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THE HISTORY OF THE STUDY OF PSYCHIC TRAUMA
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In this paper, after defining and classifying psychic trauma, I shall outline the history of its study, with special reference to the field of psychoanalysis.

1 Definition and classification

DSM-III, in 1980, is the first edition of DSM that incorporated Post-traumatic (spelled with a hyphen) Stress Disorder (APA, 1980). The definition and description is short and essential (p. 236). Psychic trauma is defined as “a psychologically traumatic event that is generally outside the range of usual human experience”. “The characteristic symptoms involve reexperiencing the traumatic event; numbing of responsiveness to, or reduced involvement with, the external world; and a variety of autonomic, dysphoric, or cognitive symptoms.” Dissociative states are mentioned, and the importance of triggering events. Next comes classification. The trauma may be experienced alone (rape or assault) or in the company of groups of people (military combat).” “Stressors producing this disorder include natural disasters (floods, earthquakes), accidental man-made disasters (car accidents with serious physical injury, airplane crashes, large fires), or deliberate man-made disasters (bombing, torture, death camps).” “Frequently there is a concomitant physical component to the trauma.” “The disorder is apparently more severe and longer lasting when the stressor is of human design.”

In its clarity, this description can hardly be improved. Fifteen years later, DSM-IV (where “posttraumatic” is spelled without a hyphen) adds data on prevalence, which were lacking in the earlier edition.

2 History

This overview does not claim to be comprehensive. I shall quote some sources that I found particularly useful and are readily available.

A central source is the 1992 book by Judith Herman, *Trauma and Recovery* (Herman, 1992). This is a very valuable synthesis of the trauma literature of the previous decades. At the outset, the author states: “The study of psychological trauma has a curious history – one of episodic amnesia.” This is true generally, but it is especially true in psychoanalysis. An important contribution of Herman is the identification of complex PTSD, due to prolonged and repeated trauma. In this she follows Lenore Terr (1991), who distinguishes between Type I trauma (a single trauma), and Type II (prolonged and repeated trauma).

Another characteristic of this field is that it is ramified. There is not only one line of research, albeit intermittent. The subject has been pursued following different lines. Then the lines began to converge, and at present, with the concept of PTSD, an integration has occurred.

DSM-III distinguishes between trauma experienced alone and in a group. This, as Herman points out (op. cit., p. 4), amounts to distinguishing between “experiences of domestic and sexual life, the traditional sphere of women” and “the experiences of war and political life, the traditional sphere of men”. These are the two main groups of “deliberate man-made disasters” and will be the main focus of our discussion. In the second group I concentrate on war, but unfortunately there are many more man-made disasters. Lenore Terr (1991) describes a case of child kidnapping. In this meeting, Clarice Kestenbaum (2010) describes the terrorist attack on the Twin Towers. Instead, the trauma discussed by Matthew Tolchin (2010) belongs to the first group.

For purposes of classification, the traumas of women and children can be divided into sexual abuse, physical abuse, mental abuse and neglect, although these various forms are often intertwined. In pathological families multiple traumas occur. A typical sequence may be: rejection – physical abuse – sexual abuse.

