Trust, Uncertainty, and Therapeutic Alliance in Trauma-Centred Treatment

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I had just begun to see patients as a graduate student in clinical psychology when I was struck by a lightning bolt of an idea. Trauma, I suddenly thought, is what our work is all about! I no longer remember what inspired this notion nor just what it meant to me at the time. However, I do recall that, until that moment, I had thought of psychological trauma as the consequence of terrible occurrences that befell only a small number of patients such as those who had undergone sexual abuse or had lived through wars or natural disasters. In light of the fact that Freud had rejected his original trauma paradigm in favor of his enormously influential drive-conflict theory, the idea that most patients and their therapists share a traumatic past seems to make little sense. Yet, it is probably no exaggeration to say that developing, refining and expanding this notion has occupied most of my professional life. Moreover, it is my trauma-centered perspective that has led me to question the concept of a therapeutic alliance. I hope that as I describe the evolution of my present understanding of trauma and its place in psychoanalysis my doubts about its usefulness will become clear to you.

I took my first step in the direction of placing (or should I say, replacing?) trauma at the center of psychoanalysis in the company of Richard Ulman. According to the self-psychologically informed theory we developed in our book, *The Shattered Self* (Ulman

and Brothers 1988), trauma does not reside in a specific event, no matter how horrendous it may seem to an observer, but rather in the meanings of that event for the individual involved. From this perspective, we observed that experiences unrelated to events commonly thought of as traumatizing could produce posttraumatic symptomatology. We also found that trauma not only consists in the devastating experience of an event but also in the attempts that the traumatized person makes to restore him or herself in its wake. Consequently, we suggested that a great deal of what is diagnosed according to the categories listed in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980, 1994) might be better understood in terms of these restorative efforts (Ulman and Brothers 1988).

I took another step toward a trauma-centered theory with my 1995 book, *Falling Backwards*, by conceptualizing trauma in terms of betrayals of trust in oneself and/or others to provide the relational experiences on which selfhood depends (self psychologists refer to these experiences as selfobject experiences). I proposed that it is not selfobject experience per se that we cannot do without--some people have endured enforced isolation for long periods of time without psychological breakdown--but the confident expectation that others are available for the reciprocal give and take necessary for the maintenance of selfhood. Although relatively few of my patients mentioned traumatizing trust betrayals to explain their need for treatment, I found that they often played significant roles in their complaints. The focus of treatment was on the trustworthiness of the relational engagement of analyst and patient.

However, it was not until I turned my attention to the reason that trust and its betrayal are crucially important in human relations and psychoanalytic treatment--namely, that

we inhabit a world in which nothing, least of all the endurance of selfhood, is certain--that my understanding took a giant leap forward. It may seem obvious that we cannot know for sure that the relational give and take essential for selfhood will be available, that we can only trust that it will. Yet, as I hope to show later on, the experience of this ineluctable uncertainty figures importantly in what we deem traumatic (Brothers, 2008).

Let me now say a few words about this sort of uncertainty. I call it *existential* uncertainty because it concerns what Winnicott (1965) so aptly referred to as our sense of "going on being." 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 don't believe that tiny infants think about whether or not they will go on being, but they do show intense interest in contingent relations and are powerfully affected by the confirmation and violation of expectancies. De Casper and Carstens (1980), for example, have demonstrated that infants exhibit positive emotions when their expectancies are confirmed and negative emotions when their expectancies are violated. 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 propose 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 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 uncertainty. Extrapolating from the teachings of Heinz Kohut and relational theorists who have shown that selfhood is utterly dependent upon our relations with others, I believe that when our coordinated interactions with others are orderly we develop a sense, whether or not it is conscious or verbally articulated, that our going-on-being is a safe bet. In fact, it is simply not questioned. Following the lead of many contemporary infancy researchers such as Beatrice Beebe, Daniel Stern and Alan Fogel, I find it useful to consider the orderliness of reciprocal interactions from what I call a "relational systems" perspective, one that makes use of the principles of what has come to be known as "chaos theory," "complexity theory," or "nonlinear dynamic systems theory."

