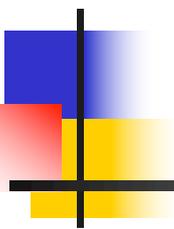
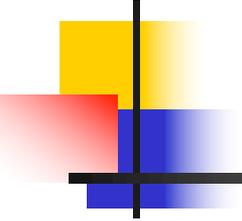


Object Relations Treatment of Trauma



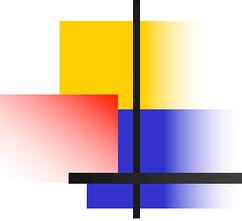
James L. Poulton, Ph.D.
Foundations of Object Relations Psychotherapy
March 23, 2010



What is Trauma?

- Overwhelming event
 - Overrides existing defenses against anxiety, capacities for coping
 - Breakdown of established way of going about life: ‘an utter absence, a radical break in being, an instant in which nothing exists’ (Tarantelli, 2003)
 - Grossly violates fundamental beliefs and expectations about self and world
 - ‘The silent and disastrous affirmation of the outside.’ (Blanchot, 1986)
- Confirms our deepest anxious and persecutory phantasies
- Alters basic representations of good and bad objects, the world, the self
- Intent is to make sense of the event

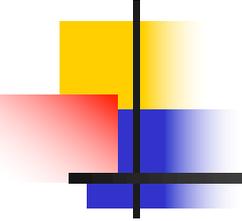
(Garland, 1998)



The Meaning of Trauma

- Reflects
 - Pre-trauma and ongoing developmental issues, psychic conflicts, representations of self and other, etc.
 - Response by supportive network
 - Contributions of trauma to subsequent development and growth
 - Mechanisms of defense against the traumatic event: repression, splitting, dissociation, distortion, symbolic elaboration, etc.

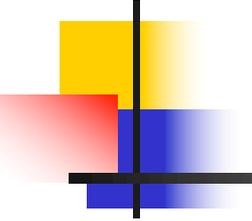
(Levine, 1994)



Consequences of Trauma

- Autonomic hyperarousal - easy triggering of somatic stress reactions
- Numbing of responsiveness
- Intense emotional reactions - loss of affect regulation - flashbacks
- Learning difficulties
- Memory disturbances
- Aggression against self and others

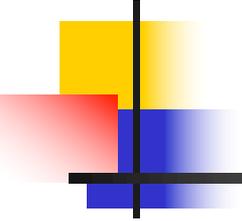
(Follette, et al., 1998)



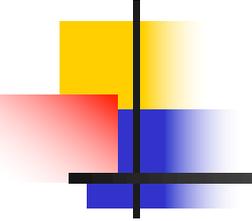
Defenses Against Trauma(?)

- Denial, numbing and encapsulation
- Intense affect, enactment, identification with aggressor
- Splitting, repression, dissociation
- Paralysis of intentionality, suppression of desire
- Cognitive constriction (hyper-adjustment to reality at expense of fantasy and drive gratification)

(Scharff & Scharff, 1994)



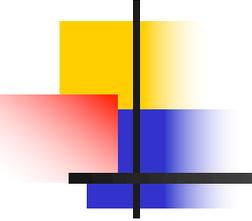
Consequences/Defenses Against Trauma: Example



Dissociation

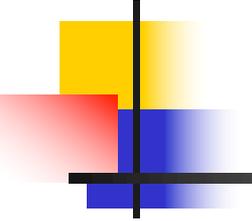
- Janet: Dissociation as **deficit** - breakdown of normal aggregating and synthesizing cognitive processes
 - ‘[In trauma] psychic structure is disarticulated so that the parts are no longer in relation to each other and functioning as a whole.’ (Tarantelli, 2003)
- Freud: Dissociation as **conflict** - an active expulsion of painful material - i.e., a dynamic defense
 - “Psychical dissociations are maintained entirely by ‘internal resistances.’ ... Dissociations have originated owing to internal conflict, which has led to the ‘repression’ of the underlying conflict”

(Freud, 1913; Gullestad, 2005)



Dissociation, Cont'd

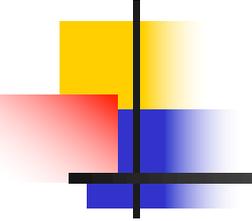
- Deficit theory supported by modern neurobiological research (Hutterer & Liss, 2006; Van der Kolk, et al., 1996)
- Conflict theory supported by recognition that in the aftermath of trauma, normative, regulating processes by which an individual modulates internal states appear to operate
 - Putnam (1991): Dissociation is a specific, adaptive, and dynamic response to trauma



