INTEGRATIVE GESTALT TRAINING INSTITUTE

Elena Petrova

TRAUMA:
A Frozen Life

Practical Notes of a Gestalt-therapist

St. Petersburg, Russia

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The book is devoted to therapeutic work with traumatic experience in the patients. The reader can find here practical recommendations based on long working experience of the author. The book describes what kind of situation can be traumatizing and why, what are the impacts for the person who had lived through traumatic episode, how therapists can recognize the consequences of trauma in the patient, and how they can treat the person encountered traumatizing situation. Special attention is paid to the Gestalt therapy perspective of trauma.

INTEGRATIVE GESTALT TRAINING INSTITUTE (IGTI)
was founded in St. Petersburg in 2008 by Elena Petrova and a group of experienced trainers and therapists. The long-term program of professional development in Gestalt therapy, created under the supervision of Harm Siemens (Netherlands), formed the basis of the Institute curriculum. Training is divided into three stages: "Gestalt Practician", "Gestalt Therapist" and either "Supervisor in a Gestalt Approach" or "Gestalt Tutor". The institute also conducts classes in therapeutic groups and classes in supervision groups for professionals. Learners have the opportunity to participate in projects with Gestalt trainers from Italy, the Netherlands, Greece, Croatia.

The trainers of the Institute permanently develop and conduct seminars, such as "Gestalt-therapy in clinical practice", "Gestalt-therapy in children", "Bodily aspects of therapeutic work with a psychological trauma", "Symbolical methods of therapy in a Gestalt approach" and others in many cities in Russia.

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THE AUTHOR'S FOREWORD

Some years ago I encountered a case quite unusual for my therapeutic practice. A colleague-psychologist turned to me asking to become my client for a while. Going at that period through her long-term therapy she came across a traumatic episode from her childhood that needed special attention: a five-year-old girl, she was attacked by her mother in a psychotic state running after her with a knife (the woman was pregnant and it was a one-shot psychotic outburst under serious overstress). The girl was gravely frightened. And this fear of uncontrolled rage still remained in the memory of her grown-up body coming to the forth in all the topics connected with her intended pregnancy.

Her long-term therapist considered it better for the client to work the traumatic situation through with another therapist and then return to the regular course. We arranged for five sessions, worked through the topic and parted. I was impressed by her therapist's arguments for such a compound design of psychological help for her client: she considered the position of a therapist working with an old trauma so different from that in a regular dialogical work that it was safer to use the help of a colleague: in order not to mix communicational styles. For her usual dialogical position was based on active emotional response to the client's feelings, whereas working with trauma required a more neutral position with calm, confident and very precise actions. This well agreed with my own meditations on the specific character of the rehabilitation work with old traumatic events and on the ways of therapeutic help in such cases. My notes and reflections gave birth to a certain therapeutic tactics I use with my clients. This I would like to share with you.

Clients with traumatic experience has always captured attention of psychotherapists of all kinds. A therapeutic session devoted to traumatic events, when effective, brings notable results seen to eve-

ryone: the client becomes more natural and lively, behaves with more harmony, contacts his environment with more freedom and ease. Whereas the one with the unassimilated traumatic experience lacks spontaneity, demonstrates some blockage in natural emotions, some restraint in movements, he is too cautious in dealing with novelty and wary in establishing relationships.

Trauma (and traumatic events) has a vast field of meanings in psychology. We shall speak here of the traumatic experience coming from some intrusion of the outer world; it is a result of a serious lack of support when facing a stressor: the free activity is thus frustrated; put in a situation of utter perplexity, the person had to block some part of his life which gets frozen.

The essence of such experience, often called the "shock trauma", is this blocking part of emotions out, which makes one "frozen". And which, in its turn, gives rise to multifarious "neurotic mechanisms" flourishing upon such foundation. This makes one rigid, clinging to oversimplified contact schemes, strictly limited in creative adjustment.

This phenomenon got its explanation many years ago; Jacob Moreno used the idea of "trauma as an unfinished action" in his theoretical basis for psychodrama. The same idea was integrated into the Gestalt-therapy theory by Paul Goodman and Fredrick Perls. The effect of the "unfinished action" was described an age ago by social psychologists investigating motivation (the school of Kurt Lewin) and its psychophysiological basis is clearly seen: the situation is no longer there but the mobilization it gave rise to remains in the absence of the conditions necessary for its realization. The tension remains in the psychophysiological complexes and is constantly being summed up with the new tensions arising in actual life. It results in most bizarre combinations of tensions in the bodily-emotional sphere. The peculiarity of such tension interferences is that these have very little to do with the real events of the current situation, which brings the person to utter disorientation providing the grounds for most unexpected projections.

Back in the 1920ies, psychotherapists treated their patients asking them to restore the traumatic situation and work it through by acting out the feelings associated with it. This brought noticeable relief. This tactics seems very simple, however it harbours quite an amount of very difficult questions in practice:

Firstly, it very often happens that such replay of the events that has once left a traumatic trace leads to the retraumatization effect, i.e. to experiencing again and again the same helplessness, despair and

anguish—a new suffering instead of true relief.

Secondly, the actual contact with a client brings the therapist to deal with the client's "here-and-now" reality including his compensatory habits built after the traumatic event integrating the traumatic experience into his actual life. What can the therapist rely upon in his dialogue with the client to attack all this and insist on "returning to the past"?

Thirdly, while a client reproduces (more or less fully) the old event the therapist has to deal somehow with the client's feelings of three different layers—and with his own reactions to all the three. 1. The bodily (the psychophysiological) trace of the unfinished actions left by the traumatic episode. 2. The client's feelings now, in the therapist's presence, in respect of that unfortunate episode from his past (maybe, the client pities himself for having been so unfortunate; or maybe, he attacks himself; or ashamed of his feelings from the past etc.) 3. The third layer of feelings is sheer "shaking fists when the fight is over": it is the client's speculations about the reasons of his ineffectiveness in that episode and about more effective behaviours in it. After the client has lived and known much more than he used to know then, he really thinks he "could have acted differently" (e.g., a little girl, at home at the time of a burglary, was scared and sat still fearing to be murdered. Afterwards she came to know the burglars did not intend to kill anybody; in the light of this new information she decided later that she could have been braver and more aggressive towards the intruders).

At all these layers, the emotions are true and real in the therapeutic "here and now", but the therapist chooses this or that figure—and this choice of his will create a new and unique relationships composition. What can the therapist safely rely upon in the course of the dialogue giving preference to one of the plenty possible figures?

Another peculiarity is the fact that people often come to remember as traumatic an event that had once strongly influenced their life, though such reminiscences are for them rather a significant part of their communicative style than an appeal to assimilate the old impressions. These feelings are just significant for the way they arrange their contacts.

And the last preliminary note. The feelings blocked out of the PTSD patient's actual life, metaphorically, function in the same way as the money blocked in a bank card. They are actually still there but not active between the client and his therapist. Only taking his cue from the observation that certain topics are often omitted by the client can the therapist make an assumption that there are "emotions

blocked out due to trauma" and conclude that very possibly the client needs special support to be able to address those temporarily frozen feelings and seemingly erased experience.

So, we have too many "small objections", too vast range of possibilities, too large amount of various interventions the therapist may choose from, too much to think for the client. That's why, more often than not, we see that psychotherapeutic work with the traumatic material tends to be either "overheated" (that is, an excessively ardent therapist sees the bunch of "unfinished actions" anywhere) or altogether avoided in the course of the therapeutic dialogue, as the therapist does not find place for such an active intervention into the client's experience.

And one more thing significant for our practice. The thing is that the very work with trauma as an unfinished action, in its style and essence, contradicts the basic dialogical principle prevailing in the contemporary Gestalt therapy. Subtle traces of the emotional blockage can be noticed in a dialogue, but the main stress is either on the feelings "now about then" or speculations around "what could have been done then". The usual Gestalt methodology based on the ideas of giving support to actual field processes, of spontaneity, of the awareness of the present situation broad context—all this will draw the therapist's attention to other figures and away from the feelings that got once frozen in the traumatic episode. The situation has long happened, the blockage is already there when the person having gone through the trauma meets his therapist. That means, the therapist has to deal with a story post factum marked with the post-traumatic blockages. It is impossible to return to the past, to enter the same river twice.

This leads us to the conclusion that the therapeutic work with unfinished actions requires special thoroughness and concentration. When at least part of such unfinished gestalts is identified and completed we can see really drastic changes in the client.

The therapeutic tactics includes the art of combining the past ant the present. Keeping the contact "person-to-person" at every moment of the current session we invite our client into his past in order to notice the roots of the unconscious chronic tension. The gestalt therapist must think of what had led to the "unfinished actions" formation. The truth is that it was not only the power (the intensity and the danger) of the event itself: no less important was how the people around behaved immediately after the overstressing happenings. The environment can either help finish and discharge the impulses, urges and feelings not realized in the emergency, or create the conditions

that make the person "remove" what happened far from awareness fixing the trauma. In the case of helping environment there follows the rehabilitating effect and no post-traumatic fixation is likely, independently of how grave the situation was.

The environment is not necessarily inimical, more often the people around are overstressed by what happened themselves and call for "returning to usual everyday course of life" refusing to realize the damage. Being loyal to his environment the person blocks his feelings and obey the call for "coming back to usual life". The therapist, in fact, has to do to the client what his environment failed to. Thus he restores justice in respect of the past.

This defines our tactics for the rehabilitation work. The gestalt-session devoted to the trauma consequences is very sober: no excessive sobbing, no dramatic splashes of intolerable anguish or bitterness. It is much more about a very concentrated cooperation of the client and therapist working together through scores of micro-contact operations, which finally leads to full restoration of free bodily and emotional activity in all spheres of life.

The therapist in a session maintains the contact with the client in the actual time. And what the client picks up as a figure depends on what position the therapistchooses.

We call this therapeutic tactics "the fan-like cluster of dynamic gestalts" principle. The session consists of scores of little events each co-created by the therapist and client like a separate part of a fan: a wooden fan seems one figure from afar, or in motion, but looking at it closely you see scores of parts each of its own shape, contour, compactness, and even its own tracery fragment.

So, the therapeutic work here resembles the shuttle three-stroke movement. *The first phase:* the therapist and the client meet in the "now" of the session and agree to plunge into the past for a while together. The client relies in his search upon a specific bodily impulse felt in the present moment but additional to the actual present situation and brought about by the body as a trace of a psychophysiological complex from an old traumatic event. *The second phase* is unfolding this impulse in a certain conventional space and time created by the therapist and the client together: "What could have been the meaning of this micro-movement in that context? What could have started with such a movement? What could you have intended then to do but failed?" *The third phase* is coming back to the present to restore the "here and now" contact and integrate the experience. Then the cycle repeats 20-30 times during the session.

The therapist and the client dwell, in such work, both in the pre-

sent and in the past. In the present they maintain actual contact with each other, including the therapist asking rather fantastic questions like (discussing a scene of violence):

— Suppose you had then been thinking with your body and your body had been strong and agile like that of a monkey…

The client might carry on saying:

— Yes, then there is the urge to hop up and run away from the situation… I can imagine this now… but there it was not possible.

Therapist: No, it was surely not. It's only now that we can *finally* allow this urge to find its shape in imagination.

Client: True… I feel as if being relieved of some tension that has been with me for years…

After this, the therapist and the client go back to the first phase of the three-stroke shuttle. They see each other at the current moment. This new meeting will define the next micro-episode of this work. Will the client go on to assimilate his subjective meaning of that situation or will he prefer to venture another "plunging" into the old experience?

The crucial point here is that we notice scores of small unfinished actions in the traumatic episode each requiring a special form and specific support from the environment in order to get its shape and be completed. The therapist is there to create the necessary conditions by the means of such unique interaction.

The therapist's tactics, aimed at restoring the interrupted processes, gives the client active messages of the willing ability of the environment (here in the person of the therapist) to support his urges, impulses, all his forms of creative adjustment as his unique form of natural human activity. Note that the isolation and silence had also been a form of creative adjustment but of another kind. It was the client's adaptation to the inapt environment in order to remain loyal to the people around, though by the price of disloyalty to himself, to his own spontaneity and personal oneness. Working like this, we pay attention to four spans of time each with its own interrupted activity. In the situation of trauma the environment utterly rejects the person's need in support of his natural feelings urging him to act in a state of extreme perplexity, which is his central feeling in that experience. It is this very necessity to act out of the state of utter perplexity that becomes the precondition for commencing and quitting a whole variety of actions without properly living through the quickly changing sensations.

The first span of time is the minutes immediately before the traumatic episode. It is the last period of time when the client behaved in

an unconstrained way, was following his own intentions and reacted naturally for him to what was going on in the environment.

Very often it is only post factum that the person can notice that the situation had already started to change in an uncontrolled and unpredicted direction while he was ignoring those changes trying to react in his habitual way. It is a usual thing when the environment quits giving enough support that a person tries to manage the situation taking his cue from too scarce information and pretending not to notice the changes.

The second stage is the very event of the destructive experience. Its start is marked by literal cancelling all the commenced actions and urges of the first stage. For the circumstances are inexorable and there is no time for consideration.

In the frames of this second span we can often discern several separate episodes including the moment of the significant emotional regress, the sudden expression of infantile affects and other phenomena usually mentioned. One of such events is the loss of ability to be aware of one's own feelings lapsing into either an altered state of mind (e.g.: "I was looking at what was going on as if from outside") or into the primitive affects of fury, rage, terror or bewilderment ("Being beside myself with fury I attacked them but was fight back").

The third span within the traumatic episode is coming to oneself with its experience of the bitter feelings of loss, pain and anger. Here physical pain and emotional strain become the figure thus cancelling the topics commenced at the second stage.

Of special interest for us is the fact that at this very moment there starts the first attempt to assimilate what happened, the first step towards rehabilitation. But this inner work is very likely to be interrupted too, for the situation is approaching its *fourth stage:* finding oneself among people. It is in this span of time that either the process of assimilation will be supported by the environment or blocked and rejected—for the environment will be too active in drawing the person into new important relationships. Out of the feelings of shame or guilt, in his attempts to be loyal to his beloved ones or to the people important for him, the person can abandon his burning experience. The worst meeting the environment can arrange for the one in need to assimilate what happened is the "support" like: "Don't worry, it's over!", "Calm down", "Ah, it's your fault, you know, but forget!", "Switch over, relax!"

A tale for illustration: *Stage one:* a merchant has been to a town fair and is passing through a dangerous forest with quite an amount of money. He sees people on the road and hopes those are just the same travellers as he. But they approach him, take out their guns and de-

mand his money. For a few seconds more he does not believe his eyes. *Stage two:* the robbers attack the merchant's guards, all is in a mess, the merchant falls on the ground, his purse is taken away by the robbers. *Stage three:* the merchant comes back to reality, feels resentment, bitterness, anger. "How terrible…", he thinks and… at that moment he sees a horse carriage carrying his acquaintances. *Stage four:* The gentle and noble acquaintances ask him: "How are you? Have you been robbed? But look, it's OK now, here are we, your friends! Please, come to our evening party!"

In the course of therapy the most attractive for the therapist is to join the client's experience already at the fourth stage: when "everything is over"! But following such tactics we repeat the same kind of behaviour of the client's environment that have already led to the isolation of the unfinished actions and impulses. To leave actual feelings isolated for the sake of meeting the other people's interests—is like leaving a splinter deep under the skin.

Why the phenomenon of isolation is so usual in the situation of trauma? Exactly because the people around strive to calm the person down at the moment when his actual need is quite different. Those people around are traumatized themselves by the extraordinary and unpleasant situation associated with the "victim" and find difficulty in giving him place and time for rehabilitation; and what he needs first is the rehabilitation of all his manifold inner movements, independently of how effective, constructive, rational these were. The people around want just to go on living their ordinary life, and when they see the mere result of the traumatic event they invite the "victim" into their common present, thus fixing the isolation of his own "extraordinary" experience.

The essence of the method giving structure to our work with trauma is such: The therapist takes a special stand which creates for the client some singular space so that their mutual activity makes up the deficiencies of the client's first meeting with his environment after the trauma.