2.1 The traumas of women and children

2.1.1 The sexual abuse of women and children

2.1.1.1 The sexual abuse of women and children. Early phase

One line of investigation concerns the sexual abuse of women and children. This line started in nineteenth-century French psychiatry, with which Freud came in contact during his trip to Paris in 1885-86. His early teacher was Charcot at the Salpêtrière. Charcot used to lecture on what were then described as hysterical patients, to whom he applied hypnosis. Rivalry developed between Freud and another pupil of Charcot, Pierre Janet. Instead of merely observing and describing, as Charcot did, Freud and Janet used to talk with the patients. They independently arrived at the conclusion that hysteria was caused by psychological trauma which produced an altered state of consciousness – what Janet called “dissociation” (Janet, 1898). Back in Vienna, in 1893, together with Breuer, Freud wrote the “Preliminary Communication” on “a new method of investigation and treatment of hysterical phenomena”. In this paper it is clearly stated that the causes of hysteria are psychic traumas, the memory of which has been retained in a “second consciousness”. The treatment consists in awakening the memory with its accompanying affect. The DSM description reads like a reformulation of the Preliminary Communication, except that “hypnotic states” are replaced by “dissociation”. This paper was later incorporated in the joint book by Breuer and Freud, *Studies in Hysteria* (Breuer and Freud, 1895), which contains Breuer’s case of Anna O. In April 1896, Freud gave his paper on “The Aetiology of Hysteria”, in which, on the strength of the recollections of his patients, he presented the theory that the origin of neurosis lay in early sexual traumas (Freud, 1896).

This paper received an icy reception. This is presumably what made Freud change his mind. As he said to Fliess in his letter of September 1897 (Freud, 1986), Freud no longer believed in the truth of his patients’ recollections. Instead, he ascribed them to infantile sexual fantasies. Freud’s change of mind is the subject of a book by Jeffrey Masson, *The Assault on Truth* (Masson, 1984). In this development, together with the denial of the reality of trauma, also dissociation as a reaction to trauma was abandoned. Repression, namely a horizontal split in the personality, took the place of dissociation, a vertical split. In psychoanalysis, a trace of dissociation only remains in Winnicott’s distinction of true and false self. All this became an ideology, which also included the neutral stance of the analyst and the primary nature of patriarchy. Deviations from this ideology elicited condemnation. Even if our training was not orthodox Freudian, I think we are all affected

by this ideology. For instance, I realize I have difficulty in recognizing a dissociative state in a patient, even if it takes place in my presence.

After the establishment of Freudian orthodoxy, Janet was forgotten, although he continued to work and write until his death in 1947. I take the opportunity of this meeting to mention an Italian psychotherapist, Francesco Ferrari, who followed a course similar to Janet's. He was a pupil of Auguste Forel, the predecessor of Bleuler as director of the Burghoelzli of Zuerich. Following his teacher, he treated his patients by placing them in hypnotic trance. He worked in Milan before WWI. After Freudian orthodoxy became established also in Italy, he continued his solitary work in the Twenties and Thirties, writing papers and books, completely ignored except by some appreciative colleagues who continued to refer patients to him. From his papers I quote in the references a case treated by the awakening of traumatic memories through hypnosis (Ferrari and Bianchi, 1915).

Condemnation, or excommunication, as I said in a recent paper (Bacciagaluppi, 2010), is what Ferenczi met with, when, in his paper on "The confusion of tongues between adults and the child", which he gave at the 1932 Wiesbaden Congress, he claimed once more the truth of childhood sexual traumas (Ferenczi, 1933). Ferenczi was an extraordinary forerunner of later developments not only on the issue of child abuse. In an earlier paper, "The Unwelcome Child and his Death Instinct" (Ferenczi, 1929), he also described the traumatic effect of child neglect. With Ferenczi's condemnation, amnesia concerning psychic trauma once more prevailed in the field of psychoanalysis.

2.1.1.2 The sexual abuse of women and children. Later phase

The thread of the sexual abuse of women and children was picked up again by the feminist movement in the Seventies and Eighties of the twentieth century. In her Chapter 1, Herman (1992) reports on two decades of empirical investigations on the sexual abuse of women. This subject overlaps with that of child abuse, because much information was obtained from the adult survivors of child sexual abuse. The results of a population survey reported in 1983 by Diana Russell are frightening. Russell concludes that "over one quarter of the population of female children have experienced sexual abuse before the age of 14, and well over one-third have had such an experience by the age of 18 years" (Russell, 1983).

These investigations occurred in the context of the feminist movement. It took a strong political movement to raise the issue, which is commonly denied in the family and in society at large by the wall of silence. It was then recognized that "the most common post-traumatic disorders are those not of men in war but of women in civilian life" (Herman, op. cit., p. 28).

