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Toward an Integrative Model for Developmental Trauma

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Abstract

In this paper, an integrative model for developmental trauma is presented that attempts to integrate ego psychology, drive-conflict theory, somatic psychology, object relations, and self psychology. The latest neuroscientific findings are presented to support the proposed integrative model. Formal definitions of emotions, feelings, and affects based on the theory of complex dynamical systems and energy exchange are presented. The importance of shame in the formation of developmental trauma is also discussed, for which supporting material from neuroscience is also provided. The complementary nature of conflict psychology and psychology of the self within the proposed integrative model is discussed with implications for body psychotherapy.

Keywords: character structure, complex dynamical systems, developmental trauma, drive theory, emotions, neuroscience, object relations, polyvagal theory, self psychology, somatic psychology.

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Introduction

The developmental model discussed in this paper is the chronic traumatic experience of a child during his various developmental stages. As needs are frustrated, the child faces perceived existential threats or suffers from contact deprivation, not being seen for who he or she is, or being seen as an object for the satisfaction of the parents' narcissistic needs, etc. Chronic developmental trauma changes the way an individual interacts with the environment, flow of information, and flexibility of response to the surrounding. Chronic developmental trauma may change the body (boundary) of the individual, making it rigid at times or flaccid at other times, resulting in a loss of motility and limiting the individual's life and aliveness. It may also change the shape and functioning of the internal organs. Chronic developmental trauma may change the individual's metabolism of energy, and exchange of energy with the environment. This paper is organized as follows: First, a definition is presented for complex dynamical systems. Formal definitions for emotions, feelings, and affects are then. This is followed by a short introduction to polyvagal theory based on the work of Porges (2001 & 2001). An integrative model is then proposed which brings together ego psychology, drive-conflict theory, somatic based therapies, object relations, and self psychology. Lastly, a case history is illustrated, followed by concluding remarks.

In order to understand the effects of developmental trauma, it is helpful to start from the basics, that is, from the definition of systems, since all living organisms can be considered

as dynamical systems in the most general sense of the term. A system can be viewed as a group of interacting, interrelated, and interdependent elements and bounded processes. Systems transform inputs that are consumed into outputs that are produced. Systems are characterized by their boundaries, which separate them from their surroundings (Gros, 2013). This boundary may be real or notional but it defines a finite volume, within which the system operates and exchanges energy or matter with its surrounding. Systems are also characterized by their internal laws of functioning. A general system model is shown in Figure 1. Systems can be open or closed.

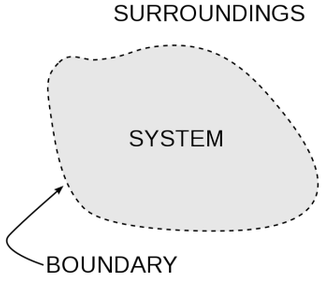

Figure 1. Basic System Model

The dynamical system concept is a formalization in which the behavior of the system is said to be dependent on the time and position of the system in space. Complexity in a system indicates how relationships between parts give rise to new behaviors and how a system interacts and forms new relationships with its environment and surroundings. Complex systems are open and dynamical, and tend to be self-organizing. Self-organization is the process by which the system may form a structure or pattern in its behavior without an external entity or element that's affecting it. This structure or pattern forms from the interaction of elements that make up the system and result in self-organization (Gros, 2013).

Living systems are considered subsets of all systems. Living systems are by definition complex and self-organizing, have the special characteristic of life, and interact with their environments (they're open). This interaction with the environment takes place by means of information (entropy) and material-energy exchanges. Living systems can be as simple as a single cell or as complex as humans. Living systems, aside from basic energy and matter exchange with environment, interact with their surroundings via their emotion, feelings, and affects (all of which contain energy and information).

Emotions, Feelings, and Affects

All living organisms, from single cell amoebae to humans, are born with innate abilities evolved to handle the basic challenges of life. These challenges include: finding sources of energy; incorporating, consuming, and transforming energy and matter; maintaining a chemical balance of the interior compatible with the processes of life; maintaining the organism's structure by repairing damage; and defending against external treats (Damasio, 2003). Living complex systems tend to move toward homeostasis, that is, self-regulation and stability.

At the top of the processes that promote homeostasis are emotions and feelings (Damasio, 2003). Emotions in their simplest form correspond to the energetic states of the body. "Emotions are actions or movements, many of them public, visible to others as they occur in the face, in the voice, in specific behaviors" (Damasio, 2003, p. 28). Emotions are primarily communicated by nonverbal behavior, such as facial expression, eye contact and gaze, tone of voice, body posture and motion, and timing of response (Siegal, 1999). "Emotions represent dynamic processes created within the socially influenced, value appraising processes of the brain" (Siegel, 1999, p. 123). Siegel also states, "Emotional processing prepares the brain and the rest of the body for action" (1999, p. 125).

Feelings in their most basic form are perception of emotions or body states (Siegel, 1999). Damasio (2003) provides the following definition: "[…] a feeling is the perception of a certain body state of the body along with the perception of a certain mode of thinking and of thoughts with certain themes" (p. 86). As an example consider the sight of beautiful scenery, which may change our body state, perhaps to a state of relaxation, resulting in the emotion of joy. This emotion may then be perceived as the feeling state of happiness.

