

## Trauma-Centered Psychoanalysis

### Transforming Experiences of Unbearable Uncertainty

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By destroying the certainties that pattern psychological life, trauma plunges a relational system into chaos and exposes its victims to experiences of unbearable uncertainty. When viewed from this perspective, trauma regains its original position at the heart of psychoanalysis. To show how this conceptualization grows out of and improves upon her earlier writings, the author traces the evolution of three ideas that have informed her work for over 20 years: (1) trauma is relational, (2) trauma is a complex phenomenon involving both a shattering experience and efforts at restoration, and (3) trauma goes hand in hand with dissociation. The chapter focuses on ways in which the systemic transformation of experiences of existential uncertainty affects posttraumatic life. Special attention is paid to reductions of complexity by means of relational patterns involving denials of sameness and difference and the emergence of rigid dualities. Insofar as analysts are no more strangers to trauma than are their patients, these patterns often come to organize treatment. An illustrative clinical example describes the treatment of a woman who was severely traumatized by incestuous abuse and emotional abandonment in early life. A crisis in the analytic relationship arose when the patient's pattern of relating to men revived painful memories of trauma in the author's own life. The chapter concludes with a discussion of analytic treatment as a "a tyranny of hope" and the bilateral nature of healing.

*Key words:* trauma-centered psychoanalysis; uncertainty; tyranny of hope

"Trauma! That's what it's all about." I had just begun to see patients as a graduate student in clinical psychology when this particular lightning bolt first struck home. I no longer remember what inspired it or just what it meant to me at the time. However, I do recall that, until that moment, I had thought of psychological trauma as the consequence of terrible occurrences that befell only a small number of patients, such as those who had undergone sexual abuse or had lived through wars or natural disasters. In light of the fact that Freud had rejected his original trauma paradigm in favor of his enormously influential drive-conflict theory, the idea that most patients and their therapists shared a traumatic past seemed to make little

sense. Yet it is probably no exaggeration to say that developing, refining, and expanding this notion has occupied most of my professional life.

I took my first step in the direction of placing (or should I say, replacing?) trauma at the center of psychoanalysis in the company of Richard Ulman. According to the self-psychologically informed theory we developed in our book *The Shattered Self* (Ulman & Brothers, 1988), trauma does not reside in a specific event, no matter how horrendous it may seem to an observer, but rather in the meanings of that event for the individual involved. We found that experiences unrelated to events commonly thought of as traumatizing could produce posttraumatic symptomatology, and we suggested that a great deal of what is diagnosed according to the categories listed in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric

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Association, 1980, 1994) might be better understood in terms of restorative efforts undertaken in the face of severe trauma (Ulman & Brothers, 1988).

I took another step toward a trauma-centered theory with my 1995 book *Falling Backwards* by conceptualizing trauma in terms of betrayals of trust in oneself and/or others to provide the selfobject experiences on which selfhood depends. I proposed that it is not selfobject experience per se that we cannot do without—some people have endured enforced isolation for long periods of time without psychological breakdown—but the confident expectation that others are available for the reciprocal give and take necessary for the maintenance of selfhood. Although relatively few of my patients mentioned traumatizing trust betrayals to explain their need for treatment, I found that they often played significant roles in their complaints.

However, it was not until I turned my attention to the reason that trust and its betrayal are crucially important in human relations—namely that we inhabit a world in which nothing, least of all the endurance of selfhood, is certain—that my understanding took a giant leap forward. It may seem obvious that we cannot know for sure that the selfobject experiences essential for selfhood will be available, that we can only trust that they will. Yet, as I hope to show later in this chapter, the experience of this ineluctable uncertainty figures importantly in what we deem traumatic (Brothers, 2008).

In an effort to demonstrate how my inquiry into experiences of what I call “existential uncertainty” made it apparent that trauma lies at the heart of psychoanalysis, I now briefly trace the evolution of three ideas that have, at least in some rudimentary way, informed my work for over 20 years: (1) trauma is relational, (2) trauma is a complex phenomenon involving both a shattering experience and efforts at restoration, and (3) trauma goes hand in hand with dissociation.

