

THE CONCEPT OF PSYCHIC TRAUMA

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INTRODUCTION

The subject of psychic trauma, considering its centrality, has hardly been sufficiently dealt with in our psychoanalytic literature. The practicing psychoanalyst or clinical psychiatrist deals essentially with the results of traumata or of traumatic influence. Yet, although references to "traumatic events" appear in almost every clinical report, the subject has to my knowledge never really been dealt with in and of itself in a holistic or systematic way.

My own interest in this subject, which was the spur to the present paper, was stimulated by participating in two recent Symposia on this subject held within a relatively short span of time. One was the Research Symposium on "Infantile Trauma", held in New York in the Spring of 1964 under the auspices of the Psychoanalytic Research and Development Fund, which was the stimulus for the publication of this present Volume. The other, held independently a year later, was a Panel on "The Concept of Trauma" at the meeting of The American Psychoanalytic Association in May, 1965 (3), which provided the opportunity for further elaboration and an additional view. I will aim in this paper to present a composite of my contributions to both of these discussions, representing a summary of my views on this subject.¹

1 Other condensed versions of this paper were presented at a meeting of "The Psychoanalysts of the Southwest" and the Department of Psychiatry, Neurology and Behavioral Sciences of the University of Oklahoma Medical Center, Oklahoma City, September 24, 1965; and to the Philadelphia Psychoanalytic Society, October 22, 1965.

Both of the above discussions provided an opportunity for a reassessment and, as has been done with many other subjects in recent years, for a reformulation of this subject in the light of new advances and recent directions in our field. Thus, for example, in the historical development of our field not only the role of trauma but our views of almost all aspects of the total integrated theoretical psychoanalytic edifice have undergone a steady advance and proliferation in many crucial and significant directions. I might mention in this connection the new dimensions in ego psychology, our increased understanding of character formation in addition to symptom neuroses, new advances still only in their beginning phases in our understanding of superego development, and extensions of our metapsychological points of view to encompass new adaptive potentials. These frontiers, though actively engaged, are no doubt still virginal. I would like, for my part in this Symposium, to take a broad view of our subject of trauma to include these current new perspectives and the various points of view which they entail.

To approach our subject with what I hope will be a logical sequence and to aid in its understanding, I would like to first indicate the framework and skeletal outline of what I propose to consider and the order which I plan to follow. In the face of the breadth of the subject, I will elect to apply a broad and extensive view rather than an intensive or detailed one, at the expense of being able to be complete about any particular or specific aspects. My aim will be not for a total coverage of

what in life must perforce be a rather limitless and varied area, but rather for some highlight observations from the standpoint both of their being important as well as typical and characteristic.

I will first start with a brief historical review, in which I will select and record four different nodal explanations given by Freud during different historical periods in his evolving concepts of trauma. I will then consider the subject from a phenomenologic and descriptive point of view, with respect to the range and spectrum of empirical data and observations. In addition, in the interest of a comprehensive approach, I will include certain constitutional considerations which are relevant in determining the potentials for and the vicissitudes of trauma. After these, and most important, for an explanatory viewpoint, i.e., to conceptualize and understand the mass of available observational data, I will proceed, in a manner familiar to psychoanalysts, to encompass the data from all the various existent metapsychological points of view. This, in fact, will comprise the bulk of this paper. In consonance with previous experience, as with all other psychological phenomena which one hopes to encompass in depth, in all dimensions and from all possible aspects, the most productive and global approach is to apply to them the scrutiny which comes from all of these metapsychological points of view which comprise our present theoretical psychological system. Freud has emphasized and has well demonstrated this method of approaching and encompassing psychic events. Finally, I will attempt to narrow down

and integrate what we will have collected up to that point into a theory of psychic trauma and to come as close to a definition as we can. The aim will be to include in this integration the various points of view referred to above and the previously given explanatory attempts adduced from the historical literature. In any such attempted definition, the goals of parsimony and of including all sine qua nons will be striven for.

This then is the intent of this paper and the method and sequence which I intend to follow in encompassing our subject of psychic trauma. One thing further: although the subject assigned (to the first of the two Symposia mentioned above) was on "infantile trauma", my contribution, as was intended, will approach the subject mainly from the vantage point of reconstruction in adults, which will also help to establish and emphasize a line of continuity. Moreover, I will be studying the subject, it will be seen, not from the narrower point of view of pathogenesis but from the wider view of a general psychology.

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HISTORICAL

First, to make a brief historical statement, trauma, more especially external trauma, was a central tenet in Freud's early theories and was at the heart of his early explanations about neurogenesis. Freud's first theory regarding external seduction, for example, was centrally a traumatic one. When, in subsequent theoretical developments, external seduction gave way to inner

fantasy, external reality to psychic reality and external pressures to the strength of inner instinctual drives, trauma did not necessarily recede in importance but merely changed its locus. There has been a continuous evolution and increasing understanding with our expanding knowledge as to what trauma is, what its varieties may be, where it can come from and what it does. In the present state of our psychoanalytic psychology, trauma has a more varied, subtle and rich texture, both in our theoretical concepts and in our clinical confrontations with its manifestations.

Various explanations or at least points of emphasis not quite to the point of definitions have been given by Freud in scattered references regarding the essence and nature of trauma during the various phases of the development of psychoanalytic theory. These have been extensively reviewed by others in this Symposium, especially by Greenacre (22) and by Furst (17).

I would like for my part to select and to single out from among these the following four major concepts, first because they represent, in my opinion, the nuclear developing ideas of Freud's regarding the essence of trauma, and second because they all will be seen to fit in and to be included in the final integrated theory of trauma which I will later construct. These ideas, and the historical sequence in which they appeared, were as follows:

1) In 1893, in his "Studies on Hysteria" (with Breuer, 2), Freud regarded trauma as "any experience which calls up distressing affects such as those of fright, anxiety, shame or physical pain . . . "

2) In 1917, in the "Introductory Lectures" (11), the central idea was "an excessive magnitude of stimuli, "too powerful to be worked off in a normal way ".

3) In 1920, in "Beyond the Pleasure Principle" (12), came the most important concept of "the breakthrough of the stimulus barrier", "any excitations which are powerful enough to break through the protective shield", a disturbance connected with "a breach in an otherwise efficacious barrier against stimuli".

