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Grant Agreement number: 881677 – I.N.T.I.T. – REC-AG-2019 / REC-RDAP-GBV-AG-2019

# Trauma and Minors Position Paper

# INTIT

*INtegrated Trauma Informed Therapy  
for Child Victims of Violence*



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Πανεπιστήμιο Κύπρου  
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## **Preface**

Trauma represents an issue of growing concern with increasing recognition of its relevance and impact on human behaviour and development. This has implications across domains of human intervention including but not limited to psychology, psychiatry, medicine, social work, education, and the justice system. Trauma represents an especially relevant issue in childhood as it has the potential to significantly impact child development and behaviour. But what is trauma? How does it affect the child? How can it be identified and treated? This paper explores trauma from the perspective of psychoanalysis starting with its origins in the early work of Freud and concluding with current understandings of trauma both within clinical psychoanalytical practice and other areas within medicine and psychology such as neuroscience and cognitive behavioural therapy, all of which provide meaningful contributions to our understanding of trauma.

Today, multiple spheres of knowledge and clinical approaches address the issue of trauma. Given its scope, the literature on trauma is immense and demonstrates the attempts made within different schools of thought (e.g., cognitive behavioural, psychodynamic, systemic) to understand trauma. While initially quite distant, the approaches have come to influence each other in a reciprocal manner to the point of forming a hybrid approach and common language. This paper presents the evolution of the approach to trauma within psychoanalysis from a historical perspective, exploring an evolution in psychoanalytic thought that has led psychoanalysis to adopt positions similar to those adopted by the other approaches.

This paper is by no means exhaustive in its exploration of trauma, but aims to provide insight into its treatment within clinical psychology beginning with psychoanalysis with the understanding that trauma can and is addressed within multiple disciplines and clinical approaches.

## Introduction

It may seem obvious to say that the way in which adults take care of children is strongly influenced by cultural factors and should be considered as such. This statement, however, contradicts a widespread commonsense opinion according to which there is nothing more natural than taking care of children. From Rousseau's remarks on the brutality of the various forms of tight swaddling used with small children<sup>1</sup>, to the horror that is felt today towards educational instruments that embody violence, and forms of neglect that remain widespread, it is evident that much remains to be done in order to ensure that child development promotes their well-being as adults struggle to understand, respect, and support children.

Beginning with the studies conducted by the Kempfs and Lloyd Demause's psycho-historical work on childhood<sup>2</sup>, a growing body of research and thought has focused on the risks to which children are exposed from an early age. This includes risks present in places designed for their care and well-being, starting with the family. The result has been greater focus on the forms of violence, whether explicit or implicit, physical or psychological, to which children are exposed, the consequences of that violence on children's psychological development and the signs of childhood violence found in the adult clinical population.

The focus on what trauma represents has been constant. This includes trauma deriving both from unique and occasional experiences, and from a series of repeated and continuous events that lead to complex trauma. Attention has also been paid to the meaning of the traumatic re-actualization linked to the memory of the painful experience as well as to the dysfunctional activation of neuro-physiological responses related to the suffering, terror and annihilation experienced as part of a trauma. The attention paid to the functions and qualities of the child's caregiver, understood as a possible resource to favor the overcoming, processing and mentalization of the traumatic experience, has been equally constant. Today these issues occupy a large part of clinical research on trauma where one sees the convergence of the contributions made by different theoretical concepts from neuroscience, cognitivism, behavioral approaches and psychoanalysis.

This paper attempts to cover, in a necessarily partial and fragmentary manner, the contribution offered by psychoanalytic thought which has, since its beginning, identified childhood trauma as a central experience in the constitution of psychic life. Over time, however, psychoanalytic thinking has gradually shifted its attention from the almost intrapsychic and inevitable nature of traumatic experiences to aspects more closely related to the relational and intersubjective context in which trauma occurs. Childhood trauma is viewed as a fact that is if not avoidable, then at least modifiable as a function of caregivers' skills in preventing and minimizing the resulting harm. At the same time, caregivers' incapacity may trigger or cause trauma when they demonstrate an incapacity or outright pathology in their relationship with the children.

Today, psychoanalytic reflection offers essential contributions to the development of the current approach to working with traumatized children as well as understanding which forms of help and support caregivers can be offered in order to aid in the recovery of affective and relational skills.

