbacks of his life 35 years earlier, and when in these states, he ‘was’ there again in the violence and the blood. He would be bombarded by images of his dead mother while hearing his father yelling at him; he was in again the oubliette. And yet, he still clung to the idea of ‘a line’ which he tried not to cross, the line that separated the human world from the environment. He did not act as his parents had, rather he spoke and behaved in such a way that expressed the need to hold back the past in order to keep hold of his relationships with his current family. As such, he found a way to contain the violent pain of the past which could not be contained by time itself.

Terry’s actions were those of a Winnicottian ‘survival’ as he managed (barely) to use the intersubjective human world to hold him rather than escalate the violence of the past that existed within him; he de-escalated the violence of his parents (who were experienced as being present) by using the warmth of his family, and me as a witness, to
maintain his humanness. This survival is the decency of which I spoke of in the preface, the strength and desperate efforts that are required from survivors for them to be able to hold back the destruction that inhabits them and not act upon it. The efforts I observe in survivors like Terry are beyond automatic identifications or a diminishment of the ability to reflect. Rather, these are the times when their minds are already impaired and diminished, and yet they still manage to hold onto their ideals for humanity in the choices they actively make; finding warmth and comfort in relations and; maintaining their interpersonal ethics and a sense of common decency.

In a less momentary way, Janine also made similar efforts in the way she raised her children. While Janine couldn’t locate the badness of her childhood as predominately outside of herself, she did however express her views of the toxicity of the mothering she received in her actions and the living out of her intentions. She overtly placed great worth in parenting and spoke of how she had tried to be a ‘good mother’ through ‘clean living’, being reliable, and a good provider. I frame such ‘not-quite’ narratives as being the emergence of witnessing, meaning and hope. While these emergent narratives can also maintain traumatic identifications with perpetrating parents (as they still display a denial of, or an inability to, attest to the traumatising actions of their parents), they do however, attest to it with their hands, actions and choices. Hope is expressed in trying to be different, different to the traumatic reference point of their childhoods. By overtly being different there is an emergence of a meaningful attesting, even if, not quite consciously acknowledged or formulated.

Thus from the understanding of an individuals’ context (the history of the development of their horizon) one can begin to see that an individual may have contained the actions and
pressures of trauma to find the subtleties of parenting and relating. In such contexts one comes to see the investments survivors have made to hold in traumatic actions, in order to create spaces in which their children and partners can play and have lives different to their own. Thus the movement to relate is greatly expressed in the survivor’s investments in holding back their sea of trauma in order those in their current lives are not swamped by it. That is, despite what we would predict from theory which I discussed particularly in Chapter 5: *Hope from Traumatically Identifying* and in Chapter 6: *The Absent Witness*, that the survivors of severe childhood trauma would be blind to those around them, I observed that survivors do not always blindly re-enact their automatic trauma scripts. Rather, at times they painfully remember so as they do not destructively repeat their pasts. Such remembering and holding actions are anxiety provoking for the survivor as they are leaky and fragile; thus hope is greatly expressed in the survivor’s pain and choices but is not necessarily subjectively experienced in the moment.

**Societal Witnessing: The Imperative to Know**

I concluded in chapter 8, *Finding a Witness; Finding Oneself*, that in seeking a witness the survivor potentially enters into a difficult process in which they transform inchoate events through dialogue with the Other into a more personalised experience relevant to the Other. I emphasised the gaining of the aspects of wisdom and lore from witnessing, which I believe when contextualised in the thoughts of Fairbairn (who adamantly believed in the importance of both being able to give and receive love and care), brings forth another aspect to attesting to one’s traumas. The survivor in their efforts to communicate the damage done to them at the hands of another, and of how they survived, is also giving something painfully intimate of themselves which makes them vulnerable afresh. In the effort to know themselves, through communicating this with an Other, they also come to
know something of worth for humanity and in communicating this, they express a
concern for humanity. However, as I explored in chapter 8, *Finding a Witness; Finding
Oneself*, it is not a care that is readily recognised or accepted, rather at first glance the
care which is embedded in the act of attesting with a witness, tends to look grotesque
and abject (more monstrous like a dragon), and we cannot see the worth or the caring
intentions expressed in their difficult stories.