4) In 1926, in his definitive reformulation of the problem of anxiety in "Inhibitions, Symptoms and Anxiety" (14), Freud saw trauma as the state of psychic helplessness, a situation of helplessness that has been actually experienced, as differentiated from an expectation of danger.

I would have us note that each of the above explanations has a different center and a different point of emphasis. I will attempt in this paper to integrate these various concepts and explanations into a composite whole, and to show that they are not contradictory or mutually exclusive but rather that they interdigitate with each other. This integration, however, will come after many more preliminary considerations as indicated above.

PHENOMENOLOGIC

To turn next to say a few words regarding phenomenology, it is difficult to make adequate and sufficient generalizations to cover the great variety of insults which can set off the

traumatic sequence and the kaleidoscopic possibilities of what can thus come to constitute psychic trauma. (We are speaking here of the precipitating traumatic events, which are frequently loosely referred to as "the trauma" itself. The rigorous differentiation between the successive phases of the traumatic sequence of events or of what constitutes "trauma" will be elaborated upon in later sections and is in fact the goal of this paper. But here we are describing where trauma can come from and what constitutes its beginning phases. The resulting intrapsychic traumatic state, i.e., the state of psychic helplessness, is a more uniform psycho-economic state; the several variations in its phenomenologic aspects will also be described in a more appropriate section later in the paper).

From without or from within, from bodily ill to world event, "the trauma" can come from any direction, from any locus, and can be of any magnitude. To make an analogy with physical insult, it may be constituted of the psychic equivalents of a series of pin pricks rather than a crushing blow; a gnawing from within rather than an oppression from without; or a process comparable with being teased apart as much as one of being pressed down upon. Although caution is necessary in making such physical comparisons, I believe that one can readily think of psychological counterparts for all of these physical pressures. A gradual and piecemeal teasing apart of the self esteem, for example, can be quite in contrast to, and yet can have an equally deleterious effect as a crushing rejection or abandonment from without by a loved object. Such parallels between physical and psychological processes are

not unknown or even untraditional among us. Freud (10) originally leaned heavily on neural and physical prototypes for his earliest psychological formulations. Greenacre (18,19) has since elaborated in great detail on the earliest psychobiological unity existing in infancy and on the subsequent parallel development as well as the interdependence between psychological and physical growth. The derivation of psychological coldness or warmth from similar earlier physical sensations and the relationships between early psychological defenses and parallel and related physical precursors have been described by Greenacre (21), Spitz (60), and others.

CONSTITUTIONAL

This is a good point at which to consider and discuss constitutional factors, which cannot be left out in connection with this subject any more than elsewhere. The very biological limitations built into the organism are a source of future traumata. From the process of birth onwards the relative incapacity of the organism to deal independently with the overwhelming physical odds against it is a physical and inborn source of the traumatic state. This continues for a certain and prolonged period, even under the best of circumstances. (Indeed the protracted period of dependence of the young of the human species is responsible not only for the prolonged period of helplessness but for man's achievements as well. The early structural differentiation into ego and id which results from this protracted helplessness is mainly responsible,

Hartmann (25) suggests, for the differences between the instinctual behavior of lower animals and the behavior of human beings).

Innate differences exist both in the potentiality of the organism to provide psychic trauma as in its varying capacity to suffer or deal with it. In the former category belong the constitutional strength and tenacity of instinctual pressures, the relative strengths of aggressive versus libidinal drives and the relation between the instincts and the inborn capacities of the particular ego to perform its various functions vis-a-vis them. Differences exist in the intensities of symbiotic needs, which bring with them different potentialities of exposure towards trauma by separation.

Instrumental in determining one's relationship to and fate towards traumata which do impinge are certain specific attributes of the inborn and inherited ego apparatuses (Hartmann, 24,26), and the specific capacities of the latter to deal with the traumata of the "average expectable environment". The nature and strength of the inborn defensive thresholds (Rapaport, 47) and the constitutional make-up of the stimulus barrier are among such variable factors crucial in determining the ego's resistance to trauma. Just as Bergman and Escalona (1) have pointed out unusual sensitivities which exist in this regard from the beginning, so also are there those with unusual toughness and with an early and happy ability to withstand average traumatic intrusions. Such factors must be given their due place in a total evaluation of the role and fate of traumata. Anna Freud (8) has remarked on the impressive

and far reaching adaptive implications of a young child's early ability to simply say "O.K." when confronted by a difficult and potentially traumatic external situation.

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We are ready to turn now to consider the subject of psychic trauma from each of the metapsychological points of view.

THE ECONOMIC POINT OF VIEW

In a somewhat arbitrary way, but one which is in deference to the chronology of the historical development, we will take as our jumping-off point economic considerations. There is no doubt that Freud's initial concept of trauma was clearly related to what was to become the economic principle of mental functioning - - and with it was tied up early to the concepts of homeostasis, the nirvana and the pleasure-pain principles. All of these, as is always noted in the reviews of the historical development of Freud's thinking, were based predominantly on quantitative considerations and on concepts of the interplay of quantities of psychic energy. In fact, it was precisely by way of these views on the nature and mechanisms of psychic trauma that the economic point of view became one of the first to develop in our evolving metapsychology.

"It is only the magnitude of the excitation", writes Freud (15) as late as 1932, "which turns an impression into a traumatic factor, which paralyzes the operation of the pleasure-pain principle and gives significance to the danger situation". Similarly, the pleasure-pain dichotomy itself was also explained by Freud initially

in economic terms, i.e., whatever resulted in a decrease in tension led to pleasure and an increase eventually to pain. Schur (51) quotes Schneirla's conclusions in the same direction from his evolutionary experimental work with animals, i.e., that there is "convincing evidence that stimuli of low intensity generally initiate approach responses, while stimuli of high intensity initiate withdrawal".

Increasing clinical experience and subsequent more sober theoretical reflection gave pause both to Freud and to many later students of the theory of affect about the validity and consistency of this early appealing and insightful formulation. From his studies on masochism, Freud (12,13) himself modified his original concept with the recognition that both pleasure and unpleasure can be connected with either increase or decrease of psychic excitation. I mention this in this connection because of the relationship of the onset of unpleasure to the definition of what can become trauma. Freud (2), it will be remembered, in one of his early descriptions referred to above, restricted traumatic stimuli to those which are accompanied by the release of any distressing or unpleasurable affect (we will add other criteria to this definition below).

