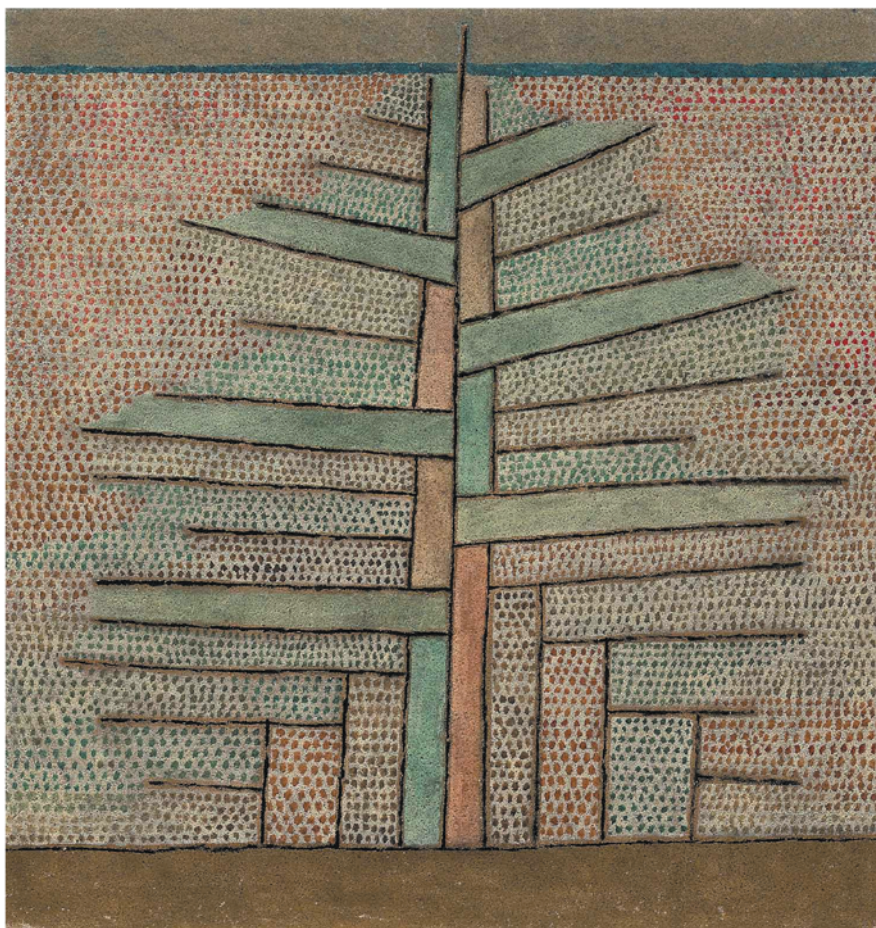


BEYOND INDIVIDUAL AND COLLECTIVE TRAUMA



Intergenerational Transmission, Psychoanalytic Treatment,
and the Dynamics of Forgiveness

CLARA MUCCI

ROUTLEDGE

BEYOND INDIVIDUAL
AND COLLECTIVE TRAUMA



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Clara Mucci

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To the community of survivors of any kind, to my patients, to my nieces, and to whoever is seeking the meaning of their life, since this is the “work” of trauma, this book is dedicated.

ABOUT THE AUTHOR

Clara Mucci is a psychoanalytically oriented psychotherapist practicing in Milan and Pescara, Italy. She is Full Professor of Clinical Psychology at the University of Chieti, where she taught English Literature and Shakespearean Drama. She received a PhD from Atlanta (Emory University), and was a fellow in 2005-2006 at the Institute of Personality Disorder, New York, directed by Otto Kernberg. The author of several monographies on Shakespeare, Psychoanalysis and Literary Theory, she has taught in London (Westminster College), Atlanta (Emory University) , and New York (Hunter College, CUNY).

PREFACE

*Otto F. Kernberg, M.D.**

The present volume represents a major effort to integrate contemporary theories and findings regarding the psychological effects of severe trauma. In the process, it brings together new empirical research regarding the neurobiological structures involved in the reaction to trauma, and the lasting effects of trauma on their reactivity. On the basis of this neurobiological disposition, the experiential and psychodynamic consequences of trauma are described at the relational level of the interactions of the self with significant others, and the surrounding social and cultural world. New psychoanalytic understanding of early development, and the application of psychoanalytic theory to the analysis of family pathology and mass psychology complement this complex and comprehensive analysis. The central importance of attachment; the nature, severity and duration of trauma;

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the structural characteristics of severe personality pathology; and the social and political dimensions of massive social trauma are appropriately highlighted in the diagnosis and treatment of traumatized individuals and groups.

