

What Happens in the mind of the child during trauma?

You have heard already about interventions and advocacy in the community with regard to child maltreatment, and this afternoon you will hear some detailed accounts of clinical work with such children. My job will be to look a little more closely at what happens in the mind of the child during and after various forms of trauma and maltreatment from a general, theoretical perspective. Clinicians often have an ambivalent relation to theory, sometimes thinking that a theory they idealize gives them special access to all that is going on in complex situations, while at other times, or with other theories, thinking that theory gets in the way of seeing what's really going on at the human level with the people with whom they are working. To my mind, a theory is a model and a tool. The theory attempts to model, through using concepts in our case, through the use of mathematical models in some other sciences, an inferred underlying reality. This model, if there is some accuracy to it, can be an enormously powerful tool. By giving us some ways of thinking about underlying realities and mechanisms that cause the realities that we can observe, it can allow us both to make sense of sometimes seemingly senseless or chaotic phenomena, and it may allow us also to think of how to intervene in certain situations, to understand what may be a better intervention, or give us an understanding of why certain types of interventions work and others do not. On the other hand if the theory is idealized as unimpeachable and is not tested against reality and corrected and developed, or if it is mistaken for the reality of which it is a model, it can certainly mislead one.

We cannot function without theories, not just as a therapist or a scientist, but also as a human being in ordinary life. We interact with the world, and are able to make our way in the world, because we have models of the world. And here we meet the topic of trauma, because trauma is a situation in which our regular, largely unrecognized, modelling of the world based on theories about it, is shattered and we, who are much more dependent on these theories than we usually realize, are shattered also. Most of the time we do not recognize the part that expectations and theories play in constructing what we take to be our immediate experience. But this seemingly immediate experience is based usually on only a very small sampling of perceptual input, which is then combined with our models and expectations. We do not merely passively perceive reality, we create it. But we do not create it arbitrarily nor simply as we wish, as might be suggested by certain post modern ideas. Rather this creation or construction of the present moment of experience is highly constrained, both by perceptual input and by our theories about reality and what to expect.

Magic tricks and other illusions depend on our construction of experience using theories and expose its existence. A breaking of our expectations can throw us off balance. Instead of a magic trick, imagine a surprise birthday party which you truly weren't expecting. In fact, imagine you had never had a surprise birthday party in your life. Imagine you come home and are preoccupied with some other thoughts as everyone jumps out and shouts surprise! Things may get confused at first, as you see people jumping out from behind couches. You will in an instant form theories about what is going on. Some of them could be quite absurd in retrospect. You might feel, even as

you regain your balance, that things seem a bit unreal. While this is not a trauma, it has some elements of one — the being thrown off balance and the disorientation are always present in trauma. Imagine now that some of your so called friends decided for the fun of it to dress up in costumes and jump out shouting with swords in their hands. You are for a moment not just confused but scared. The effect of something like this depends on many things, but lets just say you are distracted, tired, and also feeling a little harassed at work by a difficult co worker. For that crucial first moment you cannot make sense of what is going on, but feel in mortal danger. You shout out and then are frozen. You slowly come to, as people laugh and you recognize them. But you are shaken, and also irritable. This later may seem reasonable in the situation, but you are surprised at the intensity of the irritability and its persistence, and that it won't leave you through the evening. It has a mind of its own. That night you dream of attacks by robbers and a knife attack as well. The next day at work you jump when a friend comes up behind you and asks if you want to go for a coffee.

Is this a trauma? It depends, of course, on how broad you make the definition. But for our purposes, the definition is not as important as what a situation like this can teach us about what goes on in more serious traumas. This is what has been called a bland trauma, meaning that the repetitions in dreams and waking life of the upsetting incident lead eventually to it being processed, and to a cessation of the minor symptoms. These are probably relatively common, but largely unrecognized, reactions — sometimes to minor things, sometimes to relatively serious upsets such as a car accident. What is interesting is that there does seem to be a kind of self healing mechanism once one is

traumatized, in which the trauma is relived involuntarily from many angles, often in a manner that is somewhat disruptive to regular life, since the reliving is an intrusion of the past into the present. But as with mourning, another disruptive but ultimately healing process, this process seems to be necessary and to serve a purpose.

A number of questions and further trains of thought could branch out from these relatively simple examples of bland trauma. I will use them to discuss what goes on in the mind of the child during trauma, including what forms of memories and enduring structures are formed, and sorts of interventions are useful in dismantling these structures. Having, far too briefly, outlined the nature of trauma, we will also be in a position to consider outcomes of child maltreatment that do not lead to trauma but interfere with development in other ways. Among these are abusive relationships, which I will consider briefly at the end of this talk.