Many other puzzling exceptions to the above original formulation of Freud's regarding the increase and decrease of psychic stimuli were to be subsequently noted. To mention a few of these, there are the complex psychoeconomic conditions associated with orgasm, where pleasure is associated with the build-up of tension,

and various disturbing affective states in which a precipitous decrease or release of psychic tension is accompanied by an increment of traumatic unpleasure. More recently, Jacobson (28 29) has elucidated on the complex relationships which have to do with the speeds, rates and rhythms of psychic discharge processes as they influence the pleasure and unpleasure qualities of affects, and hence on what types of stimuli and discharge processes can have traumatic effects. Needles (39), addressing himself to the same continuing enigma of the characteristics of the economic factors behind the experience of pain and pleasure, comes to the conclusion that it is necessary to adduce certain as-yet-unknown biological and constitutional factors to explain the determination of pleasure and pain.

Nevertheless, in spite of the problems which accrue, the point is to be made that the original connection between trauma and "the magnitude of excitation" cannot be left out, although it has to be added to and refined. It is not the whole story and the factors involved are complex. It is common experience that certain stimuli, trivial in quantitative terms, can exert a powerful traumatic effect, and that other stimuli of quite formidable magnitude can often be easily tolerated. But quantitative and economic considerations of subtle and varied types do obtain in determining whether a particular stimulus will be pleasurable and stimulating on the one hand or traumatic on the other. Often the line between them is a thin one. In clinical instances eliciting awe for example, as in awe of the penis (Greenacre, 20) in both men and women, it is often an uncertain moment as to whether the

stimulus will go on to positive and pleasurable affect or to have traumatic effect. But one factor among many does relate to the quantity of force impinging, the quantity of structure impinged upon and the quantity of energy released or displaced per unit of time (this factor will be discussed further below) - - in relation to the quantitative and qualitative capacities of the ego at that particular moment of its time-space orbit. The latter, however, relating to the capacity of the ego, introduces a new factor, which will also be enlarged upon below.

While a number of other points could be made about the role of economic factors in determining the occurrence and the nature of trauma, I will be able now to select only a few of those for mention which I consider especially significant. One is that economic factors themselves are subject to the genetic developmental process and undergo phase-specific modifications with development and maturation. This obtains not only in the early formative preoedipal and oedipal periods but throughout the entire life cycle as described by Erikson (6). Economic conditions which are traumatic early can be not only tolerable but sought for at a later stage. The same variations obtain here as apply to the changing conditions of pleasure-seeking, of object-seeking and even of tension-seeking versus tension reduction during the course of life development. The excitements of adolescence would be unbearably traumatic in old age, while the sought-for "calm" of middle life might constitute an intolerably traumatic boredom at certain stages of youth. Thus the magnitude of excitation, or

indeed the degree of absence of excitation, are significant factors only in relation to many other conditions of the host.

One other consideration in the area of quantitative factors which I consider of special interest and significance in relation to arriving at a precise concept of trauma is the question of the extent or the "bigness" of the "trauma" which is required to justify the use of the term. In my view, the intrapsychic chain of events leading to the state of traumatic psychic helplessness (these events will be spelled out in specific detail below) may range from partial to complete. Clinically, one rarely sees the complete form, at least in adults or in older children, to the extent of psychic helplessness in which the ego is completely overrun, has lost every modicum of its available resources and is a completely helpless and passive victim. When this does occur, one may see clinically either a wild, aimless, incoordinated motor thrashing, or a state of paralysis or frozen immobility, or else at other times a state of limpness and atonia which may precede a faint. (These are the phenomenologic variations in the traumatic state to which I referred above). The regressive ego disorganization which occurs would be to the state of psychic organization (or lack of it) characteristic of the neonate, as pointed out by a number of the discussants in last Year's Symposium on Infantile Trauma, especially by Anna Freud (9), Waelder (61) and Greenacre (23). Anna Freud more specifically described it as a pre-ego state.

More frequently seen, however, in clinical and life experiences are either partial states of such helplessness and loss of control or else, as Keiser (31) has pointed out, the possibility of disorganization or impairment of certain selected ego functions while others may remain uninvolved. There must be, however, a sufficient or significant degree of such loss present, of such a "hurt" to the organism, before the occurrence can justify the label of "trauma" or "traumatic". While the degree of such breakdown required might vary somewhat among analysts in accordance with individual analytic experience, clinical feel, or theoretical taste, I believe we should and can all agree upon some reasonable common consensus as to a degree of disorganization or helplessness necessary to render the term meaningful. Otherwise, at the other end of the spectrum, to stretch the term to include occurrences too mild in degree would invite semantic confusion and render our terminology useless. Partial to the point of triviality would not suffice. Just as Hartmann (24) pointed out that not every disturbance of psychic equilibrium constitutes intrapsychic conflict, so is not every intruding stimulus a traumatic one.

However the same caution needs to be applied at the opposite extreme as well, i.e., just as the concept of trauma cannot be extended to include the trivial, so in my opinion must it equally not be restricted to refer only to the catastrophic. There was much discussion in the previously referred to Symposium on Infantile Trauma about this question of the degree or extent or "bigness" of "trauma" required. In the early part of the discus-

sion, in what almost came to be looked upon as "the good old days", the traumata which were mainly referred to, essentially by the "older" analysts, were "big ones", severe, cataclysmic, what were spoken of as "real" traumata (!?). In fact, a concern was expressed that the term "traumatic" was being diluted too much, almost to the extent of losing its meaning. Dilution of terms was generally an American trait, it was ventured, so that, for example, to a European the word "starving" meant that someone was emaciated from having literally nothing to eat, while in America this same term might simply mean that one could not easily afford a second glass of beer ("although in England", another discussant added, "if a man is starving, we say he's going hungry". (!)). Or in this country, it was said, "to have power over" might simply mean "the ability to influence" while in Europe (at least the Europe of a few decades ago), it meant "who can arrest or shoot whom". Whatever truth exists in these observations puts me to mind of a patient in "Hollywood" who, when missing an appointment, sent a telegram to the analyst with a message like "Sorry. Will miss appointment today. Love". (!)