Rather, there is frequently an ‘inevitable impossibility’ to staying subjectively present for
the survivor, to see beyond their monsters as being involved in formulating the traumatic
events of others into words, that bring us into overwhelming contexts and makes us
vulnerable. It requires us to apprehend the story of the other using our (Gadamer type)
prejudice; we are required to string together the fragments of the traumatic events with
one’s own prejudices, where the witness makes ‘working models’ in order that they make
the incomprehensible and absent more amenable to be held in mind and associated. As
such, witnessing requires us to draw upon our own understandings to fill in traumatic
voids, and consequently this in-filling draws on our own personal monsters which we
associate with experiences of vulnerability, danger, loss, and evil. That is, to witness, we
must use our Gadamerian- prejudices (our personal world views) to imagine and
comprehend the survivor’s traumatic story; as a result we put ourselves, our friends,
partners, and children into the trauma. Hearing of terrible abuse can lead to the witness
feeling a multitude of states such as being mindlessly frightened, confused, sick,
frightened for family or, angry at the victim. However, in part, openness to the possibility
of encountering such experience is an inroad through which the witness comes to have a
degree of understanding of the threats to hope experienced by the victim.
Restating this ‘possibility’ of witness diminishment in hermeneutic-intersubjective terms: meaning only emerges intersubjectively as a result of the witness using their own horizon to contact the survivor. As such, the witness opens themselves to the self-diminishing effects of trauma. The witness must invest in surviving these potentially diminishing effects for the survivor, if they are to be effectively available to be ‘used’ by the survivor. The implication is that the witness has to endeavour not to withdraw their warmth and humanness from the survivor when hearing them out. But additionally, the survivor expresses hope through accepting the therapist’s inability to always stay present, it is a contribution to the construction and maintenance of the hopeful intersubjective space; it is a mutual holding where each tries to accept the shame of our human frailty which is intimately involved in coming to know the monster-filled past of the survivor. If the shame and fear can be held in the relationship, and the play of witnessing occurs, a great deal can be discovered and created. From speaking and relating to stories of survival, the survivor can come to create the position of ‘I’; they come to find their mind, and in so doing they dare to step out of the shadow of the perpetrator and speak from their perspective, not solely that of the perpetrator. In such creative speech a human narrative emerges from the alien subject matter and being ‘human’, it then becomes something that can be taken in and subject to creative destructiveness of self and the Other.

But at this point I return the discussion once again to Herman’s moral dilemma of ‘to know or not to know’ the victim (and thus also our own potential to be the perpetrator or the perpetrator’s silent accomplice), as witnessing does not occur automatically for anyone. Rather it contains the moral dilemma of coming to know uncomfortable knowledge which we get when we glance at the victim. If we are to recognise that we are in a humanly constructed world in which we have moved away from the unmediated
environment, then we are faced with the responsibility of knowing the vulnerable Other and to intervene in the scene of perpetration. That is, in life we are faced with responsibilities for developing hope through constituting intersubjective spaces with vulnerable others, by surviving the different identifications we have with the scene of perpetration.

Whereas, if we do not recognise and survive for the Other, then we start to lose painfully-informative narratives about humanity and intersubjective reality. For if society is to succumb to the passivity and inaction expressed in Herman’s witnessing dilemma, then society is again under the threat of losing the awareness of the importance of intervening for and on behalf of the other. Without such awareness we then set “ourselves back on the road to the concentration camps” (Kristeva, 2002, p. 71) where fundamentally there were no witnesses and no survival; hope is intrinsically intersubjective and a responsibility for us all, for ourselves as much as the Other.

