International Journal of Psychoanalytic Self Psychology

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/hpsp20

Traumatic Attachments:
Intergenerational Trauma, Dissociation, and the Analytic Relationship

Doris Brothers Ph.D. a b

a Training and Research in Self Psychology Foundation
b International Association for Psychoanalytic Self Psychology

Published online: 20 Dec 2013.

To cite this article: Doris Brothers Ph.D. (2014) Traumatic Attachments: Intergenerational Trauma, Dissociation, and the Analytic Relationship, International Journal of Psychoanalytic Self Psychology, 9:1, 3-15, DOI: 10.1080/15551024.2014.857746

To link to this article: http://dx.doi.org/10.1080/15551024.2014.857746

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &
Traumatic Attachments: Intergenerational Trauma, Dissociation, and the Analytic Relationship

Doris Brothers, Ph.D.

While a great deal of research finds that trauma is passed from one generation to the next, there is little agreement about just how this occurs. This article introduces the concept of “traumatic attachments,” as a means of exploring one possible means of transmission. Loosely based on attachment theory and compatible with a relational systems approach, the concept builds on the author’s previous perspective on trauma as the destruction of certainties that pattern psychological life. Traumatic attachments are seen as forming within systems that, at some point in their histories, have been plunged into chaos by trauma. Once established, they tend to coalesce into patterns of relating so inflexible and resistant to change that they profoundly affect parent–child interactions over generations. The rigidity of these attachment patterns is attributed to their heavy reliance on dissociation. A clinical example is presented in which intergenerational traumas in the families of both the patient and the analyst figured importantly in shaping the analytic relationship.

Keywords: dissociation; dualities; intergenerational trauma; relational systems; traumatic attachments

For many of us, the experience of trauma seems to involve a violent uprooting from a familiar “before” and a freefall into an utterly unfamiliar “after.” As Karen Armstrong (2000) points out, that which is without familiarity is also without meaning. For this reason, I have come to think about traumatized people as exiles, forced to live in a world that they no longer recognize—a world without meaning. I (Brothers, 2008, 2009) have suggested that trauma disrupts what had been a familiar, comfortable,
taken-for-granted sense of going-on-being (Winnicott, 1965) by destroying what I term “systemically emergent certainties” or SECs. Although they are similar to what Atwood and Stolorow (1984) have referred to as “organizing principles,” and what Donna Orange (1995) calls “emotional convictions,” I prefer the concept of SECs because they form within and affect our relational systems, they specify the conditions under which we believe our relationships are subject to the orderly mutual influence necessary to sustain selfhood, and they tend to be experienced as unquestionably true.

My experience of the 9/11 attacks on the World Trade Center jibes with this understanding of trauma. Looking back, what I remember as my blissful, sunshiny “before” was organized by an SEC according to which my loved ones and I were safe from the ravages of terrorism as long we lived on American soil (no matter that other acts of terror had already occurred under our noses). As the hijacked planes tore into the towers and seared my soul with images of unimaginable horror, they totally destroyed this SEC. My “after” includes a sense of shameful vulnerability in which nothing seems quite as strong and solid and permanent as it once did.

But, sometimes a person’s experience of trauma cannot be made to fit this linear paradigm. I think, for example, of my patient, Jamie, a 33-year-old Native American man. Conceived in the course of a violent rape, he was adopted early in life by a wealthy White couple that feared they could have no biological children of their own. They had already adopted two other minority children, the oldest of whom initiated a sexual relationship with Jamie when he was 12. Jamie’s childhood was a misery! With his shiny black hair and brownish skin, large, prominent nose, and long, narrow eyes, he could not have looked more different from his adoptive parents or the people who lived in his upper class, predominantly White community. On top of this, he was mercilessly teased by schoolmates for his learning difficulties. Even before he was out of high school he had begun to use alcohol and marijuana regularly. By the time he first came to see me in his late twenties he was convinced that he could not get through a day without drinking or taking drugs.

You might say that for Jamie, there has never been a “before trauma.” He was born into it! And, for many years, Jamie never knew a time “after trauma”; each trauma seemed so closely to follow on the heels of the one before. In some respects, all Jamie knew was “during trauma.”