Of course, the effects of child abuse are much more severe. "Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality" (p. 96). The child "must compensate for the failures of adult care and protection with the only means at her disposal, an immature system of psychological defenses" (ibid.).

2.1.2 Physical abuse

In the expression "physical abuse", the term "physical" refers to the means employed, but the trauma of receiving blows is of course psychic. In this area, the pioneering work is *The Battered Child* by Helfer and Kempe, the first edition of which appeared in 1968 (Helfer and Kempe, 1968). After an historical introduction, the book is full of horrifying radiographs of fractured skulls and long bones of babies. In an important chapter on the psychiatric study of abusing parents, Steele and Pollock regard role reversal as the chief characteristic of these parents. In role reversal, parents turn to their children for nurturing and protection, and get angry if they do not receive it. This concept will later be adopted also by Bowlby. A later book in this line of investigation is *The Battered Woman* by Lenore Walker (1979).

Previously, also this form of abuse was surrounded by the wall of silence. Gianni Guasto, who co-organized this meeting with me, told me that the radiologist Caffey described in 1946 a neonatal syndrome characterized by subdural hematoma accompanied by multiple fractures of the long bones, but did not dare to suggest that the cause was physical abuse on the part of the parents, as was indeed the case. The denial of the reality of child abuse in psychoanalysis may thus be a special case of a more general rule in medicine, consisting, at least in the past, in the denial of the reality of child traumas of any kind, physical as well as sexual, if inflicted by the parents.

Helfer and Kempe describe extreme forms of abuse. De Zulueta (1993) discusses the perpetuation of violence in society in a more subtle form, that of socially sanctioned, or legitimate, violence, such as the physical punishment of children. This was also a concern of Alice Miller, who will be discussed below (Miller, 1990, Appendix D).

2.1.3 Mental abuse

Adults may express hostility to children by purely verbal means. In a paper specifically addressed to therapy, "Attachment, communication and the therapeutic process", Bowlby (1988, pp. 147-148) lists the following situations: threats not to love a child used as a means of control; threats to abandon a child; threats to commit suicide ("such threats strike terror"); disclaimers and disconfirmations ("What makes it far worse is when ... (parents) disclaim having said any such thing").

Another way of expressing hostility is through child-rearing techniques – what Alice Miller (1980) calls "poisonous pedagogy". The classical example is Schreber, whose father applied sadistic pedagogical techniques to him. In his famous autobiography that was analyzed by Freud (1911), Schreber applies to himself the term "soul murder". This was also the title of books by Schatzman (1973) and Shengold (1989). In discussing Schreber, Freud again denies the reality of childhood trauma and ascribes Schreber's madness to his "impulses". Schatzman instead ascribes Schreber's madness to his father's sadistic educational methods (Bacciagaluppi, in press, b).

Another form of mental abuse takes place when parents delegate a role to their children. Delegation is a concept of the German, American-trained, family therapist, Helm Stierlin (1973). This is how Bowlby (1988, p. 150) describes this situation: "(a) cause of a child's unusual role is when one or other parent identifies one child with a relative, often one of the child's grandparents, with whom he or she has had a difficult relationship, and who then re-enacts that relationship with the child."

2.1.4 Neglect

At the beginning of life the infant requires a primary relationship as distinct from the need for nourishment. In hospitalism, described by René Spitz (1965), hospitalized babies, although regularly fed, would waste away, and sometimes die, due to the lack of a consistent relationship.

Later, the need for a primary relationship was given a firm theoretical grounding by John Bowlby (1969). The child's attachment to the mother, and the mother's complementary caregiving behavior, is a pattern which was selected in the course of biological evolution because of its survival value. The survival value lies in the protection from predators afforded by proximity to the mother. We share this pattern with mammals and birds. The time dimension of this interspecific comparison is of the order of millions of years. Bowlby (1973) made clinical observations of the effect on babies of prolonged separation from the mother, both physical and due to the mother's emotional unavailability. The baby's reaction goes through three phases: protest, despair and detachment. Protest is fueled by the "anger of hope", or functional anger. If separation is prolonged, the "anger of despair", or dysfunctional anger, sets in (Fromm's destructive aggressiveness).