As I have been writing this conclusion, there have been three children traumatically die while in their parents ‘care’, in the city in which I live. With each traumatic death there were calls in the popular media for the government minister responsible for the state child protection agency to resign or be sacked. However, there was scant discussion of the role of society, community or neighbours in preventing, or even coming to understand, such occurrences. As Herman illustrates in her work, witnessing involves the individual being able to step outside of the doer-done-to style of relating, by coming to the responsibility offered by the victim to know, remember and act upon their plight. Thus knowing and witnessing is a responsibility which rises up from the individual and
family, into governments where we all share the responsibility to see, know, signify and act upon violence and perpetration.

I believe that the aspects of the narratives which I have represented in this thesis paint a picture of an aspect of human living: they show that in life it is difficult but necessary to live responsibly with our fiery breaths; while they create warmth and reveal the Other, they also singe and left unchecked, burn. Otherness which is attuned is not an idealised communication, it is humanly good enough. And as such, to live in hope is to work at staying open to the possibilities of loss, disappointment, and the fragility we find in humanness, as it is only through the uncertainty of encountering the horizon of the Other that we are truly enlivened and human.

Comments about the Implications of the Thesis Design

I will comment upon a number of aspects of the research topic and the design of the thesis including: the limiting nature of the research time frame and its effect upon the nature of the data; underdeveloped themes in the research; the use of subjectivity and; some comments on the epistemology.

The Research Timeframe

In retrospect I would alter the timeframe of the research period. As I stated in Chapter 4, *Method and Participants*, I saw each of the participants for therapy for an undetermined duration while only recording data from the first 12 sessions of the therapy. If I were to conduct similar research, I would include a further six sessions at the six month stage in the data collection, as in later sessions I observed different aspects to witnessing and to the intersubjective constructions of meaning. These were possibly different for three
reasons. First, I was aware that the sessions were no longer being recorded for the study which I felt freed me up somewhat, and second, I observed that as we had established a greater holding and familiarity with each other, there was less of a tendency to always speak of the most traumatic aspects of the survivor’s experiences: we spoke more about how they lived their hopes day to day in their actions. I would have liked to more fully represent more of these ‘ordinary aspects’ of hope which I only touched on with Janine. Finally, the relatively short time frame perhaps tended to skew the narratives of the participants towards a more overtly dramatic representation of the survivors’ pasts. A longer time frame may have captured some of the more subtle aspects of their adaptations. However, in comparison to much qualitative research which draws on a one-off interview, the 12 sessions of therapy which the participants received did provide a rich data set.

**Underdeveloped Themes in the Research**

Whilst I have just reflected upon the limitation of the short timeframe of the thesis, in finishing the thesis I am also struck by the mass of data which I had to analyse. I believe I have only really touched on hope in survivors in the thesis. I chose to more fully represent the spoken contexts of extracts so as to work against fragmentation and to provide witness to their survivor’s stories and as such this limited the number of themes I could develop in relation to hope. There were a number of others which I observed including the hope expressed in being suicidal. Each of the participants expressed ideas of taking their own lives and giving up, and they each found reasons to go on, which I would like to have further explored. Additionally, I found each participant quite humorous in their own way, particularly Angus, who despite my difficulties in attuning and empathising with him, had a way of teasing me about my shortcomings, which was endearing rather than
alienating. I would have liked to have developed this idea of play and humour in witnessing. Last, Claude Lanzmann (1995) described ‘a refusal to understand’ in which he emphasised the uniqueness of the Holocaust. He refused to normalise the events of the Holocaust by accommodating them into other narratives. So too, I felt I saw glimmers of this ‘principle’ in the actions of the participants, which felt qualitatively different to there not being words to express their ideas, rather, they seemed to be asserting their own selfhood through refusing to integrate their narratives.

The Limited Number of Participants

As mentioned above, I chose to more fully represent a narrower range of narratives in this analysis, which also influenced the number of participants I included in the research. As I was only able to include three participants I was unable to represent the narratives and actions of other survivors such as those from different cultural backgrounds, refugees, or aging survivors. Such populations could provide a future avenue for research.

The Use of My Subjectivity as a Therapist and Researcher.