At the same time, the author presents a fair and balanced review of the controversial aspects of contemporary trauma research. While stressing the fundamental etiological importance of insecure attachment and early traumatization by physical and sexual abuse, and of a chronically non-responsive family environment, Dr. Mucci is also attentive to the importance of neurobiological disposition, on the one hand, and of the psychodynamic aspects of unconscious identification with the aggressor, on the other. She explores the psychodynamic implications of aggression, sexuality and dependency, and the consequences of primitive defensive operations dealing with them. Her overview of transgenerational transmission of trauma links her analysis of individual psychopathology with the vicissitudes of family pathology, and with social conflicts that may interfere with the elaboration of collective trauma.

This book opens several areas of inquiry for further reflection. Regarding the organization of the internal world of object relations, similarly to the organization of neural networks with specific functional implications, we have to assume a parallel dynamic of systemic integration at the psychological/symbolic level. There does not seem to be a simple, linear relationship between biological structures and behavior: a dynamic integration at an intrapsychic level is also involved. This introduces a major complexity to an integrative "bio-psycho-social" view.

Regarding the treatment of traumatized individuals, a major difference seems to emerge between the post-traumatic stress syndrome, on the one hand, and the severe personality disorders that evince early physical, sexual, familiar or social traumatization as a major etiological feature, on the other. In the first case, the reactivation and working through of the trauma in the context of an empathic therapeutic relationship, in the context of a stable, safe therapeutic environment are the essential components of the treatment. In the second case, regarding which Dr. Mucci appropriately stresses the predominance of severe, chronic splitting between a persecutory and an idealized segment of psychic experience, the patient's unconscious identification of victim and perpetrator becomes a central aspect of the therapeutic

working through: here psychoanalytic psychotherapy has contributed significantly to the treatment of trauma.

A final issue that this comprehensive volume invites the reader to consider: what are the limits of forgiveness? What, if any, are the political responsibilities of the psychotherapeutic profession? What, if any, are the dangers of ideological contamination of the psychotherapeutic process? These are some of the issues and questions this thought-provoking and stimulating work by Clara Mucci evoke in the reader.

New York

CHAPTER ONE

From early relational trauma, to abuse, to massive social trauma

The psychoanalytic concept of trauma describes it as “any excitations from outside which are powerful enough to break through the protective shield” of the “living vesicle” (Freud, 1920g, pp. 301, 298). Thus, it is a unique event characterised by the excessive intensity of the stimulus in relation to what the ego can sustain, breaking through the shield of the mind of the subject, as Freud explained in *Beyond the Pleasure Principle* (thinking of war trauma in particular). When we consider trauma today, reflecting on it together with this established view, we conjure up more and more a traumatic condition established over time between child and caregiver, which is usually referred to as “early relational trauma”. This concept, as we will see, is a disturbance in the attachment relationship of the child towards the parent, a concept not too distant from what Masud Khan called “cumulative trauma” (1963). In other words, we tend to think of a traumatic climate or situation perduring in time in which psychological, physical, or sexual abuse might be perpetrated even without overt dramatic features being immediately noticeable but whose potentially pathological effects can be nonetheless very serious.

Internationally renowned researchers on trauma and society such as van der Kolk, McFarlane, and Weisaeth (1996) prefer to speak of a

“traumatic atmosphere”, to better define the everyday climate which can be highly destructive of the Self, in which a deeply neglected or even abused child might find herself; Lenore Terr (1994) distinguishes between Type 1 trauma, that is traumatisation due to a single event, and Type 2 trauma, taking place over a long period of time, often within the silence of a family or of society, as happens with severe neglect, abuse, violence and incest.

Antonello Correale defines a traumatic experience as “not exclusively a single experience capable of determining a destructuring of cognitive capacities according to a mechanism concentrated in time, but in a wider sense the reiterated exposition to disturbing or incomprehensible aspects of the signifying other” (2006, p. 135). Cesare Albasi (2006) writes about “traumatic attachments”, identifying, in the wake of Bowlby’s internal working models, a new category of internal working model which he terms “dissociated internal working models” (DIWM). Liotti and Farina (2011) have recently devoted a study to “traumatic developments”.

Social and collective preoccupation is also evident in the discourse on trauma; for instance Correale asks if contemporary Western society presents traumatising factors that need to be considered at a collective level as well as on the individual level, and that contribute to the sense of emptiness and precariousness so typical of our time (Correale, in Cellentani, 2008, pp. 35–36). Bohleber (2012) calls for the necessity of a social discourse framing traumatic consequences and the subsequent generations in history and defines trauma as “a brute fact that cannot be integrated into a context of meaning at the time it is experienced because it tears the fabric of the psyche” (2007, p. 335); in other words, an individual threshold has been irreparably crossed and a fundamental and irreparable breach has taken place.

French theoreticians and clinicians prefer to speak of “traumatism” in a wider medical, psychological, or socio-anthropological context (Fassin & Rechtman, 2007).

Together with this attention to the relational aspects of trauma, testified by a renewed interest in attachment theory and early relational trauma, clinical work with traumatised patients underlines the reality-based aspects of trauma, in contrast with the classic Freudian theory which, with various detours, highlighted the fantasmatic aspects of trauma, as the determining feature.