## Trauma is Relational

The theory of trauma Richard Ulman and I developed (Ulman & Brothers, 1988) was relational to the extent that we believed that the traumatizing meanings of a given event shattered what we called “archaic narcissistic fantasies” or “central organizing fantasies of self in relation to selfobject” (we used the term *self-object* to refer to another person experienced as providing self-sustaining experiences, such as mirroring, idealized merger, and twinship). We thought of these fantasies as organizers of subjectivity in much the same way that intersubjectivity theorists view “invariant organizing principles” and what I now call “systemically emergent certainties” (see below). In my 1995 book I placed even greater weight on the relational nature of trauma by proposing that it was the profound disruption in one’s trusting relationships with others, not merely one’s fantasies about oneself and others, that shattered the organization of one’s self-experience.

I have recently come to see that trauma is such a complex phenomenon that a focus limited to the experience of a single individual (or even the experiences shared by two people) leaves too much out of the picture. While clinically the experience of trauma must, of course, be considered from the perspective of the experiencing person or persons, the meanings that give rise to trauma, even those involving betrayals of trust, are not “owned” by the traumatized person; they are distributed throughout the interpenetrating systems in which that person’s experience is embedded (Coburn, 2002; Sucharov, 2002). I like the way Kossman and Bullrich (1997) conceptualize the nature of these interpenetrating systems. They write:

It could be argued that only one system truly exists, the universal system, with all other systems representing subsystems embedded within this larger contextual field. The complexity of embedded systems cannot be captured by a simple hierarchical model. Rather, what has been proposed as a more accurate description of the interaction of subsystems is that of a heterarchy of parallel distributed

systems (Grigsby & Schneiders 1991). (Kossman & Bultrich, 1997: 202)

When this heterarchy or network of systems is taken into account, the relational nature of trauma becomes strikingly apparent. My current perspective on trauma, which I call a "relational systems" perspective, makes use of the principles of what has come to be known as "chaos theory," "complexity theory," or "non-linear dynamic systems theory." According to Esther Thelen and Linda Smith (1994), psychologists who have applied the principles of nonlinear dynamic systems to early human development, these principles "concern the problems of emergent order and complexity: how structure and patterns arise from the cooperation of many individual parts" (p. xiii). Because emergent organizations are totally different from the elements that constitute the system and the patterns that arise from these elements cannot be predicted from the characteristics of the individual elements, development does not unfold according to some invariant master plan. Consequently, when human experience is regarded from the perspective of relational systems theory, uncertainty is implicit.

Under nontraumatic conditions an expectation of going-on-being (which need not even be questioned) emerges in an individual as a property of the integrated functioning of all the reciprocal regulatory processes that occur within living systems, such as those involved in feeling, knowing, remembering, making decisions, using language, fantasizing, and so on (I discuss this at length in Chapter Two of my most recent book). The terrifying sense of existential uncertainty experienced by a traumatized person reflects the severe disruption or disorganization of these processes. I want to emphasize the qualifier *severe*. According to many dynamic systems theorists, our development as individuals depends on some degree of disorder and disorganization. Mahoney and Moes (1997: 187) go so far as to conceptualize development in terms of "cascades of disorganization." It would seem, then, that disruptions of

our regulatory processes are not only inevitable but necessary for psychological existence.

Trauma, on the other hand, is a starkly different experience. In contrast to the disorganization that results when our experiences of existential certainty are temporarily disrupted, the profound disorder—chaos—that characterizes trauma threatens us with annihilation. While we may readily acknowledge that we inhabit a world in which nothing is certain, not even our psychological survival, trauma appears to expose us to this truth in a way that we experience as unbearable. Consider these words by Karen Armstrong (2000):

A violent uprooting, which takes away all normal props, breaks up our world, snatches us forever from places that are saturated in memories crucial to our identity, and plunges us permanently in an alien environment, can make us feel that our very existence has been jeopardized. (p. 8).