Focusing on this singular space and time the therapist creates the conditions necessary to identify and unfold the multifarious dynamic constituents of the traumatic situation integral gestalt. Relying upon the subtle but noticeable bodily micro-movements the therapist supports the plural impulses of different levels that were temporarily blocked in the traumatic episode. We remember that the situation was rapidly changing for the person in the first, second and third spans of the traumatic situation. At each stage there were plenty of multidirectional impulses started and interrupted. Each new turn of

the unexpected situation made the person interrupt all the commenced processes and hastily orientate in the new reality to make some conscious or impulsive steps; and very soon give up these again, for the events once more went out of control. The traumatic episode is a great mixture of feelings, urges and actions—all hardly ever started and cut short. There are so different things as very positive impulses towards contact and annihilating aggression, fear and hope, and even simple human intentions that were interrupted and frozen in that huge tangle.

It is this conglomerate of heterogeneous impulses accompanied by the isolation process and split that lies under the blockage effect. The feelings are directed in so different directions that no generalized form proves adequate for expressing them. Any attempt to amplify one of them or to find the single MAIN feeling or impulse leads but to the acceleration of general tension making it unbearably painful.

To sum it all up. The great tension left after traumatic events is commonly associated with suffering and aggression seeking to come out. But it is erroneous to see in such episodes only the reactions defined by the sympathoadrenal system (to run away, to attack, to stand still—the reactions of the "flight or fight" kind). On the contrary, it is very much the positive impulses towards contact that get brutally cut short in traumatic events and constitute the main bulk of the unfinished actions. It is the power and intensity of positive contact impulses that result in the unbearable pain creating the blockage. To seek for one only urge to attack or to escape is no good support in this case being just an acceleration of the same mixture and great mess. The human side of the client, when the therapist reduces the situation to this, is lost instead of being seen and restored.

We insist on the acknowledgement, support and legalization of all impulses with respect to each of them, thus accepting the unique personal patterns of the client in the rapidly changing environment.

The therapist will have to deal with several dozens of micro-episodes and figures of "bringing the unfinished to completion". It resembles directing scores of musical clips. This method, based on the gestaltist idea of supporting contact processes, allows us to work through a traumatic situation on the whole without re-traumatization. The careful and most precise technique of giving support to each contact process resembles disentangling a skein of precious yarn enmeshed by a careless hand.

Finishing the work

In order to return to the dialogue position, after bringing to completion all the "unfinished actions", there are some important and useful steps to make.

The first useful thing to do, when the expressive part of the work is over, is to ask the client's opinion on what prevented him, in the relationships and behavioural patterns in the structure of the past situation, from doing then what he did in the session: for it seemed so natural for him in the course of the session. Of course, our idea is that it was the environment that prevented the spontaneous rehabilitation distracting the person from his actual feelings after the traumatic episode and making him isolate them; but there surely were some prerequisites in his personal history for such structure of relationships. Making this a new figure we start a long and most interesting dialogue about the client's actual relationships and feelings.

The second point of our interest is remembering the aims and values from the client's past interrupted by the trauma: "Maybe there used to be some important things or goals in your life before the traumatic event that you would still consider important?"

September 7, 2016

Chapter 1

WHO ARE THEY?

These strange and pleasing people

They are polite and pleasing. It is not a problem for them to establish primary contacts. They smile easily. You can often find them amongst participants of various psychological trainings, where they go into experimenting without much consideration and become clients in the "hot chair" at the very first mention of such opportunity, before they take enough time to orientate to the situation, and amongst people who are barely acquainted. They are ready to run psychological risks. They present their profoundest feelings and private information before strangers without any restraint.

However, the people around often consider them to be a little strange and apt to violating personal boundaries. Nor can they keep their own private boundaries, which might lead them to be far from easy-going in real life. They are referred to as unpredictable.

And indeed, these strange pleasant people often prove unpredictable to those around them. For example, they remain calm and respectful as long as everything is quite usual, and then suddenly, unexpectedly for themselves and with no contextual logic for the people around them, their emotional state is changed. They either fly into a temper or "fall out" of the situation. At such moments they might attack others with some irrational cruelty. However, in everyday life they seem to be well-balanced, rational, complacent and nice. Their polite smiles and amiable avoidance of conflict produces an impression of a strange lack of personal power and emotional sincerity. We tend to think they have difficulty in establishing the "medium-distance relationships" and they are often themselves aware of the fact that all of their relationships are "either too close or too distant". Yet unfortunately, admitting this in a therapeutic session, or in a conversation with a mindful friend, is very little help to such people in changing their style. Something prevents them from the "usual

for everybody" easy communication at the "medium" distance, and hence they feel somewhat strange and alien.

So, we have an incredibly polite person striving to be "like everybody", "very nice" and who knows how to manage decent relationships "at the medium range" over some period of time. His main difficulty with communication is in establishing profound close relationships. A psychologist will be quick to diagnose him as the one "fearing close relationships". When he is still brave enough to come a bit "closer" he feels and looks clumsy. To an outside observer he seems to place himself in a relationship in a stiff, unnatural way, which lacks openness and sincerity and is deprived of spontaneous and warm feelings.

At crucial moments, in situations containing emotional strain, such people, all of a sudden, slip into an overtly "childish" position. Their feelings and behavior suddenly become very childish: they resent, they fear, or they react with their body, developing somatization and "falling out of contact". Either they exhibit resentment and fear or they fall ill and close up.

Paradoxically, in very grave situations, when the danger is extremely high—such people are unexpectedly calm. The romantic poet once wrote, as if about them: "*He, poor, is ever seeking tempests / as though a tempest calms him down!*"

A common view of such people is that they are alienated, there is some mystery about them, they like to keep a distance, they don't let themselves be contacted easily, and they maintain relationships in a strange manner. There is an opinion that they are highly competitive and not able to express empathy. In a state of competition they seem heartless, unreasonably cruel and tend to fly into a sudden rage. Sometimes they behave as if they were unable to feel compassion. When somebody in their presence is anguished or in pain you might notice them to become very tense, as though they can identify and understand the other's feelings. Penetrating observers say there are certain personal and social traits that distinguish such people from all others. Thus they might be males ever seeking fatal risks in their professional activities; they go in for extreme sports or become members of a police task force. Females of this kind might, on the contrary, choose the role of a victim, marrying sadistic men and engaging in professions of very low social standing.

How they feel "inside"

And how does this feel from inside? Let us try to imagine the inner view, the feelings and mentality of such people. The most constant

feeling associated with such a person is, most likely, alienation. He goes through something he is unable to name: "I bear inside something which I myself don't know, something I don't have any access to". He is astonished himself at his sudden "furious" onsets or, in some cases, might consider them of value. He might think his coldness, his "frozenness", to be of some value, also. Such as an ability "to keep the cool head amidst a cruel battle". His "keeping a distance" and inability to fully comprehend others' feelings might feel quite normal to him as he is simply ignorant of other opportunities, though sometimes he might worry about his being "different", being "not like all the others". Thus others' feelings and behaviour become an object of cool analysis. It is noteworthy that at times this can provide a perfect motivation for undertaking psychological study. The feelings of being apart from others, a deep sadness, and a strong reflective streak can be noticed in his behaviour. He might be ready to help as he feels his own need for help. Such people often look sad; and their sad alienation from others may make them strive to be helpful.

The feeling of being apart and alien is something which fascinates such people and they describe this sensation by vivid metaphors, such as: "I'm an extraterrestrial" or "I was a foundling, a baby at an alien door". This acute feeling of being apart and abandoned can turn into a projection, transferred into the outer world. Such projection makes one feel: "I am forever being rejected". There are cases when these feelings of sadness and loneliness dominate over others: "I am not of their kin… They feel the joy of life and I'm not able to join them".

Sometimes such people consider themselves "freaks" for they feel there is something "crazy" about them. The latter may be their fits of anger, or habitual repression of something, or their excessive self-control. Their inability to fully share with their friends and to be understood disturbs them. They feel there is something inside which prevents them from moving towards closeness, moving towards one who is open for tenderness. And that is truly the case!

Sometimes such a patient notices deep rage inside. It comes to light during therapy, when in a relationship with the therapist there occurs an opportunity for real closeness. The addressee of his rage is not clear. Nor can he be sure about his need underlying this rage. Often he does not acknowledge the rage just refers to it as "irritability". He literally becomes desperate if asked: "Who are you angry with?"

A diagnostic difficulty arises here because sudden episodes of fury are also typical of patients with personality disorders. However,

in the case of the latter, the rage is not connected with any certain circumstance and arises simply as a habitual reaction.

What is the reason for such behaviour?

So, what are the reasons for such extravagant behaviour and can we be of help?

A probable reason for such symptoms may be that they are the consequence of a trauma. Something happened in the past which caused a person to organize his psyche in such a complicated way. In his relationships with his nearest and dearest this person found himself in traumatic situations and had to save his integrity under such conditions of great overstrain, rescuing his ego from the danger of annihilation that was inherent within the relationships that existed in the traumatic episode. And now it is this learned overcomplicated structure that supports his extravagant disturbance of contact process and form.

So, the therapeutic task in this case will be to restore the contact process: then the patient will realize that everything has got into places. In short, if we manage to work through the trauma and restore the natural flow of emotions, returning freedom, integrity and spontaneity to the contact process—it will be obvious for both the patient and those surrounding him.

So, what would be the therapeutic target? The therapist must remember, first of all, the known truism that in the situation of psychic trauma the soul tends to split into three separate parts. It was well described by the psychoanalysts of the early 20th century (Freud, Ferenzi and others). The three resulting zones become isolated from each other, like some islands amidst a person's psychic life. Each of them functions separately, refusing all attempts to reunite them. They are:

- "freezing" and isolation of the traumatic episode
- regression into defense (often into rage and fury)
- cold reason—the part of personality that once "decided to blot out feelings" in order to keep calm and has become insensitive in order to survive

All three zones will be our targets, yet the best starting point is restoring the mobility, freedom and liveliness in the "frozen area". It is futile to confront the temper tantrums (an infantile way of defense) or the coldness of feelings ("over-rationality"). For these peculiarities of behavior are simply forced adjustments. If we manage to restore

spontaneity then the excessive coldness and the strange temper tantrums will become mere memories themselves.

So what should a therapist do to help these people?

Of course, a blunt explanation of his situation to the client will be of no help at all. If you tell him that his behaviour is traumatic this will only hurt him. For undoubtedly there is a deep foundation for his strange behaviour.

Most of us have had an experience of giving advice to "strange people". One such precious piece of advice is to train oneself in "behaving like everybody". But the more such a person trains "useful communicative habits" and acquires artificial "ability for contact" the sadder he becomes. And subsequently feels his alienation even more greatly. It is as if there is an inner monologue in him saying: "You tell me I'm warm, you tell me about good contact with me, and I feel helpless as I cannot be myself with you and furious as I remain lonely; at the same time I desperately feel something very important slipping through my fingers".

Or else, when you inform such a person that he does not "maintain contacts" he hears only a painful mentioning of the fact he is incompetent, not "normal", simply "impaired" and "handicapped". Naturally he dislikes this and, being socially loyal, tries to improve it by behaving "like normal people".

In some cases he will choose to achieve greater success by accelerating his aggressive activities: "More anger—and you will win!", or "Forget yourself, you're just a function!" There exists a special effect of using the trauma energy. Such a person seems to have a perpetual mobile inside. Yet, all is in vain for his inner state. To help such a person you must help him understand the mechanics of his psychic life, and make an attempt to clarify the inner movements.

These are the people who have gone through a serious traumatizing experience that was ruinous for their integrity. They may be very successful in life. An obedient child pleases the adults around who regard him highly for his seriousness and understanding. Only a very attentive observer will notice that as years pass this young hero loses his energy and his character acquires a tinge of some tragic sadness.

We cannot rely on the further strengthening of the "rational" part role: it is gravely overloaded already! Most likely, the traumatized person will feel better if his "frozen" part is restored, but how to do that? For as soon as you address it he feels more frozen! I assume there is some secret mechanism in the emotional sphere exactly

where the energy is focused around the "regressive defense". It appears to be useless and addressed nowhere—yet it has a function to block something. This secret mechanism is described further below. Now we shall only mention that merely acting out the rage through bodily movements brings a very transitory relief. We must undoubtedly do something much more profound.

And one more note. In a situation of incredible strain it is useful to apply the strategy of "split" (partial regression combined with the "sensitive part of the soul" being blocked out). It rescues the person from excessive overstrain which might have led to emotional confusion and disorientation.

Chapter 2

INFORMATIONAL BASIS FOR A THERAPIST

Types of trauma

Traditionally, traumatic situations are grouped as follows:

1) Extraordinary (shock) events, drastically upsetting the usual course of life.

2) Frustrations that arise from the environment blocking a strong drive.

3) The loss of balance as a result of an interrupted desire and rejection of support.

The three are sometimes interwoven.

This essay deals with both the shock trauma (physical injuries in accidents, including pedestrian and vehicle accidents) and the frustration type (the narcissistic traumas).

Which spheres of life are touched by trauma?
Which situations may entail trauma?

Not every complicated and difficult situation becomes a traumatic one. A very tense situation, extraordinary in the intensity of feelings, might be just a test for one person. When it is over, one might witness that processes have been passed through without interruptions, the personality has preserved its integrity, and the situation has been fully assimilated. There was a place for many strong feelings and strain and the resulting situation is quite completed in form and energy.

And yet there are other cases, when something happened that was not very important socially, that results in a trauma (PTSD). A therapist should have clear ideas about how such things work, at each step of a difficult situation. This knowledge can bring better discernment in identifying potential points of tension when reconstructing a traumatic situation.

To a great extent, the consequences depend not on what exactly

happened but rather on the background of the traumatic event. And on what surrounded the person after the traumatic episode. When the people around have provided the person with enough support, even a very complicated extraordinary event will not become a trauma but is assimilated as mere experience. What leads to trouble in processing the unpleasant experience is lack of adequate support from the environment.

The three communicative spheres

To begin with let us remember there are three principal spheres where a person unfolds any communication: the physical world; the realm of relationships and emotions; and the realm of social connections.

These three types of values, that guide a person's life, lie close to them. All values are defined by the subjective needs. They relate to orientation in semiotic systems and cultural codes (signs of belonging to certain cultural groups). In other words, these values are a means to orientate oneself in the social world.

Table "Three zones of orientation":

Physical world	"I" as a three-dimensional object in the physical space and time. My body.	Trust crisis and derangement of balance in the relationship with the physical world
The realm of relationships and emotions: trust, love, affections etc.	My feelings, emotions and behaviour	Derangement of trust to one's closest and dearest, the narcissistic trauma
The realm of social connections: "Social agreement", relationships in a group of people.	My social roles and my behaviour in the social sphere. My functions. The world of people and their mutual responsibilities. I as a human being.	Derangement of trust for the rules of the human world and of loyalty to standard role activities and functions

The first and most obvious zone these values belong to is the physical world. The simple world of things we are used to, and ourselves belong to. All physical forces that affect all things also affect us, e.g.

gravitation, Newton laws etc. Somewhere here (or in a neighboring zone) we can find some behavioristic laws reducing human behaviour to the simple dyad "impulse-reaction". Such is human behaviour according to behavioristic ideas; in the 1950s it seemed so simple: a human being, striving for well-being and comfort, remembers successful steps and rejects and avoids what has once caused him trouble.

What has a traumatizing effect?

From a psychotherapist's point of view, any situation where the person had lost his freedom of action might become traumatizing. This definition is somewhat wider than that in the medical approach. The latter considers situations pregnant with vital danger to be potentially traumatizing. Yet, in the prospect of psychological life, the PTSD may be triggered by purely "psychic" events lying entirely in the mental-emotional realm or in the sphere of relationships. Such might become, for instance, a situation of cognitive dissonance.

Generally speaking, any situation causing a collapse of boundaries bears a traumatizing potential, be it the psychic or physical boundaries. As the aftermath of such situation, the person finds the whole system of his/her communication drastically changed. Each "here-and-now" moment after it will be structured taking the trauma unconsciously into consideration.

Types and forms of traumatic situations

Types of traumatic situations pregnant with possible PTSD (in an overt or abbreviated form) may be either obvious, "objective" or seem purely intrapsychic, or "individual". In practice, we distinguish methodically, by the type of traumatic process, three large groups:

- the physical traumas (situations involving the body and the world of physical life)
- the narcissistic traumas (dealing with the zone of interpersonal relationships and giving shape to the person's ego)
- the social traumas, involving the system of social relationships

Contentually, it may be episodes of social or physical violence, periods of a drastic change in the way of living, situations of natural calamities, political changes, disasters etc.