Nevertheless, I do feel that we see all variations of psychic trauma and of traumatic effect from the most severe to relatively more mild. As the above discussions progressed over the course of several days, and a great variety of clinical experiences unfolded and were exchanged, although it admittedly troubled a number of those present, the net became more inclusive and it was seen necessary to encompass relatively less intense and more cir-

cumscribed events under the concept of trauma (although as stated above, not to the point of triviality). Waelder (61) for example, in close to a final statement, recalled that Freud himself had used trauma in two senses, one for events which could only be seen as cataclysmic, and one which would include the experience of a one year old boy whose mother leaves the room and he then plays peek-a-boo. This latter may not qualify, but it makes the point.

There is of course no reason to lament these trends nor does it mean that we are getting soft. We have no choice but to recognize changing forms and changing patterns of neuroses, and these include patterns of traumata. The latter have become more subtle, more complex, more partial, and often much less discernible. Not only has the locus and emphasis shifted from external to internal, but various new forms, both quantitatively and qualitatively, have come to be understood. Thus Ernst Kris (34) has pointed to the differentiation between "shock trauma" and "strain trauma". Much elaboration of these and other concepts have come from others; by Sandler (50) on strain trauma; Khan (32,33) on cumulative trauma; others on partial trauma, chronic trauma, screen trauma, retro-
retroactive trauma. spective trauma, Greenacre (23) refers to trauma which acts like an erosion, and Waelder (61) to differences between revolutionary and evolutionary processes, although he would restrict trauma to the former. Waelder also correctly points out that a strain may be not a trauma but a prolonged state of tension without discharge. I would agree with this and have pointed to the same discrete state of tension in describing the sequential occurrences in intrapsychic

conflict (Rangell, 44,45). Only when the strain finally results in a break is there a trauma, but I would put it that there can be many "little breaks". Solnit (57) suggests that trauma may need a definable end-point.

Keeping in mind the need to fulfill certain minimum prerequisites (which I will summarize in more specific detail below), we need not hesitate to recognize the existence of these diverse types of ubiquitous life experiences. I referred elsewhere to a variety of such chronic phenomena as "the wear and tear of everyday life" (Rangell, 42), and in another connection have described more acute although equally common instances of traumatic disequilibrium in situations of sudden and acutely painful loss of social poise (Rangell, 40). As instances of the latter, one can think of the state of becoming flustered or of losing poise in certain sudden social situations. Such might occur, for example, in the simple act of entering a room and being confronted suddenly and by surprise with certain people or situations which one cannot immediately absorb or master, resulting in a relative although usually temporary and limited loss of ego control. Marianne Kris (35) mentions a rent or crack in the stimulus barrier instead of a breakthrough, or the possibility of a slow breaking-through rather than a sudden piercing. While the possibility of our losing the concept of trauma by widening it too much has been well taken and must be borne in mind, I would submit that expanding clinical experience requires us to admit such less than cataclysmic processes under the aegis of the term "trauma", provided that we adhere

carefully to the presence of the minimum requisite effects which we are here describing.

Finally there is still one further observation which I would mention under economic considerations, that the timing of the intrapsychic sequence of traumatogenic events also varies considerably. The component segments may follow one another in immediate succession, or the time lag may be considerable. With respect to the effect of the quantity of traumatic stimulus, not only is the magnitude of the excitation crucial, but its relationship to per unit of time, i.e., its suddenness of occurrence is also a most significant element in determining its traumatogenic effect. Examples of "adjustment" to chronic external conditions which would be overwhelming if they were sudden are too well known to need documentation. Moreover, with respect to timing, an event occurring at one phase of development may acquire its traumatic quality at a subsequent maturational phase, when susceptibility to the particular past event has been achieved. This accounts for the phenomenon of retroactive trauma. As an example, being present in the midst of primal scenes may have little or no effect on a young infant in its first year or even later, but such repeated perceptual experiences may suddenly acquire a traumatic impact in the pre-phallic or phallic-oedipal phase, when a sensitivity to them has developed. Or, in another variation, a current environmental situation may now in retrospect render an event previously experienced as traumatic, resulting again in a delayed appearance of a traumatic effect. Such occurrences are often dramatized,

in caricature form, as the phenomenon of the "double-take".

THE GENETIC POINT OF VIEW

These latter and other similar experiences bring us now to viewing our subject from the second metapsychological point of view, i.e., the genetic view. We have noted repeatedly, in some of the examples already given, references to the conditions of the host, the capacities of the ego, and factors of specific sensitivities and susceptibilities of the latter, developmentally induced. The "magnitude of the excitation", Freud (15) said, is crucial, but ~~not~~ not in any fixed quantitative way. Rather it is relative to the particular ego resources available, the ability of the particular ego to contain the types and degree of stimuli which threaten to invade. As stated before, it is common experience that certain stimuli, trivial in quantitative terms, can exert a powerful traumatic effect, while others of formidable magnitude can often be easily tolerated. And genetically speaking, what may be a trivial and innocuous stimulus to one can be an overwhelming trauma to another, to a point comparable to anaphylactic shock. Analogous to the latter, such variable effects depend on the genetic history of previous sensitizations. Moreover, again as in the physical analogy, exposure to the same noxiae can lead in one instance to sensitization and in another to resistance and immunity. This explains why, for example, the same upbringing (or as close as one can come to this in such difficult-to-control matters) can lead to two diverse and opposite outcomes.

The genetic point of view adds much to the considerations of constitution and of magnitude of excitation. It contributes the insight that in general, for a particular precipitating event to possess traumatic qualities or potentialities, it must either be strong enough or else comply with the areas of previous sensitization in the individual. For what can become traumatic varies with the individual ontogenetic development and the history of previous sensitizations. What has been traumatic once will tend to be so again, along with anything associatively connected, in one sense or another, with the original traumatic situation. Thus separation will be an exquisite trauma only if it has characteristically been so before. In a recent Symposium on the termination of analysis, the author (46) and others stressed that while in one sense termination can be thought of as always bringing out separation problems, this is mainly and prominently the case only where such problems have been typical and dominant before. In other instances the termination process can revive mainly castration problems, if sensitization and previous experiences have gone particularly in this direction. The equation of trauma of diverse origin and form to castration is the cross of those who have suffered this type of anxiety throughout life. Clinical examples abound to demonstrate this in phobics, perversions and anxiety-ridden characters of many types. However, where the universal castration complex has been worked through and resolved with sufficient solidity in the original oedipal situation, this particular traumatic potential does not protrude as a vulnerable Achilles heel or an abnormally tender area from then on.