Alan Fogel (1993) focuses on how the patterned behavior in a system reduces its degrees of freedom and concomitantly decreases uncertainty through the process of self-organization. Here his work is very much in keeping with such theorists as Thelen and Smith (1994) and Prigogine (1996) who argue that while the patterns that emerge within "far from equilibrium" or living systems cannot be predicted ahead of their emergence, self-organization brings order to what was previously chaotic. Building on the work of these theorists, I propose the following: *experiences of existential uncertainty are continually transformed within living systems by means of regulatory processes (and the relatively stable patterns of relating they produce) that affect expectations regarding the orderliness of the relational exchange.* In my recent book (Brothers, 2008a) I try to show how the reciprocal regulatory processes involved in feeling, knowing, forming categories, making decisions, using language, creating narratives, remembering and forgetting, sensing time, and fantasizing all affect our experiences of uncertainty--and certainty--about our psychological survival.

As I have already suggested, 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. When these processes are severely disrupted, the person or persons involved are likely to experience trauma. I want to emphasize the qualifier, “severely.” According to many dynamic systems theorists, our development as individuals depends on some degree of disorder and disorganization. Mahoney and Moes (1997, p. 187), for example, go so far as to conceptualize development in terms of "cascades of disorganization." It seems that disruptions of our regulatory processes are not only inevitable, but necessary for psychological existence.

Trauma, on the other hand, is a starkly different experience. In contrast to the disorganization that results when our experiences of existential certainty are temporarily disrupted, the profound disorder--chaos--that characterizes trauma threatens us with annihilation. While we may readily acknowledge that we inhabit a world in which nothing is certain, not even our psychological survival, trauma appears to expose us to this truth in a way that we experience as unbearable. Consider these words by Karen Armstrong’s (2000):

A violent uprooting, which takes away all normal props, breaks up our world, snatches us forever from places that are saturated in memories crucial to our identity, and plunges us permanently in an alien environment, can make us feel that our very existence has been jeopardized.

(Armstrong 2000, p. 8).

Although Armstrong was describing exile, particularly as it was experienced by Sephardic Jews after their expulsion from Spain, my own traumas, and many of those described to me by my patients, seem also to involve a violent uprooting from a familiar "before" and a free-fall into an utterly unfamiliar "after." As Armstrong (2000) points out, that which is without familiarity is also without meaning. I have, therefore, come to think of traumatized people as exiles who are forced to live in a world that they no longer recognize, a world without meaning, one in which going-on-being is unbearably uncertain.

It is also a world devoid of hope. The feelings of expectation and desire that constitute hope, and which propel our lives toward some rosy future, can only be tolerated to the extent that experiences of uncertainty are also tolerable. When, for some of its victims, all certainty is exposed by trauma as a cruel myth and the future looks like a dark and barren wilderness, every trace of hope must be crushed lest it add further uncertainty to a future that is already seems unbearably precarious. To the extent that experiences of certainty must be salvaged at all cost, treatment may come to represent a fearful tyranny of hope.

In a recent paper (Brothers, 2008b) I considered the possibility that trauma does not always involve a "before." That is to say, some people are born into the exile of trauma. Insofar as traumatized parents may establish relational patterns with their children that reflect their own traumatically disorganized lives, these children may never experience

the orderly relational give and take that allows for unquestioned certainty about psychological survival.

How is it that trauma plunges its victims into disorder of such magnitude that self-survival becomes a matter of profound doubt? My answer makes use of a concept I call “systemically emergent certainties” (SECs). A similar concept in attachment theory is known as “internal working models.” Atwood and Stolorow (1984, p. 34), have referred to "structures of experience," or "organizing principles" which they define as "cognitive-affective schemata . . . through which a person's experiences assume their characteristic forms and meanings.” Donna Orange (1995) writes about ‘emotional convictions.” I prefer to think of these as systemically emergent certainties 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 unquestionable true.

Trauma, I believe, results when the SECs that emerge from and stabilize our relational worlds are destroyed by some experience that powerfully reveals their falsity. Thus, for example, a child’s experience of incestuous abuse may destroy an SEC involving her previously unquestioned certainty that caretakers are protective and nurturing. It is the destruction of the SECs that once lent stability, safety and meaning to our lives that turns us into exiles.

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. For example, the incestuously 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. For the child born to traumatized parents, the relational world may always have been dominated by such rigidly maintained SECs. When trauma strikes some time after birth it often involves a transformation of flexible certainty into rigid certitude; when it colors the world into which one is born, rigid certitude may seem like a way of life. In order to explain what makes this so I must refer to an idea that marked my work with Richard Ulman, one to which I still subscribe, namely that trauma is a complex experience involving both a shattering experience and efforts at restoration.