Despite our tendency to develop linear narratives to describe a specific experience of trauma, I have recently begun to question whether there is a “before trauma” for any of us. Let me tell you what led me to this notion. For one thing, since a large body of research supports the idea that most people undergo at least one severely traumatizing experience at some point in their lives (e.g., Ozer et al., 2003; see also Bloom, 1997), it stands to reason that many in this vast population are either already parents at the time trauma strikes or will go on to become parents at some future date. And, since the end of World War II, a great deal of research—much of which was undertaken to examine the impact of the Holocaust on survivors and their families—has produced considerable evidence that the painful scars of trauma are often felt in the next generation. For example, Rachel Yehuda et al. (1998) at Mt. Sinai in New York found that although adult offspring of Holocaust survivors did not undergo more traumatic events than members of a control group, they had a far greater prevalence of posttraumatic stress disorder and
other psychiatric diagnoses. A study published in 2007 that examined survivors of three different kinds of trauma not only found evidence of trauma in the children of survivors but also in their grandchildren (Lev-Wiesel, 2007). Yet, there is still considerable debate about how trauma is passed from one generation to the next and what can be done to halt its devastating propagation.

In this article, I offer my understanding of intergenerational trauma by introducing the concept of “traumatic attachments,” the role of dissociation in their formation, and the ways in which these relational patterns affect therapeutic relationships. I illustrate many of my ideas by providing examples from Jamie’s life and I end the paper with an extended account of our therapeutic relationship.

In recent years, a growing number of psychoanalysts, developmental psychologists, cognitive psychotherapists, and traumatologists have turned to attachment theory in their efforts to understand the intergenerational transmission of trauma. Researchers using methodology derived from attachment theory have found that the effects of trauma are transmitted within the moment-to-moment relational exchanges, largely nonverbal, that occur between parents and children. For example, Giovanni Liotti (1999), an Italian psychiatrist and researcher, reports that some children develop disorganized/disoriented attachment patterns in reaction to the frightened and frightening responses of parents who have suffered loss or abuse. He has persuasively argued that such patterns create the basis for dissociative experiences in later life. Eric Hesse and Mary Main (1999) found disorganized attachment patterns and an increased vulnerability for developing psychological difficulties among children of parents who had experienced trauma—even among those children who had not been maltreated.

I regard these findings as highly compatible with the relational systems sensibility that a number of us have come to endorse, and, as such, they seem to have rich implications for our clinical work (see also Pickles, 2008). While I do not make use of the established categories of attachment theory, or what Tronick (2002) critically referred to as “the prototype hypothesis,” and I prefer to think of them—in line with Arietta Slade’s (2000) suggestion—as metaphors for qualities of psychological organization, I do endorse a number of the basic assumptions of attachment theory. I am in full agreement with the following: (a) From the earliest beginnings of life, we are highly motivated to form, maintain, and preserve relationships on which our emotional and physical survival depends; (b) we will do whatever is necessary to maintain these relationships even if this necessitates our excluding aspects of our experience from conscious awareness—that is, dissociating them; and (c) the ways in which parents and children interact tend to coalesce into regularly occurring and stable patterns that organize experience (Slade, 2000).

Insofar as I do not subscribe to the concept of internal representation (see Brothers, 2008; see also Sucharov, 2002), a cornerstone of attachment theory, and I privilege the uniqueness of each relationship, my understanding of what I call “traumatic attachments” is less concerned with the ways in which attachments may be categorized (e.g., as secure or insecure, organized or disorganized) than it is with their relative flexibility, or what systems theorists might regard as their degree of context sensitivity. As Judith Pickles (2008, p. 56) pointed out, “the more trauma, the more risk of inflexibility.” Insofar as the patterns of relating that emerge between some traumatized parents and their
children tend to rely on dissociative processes for their formation, (I expand on this idea later) traumatic attachments tend to be rigid, constricted and highly resistant to change.

The rigidity of these relational patterns becomes understandable when one possible reason for their emergence is considered—that is, they represent attempts to transform what might otherwise be experienced as unbearable confrontations with existential uncertainty. The more I have learned about the world of infants and their caretakers, the more convinced I have become that the need to deal with experiences of this sort of uncertainty organizes our lives from birth on. Now I do not believe that tiny infants think about whether they will go on being, but much research demonstrates that they do show intense interest in contingent relations and are powerfully affected by the confirmation and violation of expectancies (e.g., De Casper and Carstens, 1980). What I gather from such findings is that infants want to be certain that when they act on the world it will respond in predictable, reliable, trustworthy ways. As Louis Sander (1977) notes, infants are intrinsically motivated to order information, detect regularity, and generate and act on expectancies. Moreover, he asserts that actions taken by infants with respect to these expectancies which include gazing, vocalizing, and changes in posture and facial expression, are always coordinated with that of their caretakers. I (Brothers, 2008) have proposed that to the extent that such coordination heightens the expectations of both infants and caretakers that their essential relational needs will be met, their coordinated activities are likely to produce salutary changes in the experience of existential uncertainty.