So to start — what is the psychological nature of trauma and the post traumatic state? What can the strong tendency to relive the trauma, in fact the need to relive it in order to be free of it, tell us about trauma? I began by describing how trauma challenges and upends the theories and models that we use to navigate in the world. These theories should not be seen as intellectual constructs, but rather as woven into the very fabric of our ability to connect with the world and with others. Among these theories are a set of defences, which I have labelled universal primal denials — universal since we all have them, primal because of their early origin and strength, and denial because they are an unconscious keeping at bay of unpleasant realities. These keep at bay full

acknowledgement of our fragility and eventual death, the limited control we have over the world and others, and the limits of the caring that others and the world can have for us. While one also needs to take cognizance of these realities, for example in writing a will, or driving safely, or in a thousand other ways, at the deeper emotional level denials related to them are necessary protectors of our mental stability, rather than signs of pathology. Events that shatter these primal denials by challenging our core sense of safety, of being protected, and of bodily and psychic integrity, lead to intense annihilation anxiety, which produces a cascading psychobiological response that we refer to as trauma. At a certain tipping point, this cascade involves the shutting down of many higher level ego functions, such as integration of various bits of perception, language, and narrative functions. The conscious signs of this include feeling numb, which is a word almost all people who have been traumatized use, feelings of unreality and of fusion with other people, such as perpetrators, and distortions of the sense of body and time.

Time does not permit a full discussion of all the disruptions that take place during trauma. I will concentrate on a more general outcome of these disruptions, which is that the construction of the present moment is brought to a halt, and the processing of experience into long term memories is interfered with. What do I mean by the construction of the present moment being brought to a halt? Let's return to the situation of your no good friends jumping out at you with a shout brandishing their swords, and you being terrified and unsure of what was happening. While we usually think of what we become conscious of as a kind of immediate given, both psychoanalytic and

neuroscientific evidence makes it clear that this is not the case. Our apparently immediate experience, and then the short term and long term memories that are formed of the experience, are a product not just of sensory input but of the integration of our theories of the world with this input to construct what we experience consciously as our immediate present experience. When your “friends” jumped out, you may experience a feeling of unreality, that time was slowing down, and that you felt strangely separated from your body. All these would be signs that the regular processing of the experience was not taking place because of the shut down of ego functions I have mentioned. If all that happened was a shut down and a start up again then you would have merely a strange experience. But in trauma, as most people know, something happens that has more staying power. The best way to describe traumatic memories is to say that at the psychological level they have not yet happened. Of course we know they have happened objectively, but to have something fully happen psychologically is a more complex and involved process. Traumatic memories have the key characteristic of memory of being retained over time, but they in other ways do not behave like regular memories, but rather like immediate present experiences, or like just about to happen future ones. One cannot scan traumatic memories back and forth, stopping the remembering at will. In fact, traumatic memories have a will all their very own. When you jump as your friend asks you if you want to go for coffee, after your unfortunate experience at your party, you are remembering, but not in the usual way. You are having an immediate experience, of the moment of being startled and terrified as your -- perhaps now former -- friends jumped out at you. This is a very special form of memory. Not that it always has to be a feeling or action. These types of memories can also involve perceptions, but

here too they return as a present experience. When a traumatized person has a flashback, it is not felt as something from the past, but as an intense immediate experience.

This characteristic of post traumatic memory, of being a present or about to happen experience, is the key to understanding how it functions and how trauma effects people. But it has a number of other characteristics as well. It exists as bits and pieces, not integrated with each other, or with other memories. It is concrete, with no abstraction or language attached. It is not effected by the passage of time. All of these characteristics and others are signs of the lack of processing of the immediate experience because of the ego shut down. Many authors have commented on the distinct nature of post traumatic mental functioning. I have proposed the term and concept of the zero process to designate it. This particular name serves to distinguish it from the primary process, which Freud described as a special mode of functioning of the emotional mind, which he in turn distinguished from the secondary process, which is our more organized, reality oriented form of mental functioning. I introduced the term zero process both to designate the special form of post traumatic mental functioning and to make it clear that it was only one of a number of major ways in which the mind organizes itself. Trauma and its consequences are important things, but they are not the only thing. I will return to this point later in this talk, but first I would like to dwell for a while on the key characteristic of zero process memories, of being a present or about to happen experience. There is a constant push for the unprocessed bits and pieces of the trauma to actualize themselves in this way. I think we can usefully designate this as the zero

process drive. It of course differs in many ways from the sexual and aggressive drives with which we are more familiar, but it shares one basic characteristic with them, which is that it is an independent centre of initiative. The push to experience the zero process traumatic memory does not come from somewhere else but seems to be intrinsic to the memory — related to the fact that the formation of the present moment was brought to a halt. Opposing this drive to become a present experience are various defences, such as repression, denial, and others. The battle between the zero process drive and defences that oppose its push for concrete actualization lead to compromises that are forms of partial repetition of the trauma. Before this discussion becomes too abstract, let me illustrate it with a clinical example. Let's leave the fun and make believe world of surprise birthday parties and over exuberant friends behind, and enter a more sobering one, of our main topic today, the world of child maltreatment.