Recent theoretical and clinical developments in psychoanalysis, some of which intersect with and even integrate contributions from neuroscience, have led to a much more complex and articulated

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<sup>1</sup> Rousseau, Jean-Jacques. 1762/1979. *Emile, Or on Education*. Trans. Allan Bloom: New York: Basic Books.

<sup>2</sup> deMause, L. *History of Childhood: The Untold Story of Child Abuse*. Jason Aronson, Inc. 1995.

understanding of childhood trauma. This has contributed to changes both in the way we look at the child and the global view of child suffering, especially when it manifests itself in the most severe forms. Consequently, trauma is increasingly seen as a process that deeply affects psychic, neurobiological and relational levels, with profound consequences for mentalization processes.

In childhood trauma pre-verbal and pre-symbolic elements seem to dominate; these elements are anchored to: sensory, perceptual and motor system; somatic or visceral reactions; and to the most elementary levels of emotions. The traumatic experience leaves a mnemonic trace of the physical and emotional states related to it, rather than a real memory as it is commonly understood (i.e., an event that memory is capable of making explicit and verbalizing). This trace is imprinted in the procedural or implicit memory that plays a key role in childhood. In summary, in the dynamics of trauma an element seems to come into play that is not easily represented or accessed by the explicit, declarative and verbal memory. Consequently, the trauma seems to remain in a space "outside of time". Clinical observation shows that the effects of trauma on adults display similar patterns.

To better understand the various contributions of the current psychoanalytic conception of trauma, it is useful to briefly review their development.

### **The beginning: Freud and Ferenczi**

Psychology borrows the term *trauma* - in ancient Greek: "wound with perforation or laceration" - from medicine and surgery, where it has three main meanings:

- a) a laceration of the skin tissue;
- b) an injury to an internal organ without perforation of the surface layers (e.g., so-called "closed" abdominal or cerebral trauma); and
- c) in some cases, the consequences of external violence on the organism as a whole.

Psychoanalysis, from its origins, has addressed the idea of trauma by transposing all three meanings: violent shock, laceration, as well as the set of consequences of the event on the organism as a whole.

This is why we speak of trauma to indicate an event in a person's life, which can occur suddenly or in a repeated manner, that is characterized by its intensity, by the subject's inability to respond adequately, as well as by the lively agitation and lasting effects on the psychic organization.

According to Freud, the notion of trauma refers first of all to the "economic" aspects of mental functioning: a violent experience (a strong emotion that occurs within a short period of time) or an accumulation of individually tolerable events (reiteration of individual events, each of which would not be traumatic if occurring alone) produce a flow of stimuli that are too intense, in regards to the tolerance level of the mental apparatus, to be liquidated or processed in the usual manner. The constancy principle is therefore jeopardized since the mental apparatus is incapable of releasing the excitement, resulting in permanent disturbances in the energetic economy of the psyche<sup>3</sup>.

From a structural point of view, Freud initially attributes the trauma to a personal event in the subject's life, which can be identified as having occurred at a given time and is subjectively significant, in relationship to the intensity of the emotions that the event is capable of causing in

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<sup>3</sup> Freud, Sigmund. 1917/2012. *A General Introduction to Psychoanalysis*. Hertfordshire, UK: Wordsworth Editions Ltd.

that particular person. The level of trauma deriving from a “fact” is also determined by each person’s level of “sensitivity” or “susceptibility”. Ultimately, it is the psychic conflict, which impedes the person from integrating that external experience with their personality, that makes it impossible to overcome the experience by rendering it an extraneous body within psychism (i.e., that which confers the characteristics of trauma to the experience).

The focus that Freud placed on conflict and defense (i.e., the mechanisms that make it possible to “integrate” the intensity of some experiences) led him to postulate that the traumatic event, which in many cases has sexual connotations, causes a defensive reaction in the *id* and the activation of a “physiological” defense or removal that operates in accordance with the primary process. This conceptualization opens the way to the idea that external events assume a traumatic meaning when they activate or reactivate internal ghosts with the consequent flow of drives.