The most general principle in the Gestalt view on all traumatic situations is that they are situations of "violating borders" and exactly that kind of violating where no compensation followed after

the foreign intrusion was over.

More common for medical practice and the easiest for understanding are situations of some *physical events in the outer world* where a person was *vitally challenged*. Such are fires, natural calamities, accidents on the roads, acts of terror etc. The "integrity of physical borders" is violated; as a consequence there might appear: sudden panic reactions, depressive symptoms, the phenomenon of suppresses rage and the feeling of helplessness.

Situations of the so called *narcissistic trauma* are much more complicated. This lies in the realm of self-identity: "No longer can I trust this world and be free in it as I am. I'm not wanted in this world!" Such situations challenge the inner integrity of a person, the very existence of a person in this world, though not in the physical but rather in the symbolic, psychic, spiritual aspect. The safety is shattered in the sphere of self-identity. More often this kind of trauma happens at the age of 3 to 7 years and its content can be described as a generalised message from a very dear person or the environment on the whole such as: "You don't exist as self-identity, we need only your functions". If it comes at the age when a child is in the process of shaping out a social idea of himself (and a child understands himself through the other, being mirrored by the other in a dialogue) this message imprints itself in his soul in the form of "If I am not seen—I do not exist". This kind of trauma is described for gifted children in literature as "I love you for your talents!" As a consequence of such trauma (usually, it is not one single episode but a chronic psycho-traumatic situation) the person might grow up apt to depressive states, shuns close relationships, and is disposed to co-dependency. His usual complaint might be: "the world is too cold, it doesn't provide something very important which I need", his usual feeling will be that of bitter resentment addressed nowhere, permanent irritation and hard-heartedness, he might be unable to meet either his own or the other's feelings, might lack compassion, sometimes to the extent of cruelty.

The third kind of traumas often occurring in clinical practice is the traumas of relationships. It may also be called "the trauma of a gap". In the systematic approach it looks like frustration of a subject's expectations about the integrity and consistency of his social relationships.

With some poetic license we can compare all the three kinds of traumatic situations and find some common patterns in them, at the systemic level. All three have within their core the shattering of trust — the person's trust for some system or another. It is as if there were

three different systems and three different kinds of trust. In real situations we often see combinations of different kinds of trust shattered, which does not prevent each of them from going according to its own inner logic.

In the first kind of situations it is the physical integrity of body and/or the integrity of physical world around which is problematized (the disturbance of the trust for physical world in a situation of physical calamity involving a vital danger).

The second case has the dynamic quality of the activity cycle challenged (the person finds himself in the situation shattering his/her trust to spontaneous activity and to his/her own interactional freedom)—in the situations where the person proved unable to stop violation of his boundaries, had to block his anger or the anger proved not effective.

The third case puts the integrity of the social picture in question, the world that functions as a system of role relationships and links within a social group. The disturbance is caused by episodes where, instead of an expected or supposed reaction, there happened kind of a "hole", absence of any reaction or the reactions came from an alien system. Focusing on this we can imagine the depth of loneliness and horror, or at least the profound perplexity and "loss of trust in social relationships" that one experiences in a situation when the system "fails to act according to the rules implicitly natural for it" in his/her mind. Sometimes it takes the form of "disturbance in receiving help": "I never rely on any system of relations", "I don't feel free in maintaining interpersonal relationships", "I have no rights in this world", or "I'm an illegal child, a foundling".

An example of the latter might be a situation including an implicit third person, an inner witness. Thus a girl does not defend herself in the face of another girl's direct aggression because she "should not cause any pain, and if I fight her back she will feel pain". This can be reduced to the introject: "don't cause pain", most probably it has to do with the value of "guarding the physical inviolability" and there was an implicit strong expectation, which wasn't proven, that the other will maintain this value in communicative acts.

Very often we come across a combination of such "social trauma" with the trauma in the physical world, when the other people participate in the episode, directly or indirectly. Thus a physical violence might have occurred in presence of a third person and the victim might have expected help from them.

Some widely reputed pedagogical systems can create the prerequisites for a trauma; such is, for instance, upbringing children ac-

cording to Doctor Spoke's system. These cases may be considered part of a more general class of situations where trauma belongs to the general communicative patterns.

The consequence of such traumas are manifold. The person fears announcing his needs or, on the contrary, his demands are of a somewhat obtrusively infantile or aggressive manner. He feels rejected, alien, "a stranger in this world". He needs constant support from the others who must tell him again and again that he does exist. He is unable to establish relationships on his own initiative.

What helps in such cases is to restore the integral picture of social objects at the moment of trauma, and the vectors of social communication.

The trauma of relationships has much in common with the narcissistic trauma and sometimes they are united into one single class. Their similarity lies in the fact that it is other people's activity (or, more commonly, non-activity) that has had the traumatic effect. The person's fury and activity proved powerless to change the composition of the situation in respect of his freedom to act. There is a need to introduce a third person able to change the other's behaviour. Such third figure might be an "ideal object", not necessarily a real person.

An example of a trauma around breaking a ritual

The mother used to follow the ritual of kissing her son before his going to sleep every night. She started doing so when she had just divorced his father transferring to the child the tenderness previously addressed to her husband. One unfortunate evening, when the boy was four-and-a-half and the mother was entering a new relationship with his future stepfather, she suddenly decided (at the advice of a friend) that her tenderness towards her son might appear sexual. So she announced to him that from then on there would be no further kissing goodnight. This left him in utter perplexity. I won't go deep here into the topic of the importance of social rituals and predictability of life for a child. The boy grew up and, after many years, spoke of that episode bitterly as a highly upsetting sign of "his own spoiled nature".

The acute disappointment experienced by a four-year-old in that episode became a basic metaphor for his whole life. The draft of the relationships created by the unfortunate episode proved amazingly similar by association to plenty of his life situations! Fearing rejection, the client often became importunate; at the same time he was always very awkward and lost any orientation when trying to un-

derstand the other's motives and goals.

The trauma of a sudden change of the outer world

For a preschool child, the stability of the environment as a supporting continuum is absolutely necessary. When it changes it causes frustration, exhausts a child's psychic strength for adaptation and might be a foundation for a psychological trauma. Such as, for instance, parting with parents when being taken to hospital, being passed to a new caregiver etc. In fact, any essential change in the environment is a stressor for a child and might trigger a trauma.

Please note, we distinguish between the frustrating events that cause stress, and the event of trauma as the episode triggering the PTSD. Thus, chronic frustration becomes the ground for some rigid character-forming patterns which might seriously influence a person's disposition, molding deep pathological traits, and yet might not become the ground for the phenomenon of trauma proper. (On character pathology, its typology, grounds and therapy—see psychoanalytical literature and especially S. Johnson "The Psychotherapy of Character"). Not any episode of hospitalization necessarily becomes the ground for a trauma—that is why we should pay special attention to a scrupulous examination of every detail in such situations.

An example from the author's experience: A girl of four had to be taken to hospital. Her relatives remember her crying desperately and asking her mother: "Don't give me away please!" The mother deceived the girl, telling her she would not leave her for long but return in a minute—and went away. The grave stress became the grounds for PTSD for the girl. When, at the age of twenty-five, this girl revived the sad episode during her therapy, her feelings were just too vivid and fresh.

In the therapeutic discussion of the situation, the idea of the conflict of interest between the little girl ("wishing to be with mummy") and the mother ("the need to leave the child in hospital") was significant. And, compositionally, it was not the very fact of leaving the girl in hospital that gave the traumatic effect: this was a strong stress which then gave way to adaptation. What had the traumatizing effect was the grave communicational frustration.

This is a very important point. It might seem strange for the horse sense, but the long-term tension was caused exactly by this type of communication. The mother evaded a very unpleasant episode where it was her responsibility to face the truth and say to her daughter: "You stay here for some time, this is necessary, and I will

love you though being at a distance". Something like this would have created the ground for the girl's understanding the situation as safe though sad. Of course, the girl would still have clung to her mom shouting "Don't leave me!" and the mother would have had to find strength to face the child's strong feelings and answer her with a sure message of constancy of her love. Instead, she herself lacked stability and support, and evaded the straight meeting with their conflicting energies, creating the episode of "betrayal" in the composition of her relationship with the girl. The traumatic effect was caused by this very "feeling of being betrayed and the shattered picture of the world" rather than by the sufferings of hospital life. The compositional fault of the mother in the composition was blatant: she told the girl "go and fetch me a toy"—and when the girl returned with the toy there was no mother waiting. What happened here? The little girl, on her mother's request (command), parts with the mother in the physical world, implying her self-regulation in order to be loyal to the system of their relationships—and the mother proves unfaithful.

Chapter 3

WHAT IS "TRAUMA"

What is trauma and how to work with it in the Gestalt-therapy approach

It's a common question: How do you define trauma? In our therapeutic practice, we speak of it as of a certain phenomenon that a consultant can observe in a client in the situation of meeting. It is felt as a specific emotional experience, going along with a specific way to arrange one's living, which takes place when time has passed after some frustrating events that had once caused serious stress. And this stress has been and remains influential after a significantly long period of time.

We don't speak of the PTSD phenomenon when a person has gone through extreme stress and then can discuss this experience with vigorous feelings, clearly felt emotions and overt protestation. This, most probably, will be the case of an "unfinished action". And when a therapist has to work with a "trauma" we usually have in mind tackling the difficulties connected with the PTSD—that is with a delayed (frozen) reaction to an old traumatic situation.

Generally speaking, a traumatic situation creates a specific form of contact so that the person experiences destruction of both his freedom and the meaning of his existence, facing some profound helplessness. The continuity of his emotional life is interrupted. It is an event at the contact-boundary leading to a permanent disruption of integrity, and this integrity disruption is continually transferred by the person into "here and now".

Our work with the PTSD aims at returning to the client his freedom in treating reality, restoring his freedom of action in the world and his awareness.

The difference between an "unfinished situation" and the PTSD

The difference is simple, clear and obvious. An unfinished situation

is a very normal thing. The person is full of anger, speaks freely and in a highly emotional way about an unpleasant situation. He clearly sees the obstacles preventing him from his goal. He is stopped by something in his body. When you help him restore the full composition of the interrupted situation in his imagination he develop it further easily, finding ways to complete the action or the relationships in a desirable for him direction. It is simply an "unfinished action". What does it mean? Activity was merely stopped; the very freedom of activity in the world has not been interrupted.

An attentive reader can already see the difference between this case and the cases of the PTSD, i.e. of the consequences of the "trauma interrupting the continuity of activity in the world". In the latter case the person sounds calm and reserved, yet as soon as he revives the situation of trauma in his imagination he is unable to find any way to complete it, and is immersed in the old feelings of embarrassment, bewilderment, helplessness.

Of course, there is a great deal of place for "unfinished actions" in the situation of trauma. And not only actions, but there might be also some ruined plans, frustrated hopes, lots of processes cut short! But it cannot be helped by mere revival of the situation, you cannot "just finish" the unfinished. In a traumatizing situation there are usually several unfinished processes interwoven in a most intricate way.

A therapist often literally has to disentangle the traumatic situation like a real brain-twister before all the pieces of the puzzle get into place. And all the more so if a character pathology has also developed as a result of the "basic fault".

In his book M. Balint discusses in detail the phenomenology of very early, pre-verbal disturbances in the communication structure caused by actual stressors or by environmental deficiencies in infancy, and only in the adult age taking an overt form. People suffering from such basic problems may be liable to temper tantrums within close relationships. There is a notable peculiarity in emotional dynamics of people with a "basic fault". Note that in their case there were no episodes of violence, but rather a chronic deficiency in their sensitive early years. In such cases of "unfinished relationships with the transitional object" the fury is projected exactly onto the figure for whom there is an expectation of love and tenderness with unconditional acceptance and ever-presence. This picture is different from that of the "strange" fury of our poor traumatized client: they don't have any expectations about the objects of their sudden fury. Or, the intensity of their reactions is, in their eyes, irrelevant to the level of

such expectations. Their fury is not addressed anywhere, they don't have words for it, nor any idea about its source.

On the correlation of the "unfinished action" and "trauma"

In order to illustrate the difference between these two important states we invite the reader to jump straight into the practice of psychotherapy. For it is there that the difference is felt sharply. After you have worked through the contact in the traumatic episode you must, first of all, work with the client's ability to accept his own feelings in general; and only when you restore acceptance of all his feelings in all possible episodes, then the contact is restored in the system of relationships with all significant figures in the traumatic episode. The situation remains emotionally charged and passes to the class of "unfinished actions".

And the difference is great. In an unfinished action the client needs only an occasion for completing the action. There is an interruption of contact by retroflection but there is no "freezing effect". And in the case of trauma, when reviving the unfortunate episode, the person remains frozen and unable to complete the situation. It cannot be helped by direct work with the blocked affect.

For the psychotherapeutic strategy, it is important to be conscious of using appropriate tactics working with the unfinished action, on the one hand, and the consequences of the psychological trauma, on the other. In the first case (the unfinished action) the therapist will focus on the figure and help the client complete the situation. But in the case of the old psychological trauma, he must first turn all his efforts to the "background". It means he will multiply the topics and events in the background of the traumatic situation, broadening the contexts (Gestalt-therapists call this tactics "working with the pre-contact"), which will bring about new topics and unfinished processes important for the client. Only after that it will become possible to really complete each unfinished process.

The traumatic episode (stress) and strong feelings

Our social norms and rules of behaviour make us feel shy when we express strong feelings, and especially, strong emotions of the "negative" kind. Sometimes people even think that experiencing strong feelings of grief, desperation, fury, fear, horror etc. is something equal to "being psychotic". That is why in our psychotherapeutic work we often discover that in the "frozen" episode, eventually giving rise to a phobia, there remained unexpressed (or unexpressed with their true vigour) strong feelings of fear, disorientation, despair

and anguish. For many long years they have been preserved in the form of rigid bodily patterns and are easily discovered through body-oriented techniques. The therapist pays attention to muscular tensions and in a therapeutic session we seek ways to urge the client to express these feelings in movement and vocal sounds (bodily acting out).

List of topics potentially coming out in the process of restoring the activity freedom and of energy rise in the stressing situation

- Looking for help and protection
- The instinct of self-preservation and defence
- Taking power over the situation (I can do it myself, I'm agile enough)
- Spontaneous expression of feelings in the situation
- Admitting the fact the feeling of helplessness and bewilderment was legal and natural in the discussed situation
- Completion of the interrupted physical action
- Broadening the context and scope of attention (turning to friends for help, asking for understanding, warning others of the danger)
- Expressing the strong feeling caused by novelty (the novelty reflex)
- Respect for the need to restore the feeling of the "truth" in the discussed situation (the feeling of justice)

Trauma. Violence. Stress

The three often go together. Yet, they do not influence personality and its future development in the same way. In practice we usually have to work with two or all three of them.

The violence that a person once had to adapt to often leads to consequences that provide the ground for personality changes; we can even speak here of a kind of creative adjustment. In psychoanalytical practice, it is first and foremost the situations of chronic frustration and violence that are considered the main condition for developing character pathologies.

Specialist literature provides lists of traumatic situations ar-

ranged in ranks according to their gravity. Some of them have already been mentioned here. Common examples also include divorce, losing a job or simply changing it, Internet failures, assaultive acts in the street, forced resettlement, loss of relatives and friends, sexual violence, change in the social status and many others.

We shall dwell in detail on different situations combining trauma and violence further, but before that let us look at some examples of typical situations that may become the ground for a trauma. Here are some sketches from typical childhood stories:

- The figures of an episode revived by a thirty-five-year-old woman are the acute feelings of being cut off and isolation. She was four and her mother was leaving her at the granny's—the mother's departure was aggravated by the girl's illness and aroused great emotional tension: "Mummy, just don't leave! And then in the morning I wake up and—there is nobody at my side. What were my feelings? No feelings! Just there was nobody at my side. And up to now I feel the same hopelessness and despair, even now, from time to time".