Peggy came to see me in middle age. She had been brought up through a good part of her childhood by a mother who suffered from paranoid schizophrenia. She did not know this diagnosis at the time. All she knew was that her mother looked up, whispering at voices she heard in her head, and sometimes, out of the blue, would then say something violent in a menacing voice, which would terrify Peggy. Peggy imitated this voice, which she said was like nothing she had ever heard since, and it scared me as well. Not that her mother was always menacing or acting strangely — at times she could be quite sweet, in a naive way, like a little girl. But the unpredictability kept Peggy on edge and when at its worst traumatized her. Peggy's father had a loving relationship with her, and took measures to protect her, such as hiring babysitters, and in the first

year of her life having a relative take her each day to her house. But he was away most days taking care of his business, and even as he realized his wife's problems enough to take some measures to protect Peggy and her younger brother, he was also in enough denial about the extent and effects of her disorder that he left the children often alone with her and, after a hospitalization, brought her home once she had improved somewhat, against the advice of the psychiatrists. Peggy's emotional conflict between her love for her father who gave her so much, and her anger at him for not protecting her adequately from her mother, dogged her, largely unrecognized consciously, throughout her life. Child maltreatment is a larger thing than only trauma — it leads to emotional conflicts such as Peggy's related to her father, and also includes various other interferences in development, such as the neglect and lack of mothering influence at so many levels and stages in Peggy's life.

But before broadening out the discussion, let's look at Peggy's traumas. One that had a huge influence on her was sexual abuse by her mother, who came into her room on many occasions when Peggy was between 6 and 8 years of age and touched her genitals and got Peggy to stimulate her as well. It seemed that these were not the more common sort of planned out abuse, with emotional manipulation, that often takes place, but rather a product of the breakdown of the mother's inhibitions related to her schizophrenia. Peggy repressed these incidents and only remembered them fully later in life, although prior to coming to therapy. Despite this repression, they lived on as a perpetual present, as I have described as characteristic of zero process traumatic memories. As we explored them, she talked of how she had always felt that she lived in

two worlds, and had never felt fully part of the regular world of the present, or of the groups of peers, even those who were her friends. This feeling by itself is not a sure sign of trauma, as it is very commonly felt for all sorts of reasons. In Peggy's case we might think the feeling of being an outsider was a continuation of her situation in childhood, living with the secret of a strange and embarrassing mother. And it certainly was that. But it had many features derived, we discovered, from the sexual abuse. Peggy felt that her place was a mess and was embarrassed to invite people over, even though she in fact had a nice sense of design and kept her place clean, as I could see when she finally showed me some pictures she had taken of it. She herself dressed with flair, and was quite engaging and socially capable, and yet felt also quite differently about herself. Among the pieces of memory from the abuse was the smell of her mother, and Peggy's feeling of disgust as she was pushed up against her large, overweight, soft body. One of the basic ego functions that is shut down during trauma is the differentiation of ourselves from others. This hardly seems like a function, as we take this differentiation for granted, but in severe regressions it breaks down. Peggy's feelings of disgust in relation to her mother, which reached their height during the episodes of sexual abuse, were felt by Peggy as applying to herself as well. In fact in this alternate, post traumatic reality in which Peggy lived, she *was* her crazy, embarrassing, smelly mother. Peggy had a number of other reactions which related to the sexual abuse. I won't detail them all, as our purpose is to elucidate the general characteristics of these sorts of post traumatic reactions, not to describe a detailed case history. I will mention one reaction, to serve as a further example of zero process memories. As Peggy entered adolescence she found herself very shy with boys in any

kind of situation that might lead to dating, and on actual dates. This was quite out of keeping with her generally sociable nature. A reaction like this cannot be taken as a sure sign of sexual abuse, as there can be many reasons for it. One needs to look more closely. When we did Peggy remembered that she had been actually tense with fear in these situations, and eventually connected this to her feelings her mother was lying beside her mother during the incidents of abuse. This terror had not become part of her past, but rather lived on as a reality in the present, ever ready to be triggered. Even as she became more socially adept with men, and more comfortable with her sexuality, this other reality still persisted, making her freeze in situations where she should have acted to protect herself. This is the nature of the zero process — a reality that does not become a memory, but persists as a present or expected future reality. If there is one point I would like to emphasize about the nature of post traumatic reality, and hope that you retain from this talk, it is this characteristic of being a true present reality. Zero process memories have the basic characteristic of memories of being retained over time, but in most other ways they behave like present experiences. The zero process drives pushes for the reliving in the present of the memory, while various defences, such as dissociation and repression attempt to keep this reality from awareness.