The same applies to all possible variations of specific individual traumatic experiences suffered in the historical and genetic past. Many complex factors and vectors of the genetic development determine the vulnerabilities as well as the strengths of the ego with respect to general and specific potentialities for trauma. Thus one person remains sensitive to being alone, another to being unwanted, and another to the trauma of frequent moves and changes of scene. Each is determined by individual genetic experiences which result in a specific vulnerable area of potential traumatic narcissistic injury.

THE TOPOGRAPHIC POINT OF VIEW

To proceed now in somewhat more rapid succession, we will turn next to the topographic point of view. From this view, we will see that the essence of the traumatic elements are usually unconscious and exist in the latent meaning of external events rather than in their conscious, overt or manifest appearances. Our point of view here is much the same as our persistent quest for the latent content behind the manifest dream. Always it is the latent and unconscious meaning of the psychic event which is most crucial in determining the course and outcome. Thus, as an example, the overt and manifest event of leaving for the Army may mean to one the threat of separation, to another homosexual temptation, to still another the threat of uncontrolled aggression or again oedipal, phallic or castrative conflicts. The varieties of potential trauma and their underlying individual meanings will vary respectively. Similarly, neurotic breakdown in combat has been

maintained by Simmel (56) to be due not so much to the immediately imminent physical threats in their readily apparent form as to a revival of unconscious and latent castration fear. Patently the analytic process is a constant search for such unconscious and latent meanings of traumata behind their external and distorted facades.

THE DYNAMIC POINT OF VIEW

The dynamic point of view continues our exploration of the qualitative aspects of the traumatic intrapsychic process over and above the quantitative aspects with which we were first concerned. From this view and such a qualitative analysis, the chain of intrapsychic events, of which trauma is merely one link and one possibility, must be broken down into its separate components with clarity and precision. This succession of dynamic intrapsychic sequential events comprises the essence of our psychoanalytic literature and is in a sense the center of the psychoanalytic contribution to the understanding of the neuroses. I have recently attempted to give a resume of this psychodynamic process in reviewing the nature and the microdynamic aspects of intrapsychic conflict (Rangell, 44,45).

In this sequential chain, the concept of trauma is inextricably bound up with the theory of anxiety and with the nature of intrapsychic conflict. Without being able to go into detail and to repeat the entire series here, there are fine but definite and necessary differentiations between tension, danger, anxiety and trauma, and each must be clearly understood in its own role.

Danger, for example, is not yet trauma, but the possibility of trauma. Trauma is the danger come true. Anxiety is the awareness of its possibility. These are over-simplified, since more complex relationships also hold. Thus, for example, trauma may also be experienced without previous anticipation and hence without previously existing as a feared danger. The noxious precipitating stimulus may have struck unheralded and have produced its traumatic effects unsignalled and unprepared for. (This sequence is the rule in the earliest months of life, before the capacity for signal anxiety has been achieved. It probably takes place very rarely in later life. It takes but a flash for signal anxiety to intervene even before the most sudden impending disaster). Or, in spite of the differentiation just given, anxiety of sufficient tenacity or degree can itself become traumatic, just as symptoms can produce anxiety.

With respect to the trauma itself, the traumatic event, which is frequently and incorrectly used interchangeably with "trauma" itself, needs to be differentiated from the traumatic state which it produces. The traumatic state of helplessness, panic or being overrun by stimuli can be the result, or at least is the feared result, of uncontrolled trauma, but is not the same as the traumatic event or insult itself. The latter can be infinitely varied, while the traumatic state is a rather uniform psychoeconomic state, except in degree. The traumatic event, such as the primal scene, the rejection, the act (or thought) of being abandoned, or the physical insult, is the precipitating stimulus which sets off the

noxious chain, while the traumatic state is the result which ensues in the absence of more or less successful intervening defenses. Of course the threatened trauma, in happy circumstances, may be warded off or otherwise dealt with in earlier phases and not result in a traumatic state. If this takes place with sufficient completeness, then the threat was averted and the dangerous stimulus turned out to be no trauma at all.

The traumatic state itself, however, may act as a further traumatic insult, as is the case with any disturbing affective state, such as anxiety or depression, or a state of continuing frustration and psychic helplessness. This in itself, in patients with heightened narcissism, easy vulnerability, high ego ideals and yet shaky self-esteem, may serve as a traumatic narcissistic injury which sets off a further trend of regressive decompensation to a still deeper and more severe traumatic state. Such a circular and hierarchic layering of psychopathology is not uncommon and is responsible for many typical cases of severe and widespread emotional disturbance. The mechanism of a symptom producing anxiety, going on to a traumatic effect and producing new or more symptoms, has been described by Fenichel (7) in his basic account of neurogenesis, and in more detail in my own description of the "microscopic" processes which take place in intrapsychic conflict (Rangell, 44,45). Zetzel (63) has shown how, in patients with shaky self-esteem and with an inadequate achievement of separation and individuation, anxiety leads to depression by a mechanism similar to the above. Although such a hierarchy and stratification of events can and in clinical practice does typically occur, we should, for clinical

understanding and therapeutic efficiency, maintain clarity in our concepts of the separate components and their interaction.

I am called to mind of several adult patients with massive rather than circumscribed states of depressive anxiety, i.e., in which the latter has no particular beginning period and seems to be all-pervasive and omnipresent in the patient's time and space. These are, by the way, in cases which I would not necessarily classify as "borderline". The mood, the oppression, the burden is, as one of these patients puts it, "the story of my life". The reconstructed early life of this particular man, aside from what he refers to as his "pink period", when he was happily cradled and loved and fed in his mother's negligeed lap before his sister was born when he was three, consisted only of darkness, despair and hurt. It would not be possible in these few lines to document or give the flavor of the uniform atmosphere of trauma upon trauma, danger upon threat, which he suffered or at least remembers or feels he suffered, during all the subsequent years of his youth. The downward spiralling effect noted above was prominent, with each reversal serving as another blow in endless procession. The fact was also frequently brought out that there was no relief, no figure in the family or the surround, and no particular developmental period which could bring about a lift or a respite. It is only the early "pink period" of his past which gives us both hope for his future. Fortunately the more that is known both about it and about the repressed details and significance of the years of trauma, the more mastery this patient acquires in his present adult life.