In 1986, Mary Main described D-type attachment (disorganized/disoriented) as the infant's reaction to an unavailable mother at birth (Main and Solomon, 1986). This is the severest trauma of all. Evolution did not foresee an unavailable mother at birth. The infant is not equipped to cope. It can only react with psychic disorganization and fragmentation.

2.2 The traumatic neuroses of war

Another line of investigation concerns the traumatic neuroses of war, which Herman also discusses in her Chapter 1. Here "episodic amnesia" is very obvious. In World Wars I and II, traumatic neuroses were the object of concern as long as the war lasted and traumatized soldiers had to be reclaimed in order to be sent back to the front line. Between one war and the other, the matter fell into oblivion.

However, a line of development may be discerned. At the beginning of WWI the effects of trauma were thought to be of a physical nature and were described as "shell shock". Later, when it was recognized that the effects of trauma were of a psychological nature, two approaches emerged: one considered the traumatized soldiers to be constitutionally weak and cowardly and to require a punitive treatment. The other approach advocated humane treatment.

In WWII, stigma no longer applied to combat neurosis. The emphasis was still on returning men to the front line, after the recovery of traumatic memories and their cathartic reliving. To this end, as Herman (1992) reports, Abram Kardiner and Herbert Spiegel employed hypnosis, while Roy Grinker and John Spiegel employed sodium amytal. Both these teams recognized the importance of the emotional attachment between the soldier, his unit and his leaders. After the war, the familiar amnesia set in.

It was only after the Vietnam war, when traumatized veterans got organized, that the matter continued to be brought to public attention. This is the development that led to the definition of PTSD and to its incorporation into the DSM in 1980. Since then, PTSD has become a paradigm for the description of all forms of psychic trauma.

Freud also dealt with war neuroses. In an introduction that he wrote to a small book on the subject he took a narrow view (Freud, 1919). He says that "the war neuroses are only traumatic neuroses" (p. 209). He has no recognition of their long-lasting effects: "When war conditions ceased to operate, the greater number of the neurotic disturbances brought about by the war simultaneously vanished" (p. 207). This is the exact opposite of the observations that led to the formulation of PTSD.

2.3 John Bowlby

After discussing Bowlby's attachment theory, I wish to present his position regarding psychic trauma. At the beginning of his work, when discussing the effects of separation and loss, Bowlby described them as "real-life events". Their traumatic nature was only implicit. Towards the end of his life he explicitly recognized the importance of traumatic events. In a paper on "Violence in the Family", which he gave in the United States in 1983 and which was reprinted in *A Secure Base* (Bowlby, 1988), he states at the outset: "as psychoanalysts and psychotherapists we have been appallingly slow to wake up to the prevalence and far-reaching consequences of violent behavior between members of a family, and especially the violence of parents". "Since ... violence breeds violence, violence in families tends to perpetuate itself from one generation to the next" (Bowlby, 1988, p. 77). Bowlby ascribes this slowness to Freud's "disastrous volte-face in 1897" (p. 78).

If Bowlby was slow in acknowledging the traumatic nature of "real-life events", he always recognized the importance of dissociation. In chapter 4 of *Loss* (Bowlby, 1980, p. 57), he agrees with the "neo-dissociative" position of Hilgard, who refers back to Janet.