- Here is another story told by a grownup man: "At the age of three and a half I was, for the first time in my life, sent to a kindergarten. On my very first day there I was seriously punished for fighting back at some girl. I felt it was unjust of them but they wouldn't listen to me. Next day I begged mother to let me stay at home or at least take me with her to her office: I promised to sit there quietly under the table and not bother her! I suppose my greatest horror was about going to the same place as yesterday. Mother had no time to listen to my reasons. She just overpowered me and literally dragged me to the kindergarten. I became lifeless, even now I remember this queer feeling of getting paralyzed and sinking into utter submission… Now I think that if she only had found a minute to talk to me then the whole situation would have felt different".

What unites these two stories? They contain no physical violence, no overt aggression. Yet there is an obvious overstress and trauma in both. It is not physical pain that is crucial but something much more basic and much more elusive at the same time. In both situations the person lost her/his freedom contacting the world, lost his game in communication, was rendered impersonal, and became just an object. In the composition of communication with the strong Other (s)he proved unable to keep her/his stand (the ego) or, simply, unable to maintain active position.

Recollectionss like these give enough material for performing the necessary restoration. The psychological work should take place in the realm of imagination so that the picture from the past developed into a new rehabilitating composition capable of restoring the continuity and spontaneity of feelings.

Violence

Personality is influenced by stressors, which may be one-shot or chronic. The violence producing the stress may be physical, emotional or systemic. The most difficult for the psychotherapeutic work, in my opinion, are the traumatic situations combining factors of emotional and systemic violence. Strange as it is, but for psychological rehabilitation, it is not the very episode of violence which is crucial but rather what preceded it and how the social environment behaved after it.

When the people around were not able to, or did not want to create a rehabilitating composition of relationships then the stressing experience is being "fixed" and gives rise to a separate structure of psychic activity within the human soul. So, in respect of the possibility of an overstress long-term consequences, the episodes of communication after the moment of violence are most dangerous. For instance, the "pure" physical violence is far simpler for the people around to understand and the victim rehabilitates more easily than in the cases of compositionally complicated episodes of emotional pressure.

Situations of violence may result in two kinds of long-term consequences. Literature on character pathologies describe the personality changes due to the chronic situation of violence. Metaphorically, it can be said that a person has found his way to exist alongside of violence. And the price he paid for such an adjustment is rather distinctive: he has become "crooked in respect of behaviour", that is, he got adjusted to violence distorting and forming his values accordingly, and then, even after the threat of violence is no longer there, keeps sticking to his stale formulae. He has got so used to this crooked behaviour that it is too stressing for him to come back to a more natural behaviour (or to create a norm excessively novel for him). This strong habit has laid the foundation for a deep personality change (see Stephen M. Johnson "Character Styles").

A more detailed description of these phenomena can be found in literature devoted to the consequences of severe emergency situations, of participation in destructive cults, and in critiques of family relationships, as well as in literature on totalitarian mentality.

The other kind of the long-term reaction to violence is a temporary change in the psychic life when the consequences of the overstress give rise to an isolated psychic structure. A childhood event very often proves the ground for "groundless" chronic anxiety in an adult, or for susceptibility to depressions and asthenia. Yet no character pathology takes place. The organism seems to be "chronically ill" but still hoping for a cure.

In these two different kinds of reaction to trauma, the client needs different therapeutic tactics. In the situation of anxiety sustained by more-or-less isolated psychic structures, the psychotherapeutic help is usually offered in the framework of tackling the problem of depression, and the short-term therapy can sometimes suffice. In the case of character pathology, long-term therapy has a greater chance. Though it is somewhat contrary to what an outer witness might think: strong anxiety and nervousness appear to be much more grave symptoms.

Note also that we should not, in our practice, mix the one-shot violence cases with those of the chronically repeated violence. There are standard situations of chronic stressors one can become subject to when a child or already an adult. For adults such are imprisonment, enlisting in the army, active service, being held hostage etc.

And let us return once more, just for comparison, to the strong feelings of being deeply injured and the outbursts of rage in patients with the "basic fault": we shall remember that the emotional and behavioural picture is different here, as there was no violence in their childhood but rather the situation of emotional deficiency.

Notes for an observant therapist

Signs of concealed horror like: turning pale, sudden stillness, muscular rigidity, shallow breathing, dilated pupils, eyes fixed "on something invisible", a frozen smile, etc.—combined with the client's most conscientious report that "he is alright", might be markers for you that, perhaps, you have touched upon a trauma.

What is the difference between horror and fear? First of all, they differ in the person's ability to be in contact. Emotions (including fear) presuppose the ability to contact the reality that causes those emotions. We say we feel "horror at the sight of the oncoming avalanche" but we can hardly say "I feel horror contacting the avalanche".

In the situation of contact there are emotions, they manifest and there is place for them in the communication. When emotions are well-shaped we speak of fear, embarrassment, humiliation, anguish,

Chapter 4

THE TRAUMA AND THE SOCIETY

Aggression towards a traumatized one

A strange thing often happens in therapeutic groups and in the course of individual consulting. A traumatized person reports that there is something in his emotional sphere that seems important for him but he doesn't trust those present enough to share it; either he is afraid of being misunderstood, or shows indirect signs of being annoyed with what is going on in the group. It looks very much like demonstrative behaviour aimed at attracting attention but its nature is different.

Those present are often annoyed at this—and it is but simple systemic reaction, for a listener is naturally annoyed by a speaker who rejects him. What does an ordinary person do when being "rejected"? Either he takes offence or, sometimes, with an exaggerated passion tries to find an "approach" to the enigmatic and secretive soul of his interlocutor. Or else, quite naturally, one might indignantly reject the strange claims of his companion for some special, fanciful position in communication.

And just out of this natural annoyance there comes a really murderous remark (which I have once heard even from a practicing therapist): "I feel hurt by your keeping at a distance, I want you to let me into your inner life". This sentence's structure repeats the situation of intrusion thus becoming an additional stressor itself.

It raises really difficult questions: what is an appropriate response to a person telling you he has some important secret which he is not going to open to you? How do you exist alongside someone positioning himself alien to you? How do you dwell near to the one who knows for sure there is a delayed-action explosive in his soul?

Reproducing trauma in the society

Trauma and everyday logic

A typical example that I happened to witness around a year ago

seems a good illustration of the cultural norm in contemporary Russia regarding the supporting behavior towards victims of traumatic events. A driver was involved in an accident he was not to blame for, and where people got injured. He returned to the recreation center he worked at with a bandage on his head stained with blood and was, of course, noticed by everyone there. Nobody talked to him about what had happened, nobody showed interest in the details; estranged from everybody's weekend merry-making he kept strolling from one place to another and people barely acquainted to him offered him some vodka "to calm down". Finally, he took a spade and got down to digging a trench left by workers—which was met with enthusiasm by the people around: "That's what he needs! Let him deflect his attention away, that's good, don't talk to him!" The idea is: "If he speaks he will be all the more upset".

In the meantime, such signs of retroflection (for a Gestalt-therapist) as physical pain and other bodily reactions (complaints like "my spine is aching", "vague apprehensions", "permanent disquiet", "heavy headache") will seem to the people around just the natural aftermath of the unpleasant accident. More than that, it is exactly the physical suffering after a frustrating situation that is appreciated in this culture as a sign of not being indifferent to what happened ("who suffers feels deeply"). Each cultural tradition has its own regulations about what to do with one's feelings—and here, from the psychoanalytical point of view, we see something absolutely lacking sense from the. Our culture offers very primitive ways to get rid of tension—either physical (crying, hard work) or distraction (alcohol and sleep); and it strongly objects to the means of using verbal discussion ("don't speak to him about what happened, let him forget, it's too heavy to talk about!")—that is, our cultural tradition can offer no more than the pre-narrative, infantile way of adaptation to stress.

Sharing feelings through telling one's story ("tell us, share, you'll feel better!"), which a scholar might call a narrative approach, is not welcomed in our culture. An explanation to it is found in the national history. After both the Second World War and subsequent political repressions in this country (when hardly any family went without fatal losses), there were whole generations deeply traumatized and suffering from PTSD. This emotional atmosphere was an excellent ground for sublimation: in order to see your life as one single heroic deed you need archaic mechanisms of social adaptation. "You must love labour. If you work you are normal, if you complain you are a wimp".

Because of the habitual alexithymia, no refined feelings could be appreciated and attempts to share emotions were easily equated to infantile manipulations and were received unfavorably. At a lower level this was reproduced in the communication of parents and children, too. The latter were addressed in a more "serious" vein, overlooking the feelings which provided the preconditions for narcissistic traumas for the feeling of alienation. Step by step the whole system lost its ability to put feelings into words. The usual family communication became poorer than even the already late traditional rural culture. Thus, the rural traditional culture did not expect a great deal of speaking about feelings, but it used rituals for living through stressing situations. This culture, with the clear division of life into the practical activity on the one hand, and the ritual helping to go through changes on the other hand, could well make up for the absence of "heart-to-heart talking". But in the contemporary urban culture, the absence of narrative tradition in dealing with stressors leads to disaster.

Another difficulty belongs, to our great surprise, to the realm of psy-consultants' mythology: "A person who was frustrated needs support!"—this is well-known. This seems such an obvious thing that nobody cares to clarify what kind of support we should provide to a frustrated person. In most cases a psychologist is ready to offer empathy—which requires psychological regression from the client! However, very rarely consultants prove able to support the clients with the forms of contact more useful for them. It is much easier for a consultant to offer his empathy sharing his own view and compassion than to offer his full presence in a heavy dialogue and to support the client in expressing his pain, aggression, protest and bewilderment, helping him to clarify the contradictions in the content of the ethically complicated episode. The traditional view on psychological practice mechanistically offers the opposite: "feel as you like and don't think".

Another thing that leads to habitual disregard for talking about emotionally meaningful events is family traditions. This often looks very rational. "*You have everything you need, clad and shod, why on earth are you not satisfied?*"—say anxious parents to their child. Any emotionally charged narrative is suspected of *embittering* the feelings pregnant with troubles. According to such family mythology, all unpleasant feelings lead to the loss of efficacy. A weird fragment of the old rural tradition amidst the realm of postmodern culture. As a result, one is left desperately alone in the face of his own feelings and makes his best to escape them.

This habitual everyday logic penetrates even the therapeutic sessions. Here is a standard thing to hear at a consultation:

Client: I feel scared to talk about that.

Consultant: Would you like to get rid of your fear and feel better without it?

We can see that the consultant's logic here is based on the old good horse sense telling us that "*to feel better at any price*" is good and valuable. In order to anaesthetize the client he is ready to mix "feeling better" and the story about the traumatic situation. His horse sense says: "Comfort is our aim", "Don't worry, be happy". And this is exactly what leads the traumatised client to the most destructive consequences, in the long run.

Do serious events always result in PTSD?

Of course not. Sometimes a person can live through an enormous overstress, participate in most terrible developments, and happily complete his full emotional cycle or contact those terrible things within the frames of the traumatic episode. And at the same time, some occurrence, trifling from the other people's point of view, may sometimes prove to be out of scope of one's tolerance. It is also true that quite often such psychological traumas have some other more physical one that had taken place at an earlier period. One trauma can often be superimposed upon the other. Extremely intricate combinations of traumatizing events might occur, hiding the primary trauma deep under the later stratifications. Therapists know that, in practice, there are cases when the whole composition becomes clear only at the point when the entire therapy is over, or afterwards, whereas the immediate work simply follows step by step through every separate episode.

The traumas of an early age

Infancy is rich in traumas. Emotionally an infant's world is very fragile. Coming to life physically is very traumatic itself. The experience of an infant in the process of being born is called the "birth trauma". Some therapeutic schools pay special attention to it. Thus the idea of the "birth trauma" programming effect provides the entire strategy of therapeutic work according to Stanislaw Groff. However, such "total traumatism" is not approved practically. Assuming that the "birth trauma" totally influences the entire life and the universal human situation prevents us from seeing individual traits and life style of a real person, leaving them alone with his pain. In fact, lots of

events during early age have definite educational effect with no distinct signs of causing personality changes.

The contact that is intrinsic in the relationships of the infant and the parental figures, the infant and the world, gives rise to various forms of excitement and emotional strain and, possibly, traumas. Learning how to handle this strain is the most important experience of infancy and early childhood.

A therapist should remember that the memory of traumas that took place before the age of four or five lives solely in the body. Usually there is no information about the contents of the traumatic events, or there might be some later reconstruction of events based on the reports of older relatives. Yet it is exactly the traumatic experience of this age that influences in a most universal manner the person's basic ways to arrange his experience.

A trauma that was not worked through creates the ground for the PTSD. If this took place in the early childhood it has great influence upon the person's emotional life. The experience of deep helplessness and bewilderment, the interruption of the continuity of the person's contact with the world, bring about the "conservation" effect: some isolated emotional structures typical of infancy stop developing and become preserved (conserved) in the psyche. Further on, in all situations of emotional strain such a person will probably "regress" into one of those earlier developmental stages.

Chapter 5

GENERAL THERAPEUTIC TACTICS

In discussing this vast topic we shall represent several illustrations from our practice pointing out issues normally encountered in the course of successful treatment of the trauma consequences. Our strategy is aimed at restoring the client's freedom in three spheres: in his attitude towards himself and his own body (self-identity, feelings); in the realm of his trust and ability to establish relationships in free interactions with the other people ("I deal with those equal to me, I influence their behaviour, and this is not at all similar to doing violence to them"); and the freedom in the sphere of physical reality of the objective world, or in the circumstances of aggressive behaviour of those who the client is not going to establish relationships with (gangsters, hooligans, maniacs, cases of road accidents or attacks by animals). Our aim is to restore the client's integrity at the psychic, physical and social levels.

This concerns the very episode of the traumatic situation where, as we suppose, the freedom of activity was lost. In respect of the whole PTSD complex the work is more complicated, as the essential traits in the behaviour of the one suffering from PTSD usually do not help but rather block the approach to the "main element" of the trauma.

Anxiety: differences between cases of trauma and of neurosis

The difference is in the freedom of behaviour. In the neurosis there is a conflict. The retroflection is obvious. Likewise, the excitement and agitation (partly in a somatic form) about some external event or an internal alternative position. There is always inner controversy involved with some relationships.

And in the situational anxiety supposedly related to a trauma consequence, the picture is different: there are moments of sudden hesitation, getting frozen, short spans of disarrangement (situational

disorientation). The emotional movements a therapist can discern in the client's body (including his facial expression) do not look like retroflection, but rather like deflection. What the therapist can notice in the form of the short anxiety episodes is the phenomenology of horror (horror rather than fear). And such sudden episodes of very intensive anxiety in those who have experienced a trauma in their past are so strong that their inner mechanics resemble micro-psychotic episodes.

Anxiety manifestations in those suffering from the trauma consequences, from the neurosis and from the personality disorders, are not the same.

The neurotic anxiety is the result of an inner conflict development, when the conflict is not being unfolded into the outer world, but develops in the form of the inner battle between the conflicting tendencies and drives of the "ego". In its clinical forms such neurotic conflict becomes somatic and then the anxiety is replaced by a physical symptom. A neurotic person resolves his anxiety either by externalizing the conflict projecting it onto the outer world, or by somatization.

In a PTSD patient, anxiety is a manifestation of the hidden functioning of an isolated psychic "entity" encapsulating the experience of the traumatic episode. Emotionally and metaphorically, it can be compared to a "submarine" striving to emerge to the surface and restore the contact with the world whereas the bosom of the sea holds it back, responding to its desperate attempts to reach the surface with turbulent whirlpools. A PTSD patient alleviates his anxiety by finding ways to suppress it and thus discharge, e.g. by taking part in extreme situations.

And, finally, in the case of personality disorder, anxiety is the tension resulting from the controversy between the way of adaptation habitual for the patient, the real situation and the indirect consequences of the old chronic stress. To resolve this kind of anxiety the person will augment the same behavioural strategies as he has already accepted and gotten used to. Hence, these cases undoubtedly require the most complicated therapeutic work—and we shall leave them out of the scope of this essay.

Typical traumatic phenomena:

Here I shall list some usual issues in the client's behaviour known from practice, most probably denoting that a traumatic episode is present:

The **dissociation phenomenon**. The client tells his story in such

a way "*as if this happened to somebody else*", with much philosophical speculation, rationality and serene understanding.