Siegel (1999) defines "affective expression" or simply "affect" as the external revelation of internal emotional states (body states). Conscious awareness of affects also results in feelings. It is also important to note that feeling emotional states, that is being conscious of emotions, offers a flexibility of response based on past experiences of and history with interacting with the environment. However, innate drives are needed to start the process. It should be noted that the limbic system participates in the enactment of drives and instincts and has an important role in emotions and feelings (Damasio, 1994). In summary, we can think of feelings as mental sensors of the organism's interior; that is, mental sensors of the energetic states (emotions) of the body, as life is experienced moment-to-moment.

I will now discuss the process by which our organism mobilizes for action (energetically), or in other words, the expression or enactment of drives and instincts. This mobilization for action is described by Porges in polyvagal theory (2001 & 2011).

Polyvagal Theory

The human nervous system is divided into two branches: the peripheral nervous system and the central nervous system (spinal cord). The peripheral nervous system is further divided into somatic-sensory nervous system and the autonomic nervous system. The somatic nervous system is further divided into motor (efferents) and sensory (afferent) nerves. The autonomic nervous system, on the other hand, is divided into the parasympathetic nervous system and the sympathetic nervous system.

The parasympathetic nervous system has two main components: The first branch is controlled by the dorsal vagus nerve, "…characterized by a primitive unmyelinated visceral vagus that controls digestion, and responds to threats by depressing metabolic activities and is behaviorally associated with immobilization and freeze behavior" (Porges, 2001, p. 123). The second branch is controlled by the ventral vagal nerve and is unique to mammals. According to Porges:

> The ventral vagal complex (VVC) has primary control of supradiaphragmatic visceral organs including the larynx, pharynx, bronchi, esophagus, and heart. […] In mammals, visceromotor fibers of the heart express high levels of tonic control and are capable of rapid shifts in cardioinhibutory tone to provide dynamic changes in metabolic output to match environmental challenges. (2011, p. 160)

The other branch of the autonomic nervous system is the sympathetic nervous system (SNS). The sympathetic nervous system is capable of increasing metabolic output and inhibiting the dorsal vagus nerve, thus increasing mobilization behaviors necessary for fight and flight (Porges, 2001).

The more primitive life forms use the unmyelinated dorsal vagal complex (DVC) and the sympathetic nervous system to modulate cardiac output and mobilization, and freeze responses. Mammals on the other hand, in order to survive, had to distinguish friend from foe, determine and evaluate the safety of the environment, and communicate with the community. The ventral vagus complex (VVC) is the response to these evolutionary needs. The myelinated ventral vagus complex characterizes the human social engagement system, which is responsible for facial muscles (emotional), eyelid opening (looking), middle ear muscles (differentiating a human voice from background noise), muscles of ingestion, muscles of vocalization and language, and muscles for head-turning (Porges, 2001).

In more primitive life forms (pre-mammals), the dorsal vagal complex and the sympathetic nervous system have the opposing functions of decreasing and increasing cardiac output respectively, and thus modulate mobilization. In mammals, with the evolution of the ventral vagal complex, the cardiac output is modulated without the engagement of the former more primitive systems. Thus, activation of the myelinated vagal system can result in temporary mobilization and expression of the sympathetic tone without requiring actual activation of the sympathetic or adrenal system (Porges, 2011). The ventral vagal complex, therefore, acts as a break on cardiac output and is capable of rapid changes in heart rate, resulting in mobilizing or calming effects. Polyvagal Theory (Porges, 2011) proposes a hierarchical organization of the autonomic nervous system. When a system higher in hierarchy fails, then a more primitive branch of the autonomic system engages. The following can thus be observed: At the top of the hierarchy is the ventral vagal complex (VVC), a mammalian signaling system for motion, emotion, and communication. The second complex in the hierarchy is the sympathetic nervous system (SNS), which is an adaptive mobilization system engaged during fight or flight behaviors. Finally, the dorsal vagal complex (DVC) is the immobilization system (Porges, 2011).

Figure 2, adapted from Ogden and Minton (2000), shows the three zones of arousal and the window of tolerance within which the social engagement system (ventral vagal complex) is activated. When an individual is hyper-aroused, the person experiences too much arousal to process information effectively and is usually overwhelmed and disturbed by intrusive images, feelings, affects, and body sensations. When an individual is hypo-aroused, on the other hand, something different is experienced, namely, a downward modulation of emotions and sensations — a numbing, a sense of deadness or emptiness, passivity, and possibly paralysis. On the other hand, people with a narrow window of tolerance (the middle region in Figure 2), experience fluctuations in emotions and feelings as unmanageable and dysregulating. Most traumatized people have a narrow window of tolerance and can easily shift into hypo/hyper-arousal states by normal fluctuations in arousal (Ogden, Minton, & Pain, 2006). It is also very important to mention that the states depicted in Figure 2 are not mutually exclusive, in that one can simultaneously be both hyper-aroused and hypo-aroused, which would be experienced as being highly aroused (ready for action) but unable to move. It is also possible to be in the optimal zone of arousal (activation of the social engagement system) yet experience elements of hypo/hyper-arousal. Also of note is that the boundaries between these zones are not very rigid and depend on, among other things, the emotional state (energetic state) of the mind- body.