In 1988, Richard Ulman and I wrote: "The full unconscious meaning of trauma is not completely captured by the shattering of self. Part of the meaning for the subject lies in the unsuccessful (faulty) attempt to restore the self as a center of organizing activity" (Ulman and Brothers, 1988, p. 7). Our idea that self-restorative efforts, however inadequate, invariably follow a shattering experience and are therefore, inextricably related to the experience, derived from our belief that, as Atwood and Stolorow (1984,

p. 35) asserted, the supraordinate motivational principle in human life is "the need to maintain the organization of self-experience." I retained the idea that traumatic experience includes efforts at self-restoration in my 1995 examination of the relationship between trauma and trust betrayal. I suggested that these efforts were often aimed at re-establishing trust in self and or others and sometimes took the form of actions that were motivated by a wish to "rescript" a trauma scenario (Brothers 1995).

Both of my previous conceptualizations viewed the restorative dimension of trauma exclusively in terms of the traumatized individual. For this reason, posttraumatic stress disorder or PTSD was a prominent consideration for me. What I now see as creating the conditions for the emergence of PTSD in traumatized people is the destruction of their SECs and concomitant attempts to transform what feels like unbearable uncertainty about the availability of self-sustaining relationships. You might say that PTSD is what is experienced on the local level of the individual when trauma plunges his or her relational systems into chaos.

Trauma-Generated Transformations of Experienced Uncertainty

My present understanding of the restorative dimension of trauma attempts to include its systemic emergence and repercussions. While the relational patterns that form within non-traumatized systems tend to be orderly and stable, they nevertheless change flexibly with the shifting needs of their constituents. In the language of systems theorists, they are context sensitive. The relational patterns that characterize traumatized systems, like the SECs around which they are organized, are strikingly

different. Emerging within systems dominated by the desperate need to halt the spread of chaos and tormenting uncertainty, they tend to be rigid, restrictive, and impervious to the changing environment. To better understand how trauma-generated relational patterns transform our experience of uncertainty we must consider the role of dissociation.

Dissociation, I believe, 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 experiential world, 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, I believe, 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 experienced complexity. Among some traumatized 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.

Richard Brown (2006) distinguishes between two distinct categories of dissociative phenomena: “compartmentalization” which includes amnesia, fugue, and what is known as dissociative identity disorder, and “detachment” that includes numbing depersonalization, and derealization. Regardless of whether a memory of a traumatic event is lost to consciousness through compartmentalization, or if it undergoes detachment as the intense amalgam of feelings associated with it is blunted, the complexity of the traumatized person’s lived experience will be reduced. However, this is achieved at great cost. Since the experience of integrated selfhood involves the synthesis of many psychological processes, any disturbance of this complex synthesis is likely to produce a disturbing sense of being estranged from all that was familiar, including one’s own sense of self. Dissociation, therefore, plays a major role in transporting the traumatized into the arid isolation of exile (see also Orange [2003] on the ways in which trauma results in a reduction of complexity). As complexity is dissociatively reduced, a traumatized person’s relational world comes to be ruled by simple, rigid beliefs that are clung to with desperate ferocity. I will now give you some examples of trauma-generated relational patterns.

Denials of Difference, Denials of Sameness and the Creation of Dualities

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: 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, these experiences 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 confront us with evidence of our difference from others may be dissociative eliminated from awareness or denied.

It is a curious aspect of the human predicament that a sense of being uniquely different from others, emerges and can only be maintained in the company of others like ourselves. Thus our search for difference is intimately connected with our search for sameness. 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.

Both denials of sameness and denials of difference may be 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 serves to diminish complexity, and consequently, experiences of uncertainty. Consider, for example, President Bush's references to an "axis of evil" in the traumatic and uncertain aftermath of 9/11. Such a designation denies our shared humanity with those who live within supposedly evil societies, and denies the differences that exist among those who presumably live in good ones. Uncertainty-reducing polarities, I have discovered, are often enforced through brute force. Might, under these circumstances, does not only equal right, it equals the end of unbearable uncertainty.