The zero process drive also means the reality is lived out with the force of its own. Unlike other memories, even strong memories, one cannot control the course of a zero process memory as it is lived out in real time. When Peggy was in a situation which suggested there may be a sexual approach as a possibility, she was frozen in fear. She did not know why, and she had no ability to control the reliving of the abuse episode.

Two things are worth emphasizing about a situation such as this. First, the reaction is based on very concrete perceptions from the original trauma, and thus is triggered in this manner. As an example, when Peggy got to the point of having sex, she actually found she enjoyed foreplay and intercourse, except that she absolutely could not let the man touch her with his hands on her genitals, as her mother had done, even though at first she had no conscious memory that her mother had done this. Her fear and dread were triggered by this very concrete body experience, as well as by the anticipation that of a similar sexual advance on a date. It was not triggered by other sexual experiences, and thus we can see the complete lack of abstraction in the zero process — Peggy was not scared of the category of “sex”, but of things much more concrete, embedded in a perpetual present in her mind. This is an important characteristic of post traumatic functioning, and is helpful in spotting trauma. For instance, someone being shy about sex in general or having pain and tension during sex, would not be by itself evidence of sexual abuse — there can be lots of reasons for this, including of course sexual abuse, but not only abuse. But the persistence of specific repetitive responses, triggered by concrete experiences, especially when they are out of keeping with the general personality and outlook of the person, are signs of trauma.

The second point I would like to make about the lack of control of true zero process traumatic memories, is that this characteristic allows us to distinguish them from more intense memories which are sometimes held out as examples of traumatic memories. For instance, there has been much talk both in the popular press but also in academic literature, of so called flash bulb memories, which are particularly intense memories for

shocking incidents. An example would be people's memories of hearing about and seeing the planes hitting the twin towers on 9/11. Most people can remember what they were doing, and I certainly can, when they first heard about the attacks. These memories usually include certain very powerful and intense images, which people have come to call flashbulb memories and have linked to trauma. This is misleading for a number of reasons. For one thing, most people's reactions to seeing the towers hit, or other disasters, even personal ones at times, do not usually constitute a trauma. Intense activation will lead to intense memories, but that is not the same thing as a trauma. How can we tell? Well, one way is by looking at the control that people have over their memories. I can recall what I was doing when I first heard from a colleague, who seemed quite shaken, that there were a series of massive terrorist attacks on the States. I can scan the set of memories backwards and forwards, and if I want to stop thinking about it, I can. The memories are strong, but I do not live them out as a present experience. I know when I am remembering them that I am remembering something from the past. When Peggy was scared and frozen on a date, she had no idea what she was reliving, and she had no control of this kind of remembering. Certain types of traumatic memories, specifically those linked with PTSD, may be confused with flash bulb memories, leading people to equate the two. In PTSD there can be intense flashbacks, triggered by concrete present perceptions. But, unlike flash bulb memories, people who suffer from flashbacks have no control over their appearance, nor their unfolding. The flashbacks play out as if in real time, with intense emotions and intense perceptual fragments, for instance of seeing a buddy being killed in a soldier's flashback, and the person has no ability to control the reliving in the present. Also,

unlike strong or intense memories, a person with flashbacks has no interest in revisiting the zero process memory, and tries as best they can to avoid it, even as it pushes upon them and overwhelms them. It is this constant battle between the zero process drive to remember in the form of a present reliving, and the fight to control the reliving through repression, compartmentalization, and avoidance, that mark the effect of trauma on the traumatized.