I have greatly benefited as a clinician in conducting this research. I feel I have grown as a therapist in being able to see and face my own fallibility, and learn from my mistakes and humanness. I have drawn strength from authors such as Stern (1997; 2006) and Bromberg (1998) who integrate such self analysis into their writing. However, despite my admiration for these authors, even as I finish this thesis, I remain divided within myself about having using the particular therapy extracts which I did. Particularly, I struggle to hold a mirror to my therapy work in the way in which I have; the end result is not at all the image of the thesis which I first imagined. I intended to write a thesis where I was more removed from the data. Despite the value of exploring such data and ideas, had I
anticipated my defensiveness and mindlessness being so central to the thesis, I fear I may
not have had the courage to conduct the research; shamefully, I feel an urge to turn away
from the survivors in my thesis and preserve myself, more strongly now than I have at any
other point in my research.

The Strengths and Weaknesses of the Method

I will first comment on what I see as an area of weakness in the epistemology before
discussing the merit of the psychoanalytic epistemology. I believe that the method I used
only glanced against the potential of the data from such therapy encounters. For example
future research could systematically analyse the therapy dialogue to examine such factors
as: the form of speech; the tense which the therapist and participant use to refer to
themselves and their experiences; and the way in which nouns are used in referring to
others. Such analyses could have afforded evidence of dissociation, the emergence of
understandings, and of shifts in the intersubjective space.

Conversely, as I touched on in Chapter 4, Method and Participants, an intersubjective
psychoanalytic informed case study approach enables the researcher to access narratives
as they are occurring and ‘coming to life’. As such, rather than the interviewer setting the
topic for discussion and more actively framing the constructions, as the researcher would
as a part of an interview style method, this intersubjective psychoanalytic informed case
study method accessed the narratives of participants, who were seeking therapy, as they
already had (to varying degrees) their own agendas. I understand that this is perhaps
creating a false dichotomy with interview-style research (as people may also volunteer for
interview-style research because of their own agendas), as I also imposed an agenda
upon the research, (i.e. I was researching narratives about trauma-survival).
Notwithstanding this, an intersubjective psychoanalytic informed case study approach is a comparatively open ended data gathering method. This relatively open agenda allows the researcher to access a variety of both conscious and unconscious, narratives and actions, which I believe I would not have been able to access as readily through other research methods.

**Implications for Future Research**

In this research I used data drawn from psychoanalytically informed psychotherapy sessions to examine the hopeful lived adaptations and choices made by the survivors of severe and perpetrated trauma. I observed that central to the notion of hope is the movement to relate, which is enacted both in the moment, and in longer-term actions and choices of the trauma survivor. I illustrated some momentary movements of hope by exploring how victims can psychically protect themselves through actions such as distorting and detoxifying the perpetrator. Additionally, I also viewed the momentary protection of others as a hopeful action, which I illustrated with examples of survivors taking beatings for another and in the times when they remembered the pain of their past, rather than re-enact their traumas against another. The longer-term choices I focussed upon in this research are the efforts to maintain non-perpetrating relationships (where the survivor holds back much of their traumatic past), and the process of witnessing. Witnessing is a process where the survivor ‘uses’ the other to find genuine self-experiences and to formulate understandings of his/her experiences. In the process of attesting and witnessing to themselves they require another who attempts to be present with them, as the survivor realises the painful traumatic implications of their past, and transforms the singularity of trauma into something communicable to another.
My research is pertinent to future research in a number of ways. First, it underscores the utility of psychoanalytic therapy to both access and develop deeper aspects of individual’s experiences and subjectivity. Additionally this research has demonstrated psychoanalytically informed therapy as a process for hypothesising about ambiguous and poorly formed subjectivity, as it offers a method which captures repeated manifestations of themes as they develop and unfurl.

Second, it demonstrates a positive research framework which places value in the ‘net gains’ made by survivors’ in their lives and relationships while not diminishing the impact and damage effected upon them by their trauma histories. As such it provides a method for trauma research that could integrate the notion of hope and emergence into the research method, where individual’s choices and efforts could be recognised amongst their more obvious impairments and disabilities.

