

Analysis of Developmental Trauma

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Abstract

In this paper, a model that attempts to integrate ego psychology, drive-conflict theory, somatic psychology, object relations, and self psychology in analysis of developmental trauma, is presented. Latest findings of neuroscience are presented to support the proposed integrated model, and it is shown that, based on this model, character structure can be viewed as developmental trauma. Formal definitions of emotions, feelings, and affects based on the theory of complex dynamical systems and energy exchange, as well as neuroscience are presented. The importance of shame in formation of developmental trauma is also discussed and supporting material from neuroscience is provided. The complementary nature of conflict psychology and psychology of the self, within the proposed integrated model, is discussed with implications to body psychotherapy in general and bioenergetic analysis in particular.

Keywords: affects, character structure, character style, complex dynamical systems, developmental trauma, drive theory, emotions, feelings, neuroscience, object relations, polyvagal theory, self psychology, somatic psychology.

Introduction

The notion of trauma that I will discuss in this paper is the chronic traumatic experience of a child during his various developmental stages, as his needs are frustrated, he faces perceived existential threats or suffers from contact deprivation, as he is not seen for who he is, or he is seen as an object for the satisfaction of his parents' narcissistic needs, etc. The effects of trauma are rarely acknowledged and are often neglected. Trauma can alter the individual in his or her core, and affects all aspects of his or her life. Trauma changes the way an individual interacts with his or her environment, his or her flow of information, and flexibility of response to the surrounding. Trauma may change the body (boundary) of the individual, making it rigid at times or flaccid at other times, resulting in a loss of motility and limiting the individual's life and aliveness. It may also change the shape and functioning of the internal organs. Trauma may change the individual's metabolism of energy, and exchange of energy with the environment. Traumatized individuals are prone to primitive self protective responses when they perceive certain stimuli as a threat, if they have not recovered from the traumatic experience. Once sensory stimuli triggers past traumatic events, the emotional brain activates the old habitual protective responses resulting in reduction of homeostasis (the ability to self-regulate). This paper is organized as follows: I will first introduce the definition of complex dynamical systems which is important for formulating my thesis. I will then present formal definitions of emotions, feelings, and affects. I will next introduce a short introduction to polyvagal theory based on the work of Porges (2001). The analysis of developmental trauma is introduced next, followed by concluding remarks.

In order to understand the effects of trauma, it is helpful to start from the basics, that is, from the definition of systems, since all living organisms can be considered as dynamical systems in the most general sense of the term. A system can be viewed as a group of interacting, interrelated and interdependent elements, and bounded processes. Systems transform inputs that are consumed into outputs that are produced. Systems are characterized by their boundary which separates them from their

environment or surroundings. This boundary may be real or notional but it defines a finite volume within which the system operates, and exchanges energy or matter with its surrounding. Systems are also characterized by their internal laws of functioning. A general system model is shown in Figure 1. Systems can be open or closed.

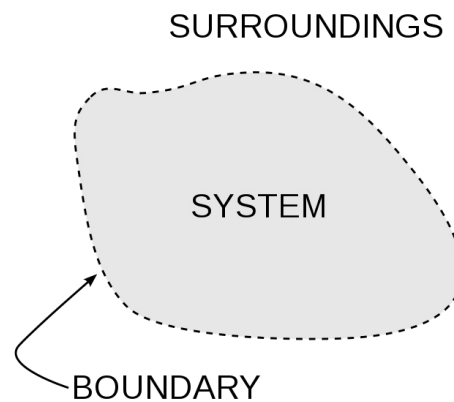


Figure 1. Basic System Model

The dynamical system concept is a formalization in which the behavior of the system is said to be dependent on the time and position of the system in space. Complexity in a system indicates how relationships between parts give rise to new behaviors and how system interacts and forms new relationships with its environment and surrounding. Complex systems are open and dynamical, and tend to be self organizing. Self organization is the process by which the system may form a structure or pattern in its behavior without an external entity or element imposing it. This structure or pattern forms from the interaction of elements that make up the system and result in self organization.

Living systems are considered subsets of all systems. Living systems are by definition complex and self organizing that have the special characteristics of life and interact with their environment (open). This interaction with the environment takes place by means of information (entropy) and material-energy exchanges. Living systems can be as simple as a single cell or as complex as humans. Living systems, aside from basic energy and matter exchange with environment, interact with their

surrounding via their emotion, feelings, and affects (all of which contain energy and information). I will briefly introduce emotions, feelings, affects in the next section.

Emotions, feelings and affects

All living organisms from single cell amoeba to humans are born with innate abilities evolved to solve the basic challenges of life. These challenges include: finding sources of energy; incorporating, consuming, and transforming energy and matter; maintaining a chemical balance of the interior compatible with the processes of life; maintaining organism's structure by repairing damage; defending against external treats (Damasio, 2003). Living complex systems tend to move toward homeostasis, that is self regulation and stability.

