Commentary on “Cherchez la Femme, Cherchez la Femme: A Paradoxical Response to Trauma”

Dissociation of the “Bad” Parent, Preservation of the “Good” Parent

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Steven Marmer, the psychoanalyst, observed that the term dissociation suffers from “multiple meaning disorder” (personal communication, 1991). Dissociation is variously used to describe a range of normal psychological phenomena related to everyday aspects of divided attention (Hilgard 1986); a “continuum” of psychiatric symptoms and disorders sometimes termed “pathological dissociation” (Waller and Ross 1997); a complex psychobiological process hypothesized to protect the person from the immediate impact of traumatic experiences (Spiegel 1984); and an intrapsychic defense conceptualized as attempting to isolate and control autobiographical memory of previously experienced trauma (Loewenstein and Ross 1992). Further, these differing theoretical domains concerning dissociation can overlap considerably.

Modern conceptualizations of dissociative disorders view them primarily as posttraumatic conditions (Spiegel 1991). Treatment is based on the notion that these conditions primarily result from an originally adaptive, protective intrapsychic process that allows for psychological survival and growth despite overwhelming and/or catastrophic circumstances (Armstrong 1995; Putnam and Loewenstein 2000). On the other hand, recent research on “peritraumatic dissociation” suggests that dissociation is a robust predictor of poorer clinical outcome after trauma (Birmes et al. 2003; Marmar et al. 1998).

Freud’s original concept of repression as defending against recall of traumatic memories was related to Janet’s ideas about dissociation, hysteria, and hypnosis (Breuer and Freud 1893-1895; Janet 1901). Despite the disavowal of Janetian ideas in subsequent Freudian writings, and very different later psychoanalytic conceptualizations of repression, the linkage of the terms “dissociation” and “repression” has persisted (Rapaport 1942). This may partly explain the conflation of these two terms in the recent “memory wars”—the socio-political, forensic, media, and academic controversies over the existence of delayed recall for traumatic experiences.

In a courageously honest narrative of her own struggles with childhood sexual abuse and its impact upon her, Penelope Hollander illustrates several of these different ideas about dissociation and its clinical manifestations. For example, she reports, “my
Dad aroused great pleasure in me.” However, she also tells us that, at the same time, she developed a variety of somatic problems (“migraines, vomiting, nervous coughing, choking”) and problem behaviors (“runaway absenteeism from school”) that can be understood as dissociated responses to distress engendered by her chaotic, disturbed, and traumatic family situation.

Braun (Braun 1988), in an oversimplified schematic, describes the “B.A.S.K. model” of dissociation. Here, integrated executive control and perception of behavior, affect, somatic sensations, and knowledge (B.A.S.K., respectively) of an autobiographical event allow for continuous, more-or-less complete awareness of, and subsequent normal autobiographical memory for, the experience. Each of these B.A.S.K. elements can be dissociated from one another to cause a disintegration of the coherence of experience and memory. Thus, for example, patients may experience somatic sensations that relate to recall of traumatic events without being able to make a conscious connection of these to the specific traumatic events.

Studies show that the somatoform symptoms Hollander experienced are commonly reported by incest survivors (Goodwin and Attias 1999; Kessler 2000; McCauley et al. 1997 and Nijenhuis 1999). Often these symptoms can be related to specific forms of sexual abuse: vomiting and choking to oral sexual abuse, medically unexplained genital and rectal pain or burning to vaginal and/or rectal penetration, arm and leg pain to being physically held down, and itching and burning of the skin to bodily sensations related to being sexually abused.

Further, although Hollander reports that she was in “frozen immobility” when told by a psychiatrist to “run away” (the latter actually a behavior common in sexually abused adolescents), her school problems can be understood as dissociated behavior that both communicated and hid her problems from herself and those around her. Based on her descriptions, Hollander suggests that at the time of the sexual abuse she was only consciously aware of the gratification of sexual pleasure and the powerful sense of being her father’s “wife,” not the overstimulation and distress the abuse and the family situation engendered.