According to Laplanche and Pontalis’s *Vocabulaire de la psychanalyse* (1967), the internal and external world both contribute to a traumatic

effect, since it would be impossible to speak of traumatic events in an absolute way, without considering the sensitivity of the subject.

Although it is undeniable that both subjective and objective elements intervene in establishing what will result in traumatising for the subject, this individual threshold should not prevent us from thinking that trauma might also be a real event. As Paul-Claude Racamier writes in *L'incest et l'incestuel*, we do not need to contrast the very origin of psychoanalytic theory and practice, with the so-called "seduction theory" which Freud *après coup* disavowed, underlining the unconscious fantasmatic elements in its stead; but rather, we want to investigate what happens when the seduction [or the abuse: a better word] really existed (1995, p. 59).

We want to propose a kind of psychoanalytic practice capable of bearing witness to what in society is always in danger of undergoing repression and marginalisation, a psychoanalysis not only rooted in the intrapsychic but fostering a clinical and theoretical activity that includes the interpersonal, the ethical and the social, which is therefore situated on the site of testimony, active against the "resistance to know" that is at the foundation of culture (Bohleber, 2012, talks of "reluctance to know"). With Cathy Caruth, we want to emphasise a "speaking and a listening from the site of trauma" (Caruth, 1995), aware, as Dori Laub and Susanna Lee write, that "it is not the lie itself, but the continued communal acceptance of the lie, that indicates the operation of the death instinct. This constant and relentless opposition to knowing compromises the ability to see and recognise truth" (2003, p. 459). Psychoanalysis can help us understand this movement from individual to collective, and vice versa. In fact, the same dynamics that occur in the psyche also form the collective environment: "Repression, dissociation, and denial are phenomena of social as well as individual consciousness" (Herman, 1992, p. 9). Sociologist Slavoj Žižek (1989) has identified trauma as the kernel of modern societies taking the example of the extermination camps or of the Gulag as a symbol of the "real" in our civilisation, "which returns as the traumatic kernel in all social systems" (p. 50), following a Lacanian view in which trauma is identified with the real, the unsymbolised and unassimilable per excellence (see also Kirshner, 1993). Žižek has been criticised (by Judith Butler, among the others) for his "universalising" attempt at a definition of trauma, while others, Bohleber *in primis*, remind us of a specific historicisation of trauma. I think the two views are not incompatible. While it might

be true, with Anna Freud, that with a too ample theory of trauma we are in danger of making this concept too general and therefore vague, leading to a “blurring of meaning” (A. Freud, 1967, p. 235), I don’t think we are at risk of losing the cogency of the specific historicity of trauma if we believe that trauma and the real (beyond Lacan’s frame) can be linked in some cases, especially in contemporary society. I think it is not a catastrophic view, or a post-modern, but a realistic one. As Caruth, again, writes, “In a catastrophic age, trauma itself may provide the link between cultures” (1995, p. 11); this philosophical statement is attested to by psychologists and psychopathologists, confirming that we live in an age that is constantly in danger of massive traumatisation. At the root of trauma, there is history itself: “It is indeed the truth of the traumatic experience that forms the center of its psychopathology; it is not a pathology of falsehood or displacement of meaning, but of history itself” (Caruth, 1995, p. 5). “Historical trauma” is a concept coined by Dominick LaCapra (2001), who in turn, recognising the “symptomatic dimension as well as the phantasmatic in all cultural phenomena” questions (in relation to Žižek’s influential take) “any homogenising notion of desire and would distinguish among phenomena ... on the basis of the specific combination in them of symptomatic, critical, and possibly transformative processes and effects” (LaCapra, 2004, p. 9).

The link between trauma and reality might simply be psychologically and socially effective and an ethical stance to keep in mind, for a wider representation of the high levels of suffering and traumatisation belonging to our contemporary, some would say “post-modern”, societies. It is not incidental that contemporary anthropology, facing the universal tasks of accounting for what is “human” within different societies, turns to the discourse of trauma and dehumanisation more and more (Beneduce, 2010). In man-made trauma, what is human also defines what is unhuman, and trauma testifies to the extremes and limits of both.

In this work, we want first of all to investigate what happens to the individual when the event leading to the traumatisation is a real, man-made event, that is, it is not due to a natural (or so-called natural, since human responsibility often needs to be ascertained) catastrophe. Our focus is instead on a traumatic relationship, or a kind of attachment generating confusion, chaos and fear, (as in so-called disorganised attachment). We also want to investigate what happens at a neurobiological level to a child living in an abusive and violent or invalidating

environment and what are, as a consequence, the implications for psychotherapy, focusing particularly on the consequences that adverse conditions in child rearing have for society at large. What happens, for example, to an individual who has undergone a potentially mortal aggression or has been a direct witness of a devastating traumatic event such as ethnic cleansing, political persecution and torture, extermination of a “race”, a nation or a social group as happened in Ruanda, in the former Yugoslavia, in South Africa, Latino-America or in the case of the Shoah, which remains unique for its proportion and level of bureaucratic organisation. We aim at investigating what happens when the violence or the abuse remains inscribed in the individual body and mind, both on a subjective and interpersonal level, and how it is transferred into the subsequent generations.