Although Armstrong was describing exile, particularly as it was experienced by Sephardic Jews after their expulsion from Spain, my own traumas, and many of those described to me by my patients, seem also to involve a violent uprooting from a familiar "before" and a free-fall into an utterly unfamiliar "after." As Armstrong (2000) points out, that which is without familiarity is also without meaning. I have come to think of traumatized people as exiles who are forced to live in a world that they no longer recognize, a world without meaning.

How is it that trauma plunges its victims into disorder of such magnitude that self-survival becomes a matter of profound doubt? My answer makes use of a concept I call "systemically emergent certainties" (SECs). Atwood and Stolorow (1984: 34) have referred to "structures of experience" or "organizing principles," which they define as "cognitive-affective schemata . . . through which a person's experiences assume their characteristic forms and meanings." I prefer to think of these as systemically emergent certainties because they form within and affect our relational systems, they specify the conditions under which we believe

our relationships are subject to the orderly mutual influence necessary to sustain selfhood, and they tend to be experienced as unquestionable truth.

Trauma, I believe, results when the SECs that emerge from and stabilize our relational worlds are destroyed by some experience that powerfully reveals their falsity. For example, my certainty that my loved ones and I were safe from the ravages of terrorism as long as we lived on American soil was a casualty of the terrorist attacks on New York City on September 11, 2001. It is the destruction of the SECs that once lent stability, safety, and meaning to our lives that turns us into exiles.

According to systems theorists, small fluctuations within systems can have widespread although unpredictable effects. This is variously known as the "butterfly effect" [the term was coined after an article suggested that the flapping of a butterfly's wings in Rio could result in a hurricane in Texas (Kossman & Bullrich, 1997)], "sensitive dependence on initial conditions" (Masterpasqua & Perna, 1997), or "order for free" (Piers, 2005; Harris, 2005). The horror of self-annihilation experienced by a person whose SECs have been destroyed not only reflects disruptions within the regulatory processes that organize that person's experience but also, since all experience is intricately interconnected, these disruptions are felt by all involved. From the perspective of relational systems, then, all traumas are, to some extent, shared.

### **Trauma Is a Complex Experience Involving Both a Shattering Experience and Efforts at Restoration**

In 1988, Richard Ulman and I wrote: "The full unconscious meaning of trauma is not completely captured by the shattering of self. Part of the meaning for the subject lies in the unsuccessful (faulty) attempt to restore the self as a center of organizing activity" (Ulman & Broth-

ers, 1988: 7). Our idea that self-restorative efforts, however inadequate, invariably follow a shattering experience and are therefore inextricably related to the experience derived from our belief that, as Atwood and Stolorow (1984: 35) asserted, the supraordinate motivational principle in human life is "the need to maintain the organization of self-experience." I retained the idea that traumatic experience includes efforts at self-restoration in my 1995 examination of the relationship between trauma and trust betrayal. I suggested that these efforts were often aimed at reestablishing trust in self and or others and sometimes took the form of actions that were motivated by a wish to "rescript" a trauma scenario (Brothers, 1995).

Both of my previous conceptualizations viewed the restorative dimension of trauma exclusively in terms of the traumatized individual. For this reason, posttraumatic stress disorder or PTSD was a prominent consideration for me. What I now see as creating the conditions for the emergence of PTSD in traumatized people is the destruction of their SECs and concomitant attempts to transform what feels like unbearable uncertainty about the availability of self-sustaining relationships. You might say that PTSD is what is experienced on the local level of the individual when trauma plunges his or her relational systems into chaos.

### **Trauma-Generated Transformations of Experienced Uncertainty**

My present understanding of the restorative dimension of trauma attempts to include its systemic emergence and repercussions. While the relational patterns that form within non-traumatized systems tend to be orderly and stable, they nevertheless change flexibly with the shifting needs of their constituents. In the language of systems theorists, they are context sensitive. The relational patterns that characterize traumatized systems are strikingly different. Emerging within systems dominated by the desperate need to halt the spread of chaos and tormenting uncertainty, they tend to be rigid,

restrictive, and impervious to the changing environment. To better understand how trauma-generated relational patterns transform our experience of uncertainty, we must consider the role of dissociation.