In *Beyond the Pleasure Principle* (1920)<sup>4</sup> Freud presents the “economic” definition of trauma as a laceration and suggests that an excessive flow of excitation can disable – even if partially – the pleasure principle, because of the more urgent need of associating the excitation with a subsequent discharge. The phenomenon of repetition compulsion confirms this “limit” of the pleasure principle, demonstrating that trauma can potentially undermine the pre-conditions for its functioning. Here trauma no longer – or at least not only – refers to a simple disturbance in the economy of the libido (the constancy principle mentioned above), but represents a radical threat to the subject’s integrity. The vital primary impulse coincides with the quest for pleasure only if the minimum conditions for survival are assured.

Along the same line, according to the 1926 theory of anxiety outlined in *Inhibitions, Symptoms and Anxiety*<sup>5</sup>, the *id* has the function of sending an alarm signal in order to avoid being devastated by the insurgence of a traumatic situation from which the individual cannot defend themselves (automatic anxiety). The *id* is susceptible both to external and internal attacks, that is from drives, since both are potentially traumatic. Ultimately, danger resides in an increase of the tension on the flow of internal impulses that need to be liquidated that exceeds the tolerability threshold.

The notion of trauma proposed by Freud is based on a primarily “energetic” foundation and principally connects with the “internal” representation and the role of subconscious fantasies. The “real” traumatic event is without a doubt relevant, but the child’s internal elaboration matters more; hence the role of subconscious (Oedipal) fantasies. In other words, the trauma does not act directly, but reflects the extent to which it activates internal ghosts that are already present, re-awakening psychological drives. Other psychoanalysts have reviewed and revisited the way in which trauma is understood, calling attention to the no less central role played by environmental and relational determinants in order to integrate the centrality of the “internal”, or intrapsychic, dimension that characterizes the Freudian conceptualization of trauma. This has been done while paying attention to the traumatic potential of the primigenial and structure-building relationships. Among Freud's contemporaries, Sandor Ferenczi, whose work has recently gained greater appreciation, focused on this aspect.

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<sup>4</sup> Freud, Sigmund. 1955. *Beyond the Pleasures Principle, Group Psychology and Other Works (The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII [1920-1922])*. London: Hogarth Press.

<sup>5</sup> Freud, Sigmund. 1926/2013. *Inhibitions, Symptoms and Anxiety*. Eastford, CT: Martino Fine Books.

At the same time as the psychology of the id gained greater acceptance, Ferenczi concentrated on the formation of the intrapsychic structure and proposed considering the environment, that is the relational space in which the newborn is received, not only in its function of frustrating the insatiability of drives (from which the psychic structures develop), but also in its function of “agency” in repairing the harm. The help offered, for example, by the maternal lap or by the embrace of an adult enables relaxation, making it possible to overcome even intense trauma. This help is indispensable to start the internal repair work of the newborn’s resources. From this point of view, children’s real trauma occurs when the adult cannot offer the help needed in order to access their own reparation faculties; this may occur in situations of neglect and loneliness or isolation. In such circumstances, in an attempt to substitute the functions of the absent Oedipal object the child’s psyche tends to separate itself into a damaged part and a part that brings aid. In other words, trauma is placed in a relational context and can be read through the juxtaposition between what happens in the child’s mind (and that in many ways gives it a structure) and what occurs in the interaction between the child and the environment, that is, in the encounter between the needs of the child and the answers provided by the primary adults in the child’s life. If the traumatic event rests in the relationship between the child and the significant adults, then psychic trauma is not traumatic because it produces an idea, but rather because it bursts into a world of relationships and meanings that the child is building, effectively upsetting and disorganizing this world to the point of inhibiting, to a more or less intense degree, the restorative measures available to the child.