At the top of the processes that promote homeostasis are the emotions and feelings. Emotions and feelings are the crown jewel of the self-organizing and self-regulatory functioning of the complex living system of more evolved organisms (Damasio, 2003).

Emotions in their simplest form correspond to the energetic states of the body. “Emotions are actions or movements, many of them public, visible to others as they occur in the face, in the voice, in specific behaviors” (Damasio, 2003, p. 28). Emotions are primarily communicated by nonverbal behavior, such as facial expression, eye contact and gaze, tone of voice, body posture and motion, and timing of response (Siegal, 1999). “Emotions represent dynamic processes created within the socially influenced, value appraising processes of the brain” (Siegal, 1999, p. 123). Elsewhere Siegal (1999) states: “Emotional processing prepares the brain and the rest of the body for action” (p. 125).

Feelings in their most basic form are perception of emotions or body states (Siegal, 1999). Damasio (2003) gives the following definition: “[...] a feeling is the perception of a certain body state of the body along with the perception of a certain mode of thinking and of thoughts with certain themes” (p. 86). As an example consider the sight of a beautiful scenery, which may change our body

state, perhaps a state of relaxation, resulting in the emotion of joy. This emotion may then be perceived as the feeling state of happiness.

It is also possible to think of the spectacular scenery mentioned above, which changes the body state, and results in a feeling. This is called the as-if-loop, that is, it is as if we are actually observing the scenery. This is the essence of empathy, to which we will come back. In an experiment discussed by Damasio (2003), various pictures depicting different emotions were shown to subjects. Subjects were then asked to indicate when they actually felt something, their brain activity was then recorded using PET (Positron Emission Tomography) scan. Certain areas of the brain then lit up. These areas are those that are related to body maps and mapping of different parts of body – mostly right somatosensory cortices. Also areas of brain corresponding to mirror neurons lit up, as well as areas of the prefrontal cortex. Electrodes were also placed on the facial muscles of the subjects that were recording electrical activities on the facial skin of the subjects. Interestingly, before the subjects indicated that they felt something, there were imperceptible facial muscular movements in the subjects, recorded by the electrodes. It seems that these tiny movements were needed by the right somatosensory cortices to feel the emotion related to the pictures observed by subjects. It also seemed that prefrontal cortex is involved in the as-if-loops as also suggested by recent studies in mirror neurons in both humans and animals (Damasio, 2003).

Siegal (1999) defines the “affective expression” or simply “affect” as the external revelation of internal emotional states (body states). Conscious awareness of affects also results in feelings. It is also important to note that feeling our emotional states, that is being conscious of our emotions, offers us the flexibility of response based on our past experiences and history in interacting with the environment. However, we need the innate drives to get the ball rolling. It should also be noted that the limbic system participates in the enactment of drives and instincts and has an important role in emotions and feelings (Damasio, 1994). In summary, we can think of feelings as mental sensors of the

organism's interior, that is, mental sensors of the energetic states (emotions) of the body, as we experience life from moment-to-moment.

I will now discuss the process by which our organism mobilizes for action (energetically), that is the expression or enactment of drives and instincts. This mobilization for action is described in polyvagal theory discussed by Porges (2001), which I will briefly present in the next section.

Polyvagal theory

Before I introduce the polyvagal theory, I will first briefly discuss the human nervous system in order to introduce the prerequisites to understanding the polyvagal theory. The human nervous system is divided into two branches; the peripheral nervous system, and the central nervous system (spinal cord). The peripheral nervous system is further divided into somatic-sensory nervous system, and the autonomic nervous system. Somatic nervous system is further divided into motor (efferents), and sensory (afferent) nerves. The autonomic nervous system is divided into two branches, the parasympathetic nervous system and the sympathetic nervous system.

The parasympathetic nervous system has two main components: the first branch is controlled by the dorsal vagus nerve, "... characterized by a primitive unmyelinated visceral vagus that controls digestion, and responds to threats by depressing metabolic activities and is behaviorally associated with immobilization and freeze behavior" (Porges, 2001, p. 123). The second branch is controlled by the ventral vagal nerve and is unique to mammals, and according to Porges (2011):

The VVC has primary control of supradiaphragmatic visceral organs including the larynx, pharynx, bronchi, esophagus, and heart. [...] In mammals, visceromotor fibers of the heart express high levels of tonic control and are capable of rapid shifts in cardioinhibitory tone to provide dynamic changes in metabolic output to match environmental challenges. (p. 160)

The other branch of the autonomic nervous system is the sympathetic nervous system (SNS).

The sympathetic nervous system is capable of increasing metabolic output and inhibiting the dorsal vagus nerve, thus increasing mobilization behaviors necessary for fight and flight (Porges, 2001).

The more primitive life forms use the unmyelinated dorsal vagal complex (DVC), and the sympathetic nervous system to modulate cardiac output and mobilization, or freeze responses.