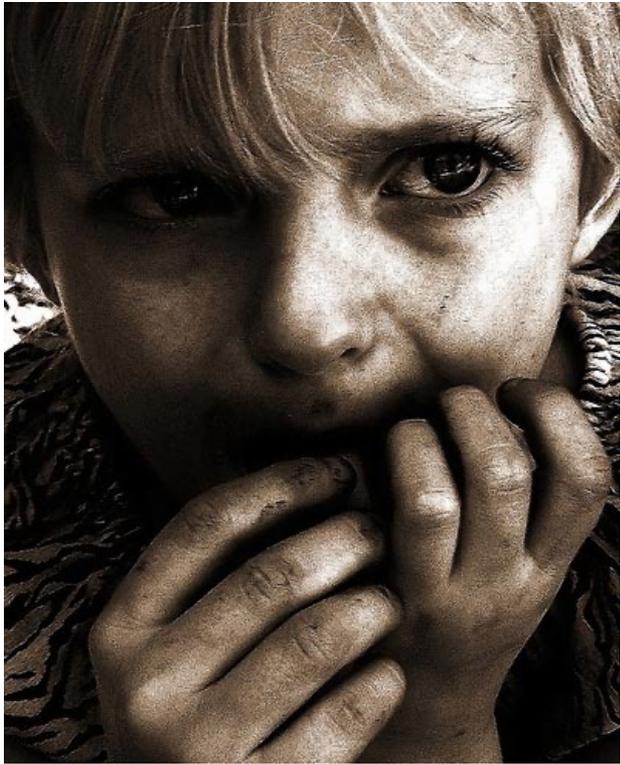
Dissociation v. Repression

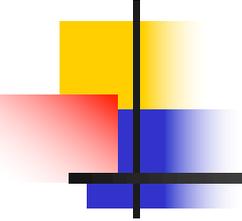
- Dissociation as the 'elsewhere thought known' - multiple ongoing trains of mental processing (Kluft, 2000)
- Repression as the expulsion of painful material into dynamic unconscious
- Scharffs: Repression ranges from ordinary splitting to depletion of self in schizoid states; dissociation implies splits of consciousness and of self-states of the personality, with an accompanying loss of the self's integrative capacity.
 - 'Repression occurs in order to maintain cohesion of the self. Dissociation occurs so as to fragment parts of the self and sacrifice some in order to save others and to keep the overall sense of the self from annihilation.'

(Scharff & Scharff, 1994)



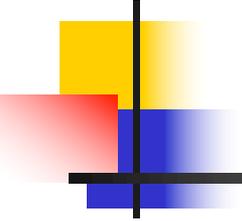
Dissociation: Case Example





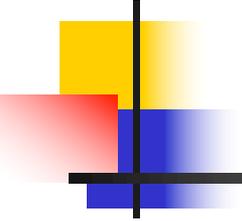
Survival of Trauma

- Regeneration of self via psyche-soma
 - In the most primitive state, the ‘basic mental organization [is] magically auto-sufficient and validated by the prevalence of bodily functioning (Gaddini, 1992)
- Encapsulation of traumatic experience
- The encapsulated material ‘ceaselessly threatens to break the barriers which contain it and to become present as infinitely proliferating anguish’ (Tarantelli, 2003)
- Compels the survivor to use slender resources in a never-ending battle to prevent the return of terror and helplessness



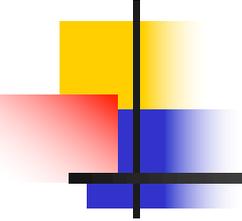
Self- and Object-Representations

- Two sources of distortion of self- and object-representations, or internal object relationships:
 - Re-emergence and re-energizing of primitive, pre-trauma object-relating, via regression
 - Alterations in the representations of self and other implied by the traumatic event itself, via internalization
- Distortions may be immediately visible, or held only in dissociated or encapsulated psychic space

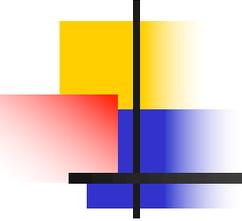


Intensification of Bad Object/Bad Self

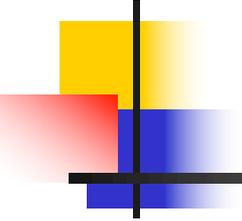
- Post-trauma, bad objects are split off, intensified, created or given new meaning
- When bad objects are distorted, so is the self in relation to them
- Good objects and good self are weakened, because they can't/couldn't protect, are blind, disinterested, etc.
- The loving parts of the superego lose validity, leaving overly harsh superego functioning.
- The ego ideal becomes an indictment on the patient's failures (to prevent trauma, to recover, to be comfortable socially, etc.)