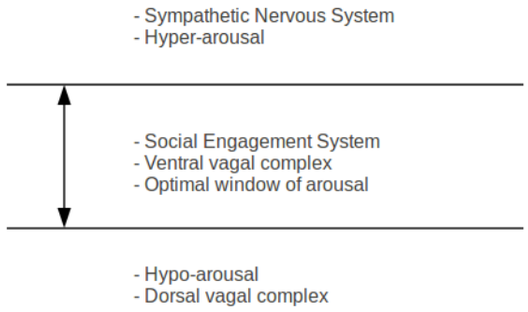

Figure 2 Optimal Window of Arousal. Adapted from "Sensorymotor Psychotherapy Institute," by P. Ogden, & K. Minton, 2000, Retrieved from http://www.sensorimotorpsychotherapy.org/articles.html

An Integrative Model for Developmental Trauma

I will start by briefly describing drives, which are the biological core of motivations and actions. The term "drive" refers to and is based on the principle that organisms have certain physiological needs that when not satisfied lead to a negative state of tension. When a need is satisfied however, the organism returns to a state of homeostasis and relaxation, and the energy of the drive is reduced.

According to the theory, the energy of the drive tends to increase over time and needs to be expressed to avoid the state of negative tension. Drives can also be considered as the psychic quality that cannot be further analyzed by introspection (Kohut, 1978).

A model, based on the work of Wilhelm Reich, seems to clarify the means by which developmental trauma takes shape. This model is based on drive theory (or conflict theory, and can also point to therapeutic strategies. With that in mind is the following diagram, taken and adopted from Reich (1980). This model, in a slightly modified form, has also been discussed by Hilton (2008) in great detail.

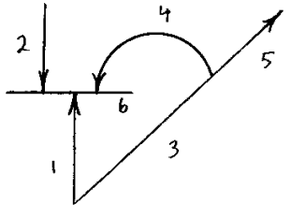

Figure 3. Drive, repression, and identification

This diagram (Figure 3) depicts a drive which seeks expression by moving toward external objects (segment 1), which then comes into conflict with a frustrating force from the outside world (segment 2). This counter-force may include parents, school, society, and other authoritarian forces. It can be seen that the content of the prohibition of the

drive comes from the outside world, but the cathexis (energy) with which prohibition is maintained comes from the energy reservoir of the individual himself. Under the influence of the pressure exerted from the outer world, an antithesis develops within the person, a dissociation or cleavage of a unitary direction of the drive (expression) that causes one drive to turn against another (segments 3 and 4). The drive splits in two directions, one that goes toward the world and seeks expression in an alternative way, and one that turns against itself (segments 3 and 5, and 4) (Reich, 1980).

A question arises, namely, in the absence of the repressive force from the outside world (segment 2): how is the repression maintained by the drive that turns against itself? The answer seems to be the armor (segment 6). Where the two meet (drive and environmental frustration), there is the formation of the armor in the form of muscular blocks, and physical tensions that keep the drive from expressing itself. The energy that maintains this block comes from the drive itself, which now has turned against its original goal. This is a simplification, as in reality the armor is layered, and a warded-off drive wards off more deeply repressed impulses and drives. Thus the armor develops as muscular blocks and tensions in accordance with the portion of the drive that has turned against itself. One could then postulate that the stronger the defense (segment 4), the thicker the armor will be (segment 6).

A different question that arises is: how does the splitting of the redirected drive happen and how is it experienced? The point at which the split takes place Reich (1980) named 'psychic contactlessness', which he defined as the point in which the therapy seems to reach a point where nothing moves anymore. Subjectively, Reich (1980) stated that an "inner deadness" is experienced by the individual at this point, or a state of "no contact" and isolation.

> In his book Character Analysis, Wilhelm Reich writes:
>
> Originally, character analysis conceived of psychic armor as the sum total of all repressing defense forces; it could be dynamically broken down through the analysis of the formal modes of behavior. Later it was shown that this concept did not embrace the psychic armor in its totality; indeed that it probably overlooked the most important factor. We gradually came to see that even after the formal modes of behavior had been completely broken down, even after far-reaching breakthroughs of vegetative energy were achieved, an un-definable residue always remained, seemingly beyond reach. One had the feeling that the patient refused to part with the last reserves of his narcissistic position and that he was extremely clever in concealing it from himself and from the analyst. (1980, p. 310-311)

Reich believed that the origin of this psychic contactlessness stemmed from childhood experiences, and he further said, "In order to heal the patient's psychic contactlessness, the patient needs to be understood, and he needs to feel understood" (1980, p. 319).

This psychic contactlessness occurred in a relationship with a caretaker early in life, and it thus needs to be resolved in a therapeutic relationship. Hilton says, "It has been my experience that this psychic contactlessness, the result of the client's narcissistic position, can only be dissolved within a healing therapeutic relationship" (2008, p. 94).