Against decades of psychoanalytic interest centred almost exclusively on fantasies, we want to focus our attention on the reality-based aspects of trauma in the awareness that, as Robert S. Wallerstein observed at the 1972 winter meetings in New York, the psychoanalytic study of reality has been “relatively neglected or taken for granted in usual psychoanalytic discourse” (1973, p. 23). More recently, Werner Bohleber noted that psychoanalysis, “originally undertaken in order to discover repressed childhood memories, is now in danger of becoming a treatment technique that actually fades out history” (2010, p. 109), if it remains fixed to the intrapsychic world and the constructions of fantasy more than attuned to real events and real relational experiences.

This traditional attitude also has a bearing on clinical practice: as Gherardo Amadei (in Lingiardi et al., 2011) argues in *La svolta relazionale*, an old-fashioned psychoanalyst, within the analytic session, instead of focusing on what is happening right now in the relationship and in the room, has instead been trained to catch and give meaning to the distant and unknown aspects of what is being said. The past scars will inevitably leave residues in the present, but the only possibility to really affect and redeem them is in the present relationship, both at the implicit and the explicit level (concepts we will clarify).

The interpretation of anything that takes place within the therapeutic frame has a much more complex meaning than it would have outside of that setting; but this should not lead to neglecting what is happening in the here and now of the analytic room, with the risk of re-traumatising the patient precisely on the basis of the denial of the reality on the part of an adult in the position of authority, an adult who should have been

a witness to what had happened, and whose denial cost the patient so much.

Early relational trauma and the theory of attachment

In the recent volume edited by Giovanni Liotti and Benedetto Farina, *Sviluppi Traumatici*, we read, in the incipit: “The relationships in which those who habitually take care of a child expose her also to maltreatment, abuse, or severe emotional neglect, affect in a stable way her mental development and are considered capable of causing vulnerability to an ample variety of psychic disturbances, not only during childhood but also in the adult age” (2011, p. 3, translated for this edition).

The traumatic quality of early relationships seems to be at the root of future pathologies such as the borderline personality disorder, depression, alcohol and substance abuse. Fonagy (2001), Liotti (1999a, 1999b), van der Kolk (1987), and many other researchers have identified in attachment disorders and especially in disorganised attachment a vulnerability to future traumas and pathologies.

Disorganised attachment has been studied by Main and Solomon (1986, 1990), and by Main and Hesse (1990), and includes a variety of contradictory behaviours, ill-directed, decontextualised, out-of-control conduct by children towards their caregivers, after a period of separation. These works refer to one-year-old children studied within the protocol of the so-called strange situation and other experiments involving the presence of strangers and the absence of the caregiver for a given time (Ainsworth & Wittig, 1969; Main & Solomon, 1990; Main & Weston, 1981). This laboratory procedure was designed to examine the balance that one-year-olds have between attachment and exploratory behaviour in conditions of low and high stress. In a twenty-minute session, mother and infant are introduced into a laboratory playroom, where they are joined by a woman stranger. The stranger plays with the child, while the mother leaves shortly and then comes back. In a second separation, the child is left totally alone, then the stranger and finally the mother return.

John Bowlby, the British psychoanalyst to whom we owe these first studies on the bond (and separation) between mother and infant, noted that certain contradictory elements such as incoherent behaviour of these children indicating anger, rage, anxiety and fear towards the adult were not expressed because of fear of alienating the attachment figure.

These behaviours seem to be a sign of the defences activated on one hand with the purpose of avoiding the emotional pain linked to the departure of the caregiver, on the other hand, they have the purpose of excluding (starting from late infancy) painful representations of the self and of the object. The mothers of these disorganised children seem to be unresponsive and rather insensitive towards them and show emotional distance or intrusiveness.

It is important nonetheless to stress that, although a disorganised kind of attachment might imply a vulnerability for the individual, a vulnerability which, together with a familiarity (genetic elements) and other environmental experiences, might lead to future pathology, reparatory elements might intervene. For instance, together with an unavailable mother, there might be a father or another caregiver who is on the contrary capable of providing care and comfort, therefore the connections between nature and nurture, as we will see, are highly complex and difficult to predict on the basis of a single element. Differently said, if pathogenic elements are not present and protective factors are in the environmental context, the early experience of disturbed or altered states of consciousness might not lead to pathology.

But in general, it is the study of trauma and of the pathologies connected to trauma that might lead to an appreciation, in the psychoanalytic and psychotherapeutic field, of attachment theory and its findings.

Attachment theory might have been ostracised for many years by psychoanalysts (an attitude that still persists in certain areas of this discipline) precisely because it founded itself on the *real conditions* of the environment surrounding the child and on the *effective consequences of the cures she received*, in contrast with the primacy that psychoanalysis has always attributed to "phantasy" or fantasy, following Freud. Bowlby was well aware that two points in his theories had been disregarded by colleagues, the first was the importance of the events in real life, and the second was the desire for comfort, protection and reassurance human beings experience especially when they are in a state of suffering.

