NEW IDEAS AND THEIR RELATION TO OLD IDEAS: TRAUMA, AFFECT, AND THE UNREPRESENTED

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The Shadow of the Tsunami and the Growth of the Relational Mind
by Philip M. Bromberg

Unrepresented States and the Construction of Meaning: Clinical and Theoretical Contributions
Edited by Howard B. Levine, Gail S. Reed, and Dominique Scarfone

The topic of trauma and dissociation, and borderline and other non-neurotic disorders in which psychic representation is missing or weak, have been one of the main, if not the leading, topics of psychoanalytic theorizing for many years now. The two books under consideration approach these topics from very different perspectives, yet find agreement in some key areas. I will begin with an exposition of some of the main ideas from each book, and will then discuss what the concepts developed by the authors can tell us about the present state of psychoanalytic theory and practice.
in relation to trauma, personality disorders, and their underlying causes, dynamics, and treatment.

**A RELATIONAL VIEW OF EARLY TRAUMA**

Philip Bromberg has been a prominent and prolific contributor to the growing theory of relational psychoanalysis for a number of decades. His recent book, *The Shadow of the Tsunami and the Growth of the Relational Mind*, contains most of his recent published papers, which have been reworked to some extent to give the book more cohesion. It also contains a foreword by Allan Shore. As is usual in a book of this sort, there is a good deal of repetition and a certain lack of integration. Still, it is a good presentation of a consistently relational perspective on trauma, personality disorders, and their treatment. The key idea used is that of early relational trauma. Shore describes this from a neuroscience perspective in his long foreword. He notes how the right hemisphere, which especially mediates emotional life, matures quickly. Under the impact of relational trauma, leading to emotional overwhelming, parts of right hemisphere processing is dissociated from the rest of the developing brain. Shore notes that in dissociation the upper cortical structures are also disconnected from the lower; in other words, it involves a disconnection of the body and mind. He thinks that in chronic relational trauma this is embedded in the personality and in fact is the basis for personality disorders. He suggests, furthermore, that the withdrawal from negative emotion through dissociation in such patients, when it is for therapeutic purposes aroused in therapy, is the reason for their poor outcome in therapy.

Bromberg describes the same process from a psychological perspective. Early developmental trauma, involving deprivation of empathy, love, and connectedness, leads to the dissociation of certain self states. In therapy, certain inexplicable emotional and physical reactions in the analyst are signs that point to these dissociated areas of the patient’s self. Bromberg insists that disclosure of these reactions to the patient is the beginning of a process of patient and analyst co-constructing an understanding, but more importantly an affective re-experiencing, of this early developmental trauma. Thus he makes some very specific theoretical and clinical points about early developmental trauma, related to its causation in very early relationship through the laying down of implicit emotional memories, and that these memories then need to be analyzed in a very specific way, through the analyst using her reactions as they interact with the patient, through self-disclosure as well, to work through the dissociated early trauma. Bromberg maintains the centrality of the relational view in an
uncompromising manner. While he asserts that the self and the unconscious are constructed through the relational intersubjective interchange between infant and caregiver, he is adamant that cure comes about only through the re-enactment and renegotiation at an emotional, implicit level in therapy of the early relational trauma. Memories may emerge or not, but this has no relation to the process of change and is only a byproduct of the process. He also seems quite adamant that only early trauma are truly pathogenic. For instance, near the start of the book, he says, “If early in life the disruption of human relatedness is experienced for the most part as interpersonally reparable, then the impact of developmental trauma on adult living, including one’s vulnerability to ‘adult-onset’ trauma, tends to be largely containable as internal conflict and available to self-reflection and potential healing as part of the give-and-take of a good relationship” (4). The clinical illustrations are few, short, and strangely abstract and obscure. It is hard to get a feel for the patients or the nature of the interactions or process. Perhaps this is related to the more “radical,” if I could call them that, of Bromberg’s ideas, which are detailed in the latter part of the book. (One of the things one can gain from a collection of published papers is being able to follow the development of an author’s ideas, as the last parts of the book contain his most recent papers.) Bromberg argues against the viability of the concept of unconscious fantasy, saying that it is something highly inferred, not experienced. He argues against the idea of there being any reality that can be said to be more valid than any other version. He goes on to suggest that expanding a person’s self-awareness does not involve finding enduring truths but in co-creating with them a narrative and discovering a new ability for spontaneity. He also argues against any idea of analytic technique, saying that the very idea of technique has to be left outside the room, and one must leave specific techniques behind and relate to the patient not as an expert.