### The Restorative Aspects of Trauma Go Hand in Hand with Dissociation

Richard Ulman and I (1988) were probably the first writers to suggest that the symptoms of PTSD are dissociative in nature, that they serve self-restorative functions, and that PTSD should be considered a dissociative disorder rather than an anxiety disorder as it is listed in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (*DSM III*; American Psychological Association, 1980). Since our book was published, it has been widely recognized that dissociation, which is defined in *DSM IV* (American Psychiatric Association, 1994) as "a disturbance or alteration in the normally integrated functions of consciousness, memory, identity, or perception of the environment," serves self-restorative functions in the aftermath of trauma. Bromberg (1994), for example, has argued that "dissociation is not fragmentation" but instead may defend against fragmentation. Stolorow *et al.* (2002) suggest that people who are able to dissociate in response to trauma may avoid the experiences of annihilation that characterize psychosis.

Dissociation, I now believe, is characteristic of most trauma-generated patterns of relating. I see these patterns as falling into what Brown (2006) identified as two distinct categories of dissociative phenomena: compartmentalization and detachment. What I previously identified as experiential black holes (Brothers, 1995) along with such phenomena as amnesia, fugue, and what is known as dissociative identity disorder (DID) would fit within the category of compartmentalization, while experiences of numbing, depersonalization, and derealization would fit within the category of detachment. Phenomena in both categories serve to transform what otherwise might be

experienced as unbearable uncertainty about psychological survival. I propose that these transformations occur by means of changes in the experienced complexity of lived experience. Let me explain.

### Dissociation and the Reduction of Complexity

At times, the very complexity of our experience interferes with a sense of certainty about psychological survival. Most of us, I believe, tend to experience greater uncertainty when dealing with that which is multilayered and complicated than with something simpler. Among some traumatized people, the memory of a trauma is experienced as unbearable not only because it generates intensely painful feelings but also because in recalling an event that destroyed a cherished certainty, a great many contradictory thoughts and feelings are likely to arise. To experience such complexity might well heighten what is already a level of uncertainty about psychological survival that is close to unbearable. When a memory of a traumatic event is dissociatively compartmentalized such that it is no longer available to consciousness, this complicated amalgam of experience, and its attendant uncertainty, disappears. Detachment also works to simplify traumatic experience. To the extent that one's affect is dissociatively flattened or one's sense of the reality of the event or of oneself is lost, experience of the chaos and disorganization that attends trauma is attenuated.

However, these dissociative reductions of complexity are achieved at great cost. Since the experience of integrated selfhood involves the synthesis of many psychological processes, any disturbance of this complex synthesis is likely to produce a disturbing sense of being estranged from all that was familiar, including one's own sense of self. Dissociation, therefore, plays a major role in transporting a traumatized person into the arid isolation of exile [see also Orange (2003) on the ways in which trauma results in a reduction of

complexity]. As complexity is dissociatively reduced, a traumatized person's experience comes to be ruled by simple rigid beliefs that are clung to with desperate ferocity. Certainty is replaced by certitude.

### **Denials of Difference, Denials of Sameness, and the Creation of Dualities**

The more we experience other people as like ourselves, the more we expect them to engage with us in an orderly reciprocal exchange. And, more often than not, when we encounter people with personal attributes and interests similar to our own or people who endorse the values, attitudes, ideas, or styles of life that we hold dear, our expectations are realized. The search for sameness is familiar to self psychologists as a need for twinship (Kohut, 1971, 1977, 1984). In the context of trauma, these experiences may be sought with an urgency that comes to dominate psychological life. To the extent that trauma involves the loss of that which is known, familiar, and meaningful, traumatized people are likely to crave reassurance that they have not been stripped of that which connects them to other humans: their resemblance to them. Because it is only by regaining a sense of being "a human among humans" (Kohut, 1984) that we have any hope of emerging from the unbearably lonely exile of trauma, whatever confronts us with evidence of our difference from others may be dissociatively eliminated from awareness or denied.