There is another idea about traumatic memory, which could at this point be described as a prevailing view among therapists and theorists, which needs to be addressed in relation to the idea of zero process memory and zero process drive, not just for purely theoretical reasons, but because it leads directly to important issues regarding the recognition and treatment of trauma. This idea is that in trauma the registration of memory as we usually think of it, what is called episodic or perceptual memory, stops, and what is left over are different forms of memory — either implicit or procedural memories. It is beyond the scope of this talk to fully elucidate the different forms of memory and their relation to trauma, which is a very large topic — much larger than most people realize. In fact this is one of the problems with much of the application of modern memory theory to trauma — it is done in a simplistic manner, making a few seemingly obvious but erroneous connections and inferences. We know now that there are a number of different memory systems, subserved by different brain systems, which are separable, although in the normal course of things they work together. What we usually call remembering or memory involves episodic or perceptual memory, where you call up images, sounds, etc. from the past. To list the other main memory systems,

there are semantic memories, relating to knowledge; emotional memories, related of course to the emotional reactions of the past; procedural memories, related to learning of various skills, such as typing on a computer keyboard, or walking; and implicit memories, which store the more general shapes and characteristics of things, and such things as for instance the placement of furniture in a room one has been in many times. This list does not exhaust the different forms of memory, which also include a number of different types of short term memory, as well as such things as priming and conditioning.

You can perhaps see why a full discussion of this topic is impossible here, and yet a few points do need to be made. Firstly, procedural memory, which involves learning skills, requires many repetitions, leading to the learning of motor patterns which are then stored especially in the cerebellum. Procedural memory is not what we see in post traumatic states and reliving. Perhaps the confusion has come because procedural memory seems to relate to the body, and trauma seems to leave its mark especially on the body and in bodily reactions. But such reactions as Peggy's freezing in fear, or feelings of disgust, are much too specific to be procedural memories, which relate to the generalization of actions sequences. Some theorists have suggested that this may be true for later traumas such as Peggy's, but that procedural memory is at work in very early pre verbal traumas. Before discussing this, let's look at another form of memory often implicated in trauma -- implicit memory. Perhaps it is the name, which implies that this form of memory is hidden and non conscious, which is true enough, that has led some to link it with post traumatic reactions, which are so enigmatic and whose roots are so often hidden. However, implicit memory involves learning of more general

shapes and patterns, and again does not fit with the very concrete and specific nature of the triggers in post traumatic states, such as for instance Peggy's reactions. But what about here too considering that this type of memory is key in early pre verbal traumas?

I hope at least some of my listeners are still following me. I apologize for having to go into this thorny thicket of theoretical issues, and for having to drag you there with me. But there is light at the end of the tunnel, and something to be gained in the end for our labours. To boil it down, I have been talking of two forms of non representational memory, namely procedural memory and implicit memory. I have been arguing that they are not the main memory forms at play in post traumatic memory states. This is not to say that they play no part. All the various forms of memory are used by us in most situations, and work together to help us function. But I would assert that procedural memory and implicit memory are not what drive post traumatic repetition and other symptoms. Perhaps the reason people have thought this is because it is clear that post traumatic memory is different from our usual memory, and involves the bodily actions and body feelings. But post traumatic memories are a form of truncated episodic or perceptual memory, mixed with emotional memories, in which integration and consolidation of the memory fragments as a past experience has not yet taken place, so that the memory is lived out in the present. But what about very early trauma? Is this mediated by procedural or implicit memory? It is asserted that the hippocampus, which seems to be necessary for the consolidation of long term episodic or perceptual memories matures slowly, and thus is not functional in the first year or two of life. It is also known that the hippocampus is one of the key brain structures that shuts down

during trauma, which is another reason that many have asserted that episodic memory is not available from trauma. But the fact that perceptual fragments of memory clearly are available in such things as flashbacks show again that perceptual fragments, including perceptions of bodily feelings and movements, are retained even in cases of extreme trauma. And newer observational and experimental data, as well as detailed clinical case data, have shown that episodic memory is functional from birth or shortly after, as are the sorts of zero process post traumatic memories that lead to repetition of aspects of the trauma. One has to distinguish verbal memories, which obviously do not exist until after language is acquired, as well as complex narrative memory, which requires language and the integration of lots of episodic memories and semantic memories, which is a later acquisition, from simple episodic or perceptual memory, which is present almost from birth. Interference with this basic episodic memory leads to the usual symptoms of PTSD, including repetitions and triggering, even when very young children, under one year of age, have been traumatized.