Irony. The client's story is full of smiles, hilarity, jokes. Solvita Vektere, in a private conversation, expressed the idea that perhaps, it is a way for the person going through an intensive stressor, to keep in contact with the traumatic event without damaging oneself. We should not mistake irony for active devaluing ridicule.

The **repetition phenomenon**. Strange repetitions happen in the life of a once traumatized person. Thus the phenomenon of "repetitive trauma" is well-known. If it was a sexual violence (a rape) very often a young girl attracts similar situations and is raped again. People say she "behaves in a provocative way" and blame her. This, in its turn, makes finding support more difficult, preventing her from establishing relationships that might help her rehabilitate.

Other instances have been mentioned above: such are choosing a profession involving high risks, or, talking about risky situations with strange alleviation and excessive pride. There is a touch of nearly epic enthusiasm to such stories. The speaker seems to indulge in a special pleasure when telling the stories of his exposing himself to grave and fatal perils. (Anticipating the further topics, let us mention that such conversations do not bring any cure to the trauma). "*The fright is bright and vivid as if it were now. I was struck dumb for several hours, didn't understand the questions people were asking me*".

Here is an illustration. A young woman lost her two-year-old daughter: the quick and agile girl managed to reach the kitchen stove, overthrew a panful of boiling soup over herself and died of scalding—all in full view of the mother who had no time to react.

The client speaks of her repetitive behaviour. She came to therapy because of her "fear of new pregnancy", alongside this, she had noticed a strange peculiarity in her recent behaviour. Once a month or so, she repeats a very strange thing: when crossing a busy street, she suddenly snatches her hand out of her husband's and darts across the street in the most dangerous spot. After this, indescribable release and appeasement come to her. She can find no hidden symbolic meaning or explanation for this strangeness. Nor can she interpret it as an unconscious suicidal wish, this didn't seem true.

The therapist focused all the attention around the very traumatic episode—and, after the feelings and relationships in it have been worked through, the compulsive behaviour stopped.

Trauma and regression

This change in the behaviour and emotions of a traumatized one is

well known. A trauma makes you "younger" or even "infantile". That is, your feelings and affects become very much like those you can see in children.

To regress seems logical even for an unsophisticated mind: "*If the means I normally use now have proved ineffective, most probably, I should return to the past when I was OK, and use the means that were effective then*". For example, for some time after the Spitak earthquake those who survived behaved like children and adolescences, expressed feelings appropriate to children and used "childish patterns" of behaviour; there were lots of confluent feelings, people were ready to share their property, were quick to get warmly attached etc. As the effect of trauma went away they regained their adult autonomy.

Here I would like to ask the reader to think about what period a three-year-old can regress to when going through a traumatizing experience? Most probably, a little child will regress to the experience of early infancy, won't he? So, we can expect the primitive affects of fury, horror, anguish and other elementary particles of psychic life. Whilst the emotional life natural for the real age of the traumatized child is thus ruined. This might pass over quickly if the child was able to recover from the trauma and restore his psychic life. But in case of the PTSD syndrome, under the superficial layer of seemingly normal emotional life, there remains an isolated fixed psychic structure encapsulating the fury and horror in the form it felt at the moment of the trauma.

The fury and its function

We must admit, and it is essential for our topic, that fury is a defence mechanism though, of course, a little too primitive. The communicational structure around the fury gives little information about the situation that had originally formed this kind of defence. The reaction of defence is split here from the traumatic episode itself and is just a repetition of that defense, which, by the way, proved ineffective in the complicated situation.

We should not forget that fury as a defence mechanism has great potential in restoring the organismic integrity. Getting into a traumatic situation mobilizes a person's defense mechanisms. If these prove effective—the PTSD phenomenon will have no grounds to arise! It is exactly because of their fault that PTSD comes to existence. Strange as it is, regression is one of the human defence mechanisms. Turning to primitive affects is, too, an emergency defence mechanism. However, if it failed to react quickly in the traumatic situation its remnants will not "switch off by themselves" after the situation is

over. They split and linger in the soul in an isolated form, interfering with the free flow of emotions towards the world.

Let us take an example to illustrate the difference between the "effective" and the "potentially post-traumatic" switching on of the defence mechanism of fury. Imagine a little child being attacked by a big dangerous dog. The child is greatly impressed, he feels intense fear. His fear develops into fury. In his fury, the child suddenly feels very strong and manages to run away or even attack the dog himself, amazing everybody with his unnatural strength. His state of fury helped him gather his energy. This phenomenon is described in mythology, if you remember the good old Heracles overpowering, as we know, a huge snake attacking him in his baby cradle.

But let us return to our boy with a dangerous dog. What if he "put the brakes on", inhibited his natural reactions and got frozen. Either the adults around stopped him or he was paralyzed with his own horror. Or else, his parents just distracted him and calmed him down, "in order to spare his feelings", skipping a very important thing to do: to explain him that the dog should not be allowed to bite the boy and should without doubt be sent away; and "daddy will now go and tell the dog strictly to behave and be kind to the boy". The child switched his attention over, "forgot the dog", but subsequently every new encounter with a dog arises in him strange excitation.

If we look at this excitation attentively we will see it as diffused fury. And note that its manifestation (or, more correctly, the manifestation of such state) is functionally useless! The first example illustrated the highly effective fury in the situation of fight, whereas this state of vague fury simply interferes with other defence mechanisms regulating behaviour. In the Gestalt language, we shall say that the fury here behaves like a split-off fragment of an *unfinished action* episode with the context torn off. Like an introject of the kind. For the PTSD to develop it is not the physical defeat that is crucial but rather an interrupted state, the experience of helplessness and lack of one's own activity or the activity of those who ought to have defended, the inability to manipulate the situation freely, a failure in the functional fury switching on and off. There are numerous situations where somebody fought with great fury and "was defeated after a long and fierce resistance by the superior forces of the enemy"—yet there is no grounds for the PTSD development, however strange it might seem to a non-professional.

Here the person has finished a contact cycle, has done his job, he is defeated by an outer force but did not stop himself from inside.

There are social consequences of various kind but the episode itself does not prevent one from going on in his own course, he is free in his emotions and intentions, he sees what to do.

In order to penetrate into the fury function let us look at it with more interest. The fury as it is, in fact, does not have any object. It is a pure affect, an overwhelming state of excitation. It is more often the fury that switches on as an emergency defence mechanism at the threat of destruction (in the very beginning of becoming aware of such threat) of one's personal ethical or biological borders. It's timely "switching on" is highly effective and functional.

For those acquainted with the theory of the unfinished actions the difference of this healthy functional fury and the described situation with the boy is obvious. Once the boy was stopped in his righteous fury he no longer has the opportunity to finish his action, for the state of fury switches on and the situation is no longer there! Even if he encounters the same dog the context will be different. Affect is not aimed at any concrete object, contrary to an emotion, it is simply a state developing inside the subject when his borders are in danger and aimed solely at restoring those borders. The object is not important ("fury is blind, I don't remember what exactly I did").

The fury and the therapeutic tactics

If we view fury as a regressive and effective defence mechanism it will display its use in therapy to us, clear and simple. The traumatic moment giving rise to the PTSD is the micro-episode of "bewilderment—powerlessness—helplessness" within the traumatic episode (which sometimes is described as the episode of disorientation). This will be our exact "target" in the therapeutic session. The therapist will try to restore the composition of relationships around it in such a way that the client regains the lost freedom of activity—estoring the client's personality-function and ego-function. Very precise and simple actions closely corresponding to the client's expectations of the role functions of each person in the critical unfinished situation will bring it to completion. The peculiarity of treating the PTSD is that the client himself does not see how the situation may be completed. The fury is simply a "token" and is useful only as a link with the phenomenon of trauma (fury as a "sign").

Fury and the body

Every specialist knows that traumatized clients have "fury living in their bodies". The "life" of this fury comes to the forth in the form of sudden motionlessness, blockages of energy, by becoming frozen.

Experiments with acting this bodily symptom out (expressing the fury in the form of a dance, shouting, beating a cushion etc.) bring much joy, energy and the feeling of freedom but are not enough for effective therapy. This is because the micro-episode of "disorientation and loss of freedom in activity" remains out of scope of the acting-out episode. Unless this is prevented from being immediately followed by the symbolic or literal decomposition of the traumatic episode, and instead is re-acted in a new way, the frozen rigidity is very likely to come back in a few weeks.

The split

Trauma causes a "split" in the human psyche. This phenomenon was described as early as the 1920s by psychoanalysts (e.g. Sándor Ferenczi). This split is a means to survive. The person becomes prematurely grownup and serious. He has not coped with the situation. In order to endure, his mentality splits into one very adult part and the other, regressive part. Thus he "slips away" from the present that has become unbearable for him.

Practicing psychologists note that in addition to encapsulating the emotions, there is one more paradoxical constituent to such split, that is: an isolated affect of fury. The mechanism of this isolation is described in detail by Donald Kalsched in his book "The Inner World of Trauma: Archetypal Defences of the Personal Spirit". The affect of fury corresponds to the regression from the real age of the traumatic event backwards to infantile reactions.

A child who suffered an unbearable experience and has not recovered from it looks very grownup, very rational and soberminded. Some traits of alexithymia might be present, however the surrounding adults like and support this state. His emotional life seems a bit poor, of course, but who cares that he is unable to speak about his feelings? Sometimes he expresses joy or sadness. And there are moments when he seems very infantile in his emotions. But the adults don't care, he is so "creative" they think. And such infantile moments are rare. He gives the impression as that there is an adult and an infant in him, but no indication of his real physical age.

The reality we used to trust

Very often, in working with trauma we find the bereavement therapy algorithm useful. And not without reason: in trauma the person has really to part with his habitual world-view. The situation is such that you can no longer trust the world. The world "gains the trait of discreteness". The destructive powers intrude into the person's

world of their own will.

What is being destroyed in trauma? First of all, it is the subjective integrity of the world picture, for in our inner life we usually experience the world as integral and predictable. This experience of integrity is absolutely precious in the physical world. The good old Newton space where "to every action there is an equal reaction" provides stability. Resting upon this inner logic of the human world we feel our own power: "Give me a strong adversary and I will realize my own abilities". Our primary social experience of relationships with the Mother figure confirms this idea of mutuality, exchange and integrity. "I love Mother, she loves me"—the system is self-contained and perfect!

Ursula K. Le Guin, in her book "A Wizard of Earthsea", cites the first magic rule as "If you change something in one point of material world it will be counterbalanced by changes in some other place. If you invoke rain at the time of drought to help the peasants at your village it might cause drought or an earthquake in some other part of the world". Socially, this rule of completeness is realized in a very simple idea: it is dangerous and impossible to live in a world where the evil remains "unpunishable" (i.e. in the situation of permanent implicit spontaneous non-controlled danger).

This idea is not so naïve as it might seem. Subjectively, each person feels that his trust and loyalty to other people and to the world is based on the feeling that there is some balance of power in the universe.

When an "unpunishable personage" appears beside the traumatized subject who is limited in his activity this, in fact, bears the following message: "your existence is but desultory, you have no power to change anything, you may live only until the evil notices you, this is the evil world, and your own world exists only until you are noticed". An attentive reader might feel this message intensifies anxiety. As a person grows up the center of his balance moves from the outer to the inner world: "I am integral and I rely on this. I am integral even when the world changes"—and, step by step, the person learns that the world is not always well-balanced.

In the case of trauma the person has to face the horror of the fact that the world is no longer predictable. "The evil is unpunishable and I am destroyed". This promotes fear and perplexity. And this emotional overstress leads, in its turn, to a greater need to feel the world quite predictable, as it was in childhood.

How can traditional cultures help restore the person's integrity after strongly unpleasant situations? The European culture offered

the idea of the inevitable punishment of the wrongdoer in the afterlife. Worldly wisdom, in parallel, will suggest one who has gone through a tragic experience to think "*what did you need this test for?*"—with the hope that the explanation of the situation as having its reason and meaning will restore the logic, serenity and control over the world picture. For in the post-traumatic state one has a permanent feeling of inequality in the relationships with the world.

The loss and the trauma

At the very least, it is basic trust in the world that is lost in trauma. The traumatized one speaks much of how nice it used to be (before the disaster, in the good old life). Then, he loses his identity; and the clear feeling of the cause-effect relation, of his ability to understand what happens and to control it. All this relates to basic trust. In addition, the fundamental idea of the ability to influence the world and to be in relationships with it is shattered. The exchange between myself and the world is no longer equal in rights. My rights in respect of the world are lesser than its rights in respect of me. My freedom in activity has been disturbed. The fundamental principle "I exist in the world and this means I act in it according to my will" is destroyed and lost. It has given place to the reduced one: "I live here if I fulfill certain things, implement a certain function. My rights for existence differ from those of the other people. For they are free in their exchange with the world and I am not".

A further demise is the loss of trust to people, the loss of ability to ask for help. The traumatized one is left alone. The theme of despair, "being not like them", being rejected, comes to the forth in the inner world. The theme of mystery toils along: "There is something in me impossible to share with others. Something they will reject me for".

Life with the trauma

So, something has happened that might develop further in two directions. One variant is the situation accessed as overtly traumatic by the subject himself and those around him. The second is the situation that seems trifling to everybody: "Nothing serious happened, only I got ill from that time on".

Often the traumatized person describes the sad situation as if from the outside: "I didn't feel anything, it all happened as though to somebody else". And it is exactly this report of the "absence of feelings" that might serve a sign of trauma. If we turn, for example, to the consequences of the Volgodonsk act of terror, there the control

group differed from those traumatized in this: people in the control group reported their strong feelings and taking an active part in the events. It is noteworthy that the children were much less affected than the grownups. They were sent to the recreation center while the buildings were restored and did not participate in the reconstruction works. Their behaviour at the recreation center was marked by unusual excitation and aggressiveness. They were actively mastering the space around them, "devouring the space with their movements".

The narcissistic trauma

The narcissistic trauma is described by Alice Miller in the book "The Drama of the Gifted Child" (Das Drama des begaben Kindes, 1979). These children receive the following message from their parents: "We need you as a function, not as a person". This nonverbal message proves unbearable for the child in the period when he desperately needs his mother in her main function, to help him find himself in the world. It is natural for a little child to expect the mother "to be for" him, and he is confused and frustrated by her behaviour showing the pattern "you are for your mother".

Here is an extract from a mother's tale, where we expect her child will eventually develop a specifically narcissistic "early contact disorder" and fury suppressed in the body. The mother reports: "My girl was such a genius of healing! She cured me when she was only two. I would often come home in the blues, absolutely distressed. And she would creep up to me and bring me to feelings in some forty minutes, only after that I could take to caring for her. She was like a magic healer!" At the age of 12 this girl (the daughter) was reserved, clever, good at school, and her weight was over 50 kilos. Endocrinologists failed to explain her puffiness whereas a psychotherapist could well have supposed: "It is the powerless fury that has hardened in her body!"

The "thick boundaries"

The metaphor "thick boundaries" was proposed by Daniel Khlomov to describe how the contact-boundary structure is changed after trauma. The traumatized one develops very "thick" boundaries when contacting people—the other feels some invisible wall. Sometimes it arouses aggression in response.

Only in the episodes of extraordinary high tension can the traumatized one exchange freely with the world. As soon as the situation becomes toxic and extraordinary, his contact boundary "gets thinner". Then contacting the other and the world becomes possible.

Trauma in the course of life

Facing a traumatic situation is a potential form of development. To encounter a traumatic situation is to meet the power. The aggressor's strength is passed on to the one who has won the battle, in the case he has really "won", that is, managed to overcome his testing situation: "I've conquered the dragon and from now on I am the Dragon's Victor".

People like to tell stories of their situations of power. However there are cases when contacts with power have rather paradoxical outcomes. The so-called "Stockholm syndrome" has been thoroughly analyzed in special literature. Its essence is in the fact that sometimes the victims come to identify themselves with the aggressor. And, ever more important, it is common with children who are in a chronically frustrating situation in their contacts with an unpredictable and aggressive parent. The aggressive behavior becomes attractive (as it is being copied), yet at the same time ethically inadmissible.

Situational diagnosis. Signs for a therapist

What are the clues in a person's behavior that imply "trauma"?