Trauma-Centered Treatment

Once trauma is viewed in terms of the destruction of SECs and concomitant efforts to transform unbearable experiences of existential uncertainty, often through a dissociative simplification of lived experience, it becomes possible to understand virtually all of the complaints for which patients seek analysis as trauma related (For a more detailed argument of this point see Brothers, 2008). A look at recent psychoanalytic journals reveals that trauma has been increasingly recognized as a major etiological factor in psychological disturbance. For example, Philip Bromberg (2003, p. 690) observes, "the presence of trauma and dissociation is to be found in the personality functioning not only of persons whose history is linked to massive physical violence or sexual abuse, but also of those who grew up without such history." He mentions that increasing support for this view has developed in various disciplines, including ongoing research by attachment theorists studying the relationships among trauma, disorganized/disoriented attachments, and the presence of adult dissociative pathology (e.g., Liotti, 1992).

While this alone might persuade us that psychoanalysis should be regarded as a trauma-centered enterprise, an additional push in that direction might come from the finding that analysts are no more strangers to trauma than are their patients. A great deal of research shows that most people undergo severe trauma at some point in their lives (e.g. Ozer, Best, Lipsey and Weiss, 2003; Bloom 1997). Analysts, it turns out, are hardly exempt. In fact, a growing number of analysts, especially those influenced by intersubjectivity theory, have begun to disclose their own trauma-related vulnerabilities

(see, for example, Stolorow 1999; Orange, 2004). While there may be analysts who have been spared the nightmare of trauma, and for whom the decision to undergo the rigors of psychoanalytic training did not include the hope to better understand and heal from its devastating effects, the Jungian designation,“wounded healer,” seems to fit the rest of us very well (Jung 1951).

Thus both members of the analytic partnership may be thought of as trauma refugees drawn together by their common need for healing and sanctuary. It is just this aspect of my trauma-centered perspective that leads me to doubt the usefulness of the therapeutic alliance concept. Let me explain. In a critical review of the concept of therapeutic alliance, Bernard Brandchaft and Robert Stolorow (1990) attempt to show that despite the many differences that exist between American Ego Psychology and British Object Relations Theory, both view the therapeutic alliance as depending on the ability of the patient to identify with the analyst, at least in part, and to see the events of the analysis according to the basic concepts that organize and inform the analyst’s observations and interpretations.

Assuming that they are correct, it would appear that the therapeutic alliance concept is helpful to the extent that analysts see themselves as different from their patients. From a trauma-centered perspective, however, analysts and patients are passengers in the same existential boat. They are equally likely to have experienced trauma and, in the treatment situation, equally vulnerable to the threat of re-traumatization. Trauma, after all, is a very cruel teacher; its searing lessons are learned all too well. The threat of its

recurrence haunts every step taken by its victims, whether they are analysts or patients. Although it is often true that, in the course of their training analyses, the wounds of the analysts' traumas are healed to some extent, when the horror of meaningless chaos looms again, relational patterns that drastically transform the experience of annihilating uncertainty emerge anew. Since much that patients bring to the analytic relationship, including their vulnerability to re-traumatization, tends to stir memories of an analyst's own traumas (although these may remain largely out of awareness), their old trauma-generated patterns of relating may again take hold.

Not only are patients and analysts alike in their need for healing from their past traumas but, as I see it, they both stand to be healed as a consequence of their participation in the analytic process. Analytic healing, as I see it, is necessarily bilateral. That healing is not just what happens to patients is a notion I have I endorsed for some time. Using a self-psychological perspective, Ellen Lewinberg and I expanded on Kohut's (1984) developmental conceptualization of cure by noting:

Healing implies a developmental progression toward an increasingly full, rich, complex, differentiated experience of self that occurs in relation to another person (or persons) whose self-experience is also undergoing developmental advance.

(Brothers & Lewinberg, 1999, p. 261).

A relational systems perspective deepens this way of thinking. To the extent that analyst and therapist are thought of as constituting a dyadic system, it is hard to imagine how

one analytic partner could experience growth and healing while the other remained unaffected. If, in addition, the analyst's traumatic past is factored in, the idea of unilateral healing becomes even less tenable. The analyst's vulnerability to the threat of retraumatization, which, I believe, is inevitably intensified in the course of an analytic relationship, makes his or her need for further healing an inextricable part of the therapeutic process.