So this is what happens in the mind of a traumatized person, whether very young or very old: they are left with an unprocessed piece of perceptual and emotional experience, which they experience as a perpetual present, a hidden but powerful second reality which haunts their lives ever after. This basic nature of post traumatic reality is important for assessing trauma within the community as a proper understanding of it can help us to spot the signs of trauma, which involve specific triggered reactions which are out of keeping with the person's usual reactions and personality. Other, more general reactions such as depression, social avoidance, etc, of

course can be caused by trauma, or other aspects of child maltreatment, but are not specific to them. The basic nature of zero process post traumatic memories also leads to some important considerations in terms of the clinical treatment of trauma, and this is one reason I have taken some trouble to go into what might be considered more abstract theoretical issues. If one believes that the core of trauma is stored only as non representational procedural memories, one will expect the trauma to only be acted out with the therapist or lived out emotionally in the patient's life, with few retrievable episodic memories. Or if these memories are available one may, along with many prominent analysts such as, for example, Peter Fonagy, consider these memories to be not so important, and the reconstruction of what actually happened to be secondary to, even a distraction from, emotional reliving in the therapy. I would contend, however, based on what I have said about the traumatic process and the nature of zero process post traumatic memories, that this is too one sided a view. Certainly emotional reliving within the transference is an important therapeutic tool, but so is the construction of the traumatic events. What do I mean by the construction of the trauma?

I described how in trauma, because of annihilation fears caused by the breakdown of our regular primal denials of our safety and the caring of others, the construction of the present moment, which is based on combining perceptual input with our theories and expectations, breaks down. Freud said that neurotics suffer mainly from reminiscences, but the traumatized suffer from a very special form of reminiscing, in which the unconstructed past is driven to actualize itself as a present experience. Sometimes this will happen within the therapeutic relationship, especially with abandonment trauma, but

often enough it will not, unless one is somewhat active in attempting to trigger it. This is of course a delicate matter, and one has to judge the ego strength of the patient and wait till enough stabilization has occurred within the therapy. But I have seen quite a number of patients who had been in therapy for many years, and had done good work on many issues, but had only worked around the edges of certain traumas, never truly constructing the details. The outcome of this is that the powerful unconscious drive to actualize the aspects of the unprocessed traumatic memories in the present persists, often with quite dire consequences. To give just a brief example, as a young woman Peggy was pursued by many young men, quite smart and nice to her, but she ended up marrying a man who she thought of as shy and in need of nurturing. To make a very long and tragic story very short, he turned out to be a psychopath, who abused her psychologically, verbally, and physically, and who after many years of marriage left her and the children but fought her in the courts and, using the court process to continue his abuse of her as such people will, he managed to get for himself almost all of the quite considerable inheritance that Peggy's father had left her. We discovered in her therapy that Peggy's connection to her husband was because of two main characteristics. Even though he could be quite charming, she realized that not only did he not love her, but he could not love her or anyone. And there was a sense of menace under the charm, so that at a level she often did not allow herself to become aware of, she was scared of him. This sense of complete lack of connection, and this fear, were core aspects of Peggy's traumatic experiences with her mother, and we realized in therapy that at a deep level it was the pull to repeat the traumatic experience, or actually a compromise between this pull and defenses that attempted to fight this off — after all she did not

marry a psychotic or paranoid man — that led to her getting married to her husband and staying with him in the face of his abuse.

In order to free our patients of this sort of push towards repetition, it is necessary to construct the trauma. As I described previously, a trauma is an experience in which the normal construction of the present moment has not fully taken place, because of the shut down of various ego functions that take part in this construction. So the experience lives on as a continuous present, a second reality that pushes for expression and distorts the life choices of the traumatized. Our job is to construct, from the zero process memory fragments which exist, generally truncated pieces of episodic memory, and emotional memories, the sort of more structured narrative memory that might have come into existence if the traumatic process had not intervened. We do this not just out of curiosity or as an intellectual exercise, but for urgent therapeutic purposes. It is only once this construction has taken place that the memory becomes truly part of the person's past, and ceases haunting them as a continuous present. The reason that I went into some detail with regard to the nature of the traumatic process and theories of memory is because a better understanding of these allows us to understand why this construction is necessary, and also why we may need to be reasonably active in pursuing these split off memory fragments. They live in a different land, which the traumatized usually avoids visiting. When one has suspicions, one needs to make comments which will usually act like triggers, to bring up some of the memories that live in this land. It is not that one wants to go fast. In fact once some of this triggering takes place, it is usually important to slow things down, to work on safety and processing.

Trauma is too much happening too fast, and while we have to be active in overcoming the powerful avoidances to enter the land of trauma, once there, we have to be active in slowing things down, in working to have smaller bits of the trauma happen more slowly. This is how processing of the trauma and construction of the traumatic experiences takes place.