It is a curious aspect of the human predicament that a sense of being uniquely different from others emerges and can only be maintained in the company of others like ourselves. Thus, our search for difference is intimately connected with our search for sameness. The traumatic loss of certainty about maintaining our self-sustaining connections to others and therefore a sense of ourselves as distinct one-of-a-kind individuals lends urgency to the search for difference following trauma. Finding differ-

ences, making sharp distinctions among that which is similar, tends to bring certainty to experience. Just as the search for sameness may become transformed into a denial of difference, so the search for difference may become a denial of sameness.

Both denials of sameness and denials of difference may be involved in the creation of dualities or dichotomies, a phenomenon that often characterizes traumatized systems. When we locate any given aspect of reality on one or the other side of a dichotomy, the "either-or" thinking involved serves to diminish complexity and, consequently, experiences of uncertainty. Consider, for example, President Bush's references to an "axis of evil" in the traumatic and uncertain aftermath of 9/11. Such a designation denies our shared humanity with those who live within supposedly evil societies and denies the differences that exist among those who presumably live in good ones. Uncertainty-reducing polarities, I have discovered, are often enforced through brute force. Might, under these circumstances, does not only equal right, it equals the end of unbearable uncertainty. As my clinical example will hopefully demonstrate, denials of sameness and difference and the creation of dualities result in rigid constricting patterns of relating that often shape the analytic encounter.

### **Trauma, Uncertainty, and the Treatment Situation**

Once trauma is viewed in terms of the destruction of SECs and concomitant efforts to transform unbearable experiences of existential uncertainty, it becomes possible to understand virtually all of the complaints for which patients seek analysis as trauma related (for a more detailed argument of this point see Brothers, 2008). While this alone might persuade us that psychoanalysis should be regarded as a trauma-centered enterprise, even more compelling is my finding that analysts are no more strangers to trauma than are their

patients. But how can I make this assertion? For one thing, a great deal of research shows that most people undergo severe trauma at some point in their lives (e.g., Bloom, 1997; Ozer *et al.*, 2003). For another, virtually all of the life stories told to me by analysts who are my friends, patients, and supervisees have contained devastating traumas. And remember, from a relational systems perspective, all traumas are to some extent shared. Analysts are granted no special immunity to the traumas that pervade contemporary life.

Trauma is a very cruel teacher; its searing lessons are learned all too well. The threat of its recurrence haunts every step taken by its victims, whether they are analysts or patients. Although it is often true that, in the course of their training analyses, the wounds of the analysts' traumas are healed to some extent, when the horror of meaningless chaos looms again, relational patterns that drastically transform the experience of annihilating uncertainty emerge anew. Because much that patients bring to the analytic relationship, including their vulnerability to retraumatization, tends to stir memories of an analyst's own traumas (although these may remain largely out of awareness), their old trauma-generated patterns of relating may again take hold. Thus, both members of the analytic partnership are trauma's refugees drawn together by their common need for healing and sanctuary.

### **Nancy, Robert Redford, and Me: A Clinical Example**

In my recent book (Brothers, 2008) I described the traumatic childhood of a patient I called Nancy, an attractive, highly accomplished, 44-year-old woman. However, I did not provide an account of our analytic relationship. After briefly reviewing Nancy's history, I present a vignette from her treatment that will hopefully illustrate some of the clinical benefits of a trauma-centered uncertainty-oriented perspective. One of Nancy's favorite fantasies reveals a great deal about her and her relational

world. It begins with Nancy strolling down the street just as Robert Redford, the actor and film director, passes by. He immediately recognizes her as the object of a long search. As her fantasy unfolds, Redford not only gives Nancy a starring role in a movie but soon falls in love with her and proposes marriage. She then shares in his luxurious and glamorous lifestyle.