The helplessness and lack of control inherent in incest often lead to maladaptive attempts at psychological repair that clinicians may fail to recognize as posttraumatic in origin (Howell 2002). For example, many of my severely abused female patients, with long histories of childhood sexual abuse, report compulsive promiscuity and even prostitution—partly related to attempts to gain a sense of mastery and control over terror, shame, helplessness, and regression into full flashback in sexual situations. “I fuck men,” one patient defiantly reported, describing years of aggressive sexual pursuits and prostitution designed, in her mind, to sexually control, humble, and humiliate men. Several other incest survivors have reported, always with a sense of great confusion and shame, that, in sexual situations, or while masturbating, they can only find safety or pleasure by seeing themselves as the male, as if they were “looking out of the man’s eyes,” as one woman put it. The idea of being “the helpless female” is utterly intolerable for these otherwise heterosexual women.

Hollander illustrates this phenomenon as well. Despite her premature sexualization and dreams of herself as the seductive nurse, she reports that she aggressively reverses the role of victim (female) and perpetrator (male) when she and her friend attack a boy and hold him down while she painfully molest his genitals with a phallic object (“nurse’s needle”).

“It’s the relationship, stupid.” As a supervisor, I frequently pronounce (in a funny and nice way) this reformulation of Jim Carville’s bon mot, “It’s the economy, stupid,” which he uttered during the 1992 presidential campaign. I endeavor to explain to the supervisee that the complex and often highly distressing transference and countertransference dynamics found in childhood trauma survivors come not just from “trauma” but from trauma embedded in the basic matrix of highly disturbed and confusing developmental relationships.
The child faces the problem of attachment to parents who can be unpredictably violent, overstimulating, terrifying, terrified, murderous, horrifying, powerful, weak, confusing, dependent, neglectful, seductive, abandoning, intrusive, cold, sexy, kind, warm, nurturing, generative, dishonest, moralistic, intoxicated, intoxicating, blaming, shaming, apologetic, absent, amnesic, changeable, psychotic, sexually perverse, tricky, sadistic, overcontrolled, and impulsive, to name a few. Some of these parents also have clinical dissociative disorders that add to the unpredictability that the child must endure.

The child spends a long period of developmental time dependent on adults for basic sustenance, nurturance, comfort, protection, language, and even the sense of reality. In order to survive, the child must form an attachment even to a murderously abusive caregiver. Shengold (Shengold 1989) states that the abused child must live in the "delusion" that his/her parent is "good." The corollary is that the child is the "bad one," the one who caused the abuse, who made the "good" parent bad. This postulate solves a myriad of problems.

First, the abuse feels intolerably "bad." It fills the child with a palpable, all-consuming, physical sense of badness that may be wordless and all encompassing. The child becomes the badness. Next, the belief in badness is a poisonous antidote to the helplessness that is among the most intolerable of emotions caused by abusive trauma. There is a reason for what has happened. In addition, perpetrators commonly rationalize abuse by telling the child that he/she is bad. The abuse is meant to help the child, teach the child a lesson, instruct the child, and punish the child for badness. The child "deserves" to be abused, is "asking for it," "wanted it," is "a little whore," a "monster," "Satan's child," and so on (Salter 1995). The abused child readily internalizes these beliefs. They become agonizingly ego-syntonic postulates of the survivor's assumptive world, exquisitely and repetitively reenacted. The result is a self-fulfilling prophecy, reinforcing the core belief in badness:

The kid whose existence became a hallucination at seven and a catastrophe at fourteen and a disaster after that, whose vocation is to be neither a waitress nor a hooker nor a farmer nor a janitor but forever the stepdaughter to a lascivious stepfather and the unfeigned offspring of a self-obsessed mother, the kid who mistrusts everyone, sees the con in everyone, and yet is protected against nothing, whose capacity to hold on, unimpressed, is enormous and yet whose purchase on life is minute, misfortune's favorite embattled child, the kid to whom everything loathsome that can happen has happened and whose luck shows no sign of changing. (Roth 2000, p. 164)

If the parent is good and the child is bad, all the child must do is become "good," and then a good parent and a good child will finally have a happy life. This idea is reinforced by the unpredictability of the parent. In many abusive families, as in Hollander's, "the reprieves were as unpredictable as the attacks; they wore us all out. There were love, caring and good times in this home, but it was not normal" (Hollander). Like the animal in an intermittent reinforcement behavioral paradigm, like a victim of spousal battering (often an adult who has a history of childhood maltreatment), and reinforced by the perpetrator's admonitions of responsibility, the abused child may become almost delusionally fixed in the idea that he/she can, must do the things that will make the abuser good again.