I have spent a good deal of my presentation on elucidating the deeper nature of overwhelming trauma, but child maltreatment involves more than only trauma. In fact, I could have structured this presentation so that one of these other topics, for instance the nature of abusive relationships, was the main focus and trauma only a minor one. But there's not time to talk of everything in detail, and since my own work has especially been on trauma, I decided to focus there. One advantage of this is that by carefully considering what trauma is, we can also differentiate it from other aspects and outcomes of child maltreatment, and consider them on their own terms, not just lumped into a more broad and vague idea of trauma. The main outcome of child maltreatment that we could distinguish from trauma is the category of interferences in the development of the child. Of course trauma also interferes with development in many ways, but there are many other forms of developmental interference which can lead to as bad or worse consequences than trauma, but are of a different nature. A child needs many things from his or her parents and the rest of the environment but also, children need the space to grow and to be and become themselves. Peggy's situation displays a number of key developmental interferences, based on deprivation of love and warmth from her mother. While at times the deprivation reached overwhelming traumatic

proportions, often it did not. It's effect was not mediated through the formation of unprocessed zero process memories but rather through the negative effects on her mental growth and development of not having these essential emotional nutrients. Peggy was luckier than many deprived children, since she had a genuinely connected and physically and emotionally loving father, as well as long term babysitters who filled in for her mother. Not that the deprivation did not effect her, but it was more through her repression of states of deep sadness and painful longing. In more extreme situations the actual growth of basic ego functions can be effected, sometimes irrevocably if the child is not taken out of the situation and provided with what they are missing. It is in situations such as these that social intervention is crucial. In these situations what happens in the mind of the child is not so much the formation of a second reality based on unprocessed experience, but rather the lack of development, or maldevelopment, of certain capacities, such as for instance the capacity to comfort oneself, or to stabilize positive investment in others.

While lack of emotional warmth and caring is an unfortunately all too common situation for children, the forms of developmental interference are quite varied. An example of one which is probably growing more common is over gratification. This may not seem as problematic as extreme deprivation, but just as emotional love and warmth and gratification are indispensable nutrients for development, so is a reasonable amount of frustration and limit setting. Frustration throws the child back on their own resources, initiating investment in capacities to master the environment, enhancing differentiation from others, reality testing, and individuation and identity formation, among many other

growth enhancing effects. Some parents are unable or unwilling to thwart their child's narcissism through reasonable frustrations and limit setting, because of narcissistic issues of their own, sometimes enhanced by societal trends of empowering children and towards attachment parenting. Over gratifications lead to anxious and dependent children, who become addicted to instant gratifications like a drug, and in fact the emotional situation, with no frustration tolerance and the restless search for gratifications, which in the end are not satisfying, is very similar to that seen in addictions. In my experience these narcissistic states that are a product of extreme over gratification are as difficult to treat as addictions, and often more difficult than the effects of traumas or deprivations. It may not be immediately clear why this should be so, but if we think of it developmentally, we can understand how over gratifications lead to developmental arrests and lack of development of crucial functions, while traumas and deprivations push the child to adapt and deal with the situation. So while in the later situations you have to deal with resistances and repetitions, at least the person has the emotional and cognitive resources to make use of the therapy, while in states of extreme over gratification, this may not be true.

Often enough both deprivations and extreme over gratifications are produced as part of an abusive parent child relationship. I will end by saying a few words about the topic of abuse and abusive relationships. A broad definition of abuse would relate it to doing something to someone that hurts or traumatizes them psychologically and/or physically. This is of course the definition that has to be used in considering child protection. However, from the point of view of what goes on in the mind of the child, it is worth

distinguishing within this broad category a specific, and unfortunately quite common, dynamic which involves not just abuse done to the child, but an abusive relationship, which involves a well known interpersonal dynamic. This dynamic involves a parent, and sometimes a sibling, who cannot master their emotions internally, often suffering from some form of what we would call a borderline disorder, who then uses the child for emotional regulation. Specifically, the parent injects certain unwanted parts of themselves and difficult to deal with feelings into the child. They treat the child as if they were, for instance, dirty or lying or bad in some other way, or delicate and in need of protection, or aggressive and dangerous. They act in ways which can bring out these qualities in the child, rather than seeing the child for what they are. This basic dynamic underpins many different forms of abuse. With the child not seen as a separate person, but as a repository for all that is bad and unwanted in the parent, they are then subject to various forms of aggression -- physical, psychological, verbal, sexual -- which is at a deeper level an interpersonal form of repression, in which the dangerous impulses or denigrated parts of the self are deposited in the child and the child then rejected, beaten, or otherwise maltreated as a representative of these rejected aspects. This situation can, and often does, include treatment that rises to the level of trauma, in which case there will be the sorts of zero process memories I have already described. However, the abusive dynamic has other effects: the child will usually be confused about their own emotions and about their identity, as the parent communicates very powerfully a distorted view of the emotional reality of the situation. We may hear something of these dynamics in the clinical material this afternoon. I don't have the time to present a detailed clinical example. But fortunately, or actually unfortunately, recent