Mammals on the other hand, in order to survive, had to tell the difference and distinguish a friend from a foe, determine and evaluate the safety of their environment, and communicate with their community.

Ventral vagus complex (VVC) is the response to these evolutionary needs. The myelinated ventral vagus complex characterizes our social engagement system, which is responsible for facial muscles (emotional), eyelid opening (looking), middle ear muscles (extracting human voice from background noise), muscles of ingestion, muscles of vocalization and language, and head turning muscles (Porges, 2001).

In more primitive life forms (pre-mammals), the dorsal vagal complex and the sympathetic nervous system have the opposing functions of decreasing and increasing cardiac output respectively, and thus modulate mobilization. In mammals, with the evolution of the ventral vagal complex, the cardiac output is modulated without the engagement of the former more primitive systems. Thus activation of the myelinated vagal system can result in temporary mobilization and expression of the sympathetic tone without requiring the activation of sympathetic or adrenal system (Porges, 2011). The ventral vagal complex, therefore, acts as a break on cardiac output, capable of rapid changes in heart rate, resulting in mobilizing or calming the individual. Polyvagal theory (Porges, 2011) proposes a hierarchical organization of autonomic nervous system. When a system higher in hierarchy fails, then a more primitive branch of the autonomic system engages. We thus have the following: At the top of the hierarchy is the ventral vagal complex (VVC), a mammalian signaling system for motion, emotion, and communication. The second complex in the hierarchy is the sympathetic nervous system (SNS), which is an adaptive mobilization system engaged during fight or flight behaviors. Finally, the dorsal vagal

complex (DVC) is the immobilization system (Porges, 2011).

Figure 2 shows the three zones of arousal and the window of tolerance within which the social engagement system (ventral vagal complex) is activated. When someone is hyper-aroused, the person experiences too much arousal to process information effectively, and is usually overwhelmed and disturbed by intrusive images, feelings, affects, and body sensations. When the person is hypo-aroused, he/she experiences something different, namely, a downward modulation of emotions and sensations – a numbing, a sense of deadness or emptiness, passivity, and possibly paralysis. On the other hand, people with a narrow window of tolerance (the middle region in Figure 2), experience fluctuations in emotions and feelings as unmanageable and dysregulating. Most traumatized people have a narrow window of tolerance, and can easily shift into hypo/hyper- arousal states by normal fluctuations in arousal (Ogden, Minton, & Pain, 2006). It is also very important to mention that the states depicted in Figure 2 are not mutually exclusive, in that one can simultaneously be both hyper-aroused, and hypo-aroused – which would be experienced as being highly aroused (ready for action) but unable to move. It is also possible to be in the optimal zone of arousal (activation of our social engagement system) yet experience elements of hypo/hyper-arousal. Also I must note that the boundaries between these zones are not very rigid, and depend on, among other things, emotional state (energetic state) of the mind-body.

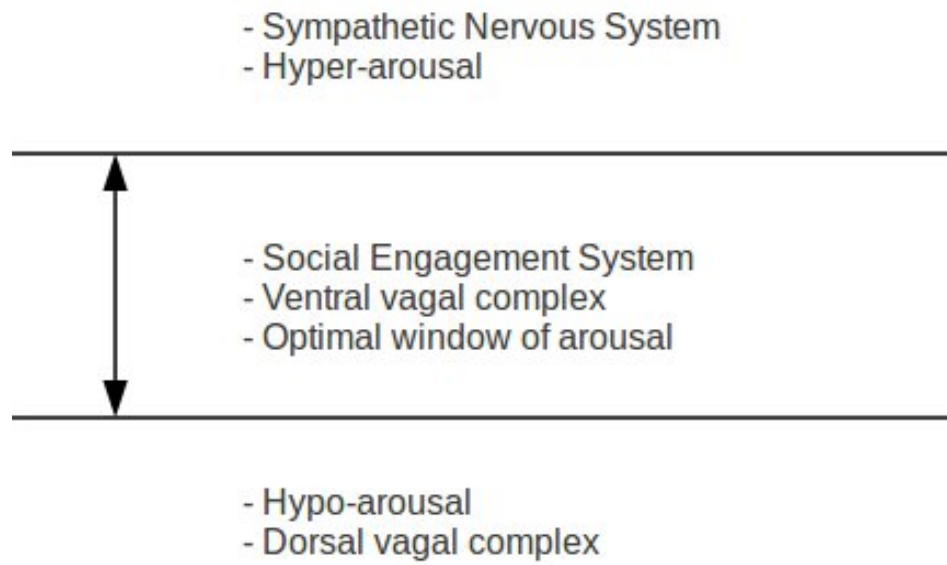
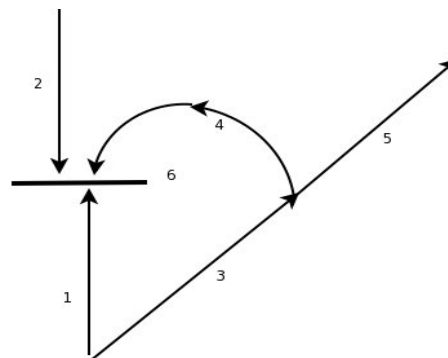