More specifically, Ferenczi observes and acutely describes adults who, in contrast to the children’s expectations, behave in ways that are at the same time exciting, terrorizing and painful. Ferenczi also provides examples in which such behavior in adults is minimized, justified, misinterpreted, or downplayed by the adult, thereby depriving the child of comfort or recognition of their experience, leaving the child disoriented and confused. On the basis of intuitions and observations, the notion of trauma expands and comes to embrace, more than just the “striking” events, the vast dimension of minimizations, misunderstandings, and parental expectations upon which the research tradition of so-called transgenerational research has focused. Beyond the partial traumas already mentioned by Freud, the idea of precocious trauma to which a child may be exposed, not only due to so called perverse or violent actions taken by adults (the “striking” events mentioned above), but all of the various forms of maltreatment and lacking or inadequate care, has become more clearly delineated. The pathogenic influence of the so called “micro” dimension of the events that, even if not individually relevant, become retrospectively significant when repeated over time appears evident. Beginning in the 1970s, Masud Khan specified the concept of “cumulative trauma”<sup>6</sup>, which indicates the subtle intertwining of tensions to which the child is exposed in their dependence on the mother. This intertwining of tensions is constituted by environmental factors that are apparently irrelevant but which occur repeatedly over time. Even if these factors appear innocuous and imperceptible, they are nevertheless capable – due to their reiteration – of causing the destructuring of psychic development.

The heart and reality of Ferenczi’s work resides in the fact that the pathogenic effects of trauma (beyond the severity or intensity of the event *per se*) resides in the adult’s lack of acknowledgement, or denial, of what has occurred. Being believed and supported by the environment, that is by the significant adults, becomes the main protective factor for an abused or traumatized child from the onset of adaptation difficulties. The same applies to sexual abuse. On this topic, Ferenczi highlights

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<sup>6</sup> Kahn, M. Masud R.. 1963. “The Concept of Cumulative Trauma”. *Aspects of Normal and Psychological Development*. Published on line 10 Feb 2017, p 286-306 <https://doi.org/10.1080/00797308.1963.11822932>

the confusion between the language of tenderness and that of seduction, which can be more or less violent, arguing that if the children who rightly ask for tenderness are subjected to more love than they desire, or rather a love that differs from what they expected, then this can have the same pathogenic consequences as the deprivation of love.

Until recently, historians of psychoanalysis have perhaps concentrated too much and for too long on the irreducible divergence between Freud and Ferenczi in regards to the origin of childhood trauma. Nonetheless, today we can affirm that both Freud's and Ferenczi's views, even if they place the emphasis on different dimensions and components, moved in the same direction in the sense that both of them have drawn the interest of psychoanalysis, both theoretically and clinically, to the complex interactions between the internal and external world. These interactions contribute to configuring trauma within the communicative and affective processes, that is in relational dynamics, including family relationships. This field of study includes, for example: attention to the intrapsychic dynamics related to anger management, brilliantly described by Melanie Klein, as well as the well-known figure of "the good enough mother", which is indispensable in allowing the child to develop their own experiences.

### **Memory of trauma and trauma to memory**

Far from being understood in the same way as the mechanical consequences of a lesion or a "collision", the entity and the quality of the damage that characterize a trauma are today placed in relation to the world of the adults upon which the child depends. This focus on the adult-child relationship recognizes that the trauma indicates and comprises the reactions of the relational context in which the person subjected to trauma is inserted. The help that the child does or does not receive from their "Oedipal objects", that is the response that these individuals provide, is part of the trauma because this is the response the child internalizes. When and where the response is inadequate, the question remains "suspended". The lived experienced, even if in the past, does not conclude but tends to repeat itself in the continuous and almost obsessive quest to rewrite the initial scene. This is to say that recent contributions from neuroscience tend to confirm Freud's and Ferenczi's theories, even if from a different perspective, in regards to traumatic memory.

Today memory is understood as a dynamic and flexible process rather than as a mere deposit or collection of events. In fact, one speaks about transformational memory, indicating its capacity to be rewritten on the basis of continuous and fluid mechanisms that enable associative recategorization, which makes memory maps variable. In brief, the past has not necessarily come to an end and can be modified; the past can be rewritten and hence changed. The dynamic aspect of memory should also be recognized in relation to the importance of forgetting, which is understood as an indispensable operation for accessing the possibility and capacity of remembering the new things that one learns day to day.

This conception of memory, well before neurobiology explored its biological substrate, has always been a part of psychoanalytic thought. Freud understood the transformational and plastic nature of memory as found in the word *Nachträglichkeit*, which has been translated into English as "deferred

action”<sup>7</sup> with reference to the “retroactivity” and “after effect” to which it alludes. Jacques Lacan brought attention to the importance of this term, which he translates as *après coup* in French.

