

BOOK REVIEW:
THE SHATTERED SELF:
A PSYCHOANALYTIC
STUDY OF
TRAUMA

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The past decade has been a time of heightened interest in the psychological effects of trauma. The influx of Vietnam era veterans with post traumatic stress disorders, the increased awareness of sexual abuse of children, and the greater public and professional attention toward violent sexual crimes towards women have forced mental health professionals to search for new ways to understand the complex disturbances of the traumatized patient. A significant contribution to this burgeoning body of research is the recent work by Ulman and Brothers, *The Shattered Self: A Psychoanalytic Study of Trauma* (1988). In their work the authors define a comprehensive post traumatic syndrome, and expand our dynamic understanding of the psychological sequelae of traumatic events.

The text is divided into three large sections, devoted to consideration of the psychological impact of incest, rape, and combat. Each section provides a comprehensive review and critique of the relevant psychoanalytic literature. An initial section is devoted to a discussion of Freud's rejection of the seduction theory of neurogenesis in favor of a fantasy-based theory and the effects that this has had on later considerations of trauma. Working from a self psychological point of view, the authors critique the classical psychoanalytic ideas of trauma and underscore those ideas which are consonant with their self psychological model. Moving beyond theoretical debate, the authors then apply their formulations to the description of a series of representative cases. Each section contains three clinical vignettes with extensive direct case material; these are then used for the purpose of developing dynamic formulations and genetic reconstructions.

On a descriptive level, the authors define a post-traumatic syndrome that is common to all severely traumatized individuals, including rape, incest, and combat survivors. They emphasize the shared characteristic symptoms, which include changes in startle response, hypervigilance, sleep disturbance, nightmares, intrusive thoughts and reliving. In addition there are a host of numbing symptoms, including restricted affective experience, reduced involvement with the outside world, anhedonia, and feelings of estrangement, depersonalization, and derealization. Breaking with the current DSM-III-R classification, the authors organize all of these seemingly disparate symptoms around a shared dissociative defense. Dissociation in their view serves a dual function. First, it serves defensively to protect the individual

from the overwhelming intensity of immediate events. The authors share Arlow's (1966) view of dissociation as a splitting of the ego between the "experiencing self" and the "observing self". Dissociation allows disavowal and enables the individual to maintain a set of beliefs: "All of this isn't real. It is just a harmless dream or make believe," in the case of derealization; and, "This is not happening to me. I'm just an onlooker," in the case of depersonalization. While the dissociative defense is protective, it does so at the expense of compartmentalization and of a constructed subjective experience of personal reality and of the self.

Dissociation in the authors' view also serves a restorative function. They describe how it permits the development of restorative fantasies which help to redress and, in fantasy, undo traumatic psychic injuries. Of central significance in this regard are two fantasy systems emphasized by self psychologists, the mirroring/idealizing fantasy system and the grandiose/exhibitionistic fantasy system. In the case of one of their patients, Sybil, the authors describe how dissociation, "made possible some compensatory restoration of her fantasy of idealized merger as well as some defensive restoration of her fantasy of grandiose exhibitions". (Ulman & Brothers, p. 88). Central to the authors' thesis is the contention that severe trauma results in the shattering and faulty restoration of archaic narcissistic fantasies. While these narcissistic fantasies will be affected in all traumatized individuals, the extent and severity of the subsequent disturbance is dependent upon:

The degree to which archaic narcissistic fantasies remain untransformed and integrated at the time of the trauma, and the extent to which they dominate the personality as a result of unconscious embellishment over the course of development. (Ulman & Brothers, p. 88)

Applying these contributions of the self psychological school, the authors present a trauma theory which integrates current experience with narcissistic fantasy life. They underscore the crucial importance of interpersonal factors and trauma as sources of pathogenesis.