To my mind, it is the orderliness of the reciprocal interactions between parents and babies, or the lack thereof, that affects experiences of existential uncertainty. Under non-traumatic conditions an expectation of going-on-being (which need not even be questioned) emerges in an individual as a property of the integrated functioning of all the reciprocal regulatory processes that occur within living systems such as those involved in feeling, knowing, forming categories, making decisions, using language, creating narratives, remembering and forgetting, sensing time, and fantasizing.

In contrast to the disorganization that results when our experiences of existential certainty are temporarily disrupted (such disruptions are necessary for healthy development), the profound disorder—chaos—that characterizes trauma threatens us with annihilation. Thus, for example, a child’s experience of incestuous abuse may destroy an SEC involving her previously unquestioned certainty that her caretakers were protective and nurturing.

In the absence of trauma, SECs are subject to change according to the shifting needs of the constituents of the systems in which they arise; they are, in other words, context sensitive. Trauma-generated SECs are strikingly different. Emerging within systems dominated by the desperate need to halt the spread of chaos and tormenting uncertainty, they tend to be impervious to the changing environment. This idea derives from one that Richard Ulman and I developed in 1988—namely, that trauma always has two components: a shattering experience and efforts at self-restoration (Ulman and Brothers, 1988). Now I believe that these restorative efforts often transform flexible certainty into rigid certitude. This occurs as context sensitive SECs are replaced by rigid, constricted ones that are highly resistant to change.
The incestously abused child, hoping to salvage needed connections to caretakers, might develop the unshakeable certitude that she is defective and therefore, deserving of abuse. The attachment patterns of this child and her parents may become rigidly organized around maintaining this certainty. Anyone who has treated patients with a trauma-generated SEC of this sort knows how fiercely it may be held.

The Role of Dissociation in Intergenerational Trauma

Dissociation, I have found, plays an important role in the formation of trauma-generated SECs. It often functions to eliminate from consciousness that which interferes with the reestablishment of order and predictability in needed relationships. However detrimental it may be for the traumatized person’s perception of reality, dissociation is often crucial to the reestablishment of a sense of certainty about psychological survival.

At times, the very complexity of our experience interferes with the reestablishment of orderliness and predictability following trauma. Most of us tend to experience greater uncertainty when dealing with that which is multilayered and complicated than with something simpler. Dissociation may be understood, in part, as a means of simplifying experience through a radical reduction of experiential complexity. Among some trauma-tized people, the memory of a trauma is experienced as unbearable not only because it generates intensely painful feelings but also because, in recalling an event that destroyed a cherished certainty, a great many contradictory thoughts and feelings are likely to arise. To experience such complexity might well heighten what is already a level of uncertainty about psychological survival that is close to unbearable. As complexity is dissociatively reduced, a traumatized person’s relational world comes to be ruled by simple, rigid SECs that are clung to with desperate ferocity.

The Denial of Sameness, the Denial of Difference, and the Creation of Dualities

Such simple, rigid SECs often lie at the heart of the traumatic attachments that organize the lives of traumatized parents and their children. By way of illustration, let us now consider two pervasive aspects of development—the search for sameness and the search for difference—and how they are transformed by trauma.

The more we experience other people as like ourselves, the more we expect them to engage with us in an orderly reciprocal exchange. And, more often than not, when we encounter people with personal attributes and interests similar to our own, or people who endorse the values, attitudes, ideas, or styles of life that we hold dear, our expectations are realized. The search for sameness is familiar to self psychologists as a need for twinship (Kohut, 1971, 1977, 1984). Not only does much infancy research indicate that we are born with the capacity to experience sameness, it suggests that we try to do so whenever we find the opportunity. Infants, it seems, come into the world equipped to participate in the sameness-finding process that is known as “matching.” Beebe and Lachmann (2002, p. 107) define matching as those interactions between infants and
their caretakers that involve the coordination of the timing and affective direction of behavior. To the extent that it encourages both infants and caretakers to expect orderliness in their future reciprocal engagements, matching is probably among our earliest uncertainty-transforming activities.