The idea of *Nachträglichkeit* runs throughout several parts of Freud’s work, indicating the peculiarity of the fact that, within psychic temporality and causality, experiences, impressions and mnestic traces are re-elaborated after the event as a result of new experiences or of the child growing up (movement to another level of development). These experiences and impressions can then acquire not only a new meaning, but also a new psychic efficacy. This also applies to childhood sexual trauma that according to Freud does not produce effects when it occurs but leaves a psychic trace that reactivates at a later time, that is when, following the onset of puberty, the memory develops a power that was absent at the time of the original episode. The Freudian concept of “deferred action” can be summarily characterized by two aspects: it is not the experience per se that is re-elaborated later, but rather that which, at time of the experience, could not be fully integrated within a significant context (the model of that experience is the traumatizing event); posterior re-elaboration occurs after a series of events and situations or organic maturation that allows the subject to access a new type of meaning and to re-elaborate the previous processing of the event<sup>8</sup>.

The memory of a trauma can become pathogenic in the later re-transcription because, as Freud rightly points out, the memory is not just recorded once, but translated at different points in time during an individual’s life and – even more interestingly – rewritten each time in virtue of the mind’s capacity to re-actualize the past and recreate its memories while reviewing them.

Furthermore, on the basis of his first observations about childhood amnesia, Freud sustained that precocious memories of childhood trauma could not be expressed verbally. In fact, the trace of these traumas only appeared to be accessible in the symptoms of the neurosis (the neurosis that the adult encounters in relation to the childhood trauma) and not as a conscious memory. Today neurobiologists demonstrate that explicit memories from early childhood are absent since the system that forms them is not fully developed in early childhood. This is the explicit, declarative, verbal memory system whose biological substrates reside in the neuronal circuits between the hippocampus and the cerebral cortex that develop around age three. Another type of memory (mediated by numerous systems amongst those connected to the amygdala’s circuits) is operational before that age and most probably during fetal development. This memory is capable of processing key emotions such as fear and anger and is referred to as implicit or procedural memory. It is qualitatively different than explicit or declarative memory in that the implicit memory records somatic and emotional states that cannot be accessed at the conscious level. Even if not accessible to the conscious mind, implicit or procedural memory tends to leave a lasting sign and, according to neurobiologists, the traumatic memories seem to be burned into the central nervous system where they probably accompany us for life.

This idea of memories that are unconscious but that remain as if plunged into the body find an antecedent in Ferenczi’s clinical observation in which he claimed that traumatic childhood experiences are almost exclusively tied to a somatosensory level. This means that the trauma does not leave conscious memory but rather corporal sensations and reactions. For Ferenczi there cannot

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7 Eickhoff FW. “On *Nachträglichkeit*: the modernity of an old concept.” *Int J Psychoanal.* 2006;87(Pt 6):1453-1469. doi:10.1516/ekah-8uh6-85c4-gm22

<sup>8</sup> See Freud’s 1895 work *Project for a Scientific Psychology* and additions to the discussion presented in 1917 in the Case of the Wolfman.

be a conscious memory of something that has never been conscious. More recent theoretical and clinical research confirms the impossibility of symbolizing and elaborating those terrifying memories that also belong to the domain referred to as trauma. These experiences, to the extent that they lead to a trauma to the biological substrates that mediate the implicit or procedural memory, remain deprived of semantic representation. The memories consequently remain at the somatosensory level and express themselves as somatic distress, behavioural disorders, nightmares, and other symptoms. The memories are only represented and representable in the forms used by the implicit or procedural memory and not through the use of words in the explicit or declarative memory.

Today a new wind is blowing, in part caused by what Peter Fonagy<sup>9</sup> calls the “cross-fertilization” of different disciplines. This wind, while once again moving the sails of psychoanalysis towards the open sea, demonstrates the extent to which the founding fathers of psychoanalysis could see ahead. It is by rediscovering and rewriting their memory that we become aware of the fact that they could see far ahead, even if limited to the instruments of clinical observation. Recent clinical work on trauma and dissociative states, also considered in light of the contributions from research on childhood and neurobiology, is pushing us to formulate the suggestive hypothesis of considering traumatic experiences as constitutive elements of an individual subconscious that has “not been removed”. This differs from the Freudian individual subconscious generated by the work of removing in that it is acquired as an individual response by the mind that is capable of functioning prior to the development of the id’s capacity to activate removal.