Figure 2 Optimal Window of Arousal

Developmental Trauma – Analysis

I will start by briefly describing drives – which are the biological core of motivations and actions. The term drive refers to and is based on the principle that organisms have certain physiological needs that when not satisfied, a negative state of tension is created. When a need is satisfied however,



*Figure 3. Drive, repression,
and identification*

the organism returns to a state of homeostasis and relaxation, and the energy of the drive is reduced. According to the theory, the energy of the drive tends to increase over time and needs to be expressed to avoid the state of negative tension. Drives can also be considered as the psychic quality that cannot be further analyzed by introspection (Kohut, 1978).

I will now present a model, based on the work of Wilhelm Reich, that seems to clarify the means by which developmental trauma takes shape. This model is based on drive theory (or conflict theory), and can also point to therapeutic strategies. With this in mind I will now introduce a diagram taken and adopted from Reich (1980). This model, in a slightly modified form, has also been discussed by Hilton (2008) in great detail.

This diagram (Figure 3) depicts a drive which seeks expression by moving toward external objects (segment 1), which then comes into conflict with a frustrating force from the outside world (segment 2). This counter-force may include parents, school, society, and other authoritarian forces. It can be seen that the content of the prohibition of the drive comes from the outside world, but the cathexis (energy) with which prohibition is maintained comes from the energy reservoir of the individual himself. Under the influence of the pressure exerted from the outer world an antithesis develops within the person, a dissociation or cleavage of a unitary direction of the drive (expression) that causes one drive to turn against another drive (segments 3, and 4). The one and the same drive splits in two direction, one that goes toward the world and seeks expression in an alternative way, and one that turns against itself (segments 3, 4, and 5) (Reich, 1980).

A question arises, namely, in the absence of the repressive force from outside world (segment 2), how is the repression maintained by the drive that turns against itself. The answer seems to be the armor (segment 6). Where the two meet (drive, and environmental frustration), there is the formation of the armor in the form of muscular blocks, and physical tensions that keep the drive from expressing itself. The energy that maintains this block comes from the drive itself which now has turned against its

original goal. This is a simplification, as in reality the armor is layered, and a warded off drive wards off more deeply repressed impulses and drives. Thus the armor develops as muscular blocks and tensions in accordance with the portion of the drive that has turned against itself. One could then postulate that the stronger the defense (segment 4), the thicker the armor will be (segment 6).

Another question that arises is: how does the splitting of the redirected drive happen, and how is it experienced. The point, at which the split takes place, is named *psychic contactlessness* by Reich (1980), which he defined as the point in which the therapy seems to have reached a point, where nothing moves anymore. Subjectively, Reich (1980) states that an “inner deadness” is experienced by the individual at this point, or a state of “no contact” and isolation is perceived.

In his book *Character Analysis* Wilhelm Reich (1980) writes:

Originally, character analysis conceived of psychic armor as the sum total of all repressing defense forces; it could be dynamically broken down through the analysis of the formal modes of behavior. Later it was shown that this concept did not embrace the psychic armor in its totality; indeed that it probably overlooked the most important factor. We gradually came to see that even after the formal modes of behavior had been completely broken down, even after far-reaching breakthroughs of vegetative energy were achieved, and un-definable residue always remained, seemingly beyond reach. One had the feeling that the patient refused to part with the last reserves of his narcissistic position and that he was extremely clever in concealing it from himself and from the analyst (p. 310-311).

Reich (1980) believed that the origin of this psychic contactlessness stemmed from childhood experiences, and he further said (my paraphrase): “In order to heal the patient’s psychic contactlessness, the patient needs to be understood, and he needs to feel understood” (p. 319).

This *psychic contactlessness* occurred in a relationship with a caretaker early in life, and it thus needs to be resolved in a therapeutic relationship. Hilton (2008) says: “It has been my experience that

this psychic contactlessness, the result of the client's narcissistic position, can only be dissolved within a healing therapeutic relationship” (p. 94).

Thus it can be concluded that simply reducing the strength of the armor (segment 6) and some release of the impulse is not enough, as a residue still remains, which will still maintain the armor. One must simultaneously work on this residue which Reich called psychic contactlessness to achieve full healing. Reich mentioned that the patient needs to be understood and he also needs to feel that he is understood. This is what Hilton (2008 & personal communications, February 2009) calls the “healing therapeutic relationship”. What is the neuroscientific basis for the statement: the healing therapeutic relationship can heal psychic contactlessness? I will try to give an answer based on recent findings in neuroscience and polyvagal theory.