Bowlby confesses that when he became a psychoanalyst in 1937, the members of the British Society were interested almost exclusively in the exploration of the imaginary and of the fantasies of the inner world of adults and children and any interest in the real conditions and the living circumstances of those beings were considered almost inappropriate or not worth the discipline's interest (Bowlby, 1988).

The value of attachment theory therefore lies not only in a reevaluation of the relational roots of the construction of the mind and in the awareness of how the human relation is the basis for the creation of meaning and the formation of being and the subject (through the basic regulatory function operated by the mother with the child) as Allan Schore, Daniel Siegel, and David Wallin, among others, have demonstrated. It is rather a question of restating the ethical origin of psychoanalysis born as a practice in the service of the revelation and acknowledgement of truth, working as an accurate testimony of historical reality. In other words, on the theory of trauma and on clinical practice I find myself closer to Ferenczi's theorisations than Freud's professed clinical attitude, for reasons that I hope to clarify soon (see also Mucci, 2008).

Attachment theory, an extremely productive paradigm if we are to judge from the mass of recent research, has come to be viewed in the last ten years as an indispensable tool in the study of the first forms of the Self. As Winnicott (1965) argues, in fact, "there is no such thing as an infant, only mother and infant together", linked by some kind of tie, established for biological and motivational reasons. Until roughly ten years ago, it was precisely this behavioural and biological base of the bond of attachment, its "superficial" nature, so to speak, which was difficult for a psychoanalysis still grounded only in the dynamics of conflict and intrapsychic object relations to accept. Bowlby's formation as a child psychiatrist put him in touch with the reality of mothers' problems in raising their children. His work was initially conducted under the supervision of Joan Riviere, a close collaborator of Melanie Klein's, and then under the supervision of Klein herself. He came to have great reservations towards some aspects of Klein's approach, especially in terms of her view that the emotional problems of children were almost exclusively rooted in their fantasies, generated in turn by their aggressiveness and libidinal drives. Also, their views about how to handle the relationship with parents varied greatly. In one case, Klein forbade Bowlby to talk to the mother of a three-year-old who was in therapy with him. Bowlby must have developed very different ideas on the technique and on the treatment, because subsequently he suggested that one weekly meeting with the parent was to be recommended, as a way to avoiding what we now consider transgenerational issues transmitted in the relationship:

[a] weekly interview in which their problems are approached analytically and traced back to childhood has sometimes been remarkably effective. Having once been helped to recognise and recapture the feelings which she herself had as a child and to find that they are accepted tolerantly and understandingly, a mother will become increasingly sympathetic and tolerant toward the same things.

(Bowlby, 1940, p. 23)

These suggestions seem very straightforward to us today, but they were not perceived in this way in the climate in which they developed. Similarly, his view about the importance of providing social and economical sustenance to the families and to the community for the sake of the children went unheeded. Here is what he wrote in 1951 in this regard:

Just as children are absolutely dependent on their parents for sustenance, so in all but the most primitive communities, are parents, especially then mothers, dependent on a greater society for economic provision. *If a community values its children it must cherish their parents.*

(p. 84, emphasis mine)

It is probably worth recalling the major tenets of the theory, as formulated by Mary Ainsworth (who worked with Bowlby after the late 1950s):

- the first attachment relationships are formed within the seventh month;
- almost all children develop attachment ties;
- attachment relationships develop towards a restricted number of people;
- these relationships bear specific aspects on the organisation of behaviour and cerebral functions of the child.

Secure attachment (group B) correlates with maternal sensitivity, while children who had less sensitive, indifferent, or hostile mothers would react avoiding the interaction (group A) or would reproach them or would look away from them, or would show an ambivalent

behaviour, looking for contact and at the same time refusing it (group C). In 1990, Main and Hesse identified the so-called group D, insecure-disorganised, not corresponding to any of the above behaviours. They saw contradictory freezing states, with stereotypies and anomalous gestures in relation to abusive parents, who induced fear in their children (see also Lyons-Ruth, Zoll, Connell, & Odom on "frightening/frightened parents", 1987). A frightened parent, possibly because traumatised, might frighten the child because the latter is put in the paradoxical situation of being put in a stressful situation by the very person who should reassure her. The situation is made worse if when faced with a danger the parent shows the desire to avoid the vicinity or the presence of the child. In recordings, parents of the D group showed subtly threatening behaviours, invading the personal space of the child, following her with unexpected or slightly threatening gestures.

Children whose parents were abusive were found to be disorganised in eighty per cent of the cases compared to the twenty to forty per cent of the control group (Carlson, Cicchetti, Barnett, & Braunwald, 1989).