As the child grows up, he/she finds him/herself repeatedly in predicaments that reinforce the idea: "I made the good parent bad." As Hollander describes, the incest survivor may repetitively find him/herself in relationships of "disparity" where boundaries are violated: by ministers, teachers, doctors, priests, psychiatrists, therapists, and so forth. For many survivors, this becomes the "proof" that "there is something about me that makes these things happen," as several patients put it.

Putnam (Putnam 1991) states: "Dissociation is a process that produces a discernible alteration in a person's thoughts, feelings or
actions so that for a period of time certain information is not associated or integrated with other information as it normally or logically would be" (p. 145). As one patient succinctly put it, “I couldn’t know how bad it was at home when I was a kid. I had to live there.”

The dissociation of the parent’s badness is the ultimate dissociation, the one that is most central to the treatment of dissociative psychopathologies, the one that the patient fights again and again, inviting self-destruction rather than face this loss. What is the alternative? Profound sadness and grief “that will never end” at the loss of the belief in the good parent? The realization that the parent is not really a parent, never was a parent, never will be a parent? That the parent treated the child as an object only for the parent’s gratification, did not care what happened to the child, would sacrifice the child for the needs of the parent, even hated the child? The survivor must face that he/she was utterly helpless and had no control over the abuse, and that years of life have been irrevocably wasted due to the harms caused by the abuse and the doggedly loyal sacrifice that the abused child has made to protect the image of the parent and the family.

For Hollander, it may be that her “frozen immobility” in her youth represented the impossibility of knowing the pain that her earlier somatic and behavioral symptoms revealed. She repeatedly was pulled to her fantasy world, not reality. She states that “the dissociative aspect of my experience has been most difficult to treat.” One wonders whether, when finally she transcended her grandiose, omnipotent fantasy of being her father’s “wife” and her mother’s “best and only friend,” she faced the anomic, chaotic lonely, helpless apprehension that, in the end, she was little more than the object of her parents’ narcissism and self-involvement, their lack of concern for her needs and development, and their careless and neglectful conduct.

On the other hand, it seems that her ability to form strong, supportive friendships with women may stem in part from her relationship with her mother. Although she says little about that relationship, it is likely that “being my mother’s best and only friend” would not require the same intrapsychic defensive strategies as being a survivor of paternal incest. However, it is also common that survivors of childhood sexual abuse are even angrier at the “non-offending” parent who frequently was aware of the abuse and did nothing to protect the child. It is unclear from the information in the report whether, and in what way, these dynamics were present in Hollander’s recovery.

However, dissociative responses to trauma, although not specific to any particular type of trauma, may be more common in childhood sexual abuse, hypothesized in one model to be related to the “betrayal” involved in the experience (Freyd 1996). For example, here, a child is more likely to develop dissociation when subjected to sexual abuse by a family member or other person whom the child trusts and/or upon whom the child is dependent. The dissociation, commonly experienced as an amnesia, but also in other ways, as in Hollander’s report, is protective of the child’s developmentally mediated need for attachment, allowing for preservation of overall emotional and cognitive growth, despite the abuse. In this model, information about the abuse remains relatively disconnected from mental mechanisms that control attachment and attachment behavior.

Perhaps Hollander’s “hard-won self-esteem” and, by implication, some sense of peace and reconciliation about her traumatizing and disturbed family, is illustrated by her drawing both upon Freud and feminist writers in the account of her recovery. She manages the “tour de force” of juxtaposing the fountainhead of “paternalistic” psychoanalysis with several of the most powerful voices in feminist poetry, psychiatry, and psychology. This strongly suggests a new integration of the old and the new, allowing her finally the freedom that she had sought for so long.
REFERENCES