Sander's concept of "the recognition process," which he originally used to describe the regulation of physiological states between parents and infant, helps to make clear why healing is necessarily a two-sided process, particularly in light of its elaboration by Lyons-Ruth (2000) and Stern (2004). The title of Lyons-Ruth 2000 article, "I Sense That You Sense That I Sense. . ." beautifully conveys what Sander meant by the recognition process, which, according to Lyons-Ruth(2000: 90), comes into existence very early in life, and involves "finely coordinated joint action or interaction." She has argued in favor of extending the term to include both self-reflective awareness, which the word "recognition" seems to imply, and what she calls "implicit relational knowing." One aspect of the recognition process involves what Sander (1995a, b) has variously termed "recognition of fittedness," "specificity of fittedness" and "fittedness of intentions." Sander (1991) explained his use these terms as attempts to describe the specific ways in which a person's experience is connected to the context in which it emerges. I agree with Lyons-Ruth's assertion that these concepts illuminate aspects of the therapeutic process that have defied conceptualization. Thus, for example, they capture the ways in which analysts and patients communicate their recognition of one another as fellow

trauma exiles, “fitted” to the task of reciprocal healing.

You might say that trauma speaks its own language, one that relies less on words than on what Gadamer (1976, p. lv) has referred to as “the circle of the unsaid.” Perhaps Lyons-Ruth (2000: 91-92) has identified something of what occurs within this circle when she refers to communication that occurs at “an implicit level of rapid cueing and response that occurs too rapidly for simultaneous verbal translation and conscious reflection.” The language of trauma is as familiar to analysts who learned it during their own time of exile as it is to their patients. It is the means by which analysts and patients recognize one another as like beings who have suffered in similar ways. As this sense of sameness is shared in innumerable ways in the course of treatment, the unspeakable loneliness of exile is ended. Together the analytic partners learn to speak in new ways until the experience of uncertainty no longer poses a threat to survival but signals the opportunity for greater mutuality, creativity, and joyful vitality.

In their discussion of the therapeutic alliance concept, Brandchaft and Stolorow (1990) take exception to an assumption on which they believe the concept rests: the existence of an objective reality. They note that unlike the patient’s perceptions, which are thought to be distorted by unconscious conflicts, the analyst’s perceptions of reality are taken as objectively true. This assumption, they contend, lies at the heart of the traditional view of transference. I am in full agreement with their contention that “the only reality relevant and accessible to psychoanalytic inquiry (that is, to empathy and introspection) is subjective reality--that of the patient, that of the analyst, and the psychological field

created by the interplay of the two." They further assert that if patient is required to identify with the analyst's concepts in order to form a therapeutic alliance, a treatment guided by this assumption may become "a cure by compliance." They add that such a requirement may trigger the appearance of resistance. However, from their perspective, the patient's refusal to identify with the analyst's concepts may represent an attempt at self-differentiation. A failure to understand such a reaction, they contend, may set the stage for what have been described as "negative transference resistances" or "negative therapeutic reactions."

The critique offered by Brandchaft and Stolorow has led me to wonder if the concept of a therapeutic alliance is one of the means by which psychoanalysts have tried to cope with the uncertainty that pervades the analytic situation. Analysts who believe that their special access to objective reality guides the analytic process may well gain an enhanced sense of certainty about their psychological survival--especially if the patient comes to share this belief.

I now offer a clinical example. Perhaps as you listen to it, you can decide whether the concept of a therapeutic alliance would benefit our understanding.

Nancy, Robert Redford, and Me: A clinical example

In my recent book (Brothers,2008) I described the traumatic childhood of a patient I called Nancy, an attractive, highly accomplished 44-year old woman. However, I did not provide an account of our analytic relationship. After briefly reviewing Nancy's history, I

present a vignette from her treatment that will hopefully illustrate some of the clinical benefits of a trauma-centered, uncertainty-oriented perspective. One of Nancy's favorite fantasies reveals a great deal about her and her relational world. It begins with Nancy strolling down the street just as Robert Redford, the actor and film director, passes by. He immediately recognizes her as the object of a long search. As her fantasy unfolds, Redford not only gives Nancy a starring role in a movie, but soon falls in love with her and proposes marriage. She then shares in his luxurious and glamorous lifestyle.