Nancy's fantasy appears to give expression to an SEC of central importance in her life: only to the extent that she possesses the attributes that conform to a man's wishes and desires can she attract him and sustain his interest. Because Nancy assumes that Redford offers her the role because she embodies the qualities he deems desirable in women, the fantasy expresses and reinforces her SEC [see Brothers (2008) for a discussion of the various meanings of this fantasy]. Twice divorced and the survivor of numerous failed romances, Nancy had become aware that all of her relationships with men have been similarly patterned. With each man who stirs her longings for romantic love, she attempted to transform herself into his "dream girl." Eventually, her resentment, humiliation, and rage at being required (she feels) to take on qualities that are not congruent with her self-perceptions contributed to the breakup of the relationship. Each new relationship has reinforced this SEC insofar as the men with whom she has been involved have all reacted positively to her efforts to live up to their wishes and negatively when, after a time, she has refused to do so.

By the time Nancy entered treatment with me, her SEC seems to have become rigidified and impervious to modification. We came to understand that it arose in the context of trauma, replacing her early childhood certainty that she would be cherished "just for living and breathing". The following excerpt from *Toward a Psychology of Uncertainty* will hopefully explain the circumstances in which it took form:

Nancy... claimed that "from time immemorial," she knew exactly what would happen on Saturday afternoons. Her father, she explained, would arrive home from work with a package under his arm.

"For me, Daddy?" she would ask. "For you, darling," he would answer. When Nancy was little, the package usually contained a toy or a coloring book. After tearing off the wrappings, she would leap into his arms and cover his cheeks with grateful kisses. Unable to count on her mother's emotional availability, or even her physical presence since she often secluded herself during frequent bouts of depression, Nancy had drawn close to her father. She'd had no reason to doubt that "he adored me just for being myself."

When Nancy reached puberty, the packages, which continued to appear under her father's arm on Saturday afternoons, became objects of dread. Her fingers would tremble as she unwrapped items of clothing intended to make her look "cute and sexy." Although the incestuous implications of the gifts alarmed her, far more distressing was her awareness that, in the seductive garments she wore at her father's insistence, she became a rival in her mother's eyes. By the time Nancy turned 15 she had lost all hope that their tattered bond might be restored. Even on the rare days when her mother ventured out of her locked room, Nancy felt "locked out of her heart."

Saturdays now became the time when she would have "dates" with her father that usually ended in necking and petting sessions in his car. It was then that the familiar homeland of childhood vanished and she found herself, much like Alice, in a strange, surreal and dangerous world. (Brothers, 2008: 43-44)

Given her history, Nancy's certainty that she could win a man only if she became the woman he desired seems understandable. In light of the emotional vacuum created by her mother's periodic withdrawals, Nancy had little choice but to comply with her father's demands. He made it clear that his participation in the relational exchange on which her psychological survival depended turned on the extent to which she pleased him. If becoming his Lolita was his price, no matter how exploited, abused, and inauthentic she felt, she had to pay it.

Deeply moved by Nancy's story as it unfolded over the course of our first year of treatment and delighted by her emotional intensity and keen intelligence, I soon felt strongly committed to our relationship. I think we both believed that the treatment would prove heal-

ing and that her main goal in seeking treatment, which, as she put it, was to avoid ending up with yet another "Mr. Wrong," would be realized. When her dread that I would repeat her mother's frequent and disastrous abandonments emerged between us—a dread that reached crisis proportions around my vacations—I had little difficulty understanding her rage and panic. Without undue effort, I seemed to find ways to respond to her that allowed her some glimmer of hope that a trustworthy relationship with a maternal figure was possible.

Within the first two years of twice-weekly sessions, Nancy reported a number of significant changes in her life. She made a bold career move and developed several close friendships with women. Although none of her efforts to find a desirable male partner were successful, she seemed to take pride in her newfound ability to live without a man. I think we both felt confident that her treatment was on track. However, 3 years into the treatment, when Nancy became involved with Ron, a man she was sure was "Mr. Right," our relationship lost its easy rhythm. Up to this point Nancy seemed to feel deeply understood by me; now she often complained that my responses showed that "you just don't get me." And, perhaps because she suddenly seemed to have changed before my eyes, I did find it difficult to "get" her. Having exchanged the stylishly tailored clothing that had once been her trademark for tightly fitting clothes with low-cut necklines, she looked like a different woman. And, since all of her utterances now seemed to end with a question mark, she even sounded different. My heart sank when she decided to trade her demanding new job for one that seemed well below her capacities. What is more, she neglected her friends in order to spend more time with Ron. I seemed to be witnessing her transformation into the empty-headed "sexpot" she assumed was his dream girl.