Assertions similar to these are common enough in these postmodern times, and certainly not only from relational analysts. However, in the context of a larger work such as this, the contradictions between what Bromberg says and what he does are so glaring that one needs very powerful dissociative defences not to see them. One of the main things he does is present his ideas on technique. For instance, he states that if, after a very successful session, a patient comes back in a negative or aggressive state, this should not be taken as a sign of resistance, but as a sign of a dissociated part of the patient now coming to the fore as part of the analysis of the trauma. He gives specific advice about how to allow this dissociated part of the self to express itself, including not making resistance interpretations,
and working within the relationship. So here he not only makes very specific recommendations about technique, but also very definite statements about reality. The book is, of course, full of such observations, statements about reality, and recommendations about technique, as it should be, and as one would expect. My point is not that, since there are contradictions here, then Bromberg’s statements must be wrong, but rather that by not appreciating the many levels at which theory and practice function, Bromberg inevitably makes contradictory statements. And in making statements such as throwing out any theory of technique, he does not limit the statement by seeing the level at which it may operate. For instance, in following a patient in his associations, without having much idea where he or you are going, one is trying not to stifle things with preconceptions, and this is one level at which Bromberg’s idea of not approaching the patient with technical ideas fits. But even here, one is usually doing this because at another level one has learned, both from others and through experience, that letting the patient lead without knowing where he is going, leads to the emergence of deeper dissociated and otherwise unavailable parts of the person. So at another level, one is applying a theory of technique. In the context of work with trauma and dissociation, such issues end up not merely being abstract or theoretical. Issues of what is real and what isn’t, and of techniques to make the dissociated reality come to consciousness and come to life, are central to the work. Bromberg both has and presents such ideas, and then undercuts them by suggesting reality and technique are simply illusions and in fact impede our ability to help. This lack of appreciation of different levels of explanation and action also leads, I contend, to great difficulty in coming to an understanding of how new ideas relate to old ones.

FREUDIAN VIEWS ON EARLY TRAUMA AND NON-REPRESENTATION
The second book under consideration is a collections of papers by analysts from Europe, and North and South America, called Unrepresented States and the Construction of Meaning, edited by Howard Levine, Gail Reed, and Dominique Scarfone. Each of the editors has contributed to this topic already, and they provide an excellent introduction, and each provides dense and thoughtful individual papers to the book as well. They point out in their introduction that psychoanalytic interest has shifted from dynamics in well-defined structures to the lack of formation of representation, which relates both to massive psychic trauma and to more disturbed, primitive mental states. They make the important point that representation has a specific meaning in analysis, as the endpoint of a
longer process, and to say that it doesn’t exist is not to say that there is no registration in the mind. In this sense the term differs from how it might be used in neuroscience or child development. They posit the basic causation of this lack of representation: “When the external object proves to be overly traumatic or is too long absent, then the capacity to represent that object internally will be disrupted, regressively lost, or fail to develop. This is the world of the non-neurotic, in which the absence or weakness of the internal object makes the absence of the external object intolerable” (6). This idea is shared by the other contributors to this volume, as well as by Bromberg in his book.