There are some peculiarities a therapist can notice in the behaviour of traumatized people. At the moment of trauma, dissociation took place. Such a person can look much younger than his age. Or it is just glimpses of a much younger image instantly flashing through his usual look. For example, our client is fifty and he has gone through a trauma at four. His course of life includes some hints of infantile elements and his behaviour at some crucial moments it tinted by emotional patterns of a four-year-old. You have an impression that his emotional patterns got frozen and stopped without development in certain respect. There might occur vivid flashbacks as sudden immersions into the eidetic experience of the past.

Sudden temper tantrums might also occur, associated emotionally with the situation, unconsciously reminding them of the trauma. Specific moments of getting frozen, with the eyes growing icy cold. When in a therapeutic group, such person can easily offer himself to work with a deep layer of feelings, with no orientation to the others' moods. Or he may go to the other extreme, behaving like a rejected one and refusing to reach anybody emotionally, contacting solely the group therapist. Anyhow, he lives his presence in the group as the one "with a secret", the one alien to the rest. It is the secret he is unable to name and yet feels as real, palpable, preventing him to meet those around him.

You can notice some typical peculiarities in their everyday be-

havior, lacking coherent logic if you think about them. This, too, might serve as a sign that there is a trauma—that the person is not quite free in his (her) inner choices.

Don't forget also the already mentioned social tokens: such men often seek for recklessly dangerous situations without any sensible reasons: enlist in the acting army, go in for extreme sports, etc. Women might gravitate to the position of the ever suffering victim. However, we shall remember that the same behavior can have a different nature. It is a widely spread practice among the men (and women) of business in contemporary megalopolises to go in for "adrenaline", that is to indulge in the extreme sports in order to "relax". This style of life should not necessarily be seen as a trauma consequence, but may well be a quite conscious means of getting emotionally relaxed after habitual overstress from working.

An example of the therapeutic work:

I draw this example to illustrate how important it is to find the exact role distribution and the precise vector for each action in the traumatic episode. Only after you create "the right" composition of all relationships and expectations can the client be liberated and cured from his trauma.

The life situation: the father loved a woman, Stella by name, when marrying another woman. He and his wife were faithful to each other for their whole lives, though he was not as affectionate towards his wife as she would have liked as all his tenderness was directed towards the daughter named Stella, in memory of the father's first love. At moments of jealousy and sadness, the mother reproached the little girl for reminding her of her anguish due to her name. The girl ran away to her daddy to seek consolation. The latter spoke to her about the woman she was so unhappily named after, and up to the age of fifteen the daughter would come, in the moments of distress, to her father's bed, and would insist on staying despite his requests for her to go to her own room (for instance, she might lay down on the bare floor beside his bed refusing to go away). There was no incestuous actions from the father's part, he was simply warm and affectionate with the daughter—which was lacking from the mother.

When the girl grew up she turned to therapy because of the negative attitude to her own name, without mentioning the family story.

Step One: Getting rid of the fury hidden in the body. The therapist notices the tension in the client's legs and chest and asks to

transmit the tension into the arms and hands "for it can be more easily expressed with the hands, you can act more freely". Stella makes a symbolical movement as if trying to tear something. The therapist offers thick cartridge paper for this purpose and on applying more or less serious physical efforts the client feels relaxed.

Step Two: In search of the symbolic composition. Stella reports that her body feels liberated but there remains a strange and very unpleasant sensation in her palms having contacted the object of her symbolic fury: "*it feels so disgusting that I'd like to cut my palms off!*"

The therapist proposes her to invent an experimental dialogue between the palms and a certain unknown imaginary object that would somehow resemble both a person and the elements of the world at the same time. Stella starts talking in an unexpectedly childish voice: "*I feel disgust. And the more I win over you the worse I feel!*" Then she asks the therapist whether it is ok if her addressee will be several people at once, for she has a glimpse of something like a family quarrel in her eyes. The therapist supports this and asks if there are some associations linking this composition to a real, generalized episode of her personal history. Stella continues her monologue: "*Parents, when you quarrel and use me as a tool for your troubles I feel nasty! I am a success in this task, but I feel worse and worse as it goes on*".

Step Three: Distinguishing the double and triple relationships. Stella dwells on her name's story focusing on her relationships with the mother, as a child and now. She mentions her need for love and tenderness from her, and her own feeling of isolation. The therapist proposes to perform a sketch between the girl and the mother. This repeats in its main traits the relational composition present in the "dialogue" between Stella's palms and the imaginary abstract figure (see Step Two).

Playing the role of the little girl, Stella says to her mother that she is ready to tear her birth certificate to pieces, that she wants mother to love her—however this does not bring any help: the dialogue returns again and again to the topic of the impossibility for contact with mother, the topic of rejection. From the mother's role she speaks of her suffering and her grudge with the father. Then the therapist and Stella talk at length about the events of Stella's life rooted, through association, in that sad old story.

Step Four: In search of a new contacting form—Restoring integrity.

The therapist asks the client to focus on the moment of the girl's protest against the mother in her attitude to the name "Stella". It has become obvious that any acts the girl is able to do in respect to her

name, including the autoaggressive ones (to tear the birth certificate to pieces), do not change the situation—for the mother's attitude and her grudge remain. The composition cannot be improved by the means available to the girl.

The therapist says: "*Tell your mother right now that it is her, the mother's, responsibility to change her attitude to the name Stella and discern between her daughter and the woman she hates so much. It is her responsibility to remember there are two different Stellas!*" Such direct prompt from the therapist is relevant here because the client has already tried all variants available to her by the means of her feelings to contact the mother's figure and is exhausted. At the earlier stages of the session the same insistent prompt from the therapist might have been infringing on the client's will. Note that this remark in the experimental episode of such work is more correctly pronounced by the father's figure, but here it did not go smoothly; probably there were some more figures to include, but it was not crucial at this stage of the work.

So, Stella addresses the mother-figure with the words: "I want you to see me in this name and not that woman! I want you to give me the opportunity to express love to you!" This gives her the feeling of freedom and love, Stella reports that "the mother in my imagination is surprised herself, she is astonished she had failed to think of it herself, she is relieved now". The feelings of joy and freedom come to the forth.

Stella says she feels "*everything in her soul taking its proper place*" and that "*the freedom that comes gives her enough place to love mother*". Plus, she notices changes in her body feeling. This marks the end of the session.

Is aggression towards the wrongdoer in the therapeutic experiment ethically acceptable for a traumatized one?

Ethical questions might arise in therapeutic work. Thus, Berkowitz in his investigation on aggression reproaches therapists for encouraging clients to express aggression towards imaginary figures in therapy, believing this to "train" them for uncontrolled aggression in real life. Undoubtedly, each time a psychologist decides to introduce episodes of imaginary or live-action aggressiveness into therapy he must give it thorough consideration. However, therapeutic work with trauma consequences simply cannot be undertaken without such episodes.

In the described session with Stella, the therapist encouraged her "to be aggressive" towards the mother-figure, making the latter

change her view and behaviour. The case on the whole was typical for narcissistic trauma. In the case of the trauma with the episodes of physical violence, the aggression to the criminal is included in both major forms: that of compelling demand ("change your behaviour!") and that of annihilating defence ("to fight and to win!").

Very often people report they "*don't have any claims to the wrongdoer for, in fact, he is not to blame*"; or: "*I decided to forgive him. I forgave but still I can't help the unpleasant feeling, I get annoyed when meet him*"; or: "*I have no right to be angry with that weak guy who had no purpose or intention to do harm*".

Such things look righteous and dignified, at the first sight, but as we go deeper into the situation we notice some strange imbalance in the relationships composition. Implicitly all such convictions are based on the idea of rejection of violence (non-resistance to evil). The antinomy lies here in the fact that the rejection of violence is declared in the situation when the subject has already been damaged. His physical wholeness, or his psychic life, or somehow else his boundaries have been harmed in this or that way. Aggression is naturally aroused by violation of boundaries and addresses the source of destruction—it is but natural reaction of any living creature including humans. Aggression is normally mobilized and will be so until the boundaries are restored: what has intruded with violence must be extracted out of the borders, isolated or destroyed.

Now, if the intruder is declared "innocent" or cannot be reached—where shall the aggression go, in this such system of relationships? A compositional problem arises here in the inner world, in the emotional vectors distribution, not at the social level. The simplest thing one might do to fix this problem is retroflection, placing the natural aggression within the volume of one's own body. Why is the intruder unreachable? He might have been too dangerous to face, physically or socially, or might have died, or aggression towards him was prohibited by the ethics, or the intruder himself was not identified as criminal due to some ethical reason.

Our task is to restore the compositional integrity and it starts when we exonerate the natural aggression, admitting its rights. The client must "get permission" to unfold his aggression into the outer world and aim it at restoring justice. That is why we must be exact in discerning the natural direction for the client's activity.

Our tactics for dealing with the client's retroflection is based on the idea of integrity. We need to direct this aggression exactly where it was intended. That is why it is absolutely necessary to first admit and legalize the aggression, then to acknowledge the real damage

and the responsibility of the intruder, and only after this express the aggression. Forgiveness, if any, is relevant no sooner than this is fulfilled. The former "forgiveness" was, for the client in his helplessness, forced and, hence, not valid. First we much acknowledge the rights of the natural aggression, then restore justice at least on the symbolic plane, and only then, when the world has regained its integrity, the client may wish to really "forgive" the intruder.

An example of therapy in the case of the suppressed aggression

The client turned to therapy two years after the traumatic situation with the complaints of a generally depressed state, lack of motivation for studies, and irritability. Two years before, the client was preparing for the university entering exams and her parents insisted on taking a tutor who promised a guaranteed success. The girl didn't want to, wishing to try her own powers, but was persuaded by the parents. It so happened that the unfortunate tutor lost his chair in the admissions department and all his protégés failed independently of their actual knowledge. In a month after that he was hospitalized for an acute stroke. The girl entered another university on her own, as she had wished from the very beginning, and the incident with the poor tutor was not considered worthy of anger for "he is gravely ill and so is not to blame". But in fact the client's state was a typical example of the reactive depression.

The therapist focused the client's attention upon the suppressed anger that had no target to address. Its true object was the tutor but it was "shameful and inappropriate" to be angry with him, for the man was seriously ill.

Getting traumatized in natural calamities

Such are situations of earthquakes, floods, train crashes, serious accidents and other unexpected events that they may shatter the consistent flow of life. Road accidents may belong in this category, too (for the passengers). What these situations all have in common is the fact that one loses the safe feeling of his power over the physical world around and, in the symbolical sense, finds himself in an extremely "infantile" position — the central feelings when in it being confusion, impotence, helplessness and disorientation. This forced regression, combined with experiencing physical pain, loneliness and danger, negatively influences the course of recovering which can eventually give rise to the PTSD development.

Our therapeutic tactic is aimed at restoring the client's emotional freedom and freedom of activity. In the perspective of the contact cy-

cle, it is maintaining the cycles that satisfy the client's needs. The therapist might suggest that the client express his aggression towards a personified "enemy" and, in addition, that the client invent an episode of a "just punishment" for the "enemy". Thus the person will regain his ability to win over his circumstances.

Very often we construct the experiment in such a way that the client imagines another person in his place, a stronger one, a more skilled and trained one, a "superman" whose victory becomes in a sense his own. The therapist should not be anxious about the "unreality" of the episode! His aim is just to restore the freedom of activity and the feeling of a powerful and active "self" in the natural and social world, to restore the client's feeling of control over his environment.

There is an old joke about the famous Spitak earthquake to illustrate this idea. Three days after the disaster, rescuers found an old man under the thick layer of debris, absolutely safe but desperately guilty. He says trying to justify himself: "I did nothing, it's only that I pulled that rope when I did, nothing else! I'm not to blame for what happened next!" This man will never develop the PTSD: he managed to invent an explanation for the disaster where he preserved his will and responsibility for the things around him.

However, clients suffering from the psychological consequences of a calamity need not only to restore activity, but also support in their return back from regression. The tactics here are reminiscent of those when working with a loss (see the application) with all its stages, for the way of living before the disaster has ceased and one must say farewell to it to really meet the present. And one more thing in common with the loss: don't be deceived by the client's outward tranquility. Grieving over every loss must be worked through emotionally.

Traumatizing effect in emergencies. Helping tactics

If there is no opportunity to make up for the overstress, a person in an emergency containing a fatal threat risks developing the PTSD, or at least risks facing some psychological consequences. Such as acts of terrorism, robberies and other situations where the will of the wrongdoers goes against the generally accepted rules of human relations for endangering other people's life. Here several personally important fields are interlaced and overstressed, involved both the realm of vital needs and that of relationships. Disorientation and the feeling of impotence are combined here with the shattering of the habitual social links and constructions, which leads to serious ethical

conflicts.

These are strong stressors not only for the immediate participants of the situation but for their family and friends as well. To help here we must pick separate contact cycles out of the various intertwining figures and work each of them through from beginning to end. Since victims are very likely to demonstrate ambivalence towards aggressors (the "Stockholm syndrome") a therapist must be very scrupulous in clarifying all the feelings and behavioural patterns he notices in his client. Some people might be ashamed of their ambivalent feelings or project them. For example, they might not consider the aggressors to be the main wrongdoers, but instead those who failed to confront them. Or they may feel compassion towards the intruders.

Here, too, the sequence of steps for the therapist is the same as when working with loss. However, a little more attention would be focused on relevant social links and the client's possible thoughts about how the other people in his world perceive his personality and actions. The important point here is to help the client come back to his normal life as "normal" and qualify the wrongdoer as the "foreigner". It is strongly suggested that the therapist, when meeting an ethical conflict, is very clear that he views the client's behavior within the difficult situation as understandable and acceptable, and sees the aggressor's deeds as socially unacceptable.

Help on the spot when the traumatic event has just happened. Preventive tactics for PTSD

Therapeutic tactics in an acute situation are obviously the preventive measures against the PTSD development. And these tactics seems contrary to the worldly wisdom we are familiar with. The latter is to tranquilize the sufferer at all costs: "calm down and it will somehow improve by itself!"

The professional approach offers the opposite: create active communication about what happened. The therapist would help one to speak up, to tell him about his true feelings and motives, his hopes and disappointments, to clarify what was interrupted, express the unfinished thoughts and discuss in detail his relationships with other participants of the stressful situation. The therapist will prevent one from going to sleep before his feelings are clarified and ensure that he gets oriented in his own emotions and wishes, to get oriented in what happened. Such preventive measures must surely be taken before the night dreaming "integrates the negative experience"—the latter will provoke various associative links and interfere with the

further treatment.

Thus, the Sweden social service gives very distinct recommendations for consultants working with people in crisis situations. Here is an example I heard at a seminar. A young couple was killed in a road accident. Two preschool children were taken by relatives ready to take them under their wing. A social worker was brought in to introduce the changes to the children. He told them that their parents' life "had ceased" and in a few days went with them to the spot of the accident. He told the children that from now on "your aunt Laura will take care of you, whereas N will be taking you to your classes, and K will be ready to help you with this and that". So, all the spheres of the children's activity were mentioned, and the way to continue each kind of activity was made clear. The form to express their grief and pain was also prompted.

This kind of work might seem "too cold" but if we remember that the children were 4 and 5 years old, we shall see that it was much more humane to provide them with clearcut forms of expressing their perplexity and the simple forms of restoring the world picture, rather than to expect them feel endless awe and to be suspended in destructive indefiniteness.

An example of rehabilitation work with the trauma of relationships

This episode, which eventually gave rise to PTSD, has already been mentioned: The mother leaves her daughter in the kindergarten for the whole week. Kate clings to her mother, then she obeys the mother's order: "Go fetch me that toy" and when she comes back she finds no mother waiting. She reports: "I simply didn't know what to do, bewildered, lost. Absolutely alone, there was nobody on my side. The other children teased me for being so nervous. I felt absolutely lonely. I'd rather she went away openly while I could see it".

At a session the therapist asks the client: "*Have you ever tried putting yourself in her shoes?*" She answers promptly: "*Yes! She did this in order not to worry too much! She cared of herself more than of me at that moment, that's what angers me! Though now I can understand her and, as an adult myself, I don't consider my anger appropriate*". Looking at the composition systemically we can appreciate that anger: the picture of betrayal is obvious: the systemic relationships are shattered, the child's world is disrupted: "*How could she break her word when I did what she asked!*" But here's the crucial point: when we revive the episode and support the expression of vivid protestation—this only reproduces the situation of impotence once more! Such acting out of

the girl's feelings in her mother's address does not change the very composition of the situation, instead we need to experiment with something different.