Distortion of Self Representations: Example

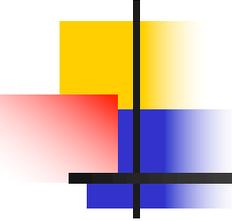


Distortion of Object Representations: Example

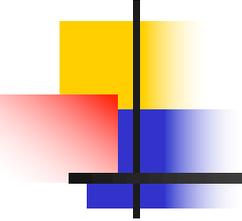


Transference and Countertransference

- Contextual transferences
 - Therapy as the containing environment, which failed the traumatized patient
- Focused transferences
 - Projective identification of bad object and/or bad self
 - Projective identification of rescuing object
- Countertransference
 - A primary mechanism of communication of the unarticulated emotions and memories associated with trauma and abuse

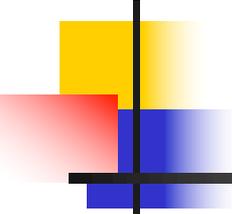


Transference and Countertransference: Example



Dissociative Identity Disorder





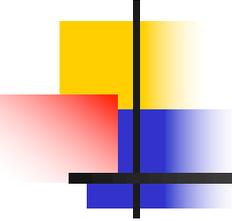
Dissociative Identity Disorder: Terms

- *Personality*: consistent, ongoing response pattern; significant life history; full range of emotional responses
- *Alter*: Same as personality
- *Fragment*: an alter with a limited function (e.g., protection), limited range of emotion, or limited history
- *Host personality*: has control over body the greatest amount of time
- *Original personality*: the identity that developed first after birth and split off the first new personality to help the body survive severe stress
- *Core personality*: when the original personality and the host personality are the same - found in less than 10% of all cases
- *Presenting personality*: the one who enters therapy
- *Internal self-helper*: one or more personalities whose function is to help the other personalities survive: a protector, organizer, arbitrator, comforter, etc.
- *Persecutor*: one or more personalities devoted to maintaining secrets and the homeostasis of the system. They utilize threat and aggression to keep order.
- *One-way or two-way amnesia*: When personality A either knows or doesn't know about personality B, and vice versa
- *Fusion or integration*: The act of helping two or more parts to come together.

Dissociative Identity Disorder - Observational Descriptors

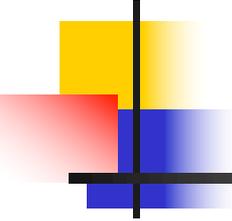


- Physical - changes in voice, pattern of body language, choice of clothing, etc.
- Behavioral - changes in communication style, word or syntax choice, handwriting, distortion of time, changes in patterns of affective states
- Psychophysiological - headaches, anxiety, unpredictable response to medication, changes in pain thresholds, conversion-like symptoms



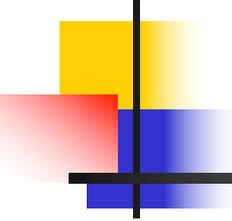
Dissociative Identity Disorder - Etiology

- In normal development, splitting and repression occur, but split off parts remain in communication (seen in transference, e.g.,) with the central self
- In trauma, this communication with the central self is destroyed, leaving a system of poorly articulated, impoverished parts of egos and objects, each poorly connected to the other
- Secret personality subunits arise to supplant the missing integrative function of the normal personality
(Scharff & Scharff, 1994)



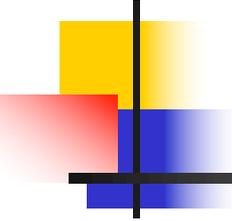
Dissociative Identity Disorder: Treatment, Early Phase

- Establish and maintain the therapeutic frame: Limits, boundaries and ethical rules
- Establish a working alliance and basic trust (including forming treatment alliances with alters, including persecutors)
- Stabilize the patient from self-harm or environmental harm



Dissociative Identity Disorder: Treatment, Middle Phase

- Interpret and metabolize intense transferences
- Increase inter-personality communication and cooperation
 - Alter personalities are not people (Ross, 1995)
 - Treatment of DID has been called 'eclectic psychoanalytically oriented family psychotherapy for one person (Loewenstein & Ross, 1992)
- Review traumatic memories, create narratives
- Affect regulation and management
 - Importance of symbolization as a mechanism of containment, and a space between the self and the signified



Dissociative Identity Disorder: Treatment, Late Phase

- Restructure ways patient interpreted the trauma
- Revising self- and object-representations, and internal object relationships - particularly via conflict, resistance and transference interpretations
 - Integration of good and bad objects
 - Integration of good and bad self
 - Detoxifying superego functioning
- Reestablish secure social connections
- The validity of hope

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