Coming from a basically Freudian orientation, both the editors and most of the contributors have a view of dynamics different from Bromberg’s. They follow André Green in looking at the issue from the side of the drives, and theorizing that when the object is not available for extended periods, drive investment is weak, and one has the phenomenon of the unsaturated drive, a pure form with no, or weak, attachment to representations. They note Green's recommendations for technique with these sorts of patients: the need to titrate intrusions, and silences, and the patient’s attacks on the frame and inability to use the process, and the need for the analyst to make up for this inability. In order to make up for it, one of the main points of technique is the use of the counter-transference to put into words, to give representation to the inchoate, non-represented contents of the patient’s mind. This is, of course, not so far from what Bromberg proposes, minus the self-disclosure. Their view of causation, however, differs from Bromberg in that they see the key dynamic as coming from “below,” in relation to interference with drive investment, rather than from “above,” as Bromberg sees it, related to the processing or lack of it, of the traumatic lack. This is not an absolute difference, and some of the contributors, such as Christine Anzieu-Premmereur, present some views on dynamics similar to Bromberg’s.

The various contributors to this collection have not thrown out the “old,” but rather come with a deeper grounding in Freud and the classical tradition, which they see themselves as adding to and expanding, rather than replacing wholesale. The book is very rich, both in theoretical exposition and, for most of the papers, in clinical material as well. A list of the contributors would lead us to expect this, as they include many of the key theoretical and clinical innovators in this area. These include, along with the editors, César and Sara Botella, Laurence Kahn, Marion Oliner, Marilia Aisenstein, Roosevelt Cassorla, and Christine Anzieu-Premmereur. There is certainly more in these chapters than I can even briefly summarize,
and all I can do with this very rich offering is to recommend that anyone interested in the topic of early trauma and non-neurotic disorders read the book in its entirety. I will here touch on a few highlights, especially as they relate to the themes of new and old theories, technique, and causation from “above” and “below.”

Dominique Scarfone presents a detailed theoretical exposition of issues of representation and non-representation as they relate to different levels of the mind and the unconscious and conscious, as well as then comparing, including in a very helpful table, the views of a number of authors (the philosopher Pierce, Freud, Bion, Lacan, Laplanche, and Aulagnier) on these issues. His chapter is a good introduction to the topic, which is then explored from various angles by the other contributors. Gail Reed presents a detailed discussion of the work of Green and other French thinkers, as well as cases that are detailed enough that we can see how she uses these ideas to understand clinical material. It is interesting to see various dynamics in her case material. For instance, there seemed to be instances of identification with the aggressor in the case of a paranoid mother, as well as the direct effects of the early trauma, and various other dynamics. Reed presents sophisticated discussions of these aspects, being well aware that the idea of weak representations does not explain everything in these patients. She notes that a fantasy of a void in a patient, for instance, is not the same thing as a lack of representation or weak representation. She then points to specific details of her cases that she sees as signs of weak representation, requiring different technical handling. This is a strength of her chapter, as the reader can get beyond polemics to look at the actual data and draw her own conclusions. The material brings out the various effects of trauma, of causation from “above”—that is, direct attempts to deny the actual events by such defences as identification with the aggressor—as well as causation from “below” in terms of the direct damaging effect on the stabilizing of the attachment of drives to objects.

César and Sara Botella present their ideas about figurability, a very specific view of how representation comes about, and interference with this function, and in doing so present, similarly to Reed, detailed clinical material of a patient with very early trauma. As with Reed, they also carefully distinguish signs of conflicts, such as Oedipal ones, from signs of a lack of figurability related to the very early trauma. Thus these two chapters allow us to compare the old (Oedipal and other conflicts) and the new (areas of non-representation) in detail, both theoretically and clinically. However, they do look largely at only one part of the “new”—the lack of connection of drive and representation. While each of the other authors has very interesting
explorations of these issues, space allows me to mention only one other, which is Marion Oliner’s very clear exposition of a number of the dilemmas of this topic. She notes that there cannot be a complete lack of representation, since the repetition of the trauma and the induction of feelings, bodily reactions, and actions in the analyst all point to some form of registration from the past. Clearly it is a question of what type of registration, not of non-registration. Reed talks of weak registration, but Oliner’s discussion makes it clear we have to go further than that. Oliner then looks at superego issues and the guilt that inevitably accompanies trauma. She uses the work of Aulagnier, who says that with negative experience there is hatred of the perceiving organ itself, which is not distinguished from the percept. Oliner suggests that this hatred, turned against the self with the regression to narcissism during early trauma, leads to the guilt, which she says cannot be derived only, as some authors theorize, from the satisfaction of drive wishes that become attached to the trauma.