A drive (impulse) is formed in the organism resulting in increasing arousal mediated by the ventral vagal complex (VVC - social engagement system) which increases cardiac output thus increasing the individual's energy to act, resulting in a different energetic state (emotion) and its perception which may be a good feeling (feelings). This drive may then be frustrated by the environment (caretaker, etc). The organism will then block the expression of the drive by mobilizing the dorsal vagal complex (DVC) to immobilize the action that is in the process of taking place. This process is shown pictorially in figure 3. The perception of this shift from activation of the social engagement system (VVC) to the freeze system (DVC) is experienced as shame. Siegal (1999) points out:

Shame is thought to be based on the activation of parasympathetic system (to an external NO!) in the face of highly charged sympathetic system (an internal Let's go!). It's as if the accelerator pedal (the sympathetic branch) is pressed down and then the brake (the parasympathetic branch) is applied. (p. 279)

Although experience of shame is evidently inevitable and perhaps necessary for socialization of

children, parents do not need to use shame intentionally as a strategic form of parenting (Siegal, 1999). In my opinion, parents and society must undo the damaging and malignant long lasting effects of shame, through re-establishment of the empathic contact and relationship. I will come back to this toward the end of this paper.

Schore (1994) writes: “Shame is experienced as an interruption, and it functions to impede further affective resonance and communication” (p. 206). Shame in general is associated with elevated parasympathetic system activation following the activation of sympathetic system (Schore, 1994). I must point out that recent research in Polyvagal theory (Porges, 2011) points to activation of DVC branch of parasympathetic nervous system (PNS) following the activation of VVC branch of PNS, as the cause of the experience of shame. However, the reader should understand and be clear regarding the process and perception of shame.

Schore (1994) elaborates on the state of shame and writes:

This misattuned relational transaction triggers gaze aversion, a response of hiding the face – to escape from this being seen or from the one who sees – and a state of withdrawal. Under the lens of “shame microscope” which amplifies and expands this negative affect, visible defects, narcissistically charged undesirable aspects of the self are exposed. It is as though something we were hiding from everyone is suddenly under a burning light in public view. Shame throws a “flooding light” upon the individual who then experiences – a sense of displeasure plus the compelling desire to disappear from view, and an impulse to bury one's face or to sink, right then and there, into ground, which impels him to crawl into a hole and culminates in feeling as if he could die. The sudden shock-induced deflation of positive affect which supports grandiose omnipotence has been phenomenologically characterized as a whirlpool – a visual representation of a spiral and as a flowing off or leakage through a drain hole in the middle of one's being. The individual's subjective conscious experience of this affect is thus a sudden,

unexpected, and rapid transition from what Freud called “primary narcissism” to what Sartre described as a shame triggered “crack in my universe” (p 208).

The source of feeling of contactlessness, the inner deadness, the illusive psychic energy then becomes clear. It is shame, which has also been discussed in detail by Haelfaer (2011, 2006). Thus, following the shame state – coming out of DVC activation, the individual creates a positive self-image to reactivate its energy or arousal (segment 5 in Figure 3) – while simultaneously creating a mental image (body map) of the drive and ensuing frustration of it that resulted in the shame state, in an effort to avoid its repetition (segment 4 in Figure 3), thus identifying with the environmental frustration. This mental image is eventually saved in the orbitofrontal cortex. When later in life the circuits of posterior sensory cortices and in temporal and parietal regions are activated due to an emotionally competent stimulus (ECS) that created shame in the past, the prefrontal circuits that hold records pertinent to the same category of events become active (Damasio, 2003).

It is noteworthy at this point to distinguish between shame state and humiliation state. The latter occurs when elevated parasympathetic (DVC – in this case) system is accompanied by heightened sympathetic system (Schore, 1994). When the environmental frustration involved contempt and angry-rejection then humiliation results. Kohut (1978) refers to this as narcissistic rage. Schore writes:

[...] there is now strong clinical evidence that shame-humiliation dynamics always accompany child abuse. Narcissistic personality disorders who have difficulty modulating rage typically present a background with a parent who humiliates the child by harsh, continuous, or massive exposure. (p. 207)

Shame, however, as discussed above, results when the nervous system shifts from arousal (VVC – complex) to hypo-arousal (DVC – complex). Thus, the dorsal vagal branch of the parasympathetic nervous system is always involved in shame and humiliation. Humiliation is particularly important to study and pay close attention to, since it involves both branches of the autonomic nervous system, and

as I discussed one can draw an analogy to driving a car. It is as if one foot is on the gas pedal, and the other on brake simultaneously. The danger is that if the ego strength is not sufficient, rage (aimless – disconnected – ungrounded anger) could break through the armor and result in destruction, devastation, and even murder – that is if the individual is not grounded, does not have strong boundaries, or does not possess a strong enough containment for his impulses and emotions. Another important feature of shame is avoidance of mutual facial gaze – due to deactivation of VVC. Shore (1994) writes: “[...] visually-induced, shame-mediated neurohormonal signals are registered in the orbitofrontal cortex, known to contain neurons with the unique feature of having receptive fields that specifically include the central area of the visual field” (p. 214).