### **Trauma and mentalization**

In addition to cross-fertilization with neuroscience, the development of the sectors within psychoanalytic research that focus on attachment theory has also contributed to the convergence of psychoanalysis and cognitivism, offering an opportunity for reciprocal exchange about shared clinical problems. Peter Fonagy in particular has underscored that the harmony in the attachment relationship between mother and child favours the development of symbolic thought and that the presence of a secure base contributes to the process of precocious mentalization. This term indicates the reflective function that Donald Winnicott referred to as “Self”, upon which the capacity to understand one’s own and others’ mental states (i.e., emotions, desire, ideas, impulse control, self-awareness) depends. The precocious development of the mentalization process is mediated by attachment relationships with caregivers who in turn should be capable of mentalizing, that is they should be capable of being loving and flexible thereby laying the foundation for secure attachment. The child needs the constant presence of an adult who helps them repeatedly experiment their thoughts; this means that these thoughts in turn are represented in the adult’s mind so that they can be directed in reality. It is only by understanding the mind of another, within an intersubjective relationship, that the child develops full possession of the mental states. The child comes to know the parent’s mind – and their own mind – as a function of the parent’s capacity to understand and contain the child’s mental states. A likely formulation for the child is, “If mom thinks of me as someone who thinks, then I exist as a thinking being”. Ultimately, the representation that the child sees reflected in the adult will be internalized to create the Self. When the adult caregiver’s reflexive capacity enables the adult to understand the child’s intentional behaviours, then the child will have

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<sup>9</sup> Fonagy, Peter. (2003). “Genetics, Developmental Psychopathology, and Psychoanalytic Theory: The Case for Ending Our (Not So) Splendid Isolation.” *Psychoanalytic Inquiry - PSYCHOANAL INQ.* 23. 218-247. 10.1080/07351692309349032.

the opportunity to discover the Self in the other, in the sense of finding their self as a subject capable of mentalization.

In summary, the child learns to elaborate the experience of their perceptive and emotional world in virtue of the relational modalities expressed by the caregiver, that is the caregiver's sensitivity, responsivity and availability. This is to say that when the significant adult's capacity is compromised, as in cases of child abuse and trauma, then the child's possibility of adequately experimenting their mental states via identification with the object's mental state decreases. Children that are born and grow up in unfavorable environments and hence exposed to the traumatic dimensions described in reference to "cumulative trauma" tend to react to the impact of these traumas by turning to a system of primitive defense mechanisms, based on divisions, that enable them to distance the angst but, at the same time, create barriers or, even worse, arrest the process of precocious mentalization essential for the full and correct development of the psyche.

### **Trauma, dissociation, repetition**

At this point we have a conceptualization of trauma dominated by an idea of traumatic development that accompanies and distinguishes the lives of individuals exposed to cumulative childhood trauma and that delineates a syndrome where the psychopathological foundation is found in dissociative mental processes. With the notion of evolutionary trauma, Philip Bromberg recently called attention to the point that consolidates a system of dissociative states of the Self. According to Bromberg, trauma consists of the precipitous destruction of the sense of continuity of the Self, that is an overwhelming threat to the integrity of the Self accompanied by the fear of annihilation in situations with no hope of protection, relief or reassurance. In situations in which this experience is prolonged or violent (such as during war, deportations or natural disasters) or where the development of the Self seems to be jeopardized by an unfavorable context (as described above), the level of affective activation becomes too intense to be mentalized and the physiological process of removal proves insufficient. The only option remains dissociation from the experience and, with it, a part of the Self. This part remains separated and inaccessible by the memory as well as the mind's reflexive function and can only be "remembered" via action. This results in a tendency to repeat the traumatic dissociative situation with new material or, more exactly, the whole set of trauma and reactions that are both adaptive and pathogenic.