COMMON GROUND OR MORE WORK TO BE DONE?

Perhaps I can use Oliner’s discussion of guilt in trauma to look at some general issues suggested by these two books. Oliner describes one causation of post-traumatic guilt, a causation from “below” (related to drive fantasies), and suggests another deep causation related to the traumatic event itself, but still involving the drives (aggression turned against the perception and the self). Bromberg, who does not give credence to the drives or unconscious fantasy at all, does not, of course, suggest any of these causations, but rather looks at guilt induced in the patient by the other. Others from the object relations and intersubjective schools, perhaps not so extreme as Bromberg in their rejection of anything intrapsychic, have also suggested the use of guilt as a defence against helplessness (beginning with Fairbairn). These are causations from above, from the external world and denial defences. This type of causation and dynamic in all sorts of manifestations has been explored not just by relational analysts, but by many others who have looked at dissociation, at specific forms of post-traumatic memory, and at special methods to work with these dynamics.

These two books make an interesting contrast. Their authors agree on very early relational trauma as the primary cause of both post-traumatic and personality disorders; they agree on the use of the analyst’s intuition and subtle induced feelings and reactions to gain knowledge of this early trauma, and they agree on the use of the relationship between the analyst and patient as the therapeutic factor. Not that all the authors agree on all the details, but in broad terms this could be seen as their common ground.
What they do not agree on is the dynamic effects of the early trauma, that is, whether its main effects are in the disruption of the earliest structuring of the drives and the mind through the stabilizing investment in objects (what I have called causation from below), or whether its main effects are direct attempts to deal with the external overwhelming and deprivation, through dissociation, denial, and the like (causation from above). I suggest that a deeper understanding of trauma will require taking into account these different dynamics, without seeing one type as primary. But I think that we will need to go further than this and work out exactly how and when these dynamics manifest themselves and when and how they interact. If we use a set of concepts that applies only in a limited way to specific pathology, we will find ourselves ultimately confused, both theoretically and clinically.

If I may now intrude with some ideas of my own, to illustrate what I mean, I think that there are actually two large classes of disorders that are often confused: those in which there is a weakness in the ability to form stable libidinal investments in the self and others, and those in which there is a deformation of the ego by trauma, leading to dissociation and the laying down of a very specific type of memory. Concepts used to try to understand one are often ill-suited to the other. As an example, Green’s ideas on what might be called disorders of drive attachment cannot by themselves be used to describe and explain massive traumatic overwhelming, especially after infancy, which needs a different set of concepts as well, while on the other hand, such concepts as dissociation and unprocessed traumatic memories cannot, by themselves, come to grips with the types of borderline disorders in which there is a weak ability to maintain stable libidinal investment in self and others.

This is not to say that these types of disorders exist only in different patients. They are in fact a set of structures/dynamics that can exist together in any person, although in some people one or the other aspect may predominate. Unrepresented States and the Construction of Meaning presents a sophisticated and deep exploration of one of these forms of mental structures, while The Shadow of the Tsunami and the Growth of the Relational Mind presents an interesting but narrower, more idiosyncratic exposition of the other type of dynamic. They are both well worth reading, but Bromberg’s book should be supplemented by other authors, for anyone interested in trauma and dissociation.

These are two very different books at many levels, but, as I said, they also share views and themes. The importance of the use of the analyst’s self, both in exploring these dynamics and in working them through with
patients, is perhaps one of the main discoveries of modern analysis, and also an area of active exploration, as shown by the work of these authors. Another discovery has been the vital importance of the first relationship and first year of life, but I think in this case an important discovery has become for many also a set of blinders, covering over so much else of the patient’s life and dynamics. This is also on display in these books, although to a variable extent. New discoveries always contain both opportunities and dangers: opportunities to deepen and broaden our understanding of the mind and our treatment of its maladies, and dangers of overextending new findings to explain so much that other useful explanatory concepts and treatment techniques are lost to us. The two books display the opportunities, excitement, and dangers of the newer concepts they use to explore early relational traumas and difficulties with representation.

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