2.4 Alice Miller

Any discussion of psychic trauma should pay tribute to Alice Miller, who died earlier this year (Bacciagaluppi, in press, a). I shall describe her as a Swiss psychotherapist, in order to defer to her desire not to be called a psychoanalyst, after she resigned from the IPA in 1988. Her main concern has always been childhood trauma. This received the customary disapproval on the part of the orthodox, which led to her resignation. She then ignored psychoanalysts, also the non-orthodox, so they in turn ignored her. Miller responded by pursuing her solitary road with a number of books, thirteen in all. She relied on a public of staunch readers, with whom she also kept in touch through her website. In addition to childhood trauma, another constant concern of hers was the reaction of the body through psychosomatic symptoms if the trauma is not addressed (Miller, 2004). Another consequence of the denial of trauma may be destructiveness, as she shows in her portrayal of dictators such as Hitler, Stalin and Ceausescu (Miller, 1990; for Hitler, also 1980). I find her work admirable, and her isolation regrettable. It prevented her from having contacts with other authors whom she would have found congenial, like those in the next section.

2.5 Later developments: the relational model

I pick up another thread. Ferenczi's contributions were manifold. In addition to the rediscovery of trauma, they included the loving nature of the mother-child relationship and the intense participation of the therapist. He exerted his influence on both sides of the Atlantic. In Britain his influence was largely indirect. In the United States it was very explicit. Fromm and Sullivan, who co-founded the William Alanson White Institute in 1946, were both staunch admirers of Ferenczi, and Sullivan sent Clara Thompson to Budapest to be analyzed by him. These developments led to the relational model in psychoanalysis, described by Greenberg and Mitchell in their book, *Object Relations in Psychoanalytic Theory* (Greenberg and Mitchell, 1983).

However, if the relational model took over from Ferenczi the primary nature of the loving mother-child relationship and the intense participation of the therapist, it lacked an integration with the trauma literature. This integration took place in the Nineties with two outstanding books. One was *Treating the Adult Survivor of Childhood Sexual Abuse*, by Davies and Frawley (1994). This book is chiefly concerned with female survivors. One important contribution is the definition of four pairs of relational positions that emerge in work with these patients: the sadistic abuser and the helpless victim; the nonabusing but nonprotective parent and the unseen, neglected child; the seducer and the seduced; the omnipotent rescuer and the needy, entitled child.

Five years later, *Betrayed as Boys*, by Richard Gartner, appeared, addressing male survivors (Gartner, 1999). Gartner points out that, while the prevalence of the sexual abuse of boys is probably lower than that of girls, it is nonetheless underreported for cultural reasons. For example, if a boy has sexual contacts with an adult woman, the prevailing culture tends to define this not as violence but as an initiation.

To conclude this section on the relational model, it is fitting that we should pay tribute to Ferenczi as its initiator, but also as the first to integrate it with the subject of trauma. It is therefore appropriate that in this meeting Gianni Guasto should devote his paper to him. As I said in Florence last year, the issue of trauma is so important in psychoanalysis that, if it was not addressed in our training analysis, we should address it in self-analysis.

2.6 Recent advances

If I were to condense in one word the approach that best characterizes the most recent advances I would say "neurobiology". This is the aspect which is addressed in this meeting by Richard Brockman (2010). Recent work consistently tries to integrate earlier paradigms, such as attachment theory and the trauma literature, with issues of cerebral maturation and integration. In the first year

of life the brain is still immature. Myelination must be completed. Connections have to be established, both horizontally, between the hemispheres, and vertically, between the cortex and subcortical areas. Secure attachment ensures maturation. On the contrary, traumatic experiences, both neglect and abuse, lead to an interruption of integrative processes and thus to brain damage.

One important book in this area is *Healing Trauma*, edited by Solomon and Siegel (2003). In addition to the two editors, contributors include attachment researchers (Mary Main, Allan Schore), a trauma specialist (Bessel van der Kolk) and two followers of the brief therapy approach (Diana Fosha and Robert Neborsky). In particular, Schore discusses affect dysregulation due to trauma, leading to the psychopathic personality, characterized by cold blooded rage, and the borderline personality, characterized by hot blooded rage.