In the context of trauma, experiences of sameness may be sought with an urgency that comes to dominate psychological life. To the extent that trauma involves the loss of that which is known, familiar, and meaningful, traumatized people are likely to crave reassurance that they have not been stripped of that which connects them to other humans: their resemblance to them. Since it is only by regaining a sense of being “a human among humans” (Kohut, 1984) that we have any hope of emerging from the unbearably lonely exile of trauma, whatever confronts us with evidence of our difference from others may be dissociatively eliminated from awareness or denied. In other words, to restore some semblance of certainty about self-survival in the aftermath of trauma, a search for sameness may be transformed into a denial of difference.

I believe some trauma-generated attachment patterns arise out of the need by traumatized parents to deny differences between themselves and one or more of their children. Without the capacity to tolerate uncertainty, a parent cannot perceive a child’s uniqueness. After all, a unique child is not only different from his or her parent but one who cannot be fully known. For a traumatized parent who is already struggling against overwhelming uncertainty about psychological survival, to recognize the unknowable aspects of a child may pose an insuperable challenge. Insofar as children of such parents must dissociate qualities and attributes that differ from those of their parents or risk losing them as urgently needed relational partners, their attachments are marked by a high degree of experienced sameness. There are many variations on this theme. Sometimes a traumatized parent’s denials of a child’s difference extend to the child’s sex. As a clinical example provided by Coates and Moore (1997) poignantly demonstrates, when psychological survival is at stake, children of such parents may even comply by assuming cross-gendered characteristics.

A vexing aspect of Jamie’s upbringing involved the great extent to which his adoptive parents seem to have denied Jamie’s differences from them, their relatives, and their friends. They appeared not to notice how he struggled with a sense of being different from them in every aspect of his life from his appearance to his temperament. He recalled, for example, that although he was very good at individual sports such as running and cycling, he had trouble with team games. Since his cousins had all done very well in this realm, his difficulty in coordinating with others was met at first with shocked disbelief. Instead of helping him to overcome his difficulties with group activities, his father just threw up his hands in disgust. Jamie remembers feeling profoundly humiliated both by his failure to compete successfully as well as by his sense of having let down his father.

Along with experiences of sameness, experiences of difference are also to be had in very early in life by means of the matching activities of infants and their caretakers. The microanalysis of films of mothers and infants reveals that they do not match one another exactly. What is matched is the direction of engagement change and the timing and rhythm of behaviors (Beebe and Lachmann, 2002). Thus, infants come to know that they and their caretakers are not identical. The traumatic loss of certainty about maintaining
our self-sustaining connections to others and, therefore, our sense of ourselves as distinct, one-of-a-kind individuals lends urgency to the search for difference following trauma. Finding differences, making sharp distinctions among that which is similar, tends to bring certainty to experience. Just as the search for sameness may become transformed into a denial of difference, so the search for difference may become a denial of sameness.

It is little wonder, therefore, that traumatic attachments between parents and children often reflect denials of sameness. Following trauma, for example, parents may dissociate aspects of their own self-experience that interfere with a sense of certainty about psychological survival. Some parents may locate these dissociated aspects of their self-experience in their children. To the extent that a child comes to embody a parent's dissociated attributes and qualities, he or she is perceived as different from that parent. Thus, for example, a father whose restorative efforts in the aftermath of trauma involved the disavowal of all feelings of weakness and vulnerability may find these qualities in a child. By railing against the child for being weak and vulnerable, the father may gain some sense of connection to what he disavowed in himself. Despite being criticized and demeaned for embodying qualities the father seemingly despises, the child may unconsciously sense that connection to the parent depends on his or her difference from him. In this way attachments based on denials of sameness are established.

Denials of sameness occurred in Jamie’s family as well. Although neither parent mentioned it until Jamie confronted them during his work with me, both parents had struggled with alcohol abuse earlier in their lives. They had both come to abstain from drinking by the time of Jamie’s adoption. As soon as Jamie first began abusing drugs and alcohol as a young teenager, his parents related to him as if he had shown his “true colors” as an alcoholic. Jamie believes that their attitude reflected their denied belief in the stereotype of Native Americans as particularly vulnerable to alcoholism. But, we might also imagine that they found their own tendency toward alcoholism embodied in him.