Thus it can be concluded that simply reducing the strength of the armor (segment 6) and some release of the impulse is not enough, as a residue will remain that still maintains the armor. One must simultaneously work on this residue which, Reich's psychic contactlessness, to achieve full healing. Reich mentioned that the patient needs to be understood, and he also needs to feel that he is understood. This is what Hilton (2008 &

personal communications, February 2009) calls the "healing therapeutic relationship". And what is the neuroscientific basis for the assertion that the healing therapeutic relationship can heal psychic contactlessness?

A drive (impulse) is formed in the organism resulting in increasing arousal mediated by the ventral vagal complex (VVC, or social engagement system) which increases cardiac output, thus increasing the individual's energy to act and resulting in a different energetic state (emotion) and its perception which may be a good feeling (feelings). This drive may then be frustrated by the environment (caretaker, etc). The organism will then block the expression of the drive by mobilizing the dorsal vagal complex (DVC) to immobilize the action that is in the process of taking place. This process is shown pictorially in Figure 3. The perception of this shift from activation of the social engagement system (VVC) to the freeze system (DVC) is experienced as shame. Siegel points out:

> Shame is thought to be based on the activation of parasympathetic system (to an external NO!) in the face of highly charged sympathetic system (an internal Let's go!). It's as if the accelerator pedal (the sympathetic branch) is pressed down and then the brake (the parasympathetic branch) is applied (1999, p. 279).

Although experience of shame is evidently inevitable and perhaps necessary for socialization of children, parents do not need to use shame intentionally as a strategic form of parenting (Siegel, 1999). In my opinion, parents and society must undo the damaging and malignant long-lasting effects of shame through re-establishment of the empathic contact and relationship. I will return to this toward the end of this article.

Schore (1994) writes, "Shame is experienced as an interruption, and it functions to impede further affective resonance and communication" (p. 206). Shame in general is associated with elevated parasympathetic system activation following the activation of sympathetic system (Schore, 1994). Recent research in Polyvagal Theory (Porges, 2011) points to activation of the DVC (the freeze system) branch of the parasympathetic nervous system (PNS) following the activation of VVC (the social engagement system) branch of PNS, as the cause of the experience of shame. However, the reader should understand and be clear regarding the process and perception of shame. Schore elaborates on the state of shame:

> This misattuned relational transaction triggers gaze aversion, a response of hiding the face — to escape from this being seen or from the one who sees — and a state of withdrawal. Under the lens of "shame microscope" which amplifies and expands this negative affect, visible defects, narcissistically charged undesirable aspects of the self are exposed. It is as though something we were hiding from everyone is suddenly under a burning light in public view. Shame throws a "flooding light" upon the individual who then experiences — a sense of displeasure plus the compelling desire to disappear from view, and an impulse to bury one's face or to sink, right then and there, into ground, which impels him to crawl into a hole and culminates in feeling as if he could die. The sudden shock-induced deflation of positive affect which supports grandiose omnipotence has been phenomenologically characterized as a whirlpool — a visual representation of a spiral and as a flowing off or leakage through a drain hole in the middle of one's being. The individual's subjective conscious experience of this affect is thus a sudden, unexpected, and rapid transition from what Freud called "primary narcissism" to what Sartre described as a shame triggered "crack in my universe" (1994, p 208).

The source of the feeling of contactlessness, the inner deadness, the illusive psychic energy, then becomes clear. It is shame, which has also been discussed in detail by Haelfaer (2006). Thus, following the shame state, coming out of DVC activation, the individual creates a positive self-image to reactivate its energy or arousal (segment 5 in Figure 3) while simultaneously creating a mental image (body map) of the drive and ensuing frustration of it that resulted in the shame state, in an effort to avoid its repetition (segment 4 in Figure 3), thus identifying with the environmental frustration. This mental image is eventually saved in the orbitofrontal cortex. When later in life the circuits of posterior sensory cortices and temporal and parietal regions are activated due to an emotionally competent stimulus (ECS) that created shame in the past, the prefrontal circuits that hold records pertinent to the same category of events become active (Damasio, 2003).

It is noteworthy at this point to distinguish between the states of shame and humiliation. The latter occurs when an elevated parasympathetic (DVC in this case) system is accompanied by a heightened sympathetic system (Schore, 1994). When the environmental frustration involves contempt and angry rejection, humiliation results. Kohut (1978) refers to this as narcissistic rage. Schore writes:

> …[T]here is now strong clinical evidence that shame-humiliation dynamics always accompany child abuse. Narcissistic personality disorders who have difficulty modulating rage typically present a background with a parent who humiliates the child by harsh, continuous, or massive exposure (1994, p. 207).

Shame, however, as discussed above, results when the nervous system shifts from arousal (VVC, i.e., social engagement) to hypo-arousal (DVC, i.e., freeze). Thus, the dorsal vagal branch of the parasympathetic nervous system is always involved in shame and humiliation. Humiliation is particularly important to study and pay close attention to, since it involves both branches of the autonomic nervous system. One can draw an analogy to driving a car. It is as if one foot is on the gas pedal, and the other is on the brake simultaneously. The danger is that if the ego strength is not sufficient, rage (aimless, disconnected, ungrounded anger) could break through the armor and result in destruction, devastation, and even murder — that is, if the individual is not grounded, does not have strong boundaries, or does not possess a strong enough containment for impulses and emotions. Another important feature of shame is avoidance of mutual facial gaze due to deactivation of the VVC (social engagement system). Shore (1994) writes: "…visually-induced, shame-mediated neurohormonal signals are registered in the orbitofrontal cortex, known to contain neurons with the unique feature of having receptive fields that specifically include the central area of the visual field" (p. 214).