A further insight can be gained from the school of object relations, which is a psychodynamic theory within the psychoanalytic theory. The theory describes the dynamic process of development and growth in relation to real others (external objects). The term "objects" refers to both real external others in the world, as well as internalized images of others. Object relationships are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one's interactions with others throughout life. The term "object relations theory" was formally introduced by Fairbairn in 1952. In contrast to Freud, Fairbairn believed that instincts are primarily object seeking (Freud believed instincts are pleasure seeking). Infant internalizes the object (as well as the object relations), and splits the object toward whom both love and hate were directed, in two. The good object (idealized) representations is important and is necessary to go on in life. The bad (frustrating, repressing) object is further split into two, namely the repressive object, and the exciting object. Ego identifies with the repressive object (anti-libidinal self), and keeps the original object seeking drive in check. Ego also identifies with the exciting object (libidinal self) and seeks exciting objects in the world. From this description it can be readily deduced that the anti-libidinal ego is segment 4 in Figure

3, and the libidinal ego is segment 5 in the same Figure (Guntrip, 1971).

Fairbairn (1952) states:

At this point an important consideration arises. Unlike the satisfying object, the unsatisfying object has, so to speak, two facets. On the one hand, it frustrates; and on the other hand, it tempts and allures. Indeed its essential 'badness' consists precisely in the fact that it combines allurements with frustration. [...] In his attempt to control the unsatisfying object, he [the infant] has introduced into the inner economy of his mind an object which not only continues to frustrate his need, but also continues to whet it. He thus finds himself confronted with another intolerable situation – this time an internal one. How does he seek to deal with it? [...]. He splits the internal bad object into two objects – (a) the needed or exciting object and (b) the frustrating or rejecting object; and then he represses both these objects. (p. 111)

This process is shown in figure 4 below. Note that in the absence of environmental frustration (segment 2 – shown with dashed line), the individual identifies with the frustrating force, introjects it and acts it out as shown in segment 7.

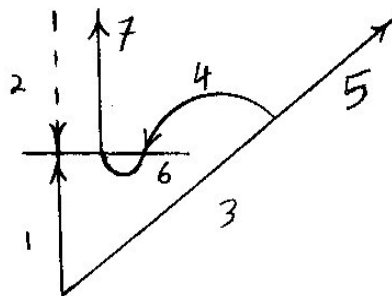


Figure 4. Acting out - old object relations, and introjects

Let us consider what happens when the expression of a drive faces environmental negativity in

more detail. The immediate response of the young human is to go into shame response – that is a shift from VVC activation to DVC. If the young human has a relatively cohesive and intact self, then he readily identifies with the source of environmental negativity. If the self is, however, not cohesive, then how does the young human rise up from the shame (creating a positive self image) when empathic response from the environment is absent? Self psychology (Kohut, 1971; Kohut, 1977; Kohut, 1974; Kohut, 1984) provides the answer. The young human seeks merger with archaic selfobjects (inner perception and experience of objects that are not part of physical reality but of psychological reality (Kohut, 1984)) that can mirror the young human, or those who are the source of idealized power and strength, or finally those who are essentially like him (mirroring, idealizing, or twinship selfobjects). This is what segment 5 in Figure 3 represents. This is the aspect of the drive that seeks expression in an alternative way, according to Reich (1980), which is the same as libidinal ego according to Fairbairn (1957), or the false self, or finally the narcissistic self. The result of course is defects, disturbances, or distortions of the self, which is posited by self psychology (Kohut, 1984) to be the cause of nearly all forms of psychopathology in that all flaws of self are due to disturbances within self-selfobject relationships in childhood. Self psychology further posits that in the presence of a healthy self, drives are not experienced in isolation, but as an integrated part of the healthy self (Kohut, 1984). Kohut (1971) argues that narcissistic disturbances of the self are due to failure of empathy of the childhood selfobjects. When the child's self is not cohesive, then frustration and repression of drives result in seeking archaic selfobjects in life. These archaic selfobjects are sought to either mirror the individual (resulting in grandiosity), or as idealizing sources of strength and power, or as essentially alike replicas of the individual. Narcissism is thus the complementary aspect of early childhood conflicts.

Kohut (1971) argues that narcissism has its own line of development, which was also implicitly argued by Lowen (1985)

Kohut (1977) argues that depth psychology requires two complementary approaches – that of

conflict-drive psychology and that of self psychology. He sees man's functioning in two different directions, the direction of activity of his drives, and the direction of fulfillment of his self. The man who lives his life within the pleasure principle and his drive activities, Kohut (1977) names: the guilty man; and the one who seeks to express the pattern of his nuclear self and who strives beyond the pleasure principle, Kohut (1977) names: the tragic man. These two men represent the two poles of the structure of the self. These two poles of the structure of the self can be seen in Figure 3. If the self is relatively cohesive, then the child's response to environmental frustration and repression of drives, results in formation and internalization of parental introjects (identification with frustrating object) and later the child becomes the guilty man who lives within the conflicts of expressing and taming of his drives. If the self, however, is not cohesive (due to severe failure of empathic selfobjects), the environmental negativity results not so much in formation of a strong punishing superego in the form of internalized parental introjects, but in the child seeking archaic selfobjects with whom he can merge to be reaffirmed. This child, thus, becomes the tragic man, who is in search of his self. The complementary nature of the guilty man and the tragic man indicates that both are present in an individual simultaneously, albeit in different degrees. This points to complementary narcissistic line of development and the drive-conflict based line of development.