Both denials of sameness and denials of difference are involved in the creation of dualities or dichotomies, a phenomenon that often characterizes traumatized systems. When we locate any given aspect of reality on one or the other side of a dichotomy, the either–or thinking involved diminishes complexity and as a consequence, experiences of uncertainty. At the same time that the creation of dichotomies often involves denials that any sameness exists between that which is placed on opposing sides of the dichotomy, it also is apt to involve denials that differences exist among that which is placed on the same side. Some traumatic attachments between parents and children involve these dualities. Thus, in some families, children are seen in terms of dualities such as good and bad, docile and mischievous, smart and dumb, etc. One child is the “good” child, while a sibling is the troublemaker. Or, sometimes an entire family defines itself in contrast to others who do not share its racial, ethnic, religious, or class characteristics. Attachment patterns in such families may reflect this need to sharply distinguish between us and them.

What the concept of traumatic attachments adds to my earlier conceptualization of trauma (Brothers, 2008, 2009) is that it provides a way to understand the intergenerational effect of trauma. That is to say, attachment patterns that form in the context of unbearable experiences of existential uncertainty in one generation may influence the
attachment patterns that emerge in the next. Moreover, an attachment pattern established in early life tends to affect all later relationships. Fortunately, that influence is often felt within the therapeutic relationship where its harmful effects may be addressed and its iron grip may be loosened. However, we must take into account that therapists are no less likely to be affected by intergenerational trauma than have their patients. In the clinical example that follows traumatic attachment patterns in the lives of both patient and analyst shaped the therapeutic encounter.

**Intergenerational Trauma and My Therapeutic Relationship With Jamie**

Jamie and I seem to have “clicked” almost from the start. When he mentioned, in our first session, that his adoptive parents had always been disappointed in him and that they agreed to pay for therapy in the hope that I would get him to “shape up”—that is, to become more like successful members of their community, I expressed concern. “I’m not sure our first goal should be to get you to live up to your parents’ expectations,” I said. “I think we might start by trying to find out what you want for yourself.” After flashing me a relieved smile, he said, “I’m interested in finding out what I want for myself too.”

In fact, Jamie seemed to have a very poorly formed sense of himself and his life as well as vague and disjointed memories about what had actually happened to him growing up. “I just don’t have any idea,” he would say in answer to what I thought were fairly mundane questions that I posed to him. I had the odd feeling of being with someone whose development had not merely been arrested; it seemed, in many respects, not to have begun. I was deeply touched by Jamie’s efforts to convey his experience of being consumed with homesickness when he was away from his parents who lived in another state, but never feeling at home with them when he visited. “They say they’re happy to see me,” he said, “but I just never know.”

After we had worked together for around six months, Jamie decided to leave his job in the entertainment world, a world awash in drugs and alcohol and to return to school. He had dropped out of college in disgrace in his sophomore year. He applied and was accepted into a local college where he hoped to develop his artistic talent, which, from the samples he showed me, appeared to be considerable.

All seemed to go fairly smoothly for us—until my vacation. Jamie failed to appear for his first scheduled session after my two-week trip out of the country. I called and left a message on his voice mail but he neither returned my call nor appeared for his next session. After several months, however, Jamie phoned to ask if I would see him again. I agreed. He explained that having dropped out of school, yet again, and having binged on drugs and alcohol, he had been too ashamed to see me. He would not have called me, he explained, if his parents had not insisted that he do so. When I suggested that my absence might have been hard on him, he seemed perplexed. “You’re entitled to have a vacation,” he said. “Besides, I never thought about you when you were gone.” Jamie shrugged off my attempts to understand how it was that my being out of sight seemed to have put me out of mind.
Almost as soon as we resumed our work, Jamie was able to get himself reinstated in school. He proudly revealed that his drug and alcohol use was “under control.” The next time I planned a vacation, I tried to prevent a replay of the difficulties that attended the one before by giving Jamie my cell phone number and scheduling some phone time with him. Jamie never phoned while I was away, nor did he show up for several sessions when I returned. After not hearing from him for several weeks, I was overcome by a dark feeling that some terrible tragedy has befallen him. Although I tried to tell myself that he must have once again felt ashamed of doing poorly in my absence, I could not dispel my conviction that he was dead or severely incapacitated. When he finally phoned, I could not disguise my relief. I let him know that I had been very worried about him. “You were?” Jamie asked me, his voice reflecting his utter disbelief. He said that having once again resorted to drugs and alcohol, he imagined that I would have been happy if I never saw him again. He had clearly assumed that like his parents, I only wanted contact with him to the extent that he conformed to my expectations. How could I possibly want him around when he had not lived up to what he imagined were my requirements of a “good patient?”