A further insight can be gained from the school of object relations, a psychodynamic theory within psychoanalytic theory. The theory describes the dynamic process of development and growth in relation to real others (external objects). The term "objects" refers to both real external others in the world, as well as internalized images of others. Object relationships are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one's interactions with others throughout life. The term "object relations theory" was formally introduced by Fairbairn in 1952. In contrast to Freud, who saw instincts as pleasure-seeking, Fairbairn believed that instincts are primarily object-seeking. The infant internalizes the object (as well as the object relations), and splits in two the object toward which both love and hate are

directed. The good object (idealized) representations are important and are necessary to go on in life. The bad (frustrating, repressing) object is further split into two, namely the repressive object and the exciting object. The ego identifies with the repressive object (anti-libidinal self) and keeps the original object-seeking drive in check. The ego also identifies with the exciting object (libidinal self) and seeks exciting objects in the world. From this description it can be readily deduced that the anti-libidinal ego is Segment 4 in Figure 3, and the libidinal ego is Segment 5 in the same Figure (Guntrip, 1971).

> Fairbairn states:
>
> At this point an important consideration arises. Unlike the satisfying object, the unsatisfying object has, so to speak, two facets. On the one hand, it frustrates; and on the other hand, it tempts and allures. Indeed its essential 'badness' consists precisely in the fact that it combines allurement with frustration… In his attempt to control the unsatisfying object, he [the infant] has introduced into the inner economy of his mind an object which not only continues to frustrate his need, but also continues to whet it. He thus finds himself confronted with another intolerable situation — this time an internal one. How does he seek to deal with it?… He splits the internal bad object into two objects — (a) the needed or exiting object and (b) the frustrating or rejecting object; and then he represses both these objects. (1952, p. 111)

This process is shown in Figure 4 below. Note that in the absence of environmental frustration (Segment 2, shown with dashed line), the individual identifies with the frustrating force, introjects it, and acts it out as shown in Segment 7.

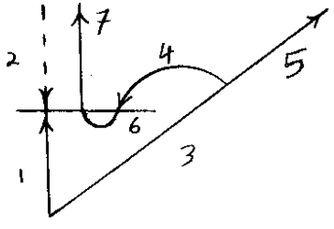

Figure 4. Acting out - old object relations, and introjects

Let us consider what happens when the expression of a drive faces environmental negativity in more detail. The immediate response of the young human is to go into a shame response — that is, experience a shift from social engagement system (VVC) activation to the freeze system (DVC). If a young human has a relatively cohesive and intact self, then he or she readily identifies with the source of environmental negativity. If the self is, however, not cohesive, then how does the young human rise up from the shame (and create a positive self image) when empathic responses from the environment are absent? Self psychology (Kohut, 1971; Kohut, 1977; Kohut, 1974; Kohut, 1984) provides the answer. The young human seeks merger with archaic selfobjects (inner perception and experience of objects that are not part of physical reality but of psychological reality (Kohut, 1984)), which can mirror the young human, those who are the source of idealized power and strength, or finally those who are essentially like the young human (mirroring, idealizing, or twinship selfobjects). This is what Segment 5 in Figure 3 represents. This is the aspect of the drive

that seeks expression in an alternative way, according to Reich (1980), which is the same as the libidinal ego according to Fairbairn (1957), or the false self, or finally the narcissistic self. The result of course is defects, disturbances, or distortions of the self, which is posited by self psychology to be the cause of nearly all forms of psychopathology in that all flaws of self are due to disturbances within self-selfobject relationships in childhood (Kohut, 1984). Self psychology further posits that in the presence of a healthy self, drives are not experienced in isolation, but as an integrated part of the healthy self (Kohut, 1984). Kohut (1971) argues that narcissistic disturbances of the self are due to failure of empathy by the childhood selfobjects. When the child's self is not cohesive, then frustration and repression of drives result in seeking archaic selfobjects in life. These archaic selfobjects are sought to either mirror the individual (resulting in grandiosity), or as idealizing sources of strength and power, or essentially as replicas of the individual. Narcissism is thus the complementary aspect of early childhood conflicts. Kohut (1971) argues that narcissism has its own line of development. This was also implicitly argued by Lowen (1985).

Kohut (1977) argues that depth psychology requires two complementary approaches: that of conflict-drive psychology and that of self-psychology. He sees man's functioning in two different directions, the direction of activity of his drives and the direction of fulfillment of his self. The man who lives his life within the pleasure principle and his drive activities, Kohut (1977) names the guilty man. And the one who seeks to express the pattern of his nuclear self and who strives beyond the pleasure principle, Kohut (1977) names the tragic man. These two men represent the two poles of the structure of the self. These two poles of the structure of the self can be seen in Figure 3. If the self is relatively cohesive, then the child's response to environmental frustration and repression of drives results in formation and internalization of parental introjects (identification with frustrating object), and later the child becomes the guilty man who lives within the conflicts of expressing and taming of drives. If the self, however, is not cohesive (due to severe failure of empathic selfobjects), the environmental negativity results not so much in the formation of a strong punishing superego in the form of internalized parental introjects, but in the child seeking archaic selfobjects with whom to merge so as to be reaffirmed. This child, thus, becomes the tragic man, who is in search of the self. The complementary nature of the guilty man and the tragic man indicates that both are present in an individual simultaneously, albeit in different degrees. This points to a complementarity between the narcissistic line of development and the drive-conflict based line of development.