From the point of view of developmental psychopathology, the profoundly negative effect of early relational trauma (early abuse and severe neglect) generates a disorganised/disoriented attachment style which unless remedied by reparatory events persists in adolescence and in adult life, acting as a risk factor for possible psychiatric disorders (Schore, 2001a, 2001b, 2003a, 2003b), establishing repetition patterns of the same behaviour in different relationships (such as future attachment relationships, the tie with the partner, with one's own children, or with the therapist).

Reasons for a rapprochement between attachment and psychoanalysis

As Nino Dazzi and Francesco De Bei explain:

If the initial rejection of Bowlby's theory (Greenberg & Mitchell, 1983) found its reason in the absence of the theoretical and clinical rich complexity of the internal world on which British authors typically focused, in time the necessity was felt for a theory of motivation and human development that relational theories were not able to provide. *Attachment theory represented*

the possibility to furnish the rising relational model with the missing motivational base.

(2011, p. 81, emphasis in the text; translated for this edition)

The recent rapprochement of psychoanalysis and attachment theory has its roots on one side in the growing need for measurement in relation to the outcomes of psychoanalytic therapy (PDM Task Force, 2006) and on the other, in the new emphasis on “relationships” of the so-called “relational turn” in psychoanalysis.

As is well known, the objection to the mechanicalness of Bowlby’s theories united the factions of the British Psychoanalytic Society divided at that time into followers of Anna Freud and followers of Melanie Klein, on the basis of Bowlby’s failure to consider the unconscious motivations of the subjects in forming attachment relations, his lack of an acknowledgement of the specific constitutional vulnerabilities of the child, and his adoption of the criterion of operationability of the constructs. For all of these, both factions considered his theory inadequate to explain deeper events and more profound behaviours. These critiques now sound outdated if we are to judge from the amount of articles and books dedicated to attachment theory and psychoanalysis, and to the many interdisciplinary studies that combine work on infant research, object relations psychoanalytic theory, child developmental studies, neuroscience, and attachment theory. In the Italian landscape, Ammaniti and Stern (1992) collected all the most representative articles by Fonagy, Liotti, Sandler, Lyons-Ruth, and others, connecting results from *infant research* with the findings from clinical and theoretical psychoanalysis. More recently, Lingiard, Amadei, Caviglia, and De Bei, in the already mentioned volume, have indicated the necessity for an integrated approach to adult and child pathologies both for research and clinical purposes.

Bridging interpersonal theories and the object relations tradition of the British psychoanalytic school, relational psychoanalysis “theorises a primary motivational system whose main purpose is not the *fulfillment of the drive* but the *establishment of relations*” (Amadei, in Lingiard et al., 2011, p. 38, emphasis in the text, translated for this edition) following Fairbairn and Bowlby.

This is Bowlby’s extraordinary discovery, so obvious that it was undervalued for so long: similar to the Rhesus monkey in Harlow and Mears’ experiment (1979), the child needs a relation as its primary source

of life, more than food: it is not the drive that directs and controls life (the oral drive in this case) but the fundamental force is this primordial need for attachment to another being, as a protection from danger.

Daniel Stern reached similar conclusions in his revolutionary *The Interpersonal World of the Infant* (1985), where he, besides making of the child an active subject in the mother–child relationship, underlines how at least initially reality does predominate on fantasy:

The position taken here is based on the opposite assumption—namely, that infants from the beginning mainly experience reality. Their subjective experiences suffer no distortion by virtue of wishes or defences, but only those made inevitable by perceptual or cognitive immaturity or overgeneralization. Further, I assume here that the capacity for defensive—that is, psychodynamic—distortions of reality as a later-developing capacity, requiring more cognitive processes than are initially available. The views presented here suggest that the usual genetic sequence should be reversed and that reality experience precedes fantasy distortions in development. This position leaves the infant unapproachable by psychodynamic considerations for an initial period, resulting in a non-psychodynamic beginning of life in the sense that the infant's experience is not the product of reality altering conflict resolution. This position is far closer to Kohut's and Bowlby's contention that pre-oedipal pathology is due to deficits or reality-based events—rather than to conflicts, in the psychodynamic sense.

(1985, p. 255)

The strength of attachment *per se* is such that it exists between adult and child with the same force even towards parental figures incapable of providing this support and safety (or even towards parents clearly abusive or neglecting). As Mitchell writes (1988) following Fairbairn, we develop strong attachments because we *desire relationships*; Fairbairn was considered the first to initiate this relational turn in which the search for the relation (more than gratification of the drive) was seen as predominant: the main characteristic of libidinal energy is its object-seeking quality, rather than its pleasure-seeking quality (Greenberg & Mitchell, 1983, pp. 154–155, emphasis in the text). “The essential striving of the child is not for pleasure but for contact. He *needs the other*” (*ibid.*, p. 173, emphasis in the text).

This is especially true, Fairbairn observed, in children who had an extremely painful relationship with their parents, and yet, when faced with the possibility of being adopted by seemingly good caregivers, they expressed a strong preference for the original parents. This is what Fairbairn calls “obstinate attachment” (Fairbairn, 1944, now in 1952, p. 117). Greenberg and Mitchell explain:

The emptier the real exchange, the greater his devotion to the promising yet depriving features of his parents which he has internalised and seeks within. In addition, he preserves his childhood terror that if he disengages himself from those internal objects, he will find himself totally alone.