Things came to a head between us on a day when Nancy adoringly repeated one of Ron's comments about the political situation.



Marveling at the brilliance of Ron's assessment, she derogated her own understanding as "lame-brained." I responded by saying something to the effect that Nancy's own take on the political situation seemed very astute to me. Nancy looked stricken. "How could you possibly say that? Why can't you see how brilliant Ron is?" she cried, "Why don't you like him?"

After a few words of denial, I stopped myself. All at once I knew that Nancy was right. Despite my never having laid eyes on Ron, I did not like him. I confessed that Nancy had indeed picked up my negative feelings about him and that I would try to understand their source. Then it struck me that my negative feelings were not limited to Ron. I felt keenly disappointed in Nancy for once again transforming herself to please a man—and angry at her. Sometime later, when I reflected on what stake I might have had in her relinquishing this trauma-generated pattern, I realized that it came uncomfortably close to my own. As a young woman I had often formed connections to men who seemed to embody dissociated aspects of my own experience. Although my reasons were different from Nancy's, I too had acted in ways that seemed to enhance the man's superiority at my own expense. Now I understand that I was angry at Nancy for making me face the ways in which we were and were not alike. In order to avoid reexperiencing my own traumas and to combat shameful feelings stirred by memories of my own efforts to transform myself for men, I had needed to see Nancy exactly as I wished to see myself, that is, as unchanged by a man's desires. To the extent that Nancy had not overcome her tendency to change for a man, I was reminded of my own shameful vulnerability. In other words, I had denied both our sameness (we were both vulnerable to a similar trauma-generated pattern) and the differences between us (she was not yet ready to relinquish it).

When I explained that I had found it difficult to accept the way she related to Ron because I had worked very hard to overcome my own tendency to change myself for men, Nancy

thanked me for trusting her with this intimate glimpse of myself. Knowing that I had struggled with a problem similar to hers, she said, lessened her sense of shame. She confided that she had been aware of how much I hoped she would resist the temptation to become Ron's dream girl. "Some part of me knew it was wrong to turn myself into a sex kitten for Ron, the way I had for my father, but I couldn't stop myself." I suggested that perhaps it was just my intense hope that she give up a way of relating that had insured her psychological survival that made me seem so out of touch with her experience. Having once clung to her father in her mother's physical and emotional absence, she felt compelled to comply with Ron's unspoken requirements when she experienced me as emotionally distant. I return to this point at the end of the chapter in my discussion of the "tyranny of hope."

Soon after our relationship resumed its initial ease and closeness, Nancy announced that she could no longer devote herself to a man who would not accept her as an equal. Increasingly, she risked showing Ron her intelligence and competence despite her awareness that doing so was incompatible with his expectations. As Nancy anticipated, Ron complained about what he took to be a radical change in her personality. Instead of breaking off their relationship, however, he surprised her (and me) by suggesting that since he did not want to lose her he was willing to address their conflicts in couples' therapy. Although their relationship continues to have its ups and downs, Nancy's conviction that I would stand by steadfastly has enabled her to continually risk authentic relating with a man.

### **Some Implications of a Trauma-Centered Uncertainty-Oriented Perspective**

#### **Treatment as a "Tyranny of Hope"**

Let me now return to my earlier suggestion that my hope that Nancy would relinquish her

tendency to change herself to please a man may have inadvertently led her to cling more tightly to it. After all, this tried and true pattern had helped her to survive a childhood marked by incest and neglect. How could she be certain she would survive without it? Even if my hope had not been fueled by my urgent need to avoid a painful reprise of experiences associated with my own traumatic past, it might have frightened Nancy. I have discovered that for some patients, especially those whose certainty of psychological survival has been destroyed by trauma, the treatment situation may represent a dangerous journey toward ever greater uncertainty. The language of hope we cannot help but speak to our patients—how could we work as analysts without hoping to heal them?—may sound very much like an invitation to disaster. The feelings of expectation and desire that constitute hope and which propel our lives toward some rosy future can only be tolerated to the extent that experiences of uncertainty are also tolerable. When all certainty is exposed by trauma as a cruel myth and the future looks like a dark and barren wilderness, hope must be crushed lest it add further uncertainty to a future that is already unbearably precarious. I have wondered if some of the patients who have been characterized as resistant to the therapeutic process are those who demonstrate their need to evade what might be conceptualized as a tyranny of hope. This understanding represents another step in the direction Kohut ventured when he explained behavior traditionally regarded in terms of defense and resistance as attitudes and activities undertaken in the service of psychological survival (Kohut, 1984: 115).

