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Trauma - Catastrophic Reality and the Overwhelmed Psyche

For a long time, research on trauma was more or less a blank page in the theoretical and clinical psychoanalytic discourse. Although psychoanalysis had begun as a theory of trauma, and although Sigmund Freud would return time and again to trauma (particularly during the First World War), and despite the looming barbarism of National Socialism, psychoanalysis, as a whole, had not attributed the significance it ought to have to political and social violence. While the psychic consequences of both world wars compelled one to focus on traumatisation, interest therein paled and was extinguished altogether a short time thereafter. Given the multiple catastrophes and extreme experiences that people were exposed to and suffered from during the twentieth century, trauma ultimately became the signature mark of the entire century. Considerable time was to elapse, however, before psychoanalysis, psychiatry and other human sciences took up this theme and made it a central theme of research. Only after the Vietnam War the diagnosis of Posttraumatic Stress Disorder (PTSD) became part of psychiatric nomenclature in 1980, which initiated extensive empirical research on trauma. In psychoanalysis, it was, above all, the survivors of the Holocaust who enforced a renewed and sustained pursuit of the theory and treatment of trauma. They confronted psychoanalysts with the effects of extreme experience, which were hitherto unknown. The debate about child sexual abuse and its consequences had been initiated by the feminist movement in the 1980s, but it reached psychoanalysis only with some delay. All in all, trauma has experienced a tremendous increase in attention in the public consciousness during the last decades, so that the term has become almost trivialized in everyday communication. Today, trauma research is anchored in many disciplines, ranging from psychiatry to literary studies.

The fact that psychoanalysis had difficulties with the theoretical and clinical understanding of trauma for such a long time was due to its theoretical preferences. The field of psychoanalysis was the inner world of the human being - the unconscious and the unconscious fantasies. For many analysts, the adequate integration of external reality seemed like an intrusion on psychic reality and the meaning of the unconscious. As a consequence, the research and adequate treatment of traumatisation lagged

considerably behind. This is owing to the fact that trauma is not only the consequence of a shaking of the core of the mental structure, but also that the human self is abruptly overwhelmed and reacts with helplessness, fear of death and annihilation anxiety. The mental processing mechanisms become paralyzed and only emergency reactions are possible. This experience of massive psychic overwhelming then results in permanent change to the psyche's organization. Naturally, not every traumatic situation impacts upon everyone in the same way; predisposing factors also play a role. The normal functioning of psychic organisation is, however, suspended. Trauma is a brute fact that cannot be integrated into a context of meaning at the time it is experienced because it tears the fabric of the psyche. This creates special conditions for its remembrance and retroactive integration in present experience. The traumatic event and its experience will be registered, but cannot be psychically integrated through an associative formation of meaning.

For a psychoanalyst, it is not enough to study the affective-cognitive storage of traumatic memories. His aim is rather to also comprehend the horror, the pain, the abandonment, the annihilation and the fear of death which shattered the psychic equilibrium, and which then form the inner core of the traumatic experience. Before going into this in more detail, I would like to introduce the two main models of trauma that we find in psychoanalytic theory.

The first is based on **Sigmund Freud's psycho-economic model**, the second on object-relations psychological approach.
In *Beyond the Pleasure Principle* (1920), Freud developed a model of trauma from a psycho-economic point of view. In the moment of traumatization, the excessive quantum of excitation cannot be psychically bound and overwhelms the ego, breaking through the protective shield against stimuli. The force of the surging quantities of excitation is too great to be mastered. In order to accomplish the task of psychic binding, the psychic apparatus regresses to more primitive modes of response. Freud introduces the concept of the "repetition compulsion" in order to describe the special nature of this experience beyond the dynamics of the pleasure-unpleasure principle. Through the repetition compulsion, the traumatic experience is again actualized in the consciousness in the

hope of psychically binding the arousal in this way and reinstating the pleasure principle as well as its associated forms of psychic response.
Later, in *Inhibitions, Symptoms and Anxiety* (1926), Freud combines the psycho-economic view of trauma with his theory of anxiety. The excessive quantity of excitation in the traumatic situation gives rise to a massive anxiety. It floods the ego, which is defenceless against this onslaught with automatic anxiety, and renders it absolutely helpless. In a first attempt at mastery, the ego attempts to convert the automatic anxiety into signal anxiety, which makes it possible for the absolute helplessness to be transformed into an expectation. The ego thereby develops an inner activity and repeats the traumatic experience "actively in a weakened version, in the hope of being able itself to direct its course" (1926, p. 167). The situation of external dangers is thereby internalized and acquires significance for the ego. The anxiety is symbolized and no longer remains indefinite. The trauma thus acquires a hermeneutic structure. This helps the traumatized person to tame and mitigate the traumatic experience, to give it an individual meaning, and to integrate it into an understandable causal system of action.
Freud has repeatedly described the helplessness experienced by the ego as the consequence of an object loss.