Third, this research emphasised hope as a process of therapy in which both parties participate, through one’s efforts to be genuinely present with the other. Such a formulation of an intersubjective therapy process adds another dimension to the understanding of intersubjectivity that may add impetus to future research to explore the multifaceted aspects of intersubjectivity.

Fourth, the research concluded with the concept of witnessing which emphasised the hopeful- transformative effects of placing value in the individuals and societies understanding the victim’s story of survival. Currently in Australia we have re-started a process of reconciliation with the indigenous population, which was symbolically marked in February 2008 with an apology from the Federal Government for the past policies of
the Australian Government which traumatised the indigenous population. This reconciliation process prompted the popular media to report indigenous Australian’s narratives of trauma and survival. Similarly, this research frames witnessing as a method not only for the development of personalised narratives, but also for a greater sense of self. However in many cultures such as indigenous Australians, rather than identity being conceived as being solely with the individual, identity is strongly affiliated with cultural or family group. Future research could explore the development of cultural or family identities through the process of witnessing.

Fifth, and related to the fourth, a psychoanalytic epistemology does not restrict the researcher to draw data only from clinical therapy populations. Research could also utilise other established psychoanalytic data collection methods such as art as an expressive medium for both clinical and non-clinical populations. Future research could explore the development of hope and the sense of identity (in individuals or groups) in the representations of art, which is a popular medium for a number of different cultures including indigenous Australians.
References


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List of Appendices

Appendix A: Ethics Approval (University of Western Sydney)

Appendix B: Ethics Approval (Sydney West Area Health)

Appendix C: Participant Information Form

Appendix D: Sample Participant Consent Form
UNIVERSITY OF WESTERN SYDNEY
Locked Bag 1797
PENRITH SOUTH DC NSW 1797

24 June 2002

Ian Cameron
PO Box 2085
Normanhurst NSW 2076

Dear Ian

Re: Research Project: The Relationship between Trauma Experiences, Subjectivity and Defence Mechanisms Registration Number HEC 02/79

The Committee has reviewed your application and agreed to grant an ethics approval for the above research project. You are alerted to the fact that all measures should be put in place so that none of the respondents are identified from the case reports.

You are advised that the Committee should be notified of any further change/s to the research methodology should there be any in the future. You will be required to provide a report on the ethical aspects of your project at the completion of this project. The form is attached and also located on the Research Services Web Page.

The Protocol No. HEC 02/079 should be quoted in all future correspondence about this project. Your approval will expire 30 December 2005. Please contact the Human Ethics Officer, Kay Buckley on tel: 4570 1136 if you require any further information.

The Committee wishes you well with your research.

Yours sincerely

[Signature]

Professor Elizabeth Deane
Chairperson
UWS Human Research Ethics Committee
Cc Associate Professor Jane Ussher

Camperdown
Burwood
Bullseye avenue
M darling NSW 2214
Blacktown
Ewbank Road
Quakers Hill 2763
Campbelltown
Nanlin Road
Campbelltown 2560
Hawkesbury
Bank St
Ryde 2112
Parramatta
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and Victoria Road
Rydalmere 2116
Penrith
Second Avenue
Kingswood 2747
http://www.uws.edu.au
Appendix B: Ethics Approval (Sydney West Area Health)  
(Formerly Western Sydney Area Health)

WESTERN SYDNEY AREA HEALTH SERVICE

HUMAN RESEARCH ETHICS COMMITTEE

Research Office, Clinical Sciences,  
Westmead Hospital  
Westmead NSW 2145

In reply please quote:  
HS/TG HREC2003/8/4.21(1611)

8 September, 2003

Mr Ian Cameron  
Western Sydney Area Mental Health Service  
PO Box 6010  
Blacktown NSW 2148

Dear Mr Cameron

Research Proposal: ‘The relationship between Trauma Experiences, Subjectivity and Defence Mechanisms’

Your abovementioned research proposal was considered at the meeting of the Western Sydney Area Health Service Human Research Ethics Committee on 2 September 2003. The Committee found no ethical objections to your proposal and agreed to give its approval.