While the authors' self psychological theory of trauma significantly expands contemporary psychodynamic views of trauma, regrettably they present it as a separate alternative, as a replacement theory. To this end, they reject the what they describe as the "psychological reductionism" (Ulman & Brothers, p. 63) of a Freudian analytic model, which they claim supports and exclusive adherence to a fantasy theory

of neurogenesis, and diminishes or denies the implications of actual trauma for neurogenesis. They claim that this "classical" position "unnecessarily reduces and limits the unconscious traumatic meaning of actual occurrences to pathogenic fantasies associated with repressed memories of witnessing the primal scene and threats of castration" (Ulman & Brothers, p. 63). They suggest that theirs is a more accurate formulation in which: "The unconscious traumatic meaning is largely determined by the shattering and faulty restoration of central organizing fantasies of self in relation to self/object" (Ulman & Brothers, p. 63).

While narcissistic fantasies and self-object experiences will invariably be disturbed by trauma, the authors unnecessarily restrict their considerations of traumatic sequelae to this one area of psychological meaning. While they nominally support the fundamental importance of unconscious fantasy in determining the effects an event will have upon an individual's psychic equilibrium, they elect to prioritize which unconscious fantasies will be disturbed. In pointing out the consequences of Freud's rejection of the seduction theory they tend to dismiss entirely the importance of sexual and aggressive fantasies. In their efforts to reinforce the reality of trauma (not fantasized or solicited), the authors diminish the effects which trauma, and particularly sexual trauma, have upon oedipal and other fantasies. Assuming that at this stage in the development of psychoanalytic psychology we can agree that both narcissistic and libidinal fantasies co-exist, the question of how they interrelate in the event of traumatic experience is a question of central importance. What, for example, are the effects of having oedipal fantasies actualized upon one's sense of self?

By concentrating exclusively on narcissistic fantasies to the exclusion of libidinal fantasies, the authors risk the same sort of psychological reductionism of which they accuse traditional Freudian analysts, and diminish the complexity of the psychic in trying to correct and compensate for the effects of narcissistically damaging experiences, rather than

conceptualizing it as a more complex system which tries to balance internal wishes and fantasies with external realities. Their position in this regard becomes more a psychology of deficit than one of intrapsychic conflict.

The initial stages of the psychotherapeutic treatment of trauma will by necessity focus on the impact of the traumatic event the acute post traumatic symptoms and the ramifications of narcissistic consequences. In order for the treatment to be considered complete, however, all the unconscious fantasies must be explored. Glover (1931) describes the effects of inexact interpretations and clarifies how interpretations serve as a point of organization for the patient. In his view formulations and interpretations invariably provide a degree of symptomatic relief, yet they also frequently become points of resistance for further levels of exploration. Limiting the therapy of post traumatic patients solely to the exploration of narcissistic fantasies could serve to externalize the source of the disturbance, as the trauma does indeed have strong environmental roots, and serves as an inexact interpretation, obscuring further understanding of the important effects the traumatic event has had upon libidinal fantasies.

The limitation of Ulman and Brothers' work is in part a reflection of the unresolved debate in the field between self psychology and traditional psychoanalytic thought. When each school vies for a unitary psychology, the contributions of each are diminished. This is particularly unfortunate in the case of post traumatic patients who represent a special subgroup of narcissistically disturbed individuals, and for whom self psychological contributions play an essential part in effective treatment. In the consideration of the traumatized patient and particularly of the sexually abused, a theory that integrates both narcissistic and libidinal levels of experience is long overdue. Ulman and Brothers have expertly provided us with a thorough and compelling trauma theory for the self psychological point of view. We will still have to wait for a comprehensive synthesis. ■

REFERENCES

- Beres, D., & Arlow, J.A. (1974). Fantasy and identification in empathy. *Psychoanalytic Quarterly*, 43, 26-50.
- Glover, E. (1931). The therapeutic effect of inexact interpretation: A contribution to the theory of suggestion. *International Journal of Psychoanalysis*, 12, 397-411.