A more recent book is *Psychosis, Trauma and Dissociation*, edited by Moskowitz, Schaefer and Dorahy (2008). The book explores the developmental pathways leading from trauma, through dissociation, to psychosis or dissociative disorders. There are several historical chapters, one of which is entirely devoted to Pierre Janet. One important suggestion that emerges from the book is to introduce “chronic relational trauma disorder” into DSM-V. What is lacking in this book is a discussion of the contribution of trauma to severe somatic conditions such as CVA and malignant tumors. This, instead, as we have seen, was a constant concern of Alice Miller.

Finally, a book that was published this year, *Formative Experiences*, edited by Worthman et al. (2010), has two chapters on the intergenerational transmission of trauma. This issue is addressed in this meeting by Erminia Scarcella (2010).

3 Discussion

What I find lacking in the literature I have examined is the search for the remote causation of war and sexual violence. I believe this search requires reference to a higher systemic level, namely the sociocultural level, and to a longer time dimension, namely that of prehistory. Judith Herman is a partial exception, when she says that the concept of PTSD was only established thanks to social movements such as the self-help groups of Vietnam veterans and the women’s liberation movement. I think Erich Fromm can be of help in both the directions I have indicated.

1. In Fromm’s psychoanalytic social psychology, the social character is the character structure of the majority in a given society. It is created through the agency of the family and serves to perpetuate the society. If the social character is the authoritarian personality, described by Adorno (Adorno et al., 1950) and by Fromm himself (Fromm, 1941), this explains the widespread occurrence of violence and the traumatic socialization of children.

2. In 1861 Bachofen described the matriarchal culture which in prehistory preceded patriarchal culture. Fromm rediscovered Bachofen in an essay of 1934, later reprinted (Fromm, 1970). More recently, the prehistoric dimension was highlighted by Riane Eisler in her book, *The Chalice and the Blade* (Eisler, 1987). Following the archaeologist Marija Gimbutas, she juxtaposed the matriarchal culture, which she prefers to designate as a partnership model, based on caregiving and sharing, to the predatory patriarchal culture, which she calls a dominator model. The matriarchal culture lasted tens of thousands of years. The patriarchal culture has only lasted a few thousand years. In the light of this different time dimension, it may be assumed that the matriarchal culture is in our genes, while the patriarchal culture is not. Since the advent of patriarchy, the original culture is submerged and forbidden. At every generation patriarchy has to assert itself by the violent and traumatizing socialization of children.

These two dimensions may be viewed as converging, if we consider that predatory patriarchy is characterized by the authoritarian personality. All this may be regarded as the remote causation of psychopathology and social pathology.

A unified theory of man-made trauma may emerge from this discussion. At bottom, what is traumatizing, both in war and in the abuse of women and children, is that one’s fellow man can become a predator. For children, it is worse if the predator is a parent. This happens because we

live in the unnatural culture of patriarchy, characterized by intraspecific predation, which does not exist in other species. This basic trauma elicits primitive defenses. In war, the defense of “pseudospeciation”, a term which Konrad Lorenz took from Erik Erikson. In the abuse of women and children, the defense is dissociation. However, these defenses are illusory, and in both cases PTSD ensues.

4 Conclusion

In the light of this discussion, Ferenczi may be viewed as representing the reemergence of the original caregiving culture, which elicited a violent reaction from the patriarchal Freudian establishment. Thanks to Ferenczi, matriarchal values reemerged in psychoanalysis on the two sides of the Atlantic, more explicitly in the United States. The loving approach in psychoanalysis is thus synthesized by Fromm in a note unpublished in his lifetime: “Understanding and loving are inseparable” (Fromm,). Caregiving gives rise to concern when the child suffers.

However, we must still be on our guard against the episodic amnesia of psychic trauma. When last year I opened a debate on trauma in OPIFER, I received just one answer. On the other hand, in 1997 OPIFER organized a meeting on trauma, and in 2002 we had a Joint Meeting with the Academy on the subject. So, also OPIFER is liable to episodic amnesia. It is gratifying that this year the Academy meeting in New Orleans, and now this Joint Meeting, both address the subject of psychic trauma. I hope this concern has come to stay in both our organizations.

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