Please note that approval of this research proposal applies to the ethical content of the trial and individual arrangements should be negotiated with heads of departments in those situations where the use of their resources is involved (eg nursing etc). The Committee requests notification of the date of commencement of the study and recruitment of subjects. In accordance with the NH&MRC Statement on Human Experimentation “Supplementary Note 1”, the Committee requires you to furnish it with a brief report on progress at the end of each 12 months and a final report at the completion of the study. A copy of the HREC’s Standard Operating Procedures is attached.

In all future correspondence concerning this study, please quote your approval number HREC2003/8/4.21(1611). Please return the attached copy letter, signed and dated in acknowledgement, to the Research Office.

Yours sincerely

[Signature]

Dr Howard Smith  
Secretary  
Western Sydney Area Health Service  
Human Research Ethics Committee
Appendix C: Participant Information Form

WESTERN SYDNEY AREA HEALTH SERVICE
WESTMEAD, NSW 2145
In conjunction with

UNIVERSITY OF WESTERN SYDNEY
RESEARCH SERVICES
Locked Bag 1797
PENRITH SOUTH DC NSW 1797

PARTICIPANT INFORMATION

Title of Project: Individual’s Experiences of Trauma

What is the purpose of the Study?:

This is a study based at Western Sydney Area Mental Health Service and is being conducted in conjunction with the University of Western Sydney. It is investigating the effects of trauma experiences on individuals. Specifically the research is interested in the alterations in how people think, feel, and behave after experiencing a significant trauma.

Who will be invited to enter the Study?:

The study is looking for people who are willing to have the therapy they receive examined. Participation in the study would require individuals to undertake counselling for their trauma problems with a qualified psychologist, and the data for the study would be drawn from the clinical notes and audio recording of these sessions.

What will happen on the Study?:

If you consent to be a participant in the research, your counselling would be no different from the usual treatment offered from the Mental Health Service and the counselling sessions would be audio taped as is usual clinical practice.

Are there any Risks?:

The counselling is entirely voluntary and you do not have to discuss any aspect of your life or experiences that you feel uncomfortable in talking about. You can withdraw from the research project at any stage and this will not affect the counselling and therapy you receive from our Service.
PARTICIPANT INFORMATION (Individual’s Experiences of Trauma) Cont.

Do you have a Choice?:

Participation in the study is entirely voluntary. If you are not interested in participating in this study you will receive the usual therapy which is offered to individuals presenting to the service, and it will not effect your treatment in any way. This study is not being carried out for any other purpose than described above and all identifying notes, tapes, transcripts and personal information will be kept entirely confidential. When the research is published, all names will be changed to protect your privacy.

Complaints

This study has been approved by the University of Western Sydney Human Research Ethics Committee and the Western Sydney Area Health Service Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Western Sydney University Ethics Committee through the Research Ethics Officers (tel: 02 4570 1136), or the Westmead Hospital Patient Representative, Ms Jillian Gwynne Lewis, Telephone No 9845 7014 or email jillian_lewis@wsahs.nsw.gov.au Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Contact details

If you have any problems while on the study, please contact Anna Lee (Manager, Therapies and Clinical Support Team) Working hours Telephone No – 9881 8888 After hours Telephone No – 9881 8888

Participant's Name: __________________________

Signature: __________________________

Date: __________________________
CONSENT TO PARTICIPATE IN RESEARCH

Title of Research Project: Individual's Experiences of Trauma

Name of Researcher: Ian Cameron

1. I agree to be a participant in the study which is investigating the effects of trauma experiences on individuals, with a specific focus on the alterations in how people think, feel, and behave after experiencing a significant trauma.

2. I understand that the researcher will conduct this study in a manner conforming with ethical and scientific principles set out by the National Health and Medical Research Council of Australia and the Good Clinical Research Practice Guidelines of the Therapeutic Goods Administration.