(1983, p. 173)

This problem is found not only in maltreated children but in psychopathology in general. As we will see, one of the main features of traumatic relationships is their tendency to be repeated, a repetition which might persist in therapy as well.

This point opens up a possible discussion on that problematic concept that Freud called death drive (1920g), considered innate and intrapsychic as any drive, while it may be acquired interpersonally and in the relation with the other that takes care of her. This seems to be the contemporary view in the field of studies of violence and evil (see, for instance, Baron-Cohen, 2011; de Zulueta, 2006). They all stress the fact that violence or empathy is learned, so to speak, in a relationship. I will show how the first sign of this idea of a death drive as something that is instead created in the relationship is to be found in Ferenczi’s thought.

If the need for bonding and safety is primary and preexists even at the need for food, we can understand the devastating and traumatic impact of those circumstances or relations in which that bond is threatened or lost and how they may lead to possible future pathologies as happens in abuse, violence, rape, or the death of a dear one. As Dori Laub, a Shoah survivor, a psychiatrist and psychoanalyst working with traumatised patients and a theoretician of trauma has observed, it is precisely the break of the I/thou relationship that constitutes the traumatic effect (Laub & Auerhahn, 1989).

It is important also to underline that the attachment form mediates the traumatic effect, so that disorganised children will react to future traumas (even accidents or catastrophes that are not man-made) more

strongly; see, for instance, the famous example of the Israeli soldiers who suffer from a more severe PTSD syndrome: the most affected were second-generation, children of Shoah survivors (see Laub, 2005a).

Finally, Giovanni Liotti has formulated the hypothesis that children with disorganised attachment are more prone to develop dissociative disorders (Liotti et al., 1991; Liotti, 1992). In order to verify this hypothesis, Liotti and his colleagues have asked patients with dissociative disorders if their caregivers had lost a significant other in the first two years of their lives, and the hypothesis was confirmed.

A recent study of neuroimaging with fMR demonstrated that patients with disorganised mental states presented a pattern of limbico-cortical activation different from the others, especially when their task consisted in analysing images of a highly traumatic content (Buchheim, Erk, George, Kächele, Ruchow, Spitzer, Kircher, & Walter, 2006). These findings could attest to the neurological basis of the increased vulnerability to dissociation characterising children with disorganised attachment. For these children, the social environment becomes a potential source of trauma. Unresolved traumatic experiences in the parents might result in dissociative aspects in the child even when explicit maltreatment is absent.

*Allan Schore's neurobiological and psychoanalytic model:
attachment-regulation*

Allan Schore, an American neuroscientist and clinician from UCLA, bridging together attachment theory, psychoanalysis and neurosciences, has demonstrated the essential role that attachment plays in affect regulation and in the emotional development of the child, underlining how the fundamental task of human life in the first year is the creation of an attachment bond which might carry through or work as a channel for emotional communication and interactive regulation between infant and caregiver and how this communication happens between the right hemispheres of both mother and child (Schore, 1994, 2003a, 2003b, 2009, 2012, Schore & Schore 2008).

From this fundamental regulatory function the entire Self emerges or, as psychoanalyst and neuroscientist Giampaolo Sasso states, the mother donates the conscience to the child (Sasso, 2011, p. 156).

As Judith Schore and Allan Schore write, in line with Bowlby's fundamental aim of the integration of the psychological and biological models of human development, the present focus in both clinical

and experimental research is on how affective bodily-based processes are non-consciously regulated through an interactive transaction; this view has contributed to the changing of the theory of attachment into a theory of neurobiological regulation (2008, p. 10).

Neurobiology has demonstrated that it is in the exchange between the mother's right hemisphere with the child's right hemisphere that the reciprocal communication and affect regulation take place; in this way, the child learns the regulatory control that from maternal/external becomes internal and self-regulatory: the early emotional transactions with the primary object impact the development of the psychic structure; in other words, affective attachment facilitates the maturation of brain systems involved in affect arousal and in self-regulation (Schore, 2003a, 2003b; Schore & Schore, 2008).

A secure attachment predisposes to good relational capacities, including a greater capacity for attachment in psychotherapy, while insecure or disorganised attachment will make the so-called therapeutic alliance difficult (Wallin, 2007).

According to Schore, secure attachment depends not only, or not exactly, on the psychobiological tuning (Stern's attunement, 1985) of the mother to the cognitive and emotional and behavioural aspects of the child, but rather on the mother's capacity to regulate the internal states of the *arousal* of the child, her affective states and her energetic dimension. Through a series of visual-facial, non-verbal, tactile-gestural modulations, and through an auditory-prosodic and communicative pre-verbal modulation, the child and the caregiver learn how to regulate each other's rhythmic structure, looking for an adequate interaction (Schore, 2010, p. 20).