Just as Schur has described a stratification of anxieties (52,53) and also of dangers (54), so, as I said previously, can we postulate a stratification of traumata which are phase-specific during the course of developmental progression. Thus the primal scene is not a trauma to the neonate or during the first year of life, but may well become an overwhelming traumatic stimulus a few short years later. Separation is not as much of a trauma during the latency period or later as it is in the tender pre-oedipal years. Still later, in adolescence or beyond, it may be the failure to separate which serves as a traumatic neurosogenic stimulus. It is this fact of phase-specificity by which both cumulative trauma (Khan, 32,33) and retrospective trauma can have their effects. An event or a succession of events, non-traumatic at one point, may achieve traumatic effects when a) their magnitude has accumulated sufficiently so that they would have such effects in anyone, and/or b) the sensitization and reaction point of the particular host has been reached.

To continue the dynamic view, it should be stated, although by now it must be clear, that the traumatic process is not synonymous with "pathogenic". As (normal) mourning is to be differentiated from (pathological) melancholia, so is the traumatic state different from a traumatic or any type of psycho-neurosis. Just as conflict and resistances are "part of the human condition", so is traumatic experience. It is just as much a part of human life to suffer helplessness at certain critical points or inevitable crises as it is to taste the loss of a loved object. Part of a

general psychology, trauma may be followed by complete recovery and successful adaptation as much as by a resort to pathogenic development and symptom formation.

One may indeed go further and speculate that traumas are not only inevitable but also, in a sense, to a large degree apparently needed. This might seem to be consonant with the love-hate dualism in instinctual life and the life-death dualism in nature, part of the dualistic approach so central in Freud's thinking, as pointed out by Hartmann (27) and by Jones (30). The very act of living is a first trauma to the organism and the trauma of birth is a prototype, as pointed out by Freud (14), to future ones. Just as there is object-hunger and stimulus-need, so might there be said to be a prevalent trauma-need. This could be the case not only for the reason that "without pain one would not know pleasure", but the many well-known behavioral phenomena "beyond the pleasure principle" (Freud, 12), such as masochism, guilt and the need for punishment could be recalled as relevant here.

One might sense the quality of this need by considering the extreme opposite situation, i.e., the phenomena which occur in conditions of isolation or of sensory deprivation. The boredom, frustration, agitation and at times the hallucinations which result (Shurley, 55; Solomon, et al, 58) attest to the need for stimuli, which clinical and other experiences in various life situations indicate can reach the point of no less than noxious stimuli. Not only is there from external sources what I have recently referred to as "the wear and tear of everyday life" (Rangell, 42), but

I have also spoken of the inner and built-in "Crises of Maturity" (Rangell, 43), i.e., the series of internal and inevitable crises, which can and do quite characteristically go on to the point of becoming traumata, which obtrude from within at certain nodal periods during the course of the entire life cycle.

Actually, in the last analysis, trauma can come from too little or too much with regard to stimuli, just as in early life traumatic fixation can ensue from either over-deprivation or over-gratification. A recent magazine advertisement for Cadillac reads, "If it's too quiet, turn on the radio". A short story of Somerset Maugham's (37) tells of two inmates of a tuberculosis hospital whose lives were dedicated to torturing each other and "to make life hell for one another". When one of these dies, the other becomes sullenly depressed. I have written of a "tertiary gain of symptoms" (Rangell, 41), whereby the disabling and ego-alien symptom becomes incorporated and integrated into the self and the body image and is tenaciously guarded with narcissistic libido and interest. The disease itself comes to serve multiple psychic functions and becomes a needed element in the total psychic life situation. A patient revealed this same peculiar search when, shortly after surgery for an intestinal growth, he observed, "I've just had what you can call cancer surgery. What greater sign is there that I've arrived? And yet I still don't feel that way" (!). I have recently watched a man proceed step by step to break up a satisfactory marriage and a thriving and eminently successful business and home life, as he relentlessly chose a path towards self-destruction.

We analysts have of course annotated such a trend in human affairs for many years, such as, with Menninger (38), in the phenomena of "Man Against Himself". Repetition compulsion, aggressive drive, death instinct, masochistic need, superego pressure, guilt and the need for punishment are among the many explanations we have adduced for this seemingly self-imposed quest for traumata.

However, while I have, in the interest of completeness, described this speculative idea of a possible primary, if you will, traumatophilia, a strong case can also be made against it. It can be argued, with merit, that a need for stimuli, which is incontrovertible, is not the same and is indeed far from a need for trauma. And it could be shown, I believe, that in many of the examples given, it is not a traumatic disequilibrium or a loss of ego control which results but on the contrary it is in each case equilibrium and ego mastery which is achieved by these perverse and seemingly destructive trends. The tubercular patient could well have been depressed not because he missed being tormented, but because he missed the object for his aggression or even, to the surprise of no analyst, an object he unconsciously loved. Thus none of these instances would really qualify to be called traumata, and the latter, when they do occur, could be states which are endured rather than sought for. Or, in many instances of what seems to be a relentlessly masochistic path, lesser traumata could be shown to be accepted or even sought in order to avoid more major ones. Greenacre (22) has pointed out that in instances of severe early traumata such mechanisms are often ultimately in the service of

the very preservation of life. I would subscribe to these latter points of view. However, this entire question of traumatophilia joins with the related and philosophically fertile but equally controversial area of the death instinct in merging from the realm of psychology to that of philosophy. And we will leave them both there.

THE STRUCTURAL POINT OF VIEW

It is mainly, however, with the elaboration of the structural point of view that new dimensions of understanding accrue, just as with other elements of our theoretical system, so also to the nature and role of trauma and its relationship to contiguous events. With progressive structuralization and the increased breadth and complexity of psychic development attendant upon this, traumata can be more carefully defined and the role which they can play understood in a more subtle, varied, complex and multidimensional way.