Nancy's fantasy appears to give expression to an SEC of central importance in her life: only to the extent that she possesses the attributes that conform to a man's wishes and desires can she attract him and sustain his interest. Since Nancy assumes that Redford offers her the role because she embodies the qualities he deems desirable in women, the fantasy expresses and reinforces her SEC. (see Brothers, 2008, for a discussion of the various meanings of this fantasy). Twice divorced and the survivor of numerous failed romances, Nancy had become aware that all of her relationships with men have been similarly patterned. With each man who stirs her longings for romantic love, she attempted to transform herself into his "dream girl." Eventually, her resentment, humiliation, and rage at being required (she feels) to take on qualities that are not congruent with her self-perceptions contributed to the break-up of the relationship. Each new relationship has reinforced this SEC insofar as the men with whom she has been involved have all reacted positively to her efforts to live up to their wishes and negatively when, after a time, she has refused to do so.

Nancy's SEC--that no man would want her unless she conformed to his desires-- had all the earmarks of those that are trauma generated. That is, it was rigidly held and seemed impervious to modification. We came to understand that it arose in the context of incestuous abuse, replacing an early childhood certainty that she would be cherished "just for living and breathing." The following excerpt from *Toward a Psychology of Uncertainty* will hopefully explain the circumstances in which it took form:

Nancy . . . claimed that "from time immemorial," she knew exactly what would happen on Saturday afternoons. Her father, she explained, would arrive home from work with a package under his arm. "For me, Daddy?" she would ask. "For you, darling," he would answer. When Nancy was little, the package usually contained a toy or a coloring book. After tearing off the wrappings, she would leap into his arms and cover his cheeks with grateful kisses. Unable to count on her mother's emotional availability, or even her physical presence since she often secluded herself during frequent bouts of depression, Nancy had drawn close to her father. She'd had no reason to doubt that "he adored me just for being myself."

When Nancy reached puberty, the packages, which continued to appear under her father's arm on Saturday afternoons, became objects of dread. Her fingers would tremble as she unwrapped items of clothing intended to make her look "cute and sexy." Although the incestuous implications of the gifts alarmed her, far more distressing was her awareness that, in the seductive garments she wore at her father insistence, she became a rival in her mother's eyes. By the time Nancy turned 15 she had lost all hope

that their tattered bond might be restored. Even on the rare days when her mother ventured out of her locked room, Nancy felt "locked out of her heart."

Saturdays now became the time when she would have "dates" with her father that usually ended in necking and petting sessions in his car. It was then that the familiar homeland of childhood vanished and she found herself, much like Alice, in a strange, surreal and dangerous world.

(Brothers, 2008, p. 43-44)

Given her history, Nancy's certainty that she could win a man only if she became the woman he desired seems understandable: in light of the emotional vacuum created by her mother's periodic withdrawals, Nancy had little choice but to comply with her father's demands. He had made it clear that his participation in the relational exchange on which her psychological survival depended turned on the extent to which she pleased him. If becoming his Lolita was his price, no matter how exploited, abused, and inauthentic she felt, she had to pay it.

Deeply moved by Nancy's story as it unfolded over the course of our first year of treatment, and delighted by her emotional intensity and keen intelligence, I soon felt strongly committed to our relationship. I think we both believed that the treatment would prove healing and that her main goal in seeking treatment, which, as she put it, was to avoid ending up with yet another "Mr. Wrong," would be realized. When her dread that I would repeat her mother's frequent and disastrous abandonments emerged between

us--a dread that reached crisis proportions around my vacations--I had little difficulty understanding her rage and panic. Without undue effort, I seemed to find ways to respond to her that allowed her some glimmers of hope that a trustworthy relationship with a maternal figure was possible.

Within the first two years of twice-weekly sessions Nancy reported a number of significant changes in her life. She made a bold career move and developed several close friendships with women. Although none of her efforts to find a desirable male partner was successful, she seemed to take pride in her newfound ability to live without a man. I think we both felt confident that her treatment was on track. However, three years into the treatment, when Nancy became involved with Ron, a man she was sure was “Mr. Right,” our relationship lost its easy rhythm. Whereas, up to this point, Nancy seemed to feel deeply understood by me, now she often complained that my responses showed that “you just don’t get me.“ And, perhaps because she suddenly seemed to have changed before my eyes, I did find it difficult to ”get” her. Having exchanged the stylishly tailored clothing that had once been her trademark for tightly fitting clothes with low-cut necklines, she looked like a different woman. And, since all of her utterances now seemed to end with a question mark, she even sounded different. My heart sank when she decided to trade her demanding new job for one that seemed well below her capacities. What is more, she neglected her friends in order to spend more time with Ron. I seemed to be witnessing her transformation into the empty-headed “sexpot” she assumed was his dream girl.