Lowen, in the introductory section of his book "*Narcissism*" (1985, p.x), argues that the patients he is seeing do not manifest the neurosis of earlier times. Instead, he is seeing problems associated with inner emptiness, frustrations, unfulfillment, and lack of feelings. In other words, he is seeing individuals affected by defects of the self. Kohut (1978, p.681) also indicates that he is not seeing patients whose complaints are about unresolvable inner conflicts. He argues that his patients are suffering from the deprivation of a give and take (optimal frustration) with an environment that is empathic and understanding of their needs which would help them get rid of their infantile grandiosity and help them to become more self-confident, active participants in the adult world. It is important to view developmental trauma in light of these changes in the presenting issues of patients and clients. If, indeed, this shift from conflicts to disorders of the self has taken place in recent times, what are the corresponding changes in the body? This is a question that I do not claim to be able to fully answer. I can however, theorize that one would not expect character armor, in the form of muscular contractions or flaccidity (Marcher & Fitch, 2010), to be as strong. One may expect that the character armor might have shifted somewhat to a disconnection from the body and its sensations. No longer is the client,

afflicted with disorders of the self, as aware of feelings and sensations as the conflicted client of older times. This client with disorders of the self, instead of being haunted by a punitive and punishing superego, may be more haunted by a sense of emptiness which motivates him or her to seek ever-continuing excitement in order to avoid depression. This client's senses, feelings, and emotions may not be integrated within the totality of his or her personality. Thus this client is prone to acting out, helped by weakening of muscular armor. Kohut (1977) points out that in the absence of a cohesive self, drives become isolated and thus powerful entities of their own. One can also perhaps theorize that our psychotherapeutic work needs to be more centered around integration of feelings and sensations than release of repressed drives. The self needs to become more cohesive and integrated, which in turn necessitates a more relational and empathic approach in our work than ever before, as elaborated in great detail by Hilton (2008). Tonella (2011) also discusses the importance of restoration of expression of the self through the therapeutic relationship, and Clauer (2011) suggests that in the presence of an insecure sense of self, there is a need to develop the basic self functions.

Of course, one cannot expect only one drive to be frustrated. In reality, many drives are frustrated and blocked in various degrees. Thus, when studied closely and carefully, one observes patterns of behavior resulting from the sum total of frustration of drives and their adaptations. One can think of this sum total as the developmental trauma, which is also known as "character structure" (Reich, 1980; Lowen, 1971; Lowen, 1994). Character structure functions as a filter that together with its neural correlates, filters the behavior of the individual in response to external or internal emotionally competent stimuli. The individual, thus, is not free to respond to the environment in a way that is most advantageous to the organism, but motility and expression are limited by the functioning and operation of this filter. The body proper has imprints of all the traumas that the individual has endured. In most somatic therapies in general and bioenergetic analysis in particular, it is well known that posture, shape of the body proper, expression of eyes, facial expression, tone of voice, interpersonal interactions such as handshakes, as well as viscera, all speak to and of the past history of the individual who might have suffered trauma(s). I must again emphasize that most clients, these days, do manifest significant disorders of the self that need to be considered accordingly. In other words, our traditional model of character structure may need to be augmented with disorders of the self.

The imprints on the body resulting from developmental trauma can be studied to gain an understanding into the nature of trauma itself, as well as to point to treatment strategies. These imprints are also indicators of the way the individual's energy system filters impulses and drives. Thus, they also indicate the way the individual metabolizes energy. Similar to amoeba, the body of a human child contracts if chronically and harshly frustrated or traumatized, and maintains a shape that is indicative of the trauma suffered, or loses contact with the body entirely. Trauma leaves its imprint on the young human body.

In the following case history, I will discuss the application of the proposed integrative model of developmental trauma and supportive neuroscience findings, especially shame, in analysis. This case also illustrates the complementary nature of conflict and self-psychologies.

The Case of Sean

Sean is a 22-year old man who was born to an affluent family and referred to me by a colleague about a year ago. He has a brother who is about four years older than he is. He and his family immigrated to the United States about twelve years ago. Sean's father is a businessman and travels quite often. He has been away from his family, sometimes for months at a time, for as long as Sean remembers. His mother stays home and is described by Sean as being depressed, which is concerning to him. Sean is a tall and handsome man with a rigid structure. When he first came to my office, he spoke very softly and quietly, almost whispering, and at times he covered his mouth with his hand as he spoke and avoided eye contact. Sean has a very set jaw, which is slightly forward, as if he is in a constant state of defiance. Sean's presenting issues were lack of motivation, having no sense of direction in life, and not knowing what his passions are. He was also mildly depressed, but did not have much anxiety. He was spending most of the day sleeping and smoking marijuana at night. At times he attended college, but never did well, and never was serious about his studies, despite the fact that he is a very bright man. Sean has had quite a few relationships but indicates that he has never loved any of his partners. Sean had about one and half years of cognitive behavioral therapy before coming to my office.