Syntonsation might not always be present or ideal, and there might be rupture in it, with interruption of the homeostasis. In these moments of rupture and "interactive repair" (Tronick, 1989) or of "disruption and repair" (Beebe & Lachmann, 1994), if the *caregiver* is good enough, she will know how to re-establish in brief an adequate regulation that counteracts the negative *arousal* of the child, re-establishing a situation of tranquillity that regulates the natural production of neuropeptides (oxytocin), neuromodulators (catecholamines), and neurosteroids (cortisol), which are fundamental in the development of the brain and in establishing social bonds (Schore 1994, 2005; Wismer Fries et al., 2005). We will see, in fact, how catecholamines and cortisol are in excess in post-traumatic stress syndromes.

Positive experiences in the attachment have long-term effects on the hypothalamic-pituitary-hipophysis-adenocortical axis (HPA), with the immediate release of noradrenalin, which plays a decisive role for the regulation of biological synchronicity between one organism and the other and in the child's organism (Bradshaw & Schore, 2007; Schore, 1994). These transactions take place with the greatest intensity in a moment of maximum increase and development of the brain (the first year and a half). The caregiver's function is therefore fundamental for the development of the individual; in other words, the mother (or whoever takes care of the child) functions as the regulator of the socio-emotional development during the first years of the child; and this subtle emotional regulation might influence or permanently alter the levels of activity of the brain, and it plays an essential role in the formation of the limbic system (Ziabreva et al., 2003, p. 5334), fundamental for emotions and memories.

This system in fact myelinates in the first year and a half (Kinney et al., 1988) and the early-maturing right hemisphere deeply connected to the limbic system is highly stimulated in this critical moment, having an impact on the cortical area as well (Cozolino, 2002). The site of attachment is precisely in the superior centres of the right hemisphere especially the orbitofrontal cortex (ventro-medial) (Schore, 1994; Sullivan & Gratton, 2002), functioning as the regulatory system of stress and affectivity, which consequently is dramatically influenced in its formation and in its functioning by the primary relation of mother-child.

Other studies confirm that the attachment relationships have a strong impact on the limbic and cortical areas of the right hemisphere (see Cozolino, 2002; Henry, 1993; Sasso, 2011; Schore, 1994; Siegel, 1999). Limbic areas mediate affectivity and the cortical ones have a regulatory and control function over impulses.

In addition to these studies, Edelman (1987, 1992) in his theorisation of the selection of neuronal groups has provided an empirical basis for a detailed analysis of the transmission of values (deriving from the limbic system) between one generation and the other in the first phases of the development of the human being. Edelman describes two kinds of selection, one taking place during the foetal life (creating a sort of net on which the future experience will impact) and another taking place in the postnatal phase in which a map of neurons will be created.

Schore's model of development seems to suggest that traumatic attachments, formed during periods critical for the organisation of the

brain, will create a vulnerability to dysfunction and, in periods of stress, a predisposition to post-traumatic stress disorder (Schore, 2009).

In their work on attachment, reflective functioning, and borderline disorders, Fonagy and Target (2002) have underlined how attachment relationships are determining in inducing or inhibiting the development of the self-regulatory systems of the brain. Secure attachment will affect the reflective capacity with regard to one's states of mind and those of others, therefore the capacity to mentalise, a fundamental concept for so many pathologies, in particular for personality disorders; what by definition borderline patients cannot do is mentalise, that is, putting themselves in the mind of the other (Fonagy, Gergely, Jurist & Target, 2004).

It is likely (Liotti, 2005a, 2005b) that a faulty functioning of the process of cognitive monitoring or "mentalisation" (Fonagy, Target, Gergely, Allen & Bateman, 2003) or a deficit in the capacity to reflect on experience is probably an obstacle to the elaboration of the memories of traumatic events and therefore facilitates the development of PTSD, dissociative disorders, and borderline disorders.

Recent studies demonstrate how a deficit of reflective functioning and of the capacity for mentalisation (which should normally derive from a good attachment system) is also responsible for a deficit in the capacity to develop empathy (Baron-Cohen, 2011; de Zulueta, 2006), with extreme consequences for the individual and society, since a low degree of empathy could result in cruelty, serious disinhibition, and criminality. We know from other sources (Kernberg, 1992) that anti-social behaviour represent the extreme end of the borderline personality disorder.

This renewed importance attributed to the theory of attachment has brought about a new awareness of the consequences of the quality of caregiving and rearing for the prevention of future pathologies: the quality of the care received as a child leaves a permanent trace not only on the characteristics of the attachment towards the caregiver and towards one's own children in the future (the AAI interview is capable of predicting the kind of attachment the children will have with eighty per cent certainty), but several individual qualities, affective, cognitive, and intellectual are shaped by that primary relationship, such as the capacity to love and to be in relationship. At the same time, a good attachment relationship has come to be seen as the fundamental basis for a positive change in therapy (as we will see in Chapter Two).