The therapist must view situation within a broader context than what was obvious to the "girl". At her age the girl was not able (and this is of crucial importance!) to put her indignation in words or "transform" it with her emotions. The determinant here may come only from the adult's side. And only an additional viewpoint, introduced into the episode, can be capable of clarifying the conflict's essence. Hence, the help comes not from "completing the unfinished action" but from "reconstruction and supplementing" the system of relationships. So, a therapist can suggest that, according to the (conventional) rules, the mother should have waited for the daughter to fulfil her request and then praised her. This is a deadlock: for all the claims the child can express towards the mother will meet her irritation thus making her ever more distant and further destroy the relationship, making the situation even worse. Here the child's anger is powerless to change anything. We have already mentioned that the impotent aggression, unable to restructure the situation, lies in the very core of the trauma of relationships.

Kate goes on: "*The same thing goes through my whole life: as soon as something promised has not been fulfilled I slip into flashes of indomitable anger. This never helps, on the contrary, it always aggravates my relationships or else I am teased with this*". The therapist proposes to go on to work with the body for her theory about the traumatic rupture in the relational system should be tested. Anyhow, no explanations or interpretations are going to be of help, so we need to revive the episode in the whole power of emotions, reconstructing it in an immediate experiment. So the therapist asks Kate about her physical sensations at remembering the painful scene and about any associations from childhood to those physical sensations: in the hope that this will prompt a clue to the necessary reconstruction.

Kate: "*Now I feel only slight aching under the shoulder blade bone. And a dream from by childhood comes to mind: I'm searching for my shoes in the cloakroom, the children running around. I ask one of them whether she has seen my shoes and she answers: 'What do such squabs need shoes for!' and runs away* (the therapist notices that this dream's composition corresponds to the picture of the mentioned conflict in a new, reduced or more archetypical form. I shall dwell elsewhere on the link between the appearance of symbolic figures of archetypical kind and the interrupted contact in a dream. Now let's notice the plot has ramified from the main figure*). I find some orange sandals but not what*

I wanted".

The therapist proposes to briefly work with this dream, more exactly, with the theme of Kate's attitude towards the girl running by in the dream. She readily engages herself with this role and reports, in a slightly childish voice: "*As she is so ill-mannered she is likely to have hidden the shoes herself! As if saying to me: It's ok for you without them, you can well do without!*" This public utterance is undoubtedly charged with a strong ethical meaning and aggression. And the reaction of the public, the behavior of those present, is essential in this scene. How will the people react to the insolent girl's attack? Fighting her (to win over and get one's own) will not solve this conflict, instead it will be the socially accepted standards of relationships. Kate feels this importance of the social aspect and continues: "*It would have been good for me then, in that dream, if somebody had merely told me the impudent girl* (the mother, in the real story) *wasn't right, she did wrong when she ran away, but she will come back, forgive her!*"

The rehabilitating position of the people around is worth a special comment. Of course, we remember that there was not such behaviour present in the real situation of trauma. And if we imagine this was true in that episode—then what is so rehabilitating (curative) about it? It does not bear any consolation, but is just a phenomenological note. Strangely enough, the only thing needed was exactly this admitting of the fact of injustice. And of giving hope.

Kate listens to the therapist thinking aloud and sighs: "*Yes, I've never thought of such thing. Now I remember well that the children in my real kindergarten told me: What do you need your mummy for?! It's ok for you without her, you can well do without! You see, we don't need mummies!*" (Here the therapist may just regret, in her thoughts, how different the forms of support might be. This is the case where embracing and caressing won't be supportive, and the help needed could have come from admitting the truth and orientating better. This includes the ethically charged declaration about the mother being wrong, with the hope she will improve it).

Back to our session. The therapist says: "So, the mother was not right deceiving the little Kate, the girl badly needed somebody to tell her: Your mother is wrong, be patient, she will come back". This intervention was prompted by the plot of the dream.

Kate: "*Yes, even if they had pitied me then and tried to distract me, if somebody had told me 'I'm with you, don't worry', no, that wouldn't have been of any help. What I needed was clar*ity". (The therapist cannot help remembering lots of cases when something like this comes to the forth in therapy of not an adult client but that of a child, at the par-

ents' request. Very often it is an ethical conflict, for the therapist seems to be setting the child against the mother whereas he does nothing but restore the full picture of relationships).

So, the conflict is now compositionally clear and we can easily create a simple rehabilitating scene with empty chairs, where Kate would be able to speak out her claims to her imaginary mother without feeling helpless. The situation is now that of contact.

Sometimes it will merely do to discuss the topic, without dramatizing the rehabilitating scenes with the "chairs". Yet, dramatizing in most cases proves very useful, bringing to light some additional figures and motives that are unnoticed in the verbal discussion.

Now, the very trick of the trade. The session seems to have finished, doesn't it? Justice is restored, the traumatic scene is reconstructed with perfect ethical correctness, and the contact is revived in the course of creating the full-fledged composition. What else? And yet, this is not a good point to end the session: the experience of the child's impotent aggression is still there, for it is solely the outer figures who changed the situation. After the contact has been restored at the level of the social group (the composition of relationships on the whole) it is now time to go back to restoring the contact at the level of the client's individual spontaneity. Here it will return the power to the little girl's aggression. Thankfully there is plenty of vigor for such an experiment.

The therapist asks Kate to create an experiment where the little girl could creatively adjust and reconstruct her activity in such a way that the situation felt more favorable to her. For instance, "Why shouldn't the little Kate run fast after her mother, straddle her like an acrobat and thus go home with her? And only then, at home, will mother have an opportunity to speak back!"

Kate indulges in this fantasy easily: "I can imagine it with pleasure, cheerfully! And I can imagine how they will quarrel at home, with pleasure, too: mother will shout that she needs to go to her work, and daughter says: no, take me home! Then have a good long bargaining about this. Finally, the daughter will agree but she will know she was taken into consideration! After this even the kindergarten would be quite another place to be in!"

But the therapist goes further still. She asks Kate to consider another variant of the child's activity effect, that with a negative content: "The girl tries to straddle the mother, but fails, the mother gets rid of her and she yields, kicks, rolls on the ground, but the mother leaves her all the same. What then?" Kate takes a few seconds to think and then says: "Most probably, the girl would have become

tired, stopped crying, felt sad—and then would have accepted her loss and calmed down. This is sad but it has some justice to it!" (a consultant will notice: here all the usual stages of working through the loss are named, in this case it is working through separation).

The therapist, finally, proposes to work with the mother-figure. Kate agrees but says she doesn't expect the mother to be able to change her behaviour. Of course, the girl is powerless in the face of mother's activity. She has no means or tools to influence it. *Here we are approaching the very core of the work necessary to rehabilitate and cure a trauma!*

The therapist's most rehabilitating intervention here is: "Let the mother get some unusual support in this scene, for instance, let imagine some deeply wise person having talked to her, consoled and 'brought her to senses'. For she was simply too tired, we know for sure she loved her daughter. Perhaps, she could have encountered a good consultant and she could have realized that she shouldn't have left it that way. Then she would come back and meet her daughter (the contact restored)". Kate takes up playing and says with a smile: "*I see her returning with a guilty air, carrying a toy for the girl to replace her while she is away. Then the sadness of parting will be simple and tolerable*".

Here the work is fully completed.

We are conscious of the fact that the scenes described are not a manual for the parents on how to treat their children. It is but a reconstruction of an adult's feelings projected into a traumatic situation from the distant past. That's why the feelings look so mature in these episodes. The therapist is well aware that real life would have been very different. And yet, the infantile feelings preserved in a grownup woman's soul for years in a relatively isolated form were successfully unfolded, expressed and resolved through these scenes. The very episode from childhood is never the essence of such work. Its aim and purpose lies entirely in the realm of Kate's present emotional states, her interest in coming to therapy was about the "irrelevant flashes of acute resentment and fury in situations when somebody promised to do something and failed".

Some points to note. In the experiment, the therapist suggests that the girl "runs and reaches the mother, grasps her arm and straddles her": this bodily form of actively contacting is the matter of principle. The ability to act and make aggressively grasping movements by the hands in imagination is crucial for restoring activity in both a child and a grownup. Another beautiful moment to note is the elegant parallelism of the aggressive vectors in the dream and in real

life. (The powerless fury in address of the vanished mother goes here together with the anger against the ridiculing other girl). In the dream, there is a strong implicit condemnation (ethical prohibition) of being aggressive towards the one who has taken away the shoes. That is a prohibition to be aggressive towards aggressors. In the real kindergarten it was strongly prohibited (with the inevitable punishment) to express anger towards those who tried to "console" the newcomer by denying her need. The same prohibition (with the threat of rejection) in the restored relationship with mother stopped the girl from grasping her physically. In this case, remember, the conflict was to be resolved not by merely expressing the aggression, but by returning to the girl her freedom and stability in facing the conflict and negotiation.

The SELF functions in working with trauma

It is methodically important, and you can see it in the described case, that to work through the traumatic situation requires creating in the experiment a rehabilitating composition including the three necessary areas corresponding to the three functions of self. In the area of the ego-function we reconstruct the relationships composition taking into consideration all motives. In the realm of the id-function it is the very freedom of activity in all kinds of interactions that is being restored. In the scope of personality-function we pay attention to the freedom in relational roles, including the freedom to persevere in a conflict.

Can a minor physical injury become the start for developing the PTSD?

Yes, if this injury happens in an overcomplicated emotional context and the relationships within this episode are symbolic for some considerable period of life. Such situations are more likely in childhood, where physical pain "fixes" the experience. Here is an excerpt of such a case. Tata suddenly remembers how she wounded her hand while doing something at her mother's request, in the presence of lots of relatives: "I remember my surprise at the fact I didn't feel any physical pain. I remember resentment, but at first I didn't feel it either. All feelings became still. When you're in pain you want people to do something for you and not shout at you that it's your own fault". Her message is: "The important thing is to be able to talk about your pain and express your feelings and know that these are not rejected".

Fury. Working with body

Working with a traumatized one we expect an episode of fury. It is that very fury that is aroused in him as a defence mechanism (we remember it to be a regressive defence mechanism) in the situation of utter impotence. From then on it has been "buried in the body". It does not help him in his actual relationships, nor even when he thinks of his traumatic situation. So, he is afraid of his fury and retroflects it. The therapist often tries to provide the place and time for expressing this fury within the session. But it is important to remember that the fury did not help him in the traumatic episode; so we do not work with it as we do with the "unfinished action" that is capable of completing, no! Usually it must simply be "allowed to go away freely" with the therapist being there and just witnessing it. This might be done in the form of an expressive experiment with an imaginary scene. Or in the form of an "ideomotor fantasy" and with the most surreal details. It is needed just to get rid of the tension, after which we can make use of the temporary release and direct our efforts to restoring the general freedom of activity.

Examples from sessions: Working with fury. Case One

Client: When this comes to my mind I feel tension in my throat, my jaws are clinched.

Therapist: Do you understand the nature of this tension?

Client: No. It is something horrible, destructive… I'm afraid of it.

Therapist: Keep in touch with me and accelerate this physical tension, as if we were in a fairy-tale.

Client: (strains his muscles, his jaws start trembling)

Therapist: What does it feel like if you now did what this tension prompts you, what it leads you to?

Client: This is some strange fury. It seems to me I might start growling as a wild beast.

Therapist: Do this, direct your fury (points to an empty chair with a cushion on it).

Client: (roars… makes a strong movement with his hands tearing the cushion): It is something destructive. I want to hurl everything in the room and destroy.

Therapist: I see you. You can go on. Complete this destruction in

your imagination, don't stop yourself.

Client: (makes a few symbolic movements with his whole body, then visibly relaxes): I feel free. Something has gone. Now there is clear and pure emptiness. I can breathe.

Therapist: Now that you feel free of this horror, let's go back to the moment when the fury came. Who evokes such powerful feelings in you (who was that wrong to you that so powerful fury aroused)?

Case Two

Client: I remember the moment in the conversation when Mike, my partner, told me our contract was over. Something strong like a stroke—though he said just a very ordinary thing.

Therapist: Focus on your bodily feeling at that moment.

Client: It feels like tension in the arms and very shallow breathing. Something strange, non-human. It has already been six months since then and my heart still starts beating with horror and fear.

Therapist: Express this feeling in a fantasy. Imagine yourself a preying animal.

Client: With great pleasure! I went through such sufferings during these six months. I see a bright film in my mind: a fierce panther leaps at him, breaks his spine with a stroke of its paw and tears him to pieces. The black blood is pouring out to the snow. And gets burnt to ashes. Yes! Both his body and blood get as burnt as a match, so that there is no trace left. (A similar scenario we find in the description of the battle with the powers of Chaos won by Roger Zelazny's hero in "The Chronicles of Amber") Now, I feel great relief. I wouldn't like Mike to know about this strange fantasy of mine, but I have a feeling that my chest have been torn with sharp claws and the black blood of my grudge has poured out of my heart. I feel elevated now. Perhaps I even feel able to phone him tomorrow.

Client—Therapist cooperation

It is important that the therapist and the client contact each other

with their "healthy" parts and act together in respect of the trauma with all possible "rationality". Little value will come from the client opening up his feelings if the therapist just sits there helping him to go through those unpleasant feelings with all his compassion, but does not go further due to being afraid to cause pain. For the core of the trauma does not consist of the painful feelings, not at all, these merely "cover" the complicated zone where there is the fundamental contact disorder which, sooner or later, must be repaired. It is not so easy to reach that thickly covered zone, that is why the therapist must consider it important to admit the client's contacting something he is not yet ready to speak of.

Body work and the interrupted actions vectors detection

I would like to draw your attention to the tactic of working with the body in cases of trauma consequences. Here, investigating of the potential contacting zones and the possible bodily interaction comes to the forth. We shall hold to the notion that our task is not to console the client but to restore his freedom of activity and contact. So, the tactics to develop free activity in the environment are much more favorable for us than those that train the ability to patiently adjust one's behaviour by the means of relaxation. It does not go without comment yet. A therapist should be able to provide good grounds for his decision either to focus on or to distract the client from activity in the outer world. This choice depends on the actual task of this particular point in therapy.

When consulting people who have just gone through a grave suffering, are at pain or anguish at present, or have just been involved in terrible events, we need to restore their ability to merely maintain communication by making meaningful statements. This is the case when we need to disperse the intolerable affect by deflection, in order to help the client to persevere with the overwhelming feelings and continue telling his story. An example of such dispersion of tension is focusing on some pleasant, relaxing and comforting bodily sensation, serving an "anchor" that prevents the client from being drawn faraway to the ocean of his suffering. The therapist's hand touching the client or any light rhythmical movement can play the role of such an "anchor" (this is why talking about unpleasant things works better when on the move, e.g. walking through an out-of-the-way park.

However, the therapeutic task is the opposite when the actual situation is relatively calm for the client. Here there is no need to reduce the affect and the therapist can concentrate on finding ways of

waking and developing the client's activity directed at external objects. The therapist will use the amplification techniques, focus attention on contact episodes and maintain the client's activity and freedom in each of them. This includes expressing dissatisfaction and anger, either in the verbal or in the motor form. In the latter case the therapist will do his best to try to bring each of the aggressive movement toward contacting real objects and getting the result desirable for the client. And no less so if the result might seem to go beyond the limits of moral norms. We know that very often any overt expression of dissatisfaction or anger is considered to be beyond those norms, as well as any aggressive self-defence. Thus the society implicitly gives the prerogative right for free activity to the wrongdoer, the aggressor.

The universal tactics in respect of bodily symptoms are based, of course, on the awareness. If a person remains in the continuum of awareness he does not lose his self-feeling at every moment of "here and now" and hence he is able to meet, without the danger of self-destruction, his own bodily impulses that involuntarily switch on at any mention of the trauma.

An example

A client reports an episode of a grave physical injury leading to the PTSD phenomena. An eight-year-old schoolgirl was closing the window at the request of her teacher and a classmate started to push her out, meaning it to be a joke. She actually fell out and received a severe face injury and concussion of the brain. The circumstances of the injury led to the psychic trauma and the PTSD phenomena. When speaking of the moment her classmate started to push her out, the client's body gets stiff and the breath shallow.

Therapist: What is now happening to your body?