Lowen (1985) argues that the patients he is seeing in his office do not manifest the neurosis of earlier times, instead, he is seeing problems associated with inner emptiness, frustrations, unfulfillment, and lack of feelings. In other words, he is seeing individuals affected with defects of the self. Kohut (1978) also indicates that he is not seeing patients whose complaints are about unresolvable inner conflicts. He argues that his patients are suffering from deprivation of give and take (optimal frustration) with an environment that is empathic and understanding of their needs which help him get rid of his infantile grandiosity and help him to become more self-confident and to be an active participant in the adult world. It is important to view developmental trauma in light of these changes in

the presenting issues of patients and clients. If indeed, this shift from conflicts to disorders of the self has taken place in recent times, what are the corresponding changes in the body? This is a question that I do not claim to be able to fully answer. I can however, theorize that one would not expect the character armor, in the form of muscular contractions or flaccidity (Marcher & Fitch, 2010), to be as strong. One may expect that the character armor might have shifted somewhat to a disconnection from the body and its sensations. No longer is the client with disorders of the self, as aware of his feelings and sensations as the conflicted client of the older times. This client with disorders of the self, instead of being haunted by his punitive and punishing superego, may be more haunted by a sense of emptiness which motivates him to seek ever-continuing excitement in order to avoid depression. His senses, feelings, and emotions may not be integrated within the totality of his personality, thus he is prone to acting out, helped by weakening of his muscular armor. Kohut (1977) points out that in the absence of a cohesive self, drives become isolated and become powerful entities of their own. I can also theorize that our work, perhaps, needs to be centered more around integration of feelings and sensations than release of repressed drives. The self needs to become more cohesive and integrated which in turn necessitates a more relational and empathic approach in our work than ever before, as elaborated in great detail by Hilton (2008). Tonella (2011) also discusses the importance of restoration of expression of the self through the therapeutic relationship and Clauer (2011) suggests that in presence of insecure sense of self, there is a need to develop the basic self functions

One can imagine the interplay of the forces of drives, and their adaptations in a mother-father-child triad (M, F, and C respectively). Figure 5 below depicts such triad. For the sake of clarity I have not shown the interplay of father's introjects on the child, nor have I shown the various other interactions of mother's introjects and those of the father with the child. It is clear, based on Figure 5, how the psyche of the child is shaped to a great extent by the caretakers who repress the child's drives, instincts, and impulses as well as the child's caretaker (parental) introjects, and formation of the false

other words, our traditional model of character structure may need to be augmented with disorders of the self.

The imprints on the body resulting from developmental trauma can be studied to gain an understanding into the nature of trauma itself, as well as pointing to treatment strategies. These imprints also are indicators of the way the individual's energy system filters impulses and drives. Thus they also indicate the way the individual metabolizes energy. Thus similar to amoeba, the body of human child contracts if frustrated or traumatized chronically and harshly and maintains a shape that is indicative of the trauma suffered by him or her, or loses contact with its body. Trauma leaves its imprint on the young human body.

The case of Sean: Sean is a 22 year old man, born in an affluent family who was referred to me by a colleague about a year ago. He has a brother that is about 4 years older than him. He and his family immigrated to the United States about 12 years ago. Sean's father is businessman and travels quite often. He is away from his family, sometimes, for months at a time, for as long as Sean remembers. His mother stays home and is described by Sean, as being depressed which is concerning to him. Sean is a tall and handsome man with a rigid structure. When he first came to my office, he spoke very softly and quietly, almost whispering, and at times he covered his mouth with his hand as he spoke, and avoided eye contact. Sean has a very set jaw, which is slightly forward, as if he is in a constant state of defiance. Sean's presenting issues were lack of motivation, having no sense of directions in life, and not knowing what his passions are. He was also mildly depressed, but did not have much anxiety. He was spending most the day sleeping and smoking marijuana at nights. At times he attended college, but never did well, and never was serious about his studies, despite the fact that he is a very bright man. Sean has had quite a few relationships but indicates that he has never loved any of his partners. Sean had about one and half years of cognitive behavioral therapy before coming to my office.