This form of complete loss of internal protective objects constitutes the foundation of the second model of trauma: **The object-relational model.**
With the development of object-relations theories since the 1960ies, quantitative considerations concerning an intolerable mass of excitation that floods the ego were rejected. The paradigm for the model is no longer an isolated experience with a shock impact - such as an accident - but the object relationship itself. Sandor Ferenczi anticipated many insights of later research into trauma. Michael Balint (1969) was the first to follow him in this respect. He emphasized that the traumatogenic quality of a situation depends on whether an intensive emotional relationship has developed between the child and the object. The object relationship itself thus acquires a traumatic quality. Attachment theory has explored this further. If a traumatization occurs within an attachment relationship, this has serious consequences for the child. This is because it seeks safety and help from the very person who caused its anxiety. Being alone in this situation means no one is there to help buffer and regulate the tremendous psychological distress and despair. Being afraid and alone is in this case the essence of

traumatic experience. The most destructive consequence of sexual abuse then is that it is extremely difficult, if not impossible, to ever restore the attachment system. The more massive the trauma, the more damaged is not only the inner object relationship, but also the protective, safety-giving inner communication between self and object representations. This creates inner islands of traumatic experience that are cut off from communication. Not only a catastrophic isolation and an inner abandonment are the consequence, but also a paralysis of the self and its ability to act, accompanied by fear of death, hatred, shame and despair.

The conceptions in object relations theory represent a major advance in the understanding of trauma. We nevertheless require both the psycho-economic models and the models based on object relations theory in order to comprehensively cover the psychic processes of traumatization. Kindly allow me to recapitulate how the different conceptualizations of trauma have described the intrusion of an excessive reality and its effect on the psychic organization. The psycho-economic models centre on the violence and abruptness of the intrusion of an overwhelming outside reality into the psychic organization. Metaphorically speaking, the psychic texture cannot absorb or bind the stimuli because of their excessiveness of excitation, which is a “too much” that ruptures the psychic structure. The object relational models however centre on the destruction of the empathic protective shield which is formed by the internalized parental objects. They are better suited to explain the psychic phenomena of loss of trust in the continuous presence of good objects, and the loss of trust in the shared symbolically mediated world by which we are pre-consciously connected.

After this review of psychoanalytic concepts of trauma, I would now like to turn our attention to some clinical problems in the treatment of traumatized patients. I will start with some remarks on **the so-called repetition compulsion, the intrusive character of reality and its therapeutic reconstruction.**

Most people develop a so-called "acute stress disorder" after a traumatization. In the weeks following the traumatic event, the memory of it is repeatedly and involuntarily in front of their eyes. Psychoanalysts speak here of a repetition compulsion, which occurs automatically in the case of traumatization. It serves the purpose of enabling a psychic

integration of the traumatic memories. If this succeeds, the stress reaction subsides after about three months at the latest. This is not the case with people who develop a traumatic neurosis or post-traumatic stress disorder. In this case the compulsion to repeat loses the function of an “attempt to heal” (Freud 1939 p. 183), and the recurring memories increasingly acquire an intrusive quality. These intrusions are then experienced more and more chronically, repetitively, as well as purely overwhelmingly (Shalev 1996). Any hope of bringing the intrusive quality of his memories under control is shattered. In this respect, the compulsion to repeat resembles a double-edged sword: while on the one hand it can promote psychological integration and the formation of meaning, on the other hand it gradually provides the intrusive memories with a re-traumatizing effect by forcing the individual into a position in which he or she feels passive and helplessly at their mercy. Why traumatic memories can assume such an intrusive character has not yet been clarified in research. One reason lies in the fact that they could not be emotionally bound and could not be integrated into autobiographical memory. They remain separated from it. This is also shown by the fact that visual and sensory impressions dominate over verbal-narrative elements in these intrusive memories. They can be activated by a variety of triggers which need not be directly connected to the traumatic event. These triggers often remain unconscious, so that the intrusion occurs as if out of the blue. The suddenness of the break-in catapults the self into another state of consciousness and into self-alienation.

In the literature the question is discussed whether and to what extent the intrusive memories are pure repetitions of the traumatic event. A group of trauma researchers (e.g. van der Kolk 1996, 2014) assume that these memories have a non-symbolic and unchangeable content because the self as the author of its memories is switched off in the traumatising moment. The affected person can talk about it afterwards, whereby the impressions and memory fragments are rewritten and brought into a narrative form that is susceptible to distortion. The essence of this approach is that the trauma is imprinted on the memory with a timeless and at the same time literal accuracy and immutability, as if the trauma testifies to the existence of a historical truth.

Analysts have contradicted this view, arguing that it completely eliminates autobiographical-symbolic meaning, thus contradicting central psychoanalytical findings (Leys 2000; Oliner 2012). In fact, experiences reported by patients show us that when

the self collapses in a traumatic situation, threatening unconscious fantasies which had previously been suppressed can suddenly burst into consciousness. In the same way, deeply rooted convictions, attacks on the superego and accusations of guilt can present themselves as true and become associatively linked almost inextricably on to the experience of the traumatic situation. These associations often remain unconscious, especially since the intrusive memories are often only fragments of traumatic experience and leave out the worst scenes.