Client: A spasm beneath the jaws. Around the throat (a stopped outcry? a blocked fury and protest? a retroflected aggression towards the classmate?) and the jaws are clenched. The jaw is aching badly.

Therapist: Can you show me how strong the clench is? Show me how strongly your jaws are clenched? Take my hand and squeeze it with the same power as that paralyzing your jaws!

(A comment: the therapist uses the mode of transferring activity from the inward field, that is from the retroflective position, to the

outward and safe object. This therapeutic step is risky but effective, for in the state of grave chronic regression the client agrees to take the risk of showing aggression only to a close and safe figure, e.g. to the therapist. And this client is in deep regression and needs a great deal of support. However, eventually the therapist will have to find a real object for the client to exercise free activity, in which the focus of her aggression is appropriate).

Client (clutching at the therapist's hand): I feel its taste: salted, bitter (slackens her hands from the therapists). Now it is only my jaws at the joints that ache. And as for me I can go on telling you my story (holding the therapist's hand softly).

Therapist: Now, as you are able to speak, maybe you can notice your feelings towards that classmate?

Client (too rapidly): I don't blame her, she was a real "fool" not knowing herself, it's me who was responsible for my silly climbing on the windowsill.

Therapist: No, you are not blaming her, that's true; but there must have been a way to beat her off? Try to revive the episode very slowly.

Client: There was a moment when I really could have jerked and found my balance. But in that case… in that case I would have kicked her on the head with my legs!!! (freezes at the sound of her own words).

Therapist: How are your jaws?

Client: They tremble but are no longer clenched that badly. I feel now I could have kicked her, yes, like this! (demonstrates the movement). But isn't it horrible and wrong—to kick somebody on the head with your feet? (shrinks and gets still)

Therapist (an intervention aimed at restoring the boundaries and the feeling of healthy responsibility): And what do you think about that girl, could she set you free herself and jump aside dodging your movement?

Client (with an obvious relief): That seems not complicated at all! So, it means I can kick her and it is no concern of mine to let her dodge it? (*shows the movement by her whole body including the feet, as if relieved*). I'm sure I was not going to ever maim her, she bears her own responsibility.

One more example:

The client (Oliver) reports in the group that some words the therapist has just said touched him deeply. Then he plunges into a fit of sobbing.

Therapist: What exactly touched you? Or what came to your mind?

Oliver: I don't know…

Therapist: What do you feel in your body right now? Where in the body lies the answer for the words that touched you so much in the group?

Oliver: It is in my chest. But now as I'm saying this I feel relief in my chest, the tension has poured out through my arms and legs.

(The therapist's comment: the described phenomenology corresponds to a simple discharge of tension. For the therapeutic investigation, the fact that the client feels better after such discharge of energy is of very little interest. It is something like microscopic drop of voltage, kind of a quasi-vegetative crisis. In order to understand the content of the client's excitation it is better to return it into its original form but make it somehow endurable. We must try to find the emotional level of this experience).

Therapist: Now, please, return to your tension in the chest and try to catch an association to it.

Oliver: OK

Therapist: What is it like? What are you going through right now?

Oliver: It is a warm strain. My breathing is strained.

Therapist: Keep aware of your breathing, feel what you feel, find a generalized metaphor.

The sequence of steps working with PTSD

In the examples above, however different the situations are in their content, the therapist obviously had some general idea about the sequence of steps working through each case. Of course, the order of working through each micro-episode in the real work might be more or less free, following the prompts of each therapeutic session. But it is important that none of these "topics" are overlooked.

In practice, the work with trauma starts either from the middle, that is from the direct mentioning of the traumatic episode, or from the moment when the client contacting the therapist demonstrates a

symptom or reaction charged with components of "fury". Focusing around this symptom or reaction we clarify the composition of relationships sustaining the trauma. We insist it does not help just to "act out" the bodily tension mirroring the trauma. Good therapy aims at restoring the whole system of relationships in the traumatic episode, supporting the potentiality of contact development along all relational vectors.

• The client reports the traumatic situation (a symptom might arise first, and then, if you notice this, the traumatic episode will come itself by association);

• We clarify the detailed composition of the episode talking with the client about all its participants and circumstances. We ask the client about everything including what preceded the "painful" moment. That very point in the client's relational and physical time and space—the point right before the traumatic moment—is the site housing the very beginning of the client's bewilderment and confusion in roles and attitudes, which eventually became the grounds for developing the isolated structure sustaining the PTSD.

• We clarify and invite to our imaginary picture all people somehow involved, directly or indirectly, into the episode, including those who do not seem important for the client. We register and identify all possible vectors of relationships between those people paying attention to the associative resemblances of such relationships in the later life;

• We acknowledge the points in the composition of the episode where the client experienced helplessness and confusion paying special attention to legalizing the client's true feelings at those points. We recognize the client's "right" and freedom to feel what he felt in that overcomplicated situation. We restore his ability to be present to his own feelings.

• We examine the topic of being hurt with the absence of help, the theme of resentment and how the client might have asked for help. We must also acknowledge the fact that asking for help is a natural right and sometimes is absolutely necessary.

• We recognize the "legality" of the self-defence fury addressed to an intruder (if there was one) or the irrational devastating fury addressed to the fate.

• We find place for expressing the resentment and the fury in effective physical movements that might have led to salvation (e.g., "become like the infant Heracles who prevailed over the huge snake! Overcome it!")

• See that each episode is worked through with the aim of re-

storing the freedom of activity in this world. Imaginary scenes serve the same goal. No contrived coincidences, no magic! The only "magic" is the natural transfiguration of the client as what-he-could-have-imagined-but-repressed is being unfolded during the session: in his imagination he becomes potent and strong like a beast, agile and skilled like a warrior;

• In concluding the session it may be useful to ask the client whether he has arrived at any new ideas or feelings in respect of the people mentioned during the work, giving him time to share his new vision.

• And the last note. In all instances of relationship issues the therapist gives a place for the client's motives, wishes, desires and hopes.

• As a result of good therapy, the client feels free in his activity, and chooses his behavior in the whole scope of his relationships freely and consciously.

Chapter 6

SOME SPECIFIC NOTES

On resentment

I think some notes are necessary on the topic of the heavy feelings of grudge and resentment that come out when working with trauma. Many authors consider the feeling of resentment to be not a full-fledged emotion but rather a composite of fear, anger, love etc. The Gestalt approach sees it as a specific phenomenon at the point of confluence rupture. It is the rapidly rising anxiety and excitement specifically linked to the rupture of confluence or to the danger of such rupture that is usually marked by the word "resentment".

Speaking of the traumatic episodes, the expression of resentment in respect to some figure may point toward some strong motives and wishes connected with this figure, and define the repressed aggression vector. It is highly detrimental for the client to help him "remove the grudge" or support his attempt to "discard his feelings of offence"—such things lead to the loss of contact ability. It will be much better, though it is not always the best choice, to use the good old "experiment with empty chairs" to help him fully express his resentment. We can expect from this the positive result of the client regaining his right to feel his own personality as separate from the "offender", with its own boundaries and value. The ability to tell the other in the experiment that "I bear a bitter grudge to you" is very helpful in the context of dealing with confluence.

On forgiveness

The one who has gone through frustration very often reports that: "I've forgiven the aggressor but there is some pain left in my body". We can notice easily that there are certain moral values mirrored in such an utterance that have been mistakenly projected onto the composition of this relationship. The therapist can support another notion. I usually recommend to my clients that they had better express

their dissatisfaction and restore their rights, maybe even punish the offender if he deserves this, in order to be really able to forgive him freely and consciously after that, abandoning their claims. The same ethics is accepted in respect of lawbreakers in the criminal law: first they take the punishment and then their rights are restored. The full-fledged act of forgiveness means saying farewell to the past and restoring the contact-boundary afresh.

On the counter-transference

To illustrate the topic let us take an extract from a supervision session. The supervisor here is focused on the therapist's counter-transference. The therapist's strong emotions distract his attention from the compositional level of the event and from keeping in mind the client's frustrated motives. The therapist might find himself entrapped by the worldly-wisdom stereotypes where the desire to "escape pain" prevails. There is, of course, a simple and straight reason in the worldly logic grounded upon the experience of physical contacts with the environment: you should avoid places where you are going to be hurt or physically damaged. But the notorious common sense extrapolates this idea to the inner world as well—providing us with the very common though rather strange opinion: "If it is aching inside do something outside to distract yourself". The therapist can become involved in this way of thinking and support the client's fear to face his own feelings instead of supporting the client in his facing his inner reality.

Though the client says "I don't want to think about this" his "want-statement" here is not a manifestation of his ego-function. It is rather a manifestation of the conflict between the part of his soul striving to get the relief from the pain of disclosing it, and another part of his soul clinging to the status quo thus preventing the curative disclosure. This second tendency comes from the social knowledge ("if you disclose your feelings you're off your guard and vulnerable for a possible social attack") and partly from the fear of losing control and going "crazy" (that is, overwhelmed by a strong affect). Whereas the first tendency (disclosing the strong unpleasant feelings) strives to really overcome the suffering.

Here is an extract from a therapeutic dialogue:

Client: I feel horror at the very idea of approaching the feeling so shameful and unbearable for me. I fear to even mention it.

Therapist: I suggest that you overcome that unbearable feeling and

such reaction.

Client: No, I can't. I feel abandoned once more at this point.

A supervisor's **comment**: The therapist can notice that he is focusing himself and focusing the client on the affect resulting from the frustration, overlooking the live need and the inner desire—the very thing that was frustrated and became the feeling of emptiness. The therapist invites his client to struggle together against the horror of emptiness—skipping the strong wish addressed to the other, thus frustrating it for the second time, and paying no attention to the sad story of its frustration. Thus the therapist supports only the part of the client's soul that strives to suppress the reaction to the frustration, being tired of his own strong reaction—and ignores the "live infant" with its naïve "wish-desire". This compulsory choice of the figure the therapists makes here for the client is not neutral in respect of the further development of their contact and therapeutic communication.

On feelings towards a traumatized one in the group

Here are the feelings expressed at a group sharing: disappointment, tenderness, irritation at presenting a very vague picture of what is inside; confusion and bewilderment. The same split into a rational grownup part and something infantile. The group does not experience the traumatized one as one who has suffered great frustration and is talking it out. What I encounter more often working with trauma in a group is expression of some distant compassion mixed with apprehension and sometimes fear. If we add to this picture the fact that people suffering from PTSD are apt to ignore the group context when presenting a demonstrational session, even among unfamiliar people the inauspicious effect of such feedback is obvious. Those present react in a deflective or aggressive manner, sincere compassion is rare. The group therapist, before doing such work, must create some special context for the group to be able to feel and express true sympathy.

Impulsive uncontrolled reactions of tension discharge is a particular hindrance, too. Thus people might weep at the topic of helplessness, or express sentimental feelings tinted with an unconscious slight, not aware of being supercilious. All such reactions are forms of avoiding contact.

Of course, we cannot help admitting the fact that when a formerly calm and normal person whose life produced an impression of being quite usual suddenly ventures to disclose the dark and heavy

sides of his experience it is a traumatizing factor for a group as a system, that's just true. Albina Loktionova was not the only author to describe this phenomenon in her investigation on social mechanisms sustaining the "standards of traumatization" in a culture. A typical feeling here is expressed by a group member as follows: "*Now I will have to change my ideas about myself, about the group developments and about this guy, and possibly about lots of everyday situations! That's a great deal of inner work for me. His story about those negative things happening is an attack on my stable inner world and the stable world of interactions in our group*".

So, a group therapist will have to deal with the fact that the group feels working with a traumatic episode is highly painful, though of course purifying. The therapeutic group must be a really safe place for a member to tell people about his true feelings. It is important that speaking about extraordinary experiences is not rejected or censured. On the other hand, the group is certainly not to be encouraged to indulge in relishing "mortal horrors" as such.

On the therapist's emotional stand

A client working with trauma goes through various feelings so strong that it may well be impossible for the therapist to keep fully resonant empathically, incorporating all of the client's experiences. The Gestalt therapy declares two distinct values: restoring the contact ability; and, along with it, maintaining clear boundaries. There is no contact, no meeting, without a clear feeling of boundaries. What the therapist can and must do is to maintain good contact with the client and be fully present for him while the client is getting in touch with his multifarious feelings—thus restoring, together with the client, the latter's ability to be fully present to his own feelings.

What the therapist must not do is to guard his client against the feelings aroused in his (the client's) soul. The therapist must keep a sober view on the fact that part of those feelings are not addressed to him but rather to somebody from the client's past, that his own role in this composition is simply that of an empathic witness. What can help the therapist here to maintain the correct type of contact-boundary?

For instance, a client expresses his rage "in the therapist's presence". The therapist might get confused in the composition sticking too much to the idea of "straight contact" and start insisting that the client expressed his rage to him, the therapist, directly. It seems ridiculous when written but such things happen, don't they? Because you cannot always discern where the contact was lost because of a

projection and where it was because of the trauma coming to the surface. And this kind of "supposedly maintaining contact" brings the client to an impasse. He receives from his therapist an outrageously bizarre offer: either to reject his own feeling, to deflect, or due to his rage and pain to annihilate the only one present to give hope, and remain alone once again.

Where does this confusion come from? Perhaps, the therapist fails to differentiate trauma from the situations of unfinished actions and from the "exaggerated affects leading away from contact" in the case of a histrionic patient. Let us note that when the session is being constructed phenomenologically the danger of such confusion is less, and such faults are more likely when the dialogue is being constructed interactively.

On choosing the form for feedback

As the people suffering from the trauma consequences are very sensitive to relationship issues, especially to rejection, the question of feedback requires special attention in their case. We shall bear in mind that the traumatized people are not very able to use the utterance correction phenomenon based on the feedback principle (described by N. Wiener so beautifully in the field of cybernetics). We have spoken above on the reason for their rigidity in this sense.

Unfortunately, I have often witnessed aggression on the group members' part disguised as emotional feedback. Here are the most jesuitical examples of disparaging statements made in the form of sharing feelings: "*I'm grateful to you for this opportunity to see all those errors and deadlocks a therapist might encounter in such extremely difficult cases*"; "*When you mentioned the rat from Hoffman's fairy-tale I was scared and lost the thread of events for I am phobic of rats and mice. That is why now as I look at you I feel fear and dislike*"; "*As I listened to your work I thought how lucky I am that my story is quite different than yours, that's why now I feel very grateful to you!*"

In contrast to these I can remember some really humane and sympathetic feedback, sounding very much like trite and sweet American melodramatic characters' remarks; however, these examples are, too, the ways to avoid a simple human contact with the client: "*I deeply feel affection to you and at the same time, being impressed with your story, I associate to it something from my own past. Yes, I have gone through similar situations but with different feelings and focusing on different figures*"; "*When listening to you I feel hope for the future. I have also gone through some critical moments and now they are all over. I can assure you it will be over for you, too, and you will be fine*" (the type of

communication "the well-fed don't understand the hungry")

So it is obvious that the group members can easily manage doing maximum harm to a possible rival in a group without formally violating the rules of emotional feedback and escaping any moral punishment.

And what is best to say to the one having just worked through his trauma? Sometimes it is better to say nothing. Or simply say what can be honestly said by anyone who has some experience of living on the earth: "*I feel for you and can understand you; some feelings like this I have also experienced in my life*".

On the expected results

I think effective work with a trauma is one of the most impressive events in the entire therapeutic practice. The visible positive effect it brings makes up for all the mental strain necessary to do the job properly, being a good reward for the therapist's precise and thorough attentiveness.

Here is a typical remark of a client after working through his trauma: "It feels like a new coherence. As if a steel lid was removed and I could see the intertwined links like threads under it. Now I understand lots of things differently. I am calm and peaceful now, and sleepy: I want to go to sleep in order to get everything inside assembled in a new way. It is not the joy of relief but rather a deeply thoughtful state".

In the meantime, you will notice a new kind of integrity in your client: as if a hopelessly lost detail of a puzzle has gone back to its place to reassemble the whole picture. As if the puzzle had long been without it, and all its parts had habitually been a bit slightly distorted in order to hide its absence. Once the newly found detail came into its place the whole picture gets its original—easy and natural—form.

However, in the perspective of the long-term strategic personality-oriented therapy "this is just a good start"!

Elena Petrova

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