Once again, as soon as our sessions became regular, Jamie made significant strides in his life. Perhaps the biggest was his ending a relationship with a woman who had encouraged him to drink and use drugs with her. The next time I planned to be away, I asked him to help me find a way to forestall the slide we both anticipated. In response, Jamie said, “I know that you were really worried about me when I didn’t come in last time, and I don’t want to upset you again but I can’t say whether or not I’ll be able to come back.” When I asked him to tell me what it had been like while I was away, Jamie was at a loss. Describing what seems to have been his deeply dissociated experience, he said, “It’s like I stop thinking, stop feeling, stop—period. I just know that I need to get wasted. Then, as soon as I start drinking or using drugs, I feel like I should do you a favor by keeping away. I feel like you wouldn’t want to have anything to do with such an ugly, strange, stupid, guy who always lets you down.”

We have come to believe that when I go away I seem to Jamie much like his biological mother who sent him away without providing any resources for his survival. We assume that even his nascent sense of unquestioned going-on-being had been severely disrupted during the adoption process. Drugs and alcohol might well have represented his only means for avoiding what he dreaded might be unbearably painful feelings associated with a repetition of this annihilating trauma at my hands.

As we delved deeper into the possible reasons for his unshakable certainty that I would want nothing to do with him in his devastated condition, we discovered that Jamie had always believed that the reason his biological mother had given him up for adoption was that she had taken one look at him as an infant and had been revolted by what she saw. “Maybe I looked like the guy who raped her,” he said. In fact, Jamie’s worries that he is like his rapist/father have haunted him. Despite the fact that the adoptive sibling with whom he had sexual relations with him was five years older than Jamie, he continues to feel that he was responsible for initiating sexual contact between them. “I feel that if I hadn’t needed it so much it would never have happened,” he said. I have wondered whether Jamie preferred to think that he resembled the brutal rapist
he imagined his father to be rather than experience himself as he often did—a passive, inadequate, disappointing person vulnerable to abandonment.

Our explorations revealed that while he could well understand why a poor young girl of 15 or 16 living on a reservation might give a child up for adoption after being raped, his understanding did nothing to dislodge his conviction that his mother had given him away because of her disappointment in him. He also attributed his being sent away to boarding school to his adoptive parents’ disgust at him for performing poorly in the local school. A trauma-generated SEC for Jamie was clearly that if you fail to live up to the expectations of others, they will not hesitate to get rid of you.

We discussed the possibility that rather than risk experiencing a repetition of his past abandonments at my hands, he may have preferred to be the one to leave. We also came to see that his substance abuse, which he harshly condemned as deplorable, allowed him to justify his abandoning him on the grounds that he was unworthy of my loyalty and devotion. In this way he could maintain his experience of me as different from his parents and short-circuit any feelings of anger and disappointment at me for leaving him.

When the time for my next vacation grew near, we decided that this time I would be the one to phone him while I was away. In this way I could let him know that even though I was gone, I had not forgotten about him, and that, no matter what he was doing in my absence or not doing for that matter, I would still want to see him again. When I did phone him as I promised to do, Jamie expressed great surprise. He confessed that he had not been doing well and that he had sorely tempted to resume his relationship with his former girlfriend so that he would have company while he drank and took drugs. I told him that I could understand that he might want to do whatever it took to avoid feeling discarded by me but that my feelings for him had not changed. To my enormous relief, he showed up for his first scheduled appointment after my return. He proudly informed me that he had not resorted to drugs or alcohol while I was away. Since that time, Jamie has always returned after an interruption in our sessions.

Recently, Jamie was contacted by a half-sister who located him on an online social network. She let him know that his mother was still alive, and although she was neither physically nor emotionally very strong, that she welcomed the chance to see him. While Jamie felt that he should visit his mother, the thought filled him with dread. The possibility that, after seeing him as a grownup, she would fail to welcome him into her life and her heart was more than he thought he could bear. He has not yet gone to see her although he has maintained phone contact with his half-sister. Her descriptions about the hardships their mother faced and still faces in her life have led him to ponder the ways in which his own feelings of shameful unworthiness and dislocation echo hers. Moreover, we have both been struck by how closely their stories reflect the tragic history of his ancestors after their traditional way of life was destroyed and they were forced onto reservations.