Therapy with Sean started slow. Almost from the very beginning I started working with Sean on the body level. Initially he could not feel much in his body, and he was not feeling much at all. He could only, and barely, identify if something felt good or bad. Our work started by getting Sean to feel his body and become aware of his sensations and deepen his breathing as his breathing was very shallow. We also worked on grounding, as Sean was very much in his head. We also had to work on setting boundaries, and saying "NO". Sean found out later in therapy that saying "NO", to him, meant possible loss of contact and love. As the work progressed, Sean began to show up late to our sessions, and at times did not show up at all without calling to inform me of his absence. This behavior was highly correlated with the building of the therapeutic relationship. In other words, any time that a strong bond was developing between Sean and me, he would behave in the ways that I mentioned, as if he wanted to disappoint and frustrate me so that I would reject him (just like his former therapist did). Interestingly, as he felt my frustration, he would take on a pleasing role, only to follow it with more disappointment. I brought up his behavior in a session to process and analyze it, and it became apparent to Sean that this is what he does with his parents, friends, and even college professors who were kind to him. He did not know why he engaged in this behavior of disappointing others who were nice to him.

I worked very intensely with Sean's sensations and feelings. He became aware of a deep sense of shame that he carried with himself from not living up to his parents' expectations. But his odd behavior of frustrating and disappointing others continued. He found a job and was terminated because of this behavior, even though his manager was fond of him. A few months ago, he excitedly came to a session after about a month of absence and mentioned that he had found a job several weeks ago, and that he has become friends with a few people in the company. He realized that he was repeating his pattern of disappointing them, which nearly got him fired again. Having worked on his sensations and feelings for many months, I felt he was ready to go deeper. I asked Sean what sensations he was aware of when someone was deeply fond of him. He said that he felt a strange sensation similar to anxiety in his stomach and his chest. I asked Sean to stay with those sensations and see what he felt was going to happen. His response was quite interesting. He said he felt he would merge with people who liked him, and that he would not exist as himself anymore! The meaning of his odd behavior thus became clear to him. He would disappoint and frustrate those who cared for him, in order to maintain some sense of self. Over several sessions he became aware of early childhood memories in which he had to lift his mother's mood by

cheering her up and pleasing her. But then she would not let go of him. All he could do was disappoint and frustrate her in order to get away from her, so that he could have some sense of self. He was stuck in a major dilemma. He had to cheer up his mother to receive contact and love from her, only to have to push her away to maintain some sense of self and thus lose contact. This was not acceptable to the young boy, and therefore he pleased her again to receive contact… He was stuck in a loop! Our work still continues, but Sean has been able to maintain his job for several months, has fallen in love for the first time in his life, and plans to go back to college when he discovers his passions. He no longer disappoints and frustrates those who are close to him and/or fond of him, and has become much more responsible in his life. My work with Sean was mostly concentrated on his sensations and feelings in order to strengthen his sense of self. Interestingly Sean's Oedipal conflicts are now beginning to surface, which we are currently working on. This case clearly indicated the need to engage in both psychology of the self and conflict psychology, but the body and the relationship were always at the center. The work with the body, through breathing exercises, grounding, and working on integrating sensation and feelings, were instrumental in this client's progress in therapy. Of equal importance was building the therapeutic relationship in which Sean could feel that I, the therapist, would not abandon him. And he tried hard, as he mentioned in one of his recent sessions. It was the containing of his feelings and emotions within the therapeutic relationship and the consistent work on his body that allowed Sean to slowly dissolve his defenses and develop a deeper sense of self. What was also crucial in his therapy was his idealization of me along with optimal frustration on my part within the therapeutic relationship in that I did not push him away when he frustrated me, but stayed with him, helping him to finally separate from his mom.

Summary and Conclusion

In this paper, an integrative model for developmental trauma was presented which attempted to integrate ego psychology, drive-conflict theory, somatic psychology, object relations, and self- psychology. The intention was to present a model that brought together the aforementioned schools of psychology. The intention was not to synthesize a new model based on existing ones. Specifically, it was argued that when a drive/impulse is formed (pleasure seeking or object seeking) in the child, and meets with parental frustration and negativity (frustrating object), it splits in two parts. Simultaneously, the frustrating object is also split in two: a good object and a bad object. The child idealizes the good object in order to survive. The child then internalizes the bad object, which goes through further splitting into frustrating and exciting aspects. The child identifies with frustrating aspect of the bad object, resulting in repression of the original drive/impulse and leading to parental introjects (origin of the formation of superego), having antilibidinal characteristic, and serving as internal saboteur. The second part of the split impulse/drive, corresponding to the exciting aspects of the bad object (libidinal ego), seeks the needed selfobjects which are meant to affirm the child's self and serve the mirroring, idealizing, or twinship needs of the child. Somatic aspects of the defensive mechanism for maintaining the repression of drives, in the form of muscular armor, were also discussed. The latest findings of neuroscience were presented to support the proposed integrative model, and it was shown that, based on this model, character structure could be viewed as developmental trauma. The importance of shame in the formation of developmental trauma was also discussed,

and supporting material from neuroscience was provided. The complementary nature of conflict psychology and psychology of the self, within the proposed integrative model, was presented with implications for body psychotherapy.