3. I acknowledge that I have read, or have had read to me the Participant Information Sheet relating to this study. I acknowledge that I understand the Participant Information Sheet. I acknowledge that the general purposes, methods, demands and possible risks and inconveniences which may occur to me during the study have been explained to me by Ian Cameron ("the researcher") and I, being over the age of 16 years acknowledge that I understand the general purposes, methods, demands and possible risks and inconveniences which may occur during the study.

4. I acknowledge that I have been given time to consider the information and to seek other advice.

5. I acknowledge that refusal to take part in this study will not affect the usual treatment of my condition.

6. I acknowledge that I am volunteering to take part in this study and I may withdraw at any time.

7. I acknowledge that this research has been approved by the University of Western Sydney and Western Sydney Area Health Service Human Research Ethics Committees.

8. I acknowledge that I have received a copy of this form and the Participant Information Sheet, which I have signed.

Before signing, please read "IMPORTANT NOTE" following.

Name of participant ____________________________ Date of Birth ____________________________

Address of participant ____________________________

Signature of participant ____________________________ Date: ____________________________

Signature of researcher ____________________________ Date: ____________________________

Signature of witness ____________________________ Date: ____________________________
Individual's Experiences of Trauma

IMPORTANT NOTE
This consent should only be signed as follows:
1. Where a participant is over the age of 16 years, then by the participant personally.
2. Where the participant is between the age of 14 and 16 years, it should be signed by the participant and by a parent or guardian.
3. Where the participant is under the age of 14 years, then the parent or guardian only should sign the consent form.
4. Where a participant is under a legal or intellectual disability, e.g. unconscious, then particular consent should be sought from the Human Research Ethics Committee as to whether the person should take part in the research.

INDEPENDENT WITNESS:

I, ____________________________ (name of independent witness)
of ____________________________ hereby certify as follows:

1. I was present when ____________________________ ("the participant") appeared to read or had read to him/her a document entitled Participant Information Sheet; or
   I was told by ____________________________ ("the participant") that he/she had read a document entitled Participant Information Sheet (*Delete as applicable)

2. I was present when ____________________________ ("the researcher") explained the general purposes, methods, demands and the possible risks and inconveniences of participating in the study to the participant. I asked the participant whether he/she had understood the Participant Information Sheet and understood what he/she had been told and he/she told me that he/she did understand.

3. I observed the participant sign the consent to participate in research and he/she appeared to me to be signing the document freely and without duress.

4. The participant showed me a form of identification which satisfied me as to his/her identity.

5. I am not involved in any way as a researcher in this project.

(Delete this clause if not applicable)

I was present when ____________________________ ("the interpreter") read the Participant Information sheet to the participant in the ____________________________ (here insert appropriate language) language. I certify that when the researcher explained the general purposes, methods, demands and
possible risks and inconveniences of participating in the study that what was said by both the researcher and the participant was translated by the interpreter from the English language into the_________ language and vice versa. When I spoke to the participant what I said and what the participant said was translated by the interpreter from the English language into the_________ language and vice versa.

Name of independent witness ____________________________________________

Address ____________________________________________________________

Signature of independent witness ___________________________ Date: __________

Relationship to participant of independent witness ________________________
Individual’s Experiences of Trauma

CONSENT TO PARTICIPATE IN RESEARCH

INTERPRETER:

If an interpreter is used, the following addition is necessary –

1. ___________________________________________________________________________ (name of interpreter)
   
   certify as follows:

   1. I am qualified to translate speech and writing from the English language into the _____________ language and vice versa.

   2. I read the Participant Information Sheet to the participant in the _____________ language and he/she appeared to understand it.

   3. I was present when the researcher explained the general purposes, methods, demands and possible risks and inconveniences of participating in the study to the participant and I translated all that was said by the researcher and by the participant from the English language into the _____________ language and vice versa.

   4. I was present when the independent witness spoke to the participant and I translated all that was said by the independent witness and by the participant from the English language into the _____________ language and vice versa.

Signature of Interpreter _______________ Date ___________