events have provided us with a ready made one that I'm sure everyone here is aware of — the rise of Donald Trump to the U.S. Presidency. Much has been written about the psychology of Trump, almost all of it stressing his narcissism, although his strong tendency to project out his flaws onto others has been highlighted as well. To my mind, the deeper dynamic that makes sense of what seems like a pretty senseless set of attitudes and actions is not narcissism, although it is certainly present, but a structural problem. In other words, Trump is unable to manage even basic emotions by himself, much as I described with the abusive parent. Rather he uses, or actually abuses, others for this purpose, and a look at how this is occurring gives a pretty good picture of what it is like for an abused child. While Trump abuses and insults anybody and everybody with abandon, many of these are fleeting and he might then later even say nice things about the same people. This gives a picture of the instability that the child of such a parent has to deal with. Borderline personality disorder is said to display a stable instability. In other words, there is always a new crisis, and it always feels like things will have to move one direction or the other, to breakdown or to stabilization, but it never does, as the next day just brings another crisis. This is the situation the U.S. and now the world finds itself in, and with each crisis pundits ponder where it will lead, what will be the consequences, but the consequence is mainly another crisis, sometimes manufactured through a tweet, which is just as fleeting as the last one, but leading to just as much anxiety and confusion. This is the psychic situation of the abused child. The surest sign of being in an abusive relationship is confusion. One never can be sure what is real.

But there are often islands of stability even within the instability of a borderline. Trump began his run for the presidency by talking of Mexicans as murderers and rapists, bad hombres who were coming in illegally. He proposed building a wall to keep them out and, even more illogically than all this, said he would make Mexico pay for the wall. This set of views and promises, illogical, flying in the face of reality, with the promises unlikely to ever be put into action, have been a stable part of Trump's position. There is of course much that can be, and should be, said about all of this from the political side, but for our purposes I would like to take a step back and look at this structurally. A borderline has weak self other boundaries, and a weak ability to stabilize repressions and handle powerful urges and feelings internally, through defences and sublimation. So they engage in what I have called an interpersonal repression. The intrapsychic explodes out into the interpersonal, and the Mexicans, or the child of an abusive parent, becomes the repository of the forbidden urges, such as sexuality, aggression, and greed. Once they are the repository, then a wall is erected. Trump's interest in walls and strengthening a military which in objective terms is more than strong enough, can be seen as an outgrowth of a lack of good defences which would structure his inner world. In the case of the abusive parent, this will be manifest by verbal or physical violence or rejection, to keep the projected impulses outside. But this is not a stable way of dealing with internal matters, and so the projection and the abuse, wether beating a child, or continued racist vilifications and deportations, have to be engaged in again and again. The child is in a worse situation than adults subject to this sort of abuse, as he or she will often grow up in this fabricated emotional world from birth, and have a hard time finding his or her way out of it. Along with the confusion and interference with

individuation, there is a kind of brainwashing that goes on at a very deep level, so that even as the person may see through the lies intellectually, they remain attached to them emotionally.

I started this talk by noting how in trauma our regular models and expectations of the world are smashed. We have travelled a ways from the innocent surprise birthday party which I gave as a first example of this upending of expectations. But perhaps we can see how each of the various effects of child maltreatment shares in this characteristic of upending theories of, and adaptation to, the world. In trauma, normal expectations, as well as universal primal denials around safety and the dependability of others, are challenged to such an extent that normal construction of the present moment is brought to a halt. The traumatized person is left with an area of zero process functioning in which there is an eternal psychic present, of aspects of the trauma, and a drive to make these aspects manifest in the objective present. Child maltreatment also leads to various other interferences in normal development, many of which impede good adaptation to reality — I mentioned extreme over gratification as an example of this that is not traumatic but yet can lead to catastrophic results. Finally, in the more specific, psychological dynamic of an abusive relationship, the parent usurps the child's normal adaptation to and understanding of the reality of who they and others are, and attempts to insert their own disowned reality into the child as a way of managing it. In populist and totalitarian politics this dynamic is acted out on a grand scale. I said at the beginning of this talk that we cannot do without theories, even in our everyday functioning. Every child deserves the space to come to authentic and realistic theories

of their own about themselves and the world. Child maltreatment limits this space in various ways, while our work as clinicians is to open up this space once again, so that the child may resume once again the growth that was denied them, and come to see the world on their own terms.