BIOGRAPHY

Homayoun Shahri, Ph.D., M.A., received his PhD in electrical engineering from Lehigh University in 1990, and his master of arts in clinical and somatic psychology from Santa Barbara Graduate Institute (now part of The Chicago School of Professional Psychology) in 2012. He is a marriage and family therapist and intern, and currently practices in Irvine, CA, USA. Homayoun is a Bioenergetic analyst and completed the Bioenergetic training program in the Florida Society for Bioenergetic Analysis, in 2009. He is a member of the Southern California Institute for Bioenergetic Analysis (SCIBA), where he is working toward the completion of his certification requirements. Homayoun is a member of the United States Association of Body Psychotherapy (USABP), International Institute for Bioenergetic Analysis (IIBA), and California Association for Marriage and Family Therapists (CAMFT).

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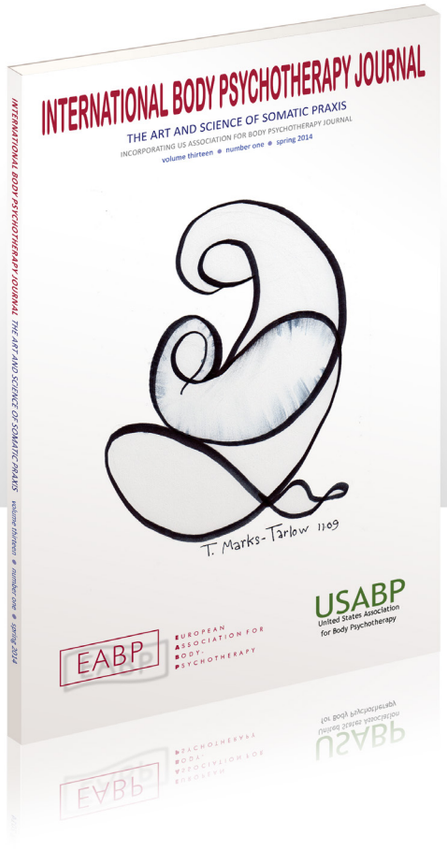

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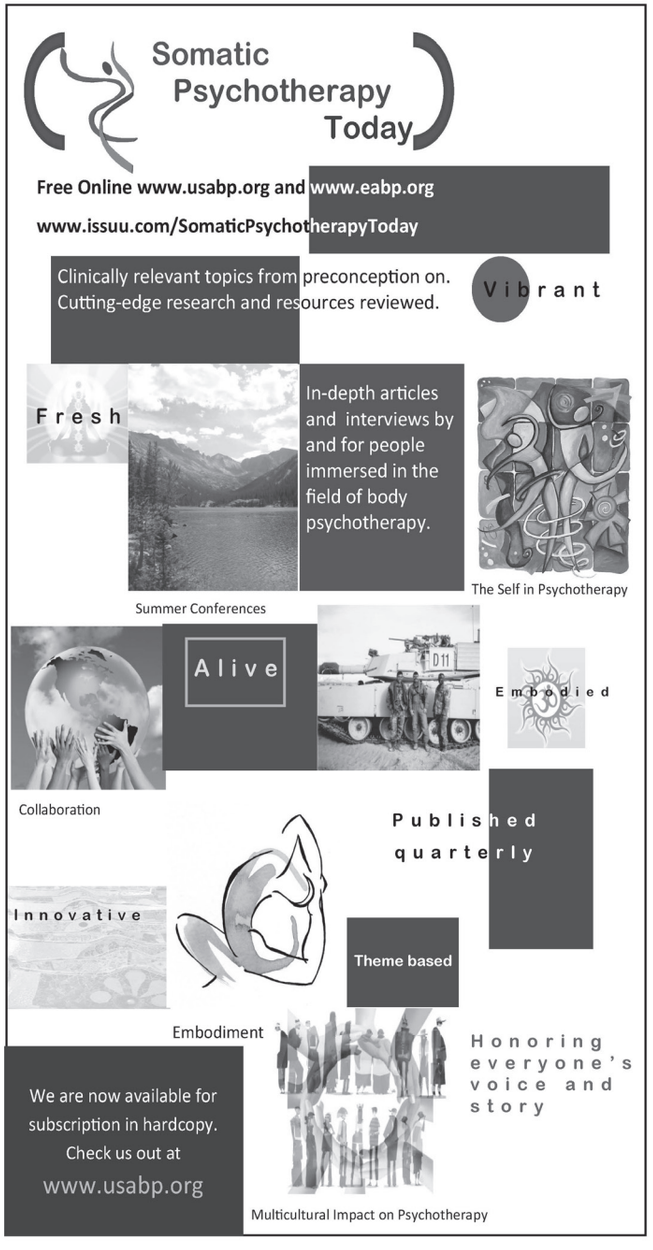

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