While the pathways through which his ancestral and parental traumas were transmitted in Jamie’s life are not at all clear, it seems that a traumatic attachment somehow emerged in the heterarchy of relational systems in which his life is embedded involving the certitude that abandonment and homelessness are the consequence of being different from others or falling short of their expectations of sameness with them. Nevertheless,
in our therapeutic relationship, Jamie has begun to thrive in ways he had not imagined possible. I believe if it were not for one of the traumatic attachment patterns that has organized my life, our precarious relationship might have ended early on. Looking back, I doubt that if I had not shown my great distress at Jamie’s failure to return after my second vacation, and had not gone to great lengths to stay in contact with him, Jamie could not have sustained his connection to me.

Let me reveal a bit of autobiography. Between my birth and my brother’s, eight years later, my mother had at least four miscarriages. Insofar as the disappearance of my not-to-be siblings were never explained or mourned, I seem to have developed the certainty that all the life my mother was capable of creating had been used up on me. Not even the eventual birth of my brother could dispel my conviction that I had better justify my existence, since it had been gained at the expense of others. I have tried to do so by serving the emotional needs of those on whom I depend. Having experienced Jamie as someone whose development had not begun, an experience reinforced by his dissociated modes of relating, he must have reminded of these literally undeveloped brothers and sisters. It is only in retrospect that I can see that my horrified reaction to Jamie’ disappearances after he seemed to be developing well, recapitulated for me their dreadful unexplained disappearances. I could not allow that to happen again. But, my willingness to do whatever it took to keep Jamie from disappearing forever not only reflects a trauma-generated SEC; it probably also reflects an intergenerationally transmitted traumatic attachment pattern.

By the time my mother was born, for example, 3 of her 10 siblings had already been killed in World War I. Both of my grandmothers were, as Jewish girls in Russian and Poland, forced by brutal pogroms to leave their homelands, and to relocate in a land in which they never felt quite at home. But, both communicated to me their sense of being the lucky ones. Relatives who stayed behind were never seen again. I imagine their sense of having survived when others perished explains to some extent why both were so self-sacrificing in their devotion to their children and grandchildren. I believe that a trauma-generated relational pattern involving self-sacrifice that emerged in my family’s history has influenced my life in innumerable ways.

While differences in the plight of Jamie’ ancestors and mine abound, there are some striking similarities. Jews as well as Native Americans have been violently uprooted, forced into exile, and maligned by damning stereotypes. I suspect that the similarity in our traumatic attachments has helped me to empathize with his experience in ways that deepened our therapeutic connection and helped us both to heal. As we continue to come to terms with the devastating meanings of traumatic exile in our own lives and in those of our ancestors, we have both experienced a loosening of the trauma generated certainties that have gripped our lives. And, I believe we are both becoming better able to live with life’s never ending uncertainty.

References


Doris Brothers, Ph.D.
350 Central Park West, # 1J, Ste. 1AD
New York, NY 10025
212–864–6333
dorisbrothers@mac.com
Traumatic Attachments

Mientras muchas investigaciones demuestran que el trauma se pasa de una generación a la siguiente, hay poco acuerdo acerca de cómo ocurre. Este artículo introduce el concepto de “apegos traumáticos”, como manera de explorar una vía posible de transmisión. Infliuido por la teoría del apego y compatible con el abordaje de los sistemas relacionalones, este concepto se desarrolla a partir de la perspectiva previa de la autora acerca del trauma como destruyer de las certezas que organizan la vida psicológica. Se entiende que los apegos traumáticos se forman dentro de sistemas que, en algún momento de su trayectoria, han sido lanzados al caos por el trauma. Una vez establecidos, los apegos traumáticos tienden a cristalizar en patrones de relación tan inflexibles y resistentes al cambio que afectan profundamente las interacciones padres-hijo a lo largo de las generaciones. La rigidez de estos patrones de apego es atribuida a su fuerte dependencia de la asociación. Se presenta un ejemplo clínico en el que los traumas intergeneracionales en las familias tanto del paciente como del analista tuvieron un papel importante en la formación de la relación analítica.