As concepts, trauma and dissociation are closely related with psychopathology since dissociation represents a sort of "escape when there is no way to escape" and, in the case of relational trauma and disorganized attachment, dissociation is also a sign of the fracture in the processes of synthesis and integration of the affective states that normally produce a coherent and cohesive sense of self. In substance, the annihilation potential of trauma, especially if accumulative, and hence evolutionary, united with the freezing that follows, activates so-called primitive responses based on the fight or flight model of elementary peripheral neurological reflexes. It is worth underlining that recourse to these archaic reactions, despite being based in defense (flight when there is no way to flee), also inhibit the development of the id's more advanced, or more sophisticated, defense mechanisms that do not prevail on the preceding mechanisms. Understood this way, trauma represents an inhibitory fracture in the development of superior processes that leaves intact operational means of mental functioning that are more archaic and destined to become obsolete during development. In many ways the absence of mentalization, that is the active persistence of archaic means of affective regulation, continues to represent an adaptive response even if

rudimentary. This response represents the best possible adaptation for that child, with their particular evolution, because the possibility of not mentalizing permits the child to distance themselves from something that is incomprehensible and goes beyond their psychic coping capacity. Beyond the trauma per se, the explosive effect resides in the damage to the capacity to develop more evolved psychic structures that would enable mental elaboration of the trauma. Dissociation is not only observed in traumatized children or adults that underwent traumatic experiences in childhood, it is also found in persons who have experienced trauma as adults<sup>10 11</sup>.

The traumatic development that marks a subject's life and remains inscribed in the body ultimately leads to a dual effect: the persistence of "unthinkable", dissociated content that constantly procures lacerations; or a sort of coercion to act and repeat terrifying reactions such as disaggregation and annihilation. In fact, there is frequently a perpetual reverberation of the echo of the trauma, which remains as if fixed and seems to ask to be repeated. Many traumatized people compulsively expose themselves to situations that are analogous to those experienced in the past, even if remote; this makes it possible to play both the role of victim and perpetrator, reproducing the cycle of violence. Here the id is no longer abused but abusive, turning passivity into activity and substituting fear and the feeling of impotence with an illusion of omnipotence. This repetitive element can also express itself in repetitive dreams, in the steadiness of post-traumatic play, and in self-harm in which the past experience is relived in current relationships.

## Conclusions

Trauma needs to be recognized as a hard to define, dynamic concept the nature of which is the outcome of the relationship with the caregiver. The caregiver relationship is perhaps the most significant determinant of the impact of traumatic experiences – however defined – on the child and on the child's development. The caregiver's presence, attention and support have the potential to serve as a buffer to events and experiences that would otherwise be devastating, effectively reducing the impact of the "trauma" to a residual presence within the child's psyche. In accompanying the child, ensuring that they do not have to confront scary feelings or memories alone, the caregiver can help the child develop healthy coping mechanisms and resilience. In contrast, failure to be present leaves the child alone in their efforts to cope with their internal world. This absence is itself a form of neglect that can harm the child. Ultimately, the caregiver's capacity to cope with a situation and support the child may be as important in determining the impact on the child as the child's own experience with the stressor.

Psychoanalytic work underscores the well-recognized difficulty in defining trauma and traumatic experiences highlighting the fact that trauma, in and of itself, is not readily measurable or clearly defined with significant disagreement amongst practitioners as to the correct definition<sup>12</sup>. In contrast, caregiver capacity, skills and competence to care for and provide the child with the right

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<sup>10</sup> Dorahy, Martin J., Mary Corr, Rebecca Black, Laura Matheson, Lenaire Seager, Warwick Middleton, and Kevin F W Dwyer. 2017. "Shame, Dissociation and Complex PTSD Symptom in Traumatized Psychiatric and Control Groups: Direct and Indirect Associations with Relationship Distress." *J. Clin Psychology* 73 (4): 439-448 doi: [10.1002/jclp.22339](https://doi.org/10.1002/jclp.22339)

<sup>11</sup> Carlson, Eve B., 2012. "Dissociation in Posttraumatic Stress Disorder Part I: Definitions and Review of Research." *Psychological Trauma: Theory, Research, Practice and Policy* 4 (5): 479-489.

<sup>12</sup> See Cohen, Judith A., Anthony P. Mannarino and Esther Deblinger. 2017. *Treating Trauma and Traumatic Grief in Children and Adolescents*. 2<sup>nd</sup> edition. London: The Guilford Press.

support is measurable and subject to evaluation. Actions to address and mitigate the harm caused by traumatic events – regardless of severity or frequency – therefore need to focus first and foremost on the caregiver, evaluating their skills and competencies in order to identify behaviors and qualities that either support the child’s development, or endanger their well-being.



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