Thus, from the standpoint of locus of origin, a trauma, or rather the precipitating stimulus which will initiate the train of intrapsychic events which constitute trauma, may originate from an external stimulus (influx), or equally from within, from somatic or psychic sources. With respect to the last of these, considering the psychic apparatus in terms of psychic structure, such impingement can originate from the direction of any of the tripartite psychic structures. While a common instance is from the instinctual drive organization, as a result of an increase in either libidinal or aggressive instinctual pressure, it is possible, in accordance with Hartmann's (24,26) principle of autonomy, that an increase

in intrasystemic tension in any psychic structure can reach a point at which it can initiate traumatic psychic consequences. Thus in some instances such a stimulus can also occur ab initio from the direction of the ego, such as for example by the exercise of a strong ego judgment or by a critical decrease in the self-esteem. Or there can be a reduction in strength or capacity of the stimulus barrier or of a specific ego defense, such as denial, resulting, for example, in a sudden confrontation with a phobic object. The same pressure can stem from the side of the superego, such as by a rising momentum of superego criticism or disapproval which ultimately becomes more oppressive to the ego than its capacity to bear. The increasing intrasystemic tension results in increasing strain which, when its intensity reaches beyond a certain threshold, can become a traumatic stimulus. These relationships were described in greater detail in my discussion of intrapsychic conflict previously mentioned (Rangell, 44,45). Rapaport (48) expresses the same possibility of such independent intrasystemic stimuli when he states, "These more neutralized derivative motivations will be autonomous from — , i.e., can be activated without being triggered by — the underlying less neutralized motivations. For instance, they may discharge when their autonomously accumulated energy reaches threshold intensity".

The functions of memory, fantasy, and the thought processes in general are another important ego activity by which stimuli, traumatic ones among them, can emanate from within the psychic apparatus. Past traumatic events, fixed in memory, can be meted

out at any time in fantasy, conscious or unconscious, thus enabling past experiences to retain current traumatic valence. Keiser (31) has pointed out the special proclivity of the gifted to traumatic disturbance on this basis of their more highly developed memories. And Eissler (5) adds that what seems like over-reaction is really not so if understood in relation to the magnitude of the memory of the trauma. While by this means the dosage of trauma can be mitigated and controlled, the trauma is also at the same time converted from an acute to a chronic one. Traumatic neurosis owes its origin to this mechanism, although over a span of time psychoneurosis based on intrinsic instinctual impulses hardly ever fails to become admixed (Fenichel, 7).

The capacity of the ego to bear or cope with the stimulus is of crucial importance in determining whether the latter reaches traumatic intensity. From whatever source the stimuli emanate, it is only the ego which suffers them and which can be traumatized. The instincts push for discharge, which is either granted or not, and the superego admonishes, which is either listened to or not. But it is only the ego which, besides having the responsibility of choice, also has the possibility of mortification, in keeping with its being the seat of the affects. Freud's (15) statement that "all along we are dealing with questions of relative quantities" [*italics mine*] now acquires more definitive meaning. The ultimate presence or absence of trauma is determined by the relationship of the excitation to the capacities of the ego to handle it, by binding, defending, discharging or compromising, in one form or another, such as by symptom formation. The myriad of

possibilities for ego action is beyond our concern here and has been described in much other literature. The role of identification processes, in combination with other more autonomous growth factors in determining the ego's operations and capacities towards impinging stimuli, has also been annotated elsewhere.

Aiming as we are towards a rapprochement with infantile conditions (in the Symposium which constitutes this Volume), it is to be noted that for psychic trauma to be possible it is necessary, in accordance with the above, for a receptive ego to be present. Genetically, in the earliest pre-ego states, it has been shown repeatedly, in the works of Greenacre (18,19), Kubie (36), Spitz (59) and others that while physical traumata and reflex reactivity may occur there is not yet the intervening mental sequences which are the necessary accompaniments of psychic activity. At least what Greenacre (19) has called a "dawning ego" is a prerequisite for the beginning of the latter. Soon there is a transitional phase of organic and early psychological admixture in which a borderland of psychobiological reactivity takes place. Gradually, in step-like gradations, from such an earliest nascent dawning existence a structured ego begins to evolve which becomes more or less constant, enduring and time abiding. Trauma too follows this line of development and itself progresses from an initial role which has purely physical and mechanistic consequences to a more complicated and multi-dimensional psychologic significance. The period prior to self-object differentiation and before anxiety as a signal is achieved, when the affective possibilities are only

satisfaction or diffuse undifferentiated unpleasure, is the period referred to above when trauma and psychic helplessness can and do occur unprotected by previous anticipation. The advent of signal anxiety brings with it the capacity to expect, danger as well as pleasure, with the enormous impact this has on the history of future traumata. There follow, in gradual succession, the ability to delay and then to stave off, first crudely and by increasingly more polished methods. The ontogenetic history of these methods and the accompanying vicissitudes of the fates and styles of his traumatic experiences is the history of the individual's ability to cope, which is a large segment of the history of his psychic development.

It is not within our province to trace this line in any detail here, which would require a textbook on psychic growth and which has been done in large measure by others. Suffice it to say that it would merge with the line which we develop in reverse order from reconstruction in adults. The future of the infantile and the past of the adult merge and meet in one focus. To understand the continuity of development, an integration of observations at each end, of direct infant and child observations on the one hand and of reconstructive adult experiences on the other, is continuously in order. Direct connections are also in the process of being established in the many long-range longitudinal studies which have been ongoing for a long time in a number of psychoanalytic research centers. The history and vicissitudes of trauma constitute a vital, indispensable and centrally instructive link in this sequential chain of observations. It is hoped and anticipated that this Symposium and the resulting present Volume

will increase our understanding of this area.

THE ADAPTIVE POINT OF VIEW

The final metapsychologic point of view from which we will make observations to try to encompass the nature of trauma will be from the most recently defined adaptive view, as described by Rapaport and Gill (49). From this approach, we will see that any psychic situation which threatens a necessary and sought-for adaptation can of itself acquire a traumatic quality. Here too it is a major function of the ego, that of maintaining internal-external equilibrium in addition to insuring internal homeostasis, which is subject to threat. It was the original over-emphasis of this environmental aspect which caused the early view of trauma to be seen purely as external. After having since then established, in full depth and dimensions, its internal aspects and reverberations, we now come full circle and recognize its due place in the preservation of the inner-outer continuum. Trauma can now be seen as coming from either direction and having disruptive consequences to both the internal and external equilibrium.