Things came to a head between us on a day when Nancy adoringly repeated one of Ron's comments about the political situation. Marveling at the brilliance of Ron's assessment, she derogated her own understanding as "lame-brained." I responded by saying something to the effect that Nancy's own take on the political situation seemed very astute to me. Nancy looked stricken. "How could you possibly say that? Why can't you see how brilliant Ron is?" she cried, "Why don't you like him?"

After a few words of denial, I stopped myself. All at once I knew that Nancy was right. Despite my never having laid eyes on Ron, I did not like him. I confessed that Nancy had indeed picked up my negative feelings about him and that I would try to understand their source. Then it struck me that my negative feelings were not limited to Ron. I felt keenly disappointed in Nancy for once again transforming herself to please a man--and angry with her. Some time later, when I reflected on what stake I might have had in her relinquishing this trauma-generated pattern, I realized that it came uncomfortably close to my own. As a young woman I had often formed connections to men who seemed to embody dissociated aspects of my own experience. Although my reasons were different from Nancy's, I too had acted in ways that seemed to enhance the man's superiority at my own expense. Now I understand that I was angry at Nancy for putting me in touch with a painful chapter in my own life. In order to avoid reexperiencing my own traumatic history with men, and to combat shameful feelings stirred by memories of my own efforts to transform myself for men, I had needed to see Nancy exactly as I wished to see myself, that is, as unchanged by a man's desires.

To the extent that Nancy had not overcome her tendency to change for a man, I was reminded of my own shameful vulnerability. In other words, I had denied both our sameness (we shared a similar trauma-generated pattern) and the differences between us (she was not yet ready to relinquish hers). When I explained that I had found it difficult to accept the way she related to Ron because I had worked very hard to overcome my own tendency to change myself for men, Nancy thanked me for trusting her with this intimate glimpse of myself. Knowing that I had struggled with a problem similar to hers, she said, lessened her sense of shame. She confided that she had been aware of how much I hoped she would resist the temptation to become Ron's dream girl. "Some part of me knew it was wrong to turn myself into a sex kitten for Ron, the way I had for my father, but I couldn't stop myself." I suggested that perhaps it was just my intense hope that she give up a way of relating that had insured her psychological survival that made me seem so out of touch with her experience. (This is an example of what I call "the tyranny of hope.") Having once clung to her father in her mother's physical and emotional absence, she felt compelled to comply with Ron's unspoken requirements when she experienced me as emotionally distant.

Soon after our relationship resumed its initial ease and closeness, Nancy announced that she could no longer devote herself to a man who refused to accept her as an equal. Increasingly, she risked showing Ron her intelligence and competence despite her awareness that doing so was incompatible with his expectations. As Nancy anticipated, Ron complained about what he took to be a radical change in her personality. Instead of breaking off their relationship, however, he surprised her (and me) by suggesting that

since he did not want to lose her he was willing to address their conflicts in couples therapy. Although their relationship continues to have its ups and downs, Nancy's conviction that I would steadfastly stand beside her has enabled her to continually risk authentic relating with a man.

My therapeutic work with Nancy confronted me with a painful reminder that I had not fully relinquished a trauma-generated pattern of relating similar to hers. Like hers, mine too once provided a modicum of certainty in a dangerously chaotic, trauma-filled world. Yet, through our work I have not only come to see more clearly than ever how it constricted my life, but the possibility of living without it now seems more viable as well. I doubt that it was our therapeutic alliance based on her identification with me or her acceptance of my theoretical understanding that proved healing for both of us. Rather, I believe that recognizing one another as exiles from a world of hope enabled both of us to find the courage to move away from the "bleak, jutting ledge" (Rich, 1979) of trauma toward a world in which uncertainty about our going-on-being is both increasingly apparent and increasingly bearable.

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