Therapy with Sean started slow. Almost from the very beginning I started working with Sean on the body level. Initially he could not feel much in his body, and he was not feeling much at all. He could only, and barely, identify if something felt good or bad. Our work started by getting Sean to feel his body and becoming aware of his sensations and deepening his breathing as his breathing was very shallow. We also worked on grounding, as Sean was very much in his head. We also had to work on setting boundaries, and saying “NO”. Sean found out later in therapy that saying “NO”, to him meant possible loss of contact and love. As the work progressed, Sean began to show up late to our sessions, and at times did not show up at all without calling to inform me of his absence. This behavior was highly correlated with the building of therapeutic relationship. In other words, any time that a strong bond was developing between Sean and I, he would behave in the ways that I mentioned, as if he wanted to disappoint and frustrate me so that I would reject him (just like his former therapist did). Interestingly, as he felt my frustration, he would take on a pleasing role, only to follow it with more disappointment. I brought up his behavior in a session to process and analyze it, and it became apparent to Sean that this is what he does with his parents, friends, even college professor who were kind to him. He did not know why he engaged in this behavior of disappointing others who are nice to him.

I worked very intensely with Sean’s sensations and feelings. He became aware of a deep sense of shame that he carries with himself in that he has not been able to live up to his parent’s expectations. But his odd behavior of frustrating and disappointing others continued. He found a job and was terminated because of this behavior, even though his manager was fond of him. A few months ago, he came to the session, after about a month of absence, with excitement and mentioned that he found a job several weeks ago, and that he has become friends with a few people in the company, and realized that he was repeating his pattern of disappointing them which nearly got him fired. Having worked on his sensations and feelings for many months, I felt he was ready to go deeper. I asked him, what sensations Sean was aware of when someone was deeply fond of him. He said that he felt a strange sensation

similar to anxiety in his stomach and his chest. I asked him to stay with those sensations and see what he felt was going to happen. His response was quite interesting. He said he felt he would enmesh with people who liked him, and that he would not exist as himself anymore! The meaning of his odd behavior, thus became clear to him. He would disappoint and frustrate those who cared for him, only to push them away in order to maintain some sense of self. Over several sessions he became aware of his early childhood memories in that he had to lift his mother's mood by cheering her up, and pleasing her. But then she would not let go of him. All he could do was to disappoint and frustrate her in order to get away from her, so that he could have some sense of self. He was stuck in a major dilemma, he had to cheer up his mother to receive contact and love from her, only to have to push her away to maintain some sense of self and thus lose contact which was not acceptable to the young boy, and therefore pleasing her again to receive contact ... He was stuck in a loop! Our work still continues, but Sean has been able to maintain his job for several months, has fallen in love for the first time in his life, and plans to go back to college when he discovers his passions. He no longer disappoints and frustrates those who are close to him and/or fond of him, and has become much more responsible in his life. My work with Sean was mostly concentrated on his sensations and feelings in order to strengthen his sense of self. Interestingly Sean's oedipal conflicts are now beginning to surface which we are currently working on. This case clearly indicated the need to engage in both psychology of the self and conflict psychology, but the body and the relationship were always in the center, and the work with body through breathing exercises, grounding, and working on integrating sensation and feelings were instrumental in this client's progress in therapy. Of equal importance was building the therapeutic relationship in which Sean could feel that I (the therapist) would not abandon him, and he tried hard, as he mentioned in one of his recent sessions. It was the containing of his feelings and emotions within the therapeutic relationship and the consistent work on his body that allowed Sean to slowly dissolve his defenses and develop a deeper sense of self. What was also crucial in his therapy was his idealization

of me along with optimal frustration on my part within the therapeutic relationship – in that I did not push him away when he frustrated me, but stayed with him which helped him to finally separate from his mom.

I will end this section by quoting Kohut (1978):

The child's drives are opposed originally by the prohibitions of the parents. If these prohibitions are of non-traumatic intensity, the child incorporates the parents' drive restraining attitudes in the form of innumerable benign memory traces ... As a result of having introjected many experiences of optimal frustration in which his infantile drives were handled by a calming, soothing, loving attitude rather than by counter-aggression on the part of his parents, the child himself later acts in the same way toward the drive demands that arise in him. (p. 370)

The most important source of a well-functioning psychological structure ... is the personality of the parents, specifically their ability to respond to the child's drive demands that non-hostile firmness and non-seductive affection ... If a child is exposed chronically to immature, hostile, or seductive parental reactions ... then the resulting intense anxiety or overstimulation leads to an impoverishment of the growing psyche. (p. 371)

Conclusion

In this paper, a model that attempts to integrate ego psychology, drive-conflict theory, somatic psychology, object relations, and self psychology in analysis of developmental trauma, was presented. Latest findings of neuroscience were presented to support the proposed integrated model, and it was shown that, based on this model, that character structure could be viewed as developmental trauma. The importance of shame in formation of developmental trauma was also discussed and supporting material from neuroscience was provided. The complementary nature of conflict psychology and psychology of the self, within the proposed integrated model, was presented with implications to body psychotherapy in general and bioenergetic analysis in particular.

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