Finally, in the sphere of adaptation, the adaptive value of traumata should be recognized and not overlooked. From the adaptive point of view it should be noted that trauma may lead not only to pathogenesis but also to higher levels of adaptation. These latter, however, are not inherent in the traumatic occurrence itself, but ensue, when they do, as a consequence of the "bounce" or reparative qualities in the ego and its ability to learn from experience. Anna Freud (9) pointed out in this connection that

when, after an earthquake, a town is rebuilt better than it was before, it is not the earthquake which should get the credit but the people who did the rebuilding. Zetzel has emphasized the adaptive role of the ego's capacity to bear anxiety (62) and more recently depression (63) as a token of and a stimulus to ego growth, and has brought out the salutary effects of such adaptation on the development of ego autonomy and psychic maturity in general.

Certainly the same is true in an even broader sense of the ego's capacity to deal in a resourceful and non-pathological manner with the entire broad spectrum of traumata to which it is subject. Of course the opposite occurrence is the better known, when regression, of temporary or even permanent nature, takes place, and when subsequent behavior is at a lower level of adaptation as a result of severe or repeated traumata. Ekstein (4) talks of a "positive trauma" which enhances creativity and "negative trauma" which leads to the experience of being overwhelmed. However creativity brought about in this way, Greenacre (23) remarks, can contain a certain degree of "touchiness as well as responsiveness". Freud (16), in his last reference to trauma, in "Moses and Monotheism" in 1937, points similarly to two opposite trends which follow trauma, a positive effect which stimulates efforts to confront and overcome it, and a negative effect which aims towards repression and avoidance. Sometimes one component, sometimes the other predominates, and both of these trends, especially following early traumata, lay down their traces in the subsequent character.

The history and fates of an individual with regard to his traumatic experiences is of course a hallmark in the diagnosis and

in the offering of a prognosis of his psychic life. The ontogenetic developmental history in respect to whether traumata have in general had an eroding and deleterious influence or have been followed by reparation and advance is of crucial significance in determining the subsequent strength and stability of the ego. The interrelationships and the mutual interaction of such a history of conflict with a study of the conflict-free and autonomous psychic elements together comprise much of the whole of an individual's psychic development.

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RECAPITULATION, INTEGRATION AND SUMMARY

This finishes the various metapsychological points of view from which we set out to collect data and to make observations in an effort to encompass the subject of psychic trauma. It is now the time to recapitulate, and to try to combine and integrate all of the above considerations and the many seemingly diverse elements which we have accumulated, historical, empirical and theoretical, into a composite whole and a final integrated theory of trauma. Towards this end, I would like now to submit that of the many different views and points of emphasis which have been offered none are contradictory or mutually exclusive, but that they are all components which need to be tied together into a continuous integrated unit in order to give the whole story of trauma. With all of them, even as with the seemingly different explanations given by Freud during the periods of historical evolution as given above, it was merely that each piece of insight was discovered and come to one at a time. All of

them belong together. The traumatic occurrence, in my opinion, is a dynamic sequence which, to be understood, needs to be broken up into its various components as well as viewed as a composite psychic experience. It includes a stimulus and mode of onset, the occurrence of a specific intrapsychic process and a requisite psychological result to encompass the complete experience. No part alone is sufficient.

These sequential components can be considered to be comprised of the following: 1) the precipitating stimulus, which will set off the traumatic process, is the traumatic event. (The seduction, the rejection, the insult, the psychic invasion). The event alone, however, without the ensuing specific process, would not be traumatic and could, in fact, be entirely innocuous. Its subsequent effects are sine qua nons for it to qualify as being part of a traumatic disturbance. 2) The traumatic event goes on to elicit an intrapsychic traumatic process. The essence of this traumatic process consists of a breakthrough, of a significant or sufficient degree, of the protective stimulus barrier. This is accompanied by a loss of ego control or of the mediating power of the ego, again to a certain minimum required degree (this matter of the degree has been discussed sufficiently above and I would say should conform to some generally accepted consensus of theoreticians-clinicians). 3) The occurrence of this traumatic process is followed by a traumatic effect or result, which is the state of psychic helplessness, again of sufficient or significant degree. 4) The latter results in and is accompanied by the release of painful and unpleasurable affect.

This continuum of events, in my opinion, constitutes trauma. It is seen to include in its scope all of the four major components which were stressed at different times and in different historical contexts by Freud, as noted and reviewed at the beginning of this essay (in their original order, the distressing affects, excessive stimuli, breakthrough of the stimulus barrier, and psychic helplessness). While this is the presentation of a skeletal or model occurrence and while clinically there is always a great deal of superimposed complexity and variation, I believe that in the essence of a traumatic occurrence the various elements in the above sequence take place.

And now, as a final summary (of a summary), I would like to conclude by offering this composite description, still not rigorously a definition, of trauma (containing what I consider the sine qua nons and yet conforming to the parsimony for which I indicated at the beginning that I would strive):

"A traumatic occurrence is characterized by the intrusion into the psychic apparatus of a stimulus or series of stimuli (the traumatic event), varying in their qualitative manifest contents, in their quantitative characteristics, and in their time relationships, which set off an unconscious train of intrapsychic events (the traumatic process) beyond the capacity of the ego to master at that particular time. The dynamics of the traumatic intrapsychic process which ensue lead to the rupture, partial or complete, of the ego's barrier or defensive capacities against stimuli, without a corresponding subsequent ability of the ego to adequately repair the

damage in sufficient time to maintain mastery and a state of security. The resulting state (the traumatic state) is a feeling of psychic helplessness, in a series of gradations from brief, transitory and relative to more complete and long-lasting. As a result of insufficient resources on the part of the ego, there is a feeling of lack of control and a vulnerability to further stimuli, without the expectation of adequate containment, mastery and adaptation. In relatively mild or transitory degree, this state is as much a part of the human condition as is anxiety, or intrapsychic conflict, from both of which, though contiguous, it is different. In moderate or severe degree, either in quantity or in duration, it itself is a pathological state, comparable to an anxiety state which is substantial or long-lasting. The traumatic state can be followed by recovery, or go on to resolution, or to a further elaboration into symptom formation. In itself it is characteristically an unstable and transient psycho-economic condition, which in the course of mental functioning goes on to a state of greater stability, in the direction of either favorable adaptation or a more pathological psychic end-product."

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