

Trauma, Torture, and Dissociation

Karnac Books 2011, ISBN: 1780498454, by Aida Alayarian

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Trauma, Torture, and Dissociation shows how psychoanalysis, or psychoanalytically-oriented psychodynamic psychotherapy, can help a severely-traumatized person to regain a sense of being human, as someone who can feel, imagine, and open oneself to re-engagement with other people and the world. This is a topic worth addressing since psychoanalysis and psychoanalytically-oriented psychotherapy have been largely dismissed by the trauma treatment community as ineffective or at risk for re-traumatizing a trauma survivor by attempting to work through traumatic memories without tools to prevent hyperarousal. The author begins with a thorough review of literature on resilience and relevant psychoanalytic theory, the use of dissociation to preserve a coherent sense of self, the internal psychic space of object relations, and mourning losses. Subsequent chapters similarly review psychological trauma (Chapter 3), posttraumatic stress disorder (Chapter 4), the concept of resilience (Chapter 5), and dissociation (Chapter 6). These literature reviews are provided to buttress her theses but are also useful for psychotherapists unfamiliar with the evolution of psychoanalytic

theory, as with her lucid contrast of Freud and Janet in their views of dissociation.

The author proposes that traumatized people employ healthy and unhealthy forms of dissociation to manage threats and distress. The former conveys resilience and the latter vulnerability. A psychotherapist can work with the interplay of four constructs to help a traumatized person to build resilience: the listening other, psychic space, a sense of self, and healthy dissociation. A resilient person can manage traumatic experience by using volition to dissociate successfully as and when necessary in order to manage everyday life. Vulnerable individuals can become more resilient when a psychotherapist steps into a role of listening other, which helps expand psychic space, strengthens a sense of self, and heightens capacities for healthy dissociation. The primary purpose of psychoanalytic intervention is to enhance resilience, not to treat psychopathology. The mission of her book is thus not to introduce innovative clinical methods or techniques so much as to re-orient psychoanalysis towards resilience as its clinical focus.

A strength of the book is its transcribed vignettes that illustrate how empathic listening, understanding, and witnessing can mobilize healing without placing a primary focus on symptom management. However, this person-centered, non-pathological focus is also a limitation in that it draws psychoanalytic theory and methods into sharp relief but blurs clinical distinctions about different

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traumatic experiences that are widely regarded as important. Trauma and torture lack conceptual clarity in their definitions so that it is left uncertain how torture, or different types of torture, are to be distinguished from other forms of traumatic stress, such as childhood abuse or neglect. Normal stress responses are not distinguished clearly from posttraumatic symptoms that merit designation as psychiatric illness. Differences in clinical approaches for perpetrator, bystander, or victim traumatization are not addressed. The author's convincing clinical vignettes demonstrate psychotherapeutic responses to trauma-survivors that are specifically nuanced, and tailored to the person's individuality. However, her theoretical presentation of healthy/unhealthy dissociation, psychic space, and listening is in broad strokes that seem not to capture adequately the complexity of her own clinical work. A novice psychotherapist would find it difficult to learn how to become a "listening other" from the description in the text.

It is unfortunate that the author does not more thoroughly connect her ideas and constructs to other, non-psychoanalytic clinical and research literatures. Trauma treatment is increasingly defined by mature research programs in neuroscience, cognitive psychology, and social psychology, and it is difficult to evaluate innovations in therapeutics without cross-referencing these broader literatures. For example, the author does not situate her discussion of "healthy dissociation" in the context of a rapidly unfolding understanding of brain processes underpinning dissociation, or the cognitive psychology of hypnotizability (normal dissociation) as a nearly universal trait among all children that declines with aging to only a fifth of adults, or the research-driven debate as to whether normal dissociation and pathological dissociation exist on a continuum or repre-

sents fundamentally different psychological processes. Within social psychiatry, there have been extensive descriptions of volitional re-direction of attention and cognitive re-framing as methods for human rights perpetrators to avoid emotional distress while torturing or killing. Robert Jay Lifton described "doubling" as the cognitive strategy Nazi doctors used to avoid dissonance between their day jobs as death camp killers and their off-work roles as parents, spouses, and law-abiding citizens. Do "doubling" and the author's description of "healthy dissociation" differ? These shortcomings do not negate the possible usefulness of psychoanalysis for trauma and torture survivors, but they render the author's proposals less accessible for non-psychoanalysts and leave the book too much an internal discussion within psychoanalysis.

What the author does accomplish is passionate advocacy for latent self-healing within trauma and torturesurvivors that needs only the responsive presence of a listening other to be activated. Her focus is upon strengthening the person and helping a traumatized individual to recover a worthy life. The message that trauma therapy should focus upon integrity of the person, not solely upon symptom management, is worth bringing to our discipline.