These psychological facts indicate the importance of the therapeutic reconstruction of the historical reality of the trauma. The uncovering of the real events, however fragmentary or approximate they may be, is the prerequisite for clarifying their secondary processing and overforming by unconscious fantasies. In this way, fantasy and traumatic reality are disentangled and the ego acquires a relieving frame of understanding. A central point of reconstructive or even constructive interpretations is to make it clear that something *real* happened, that it *actually* took place, even if the reconstruction must remain more or less fragmentary. The trauma is thus historicised and gives the patient a sense of truth and a sense of certainty that the reality was so.

My next topic deals with the **destruction of the social reality that can provide security for human beings.**

Traumatic experience leads to a severe impairment or even a complete destruction of the feeling of security and trust in people. Without our being aware of it, in our everyday consciousness we rely on society and the world forming a symbolic web that carries us. We have learned to move in this world, have internalised its functioning and unconsciously assume its reliability, because we cannot constantly question everything, otherwise hardly a step in the social world would be possible. Erik Erikson (1959) has conceptualised this state of affairs as “basic trust”. He describes how the experiences of the first year of life shape attitudes towards oneself and the world. The manifold interactions with the primary caregivers, especially their positively resonant reflections and confirmations, give the child a feeling of the world’s fundamental reliability, both in terms of the credibility of others and the reliability of itself.

When people are traumatised, we are confronted with the fact that precisely this basic trust in a safe world, which has become second nature to us, is destroyed and permanently robbed of its quasi-naturalness. The trauma creates an irreversible breach of trust in a predictable and safe environment. This rupture does not heal. In this sense, the trauma is a "social wound" (Morris 2015) with existential consequences. Of course, the severity of the trauma is also relevant here. But we always find an unconscious feeling of having been abandoned by the protective power of the parents or by all good powers. Jean Amery, who had been tortured by the Gestapo in Belgian prisons, expressed it this way: "With the first blow of the police fist, against which there is no defence and which no helping hand will parry, a part of our life ends and can never be awakened again" (1996 pp. 506f). Patients who have suffered a severe trauma of separation in their early childhood articulate their loss of trust in the world in such a way that they feel as if they have fallen out of the world, or they speak of never having really entered the world. Although they become socially engaged and establish relationships, an inner reservation remains that cannot be overcome. Others, on the other hand, use hyperactivity to try to prove to themselves that they have a place in the world and are not meaningless. In our existence in the world, trauma is the breaking point that makes us aware that our sense of the supporting security and reliability of reality is fragile, and that we can be pushed into an abyss that we experience as if we had fallen out of the world. It is one of the deepest dimensions of existential experience, which is activated by the trauma and does not allow the traumatised person to feel at home in the world.

Now, finally, some thoughts on trauma caused by major disasters, such as wars, Holocaust, ethnic expulsions and others: **Man-made disasters. Individual and collective memory**

Regarding disasters that are defined as man-made, such as the Holocaust, war, political and ethnic p.ersecution, as well as other social catastrophes, it lies beyond the individual's capacities to integrate such traumatic experiences in a narrative context, on an idiosyncratic basis. In many of these disasters, a conspiracy of silence prevailed in the period that followed them. To some extent this was politically motivated, having to do with the denial of guilt and the refusal to take their own responsibility on the side of the

perpetrators. Another reason had to do with the fact that there was a strong reluctance among people to listen to the narratives and experiences of the victims. The consequence was that they simply became silent. To be able to talk, a social discourse is required regarding the historical truth of the traumatic events, as well as the uncovering of its denial and defensive repudiation. In this sort of man-made disaster, only historical explanation and social recognition of causation and guilt are able to restore the interpersonal context, and thus the possibility of discovering what actually happened at the time in an uncensored manner. This is the only way in which the shattered understanding of the traumatized self and the world can be regenerated. If defensive impulses predominate in society or if rules of silence persist, traumatized survivors are left alone with their experiences. Instead of drawing support from other people's understanding, they are often dominated by their own guilt, then serving as an explanatory principle. With respect to its significance then, the catastrophic quality of the experience of historic events and of their consequences remain – both for the individual as well as for the collective society involved - either underexposed or even silent, and thus damage the subsequent generation's sense of reality.

Traumatised people are not only victims of a destructive political reality, but also witnesses to it. Often, however, they find themselves in a situation where hardly anyone wants to hear their testimony because the listeners do not want to be burdened by feelings of fear and pain, anger and shame or are afraid of being blamed. As excuse the argument is often put forward far too quickly that the core of the traumatic experience is not communicable, which in this case is nothing more than a rationalizing justification in which the unwillingness to listen is justified by the alleged unwillingness of the persecuted to speak. The limits of what can be said therefore always have to do with social restrictions, reinterpretations and taboos.
I cannot describe further here this complex relationship between the individual and collective memories of traumatic events, but must leave it at my brief remarks.