### Bilateral Healing

Another implication of a trauma-centered perspective involves the bilateral nature of analytic healing. Having confronted my continued vulnerability to trauma-generated relational patterns similar to Nancy's as well as my denials of sameness and difference in relation to

her, I was able to take another step toward solidifying more advantageous and developmentally advanced modes of relating. That healing is not just what happens to patients is a notion I have endorsed for some time (e.g., Brothers & Lewinberg, 1999). A relational systems perspective deepens this way of thinking. To the extent that analyst and therapist are thought of as constituting a dyadic system, it is hard to imagine how one analytic partner could experience growth and healing while the other remained unaffected. If, in addition, the analyst's traumatic past is factored in, the idea of unilateral healing becomes even less tenable. The analyst's vulnerability to the threat of re-traumatization, which, I believe, is inevitably intensified in the course of an analytic relationship, makes his or her need for further healing an inextricable part of the therapeutic process.

Sander's (1995a, 1995b) concept of "the recognition process," which he originally used to describe the regulation of physiological states between parents and infant, helps to make clear why healing is necessarily a two-sided process, particularly in light of its elaboration by Lyons-Ruth (2000) and Stern (2004). The title of Lyons-Ruth (2000) article "I Sense That You Sense That I Sense. . ." beautifully conveys what Sander meant by the recognition process, which, according to Lyons-Ruth (2000: 90), comes into existence very early in life, and involves "finely coordinated joint action or interaction." She has argued in favor of extending the term to include both self-reflective awareness, which the word *recognition* seems to imply, and what she calls "implicit relational knowing."

One aspect of the recognition process involves what Sander (1995a, 1995b) has variously termed "recognition of fittedness," "specificity of fittedness," and "fittedness of intentions." He explained his use of these terms as attempts to describe the specific ways in which a person's experience is connected to the context in which it emerges. I agree with Lyons-Ruth's assertion that these concepts illuminate

aspects of the therapeutic process that have defied conceptualization. Thus, for example, they capture the ways in which analysts and patients communicate their recognition of one another as fellow trauma exiles, "fitted" to the task of reciprocal healing.

### Going beyond the Analytic Relationship

I have already applied some of the ideas described in this chapter to such topics as gender, death, psychotherapy cults, faith, and burnout (Brothers, 2008). I also envision their application to aspects of the political situation, particularly those involving the emergence of rigid, "us-them," "good-evil" dualities that are enforced through aggression and violence. It is my hope that viewing them as responses by traumatized systems to experiences of unbearable uncertainty might pave the way to deeper mutual understanding and greater tolerance.

### Conflicts of Interest

The author declares no conflicts of interest.

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For the opportunity afforded by their contributions, and to Psychoanalytic Dialogues for publishing our exchanges, I express deep gratitude. Psychotherapy and psychoanalysis. Counselling and psychotherapeutic programmes for adults. Programme for Women Survivors of Domestic Violence. This was the first programme offered at the Centre. Most of the women who seek help at the Centre are survivors of domestic violence. Women in a situation of on-going domestic violence, who have decided to change their lives, contact Animus. Norwegian Psychoanalytical Society. Introduction Trauma or better, traumatisation, places the relation between external reality and psychic reality in focus. Understanding trauma involves thus basic questions related to psychoanalysis as a theory and science at the same time as the traumatised patient poses clinical challenges with no easy answers. The early debate and controversies between Freud and Janet, are reflected in today's controversies in the trauma field.