If the existing theoretical and clinical perspectives take us to only a partial and incomplete understanding of serious disturbance in traumatized children, how then shall we understand them? How are we to understand boys like Joey and Fred, victims of neglect and abuse, children both tormented and tormenting? If we synthesize the clinical data, the empirical studies, the psychodynamic portrait of the borderline child, and the integrative attempts of Green and others, we find, I believe, that four factors constitute the basic psychological dynamics of these children:

1. The relentless reliving of abusive relationships, either as victim or as perpetrator.
2. The reliance on identification with the aggressor as a basic mode of psychological defense.
3. The unshakable conviction of being the cause of the abuse, deserving the abuse, and being utterly bad
4. The seeking of object contact through physical violence, sexuality, or some combination of the two.

Let us examine each of these in turn, in the lives of Joey and Fred.

RELENTLESS RELIVING OF VICTIM-VICTIMIZER EXPERIENCES

Traumatized children, like Joey and Fred, can be observed to repeat abusive patterns in every relationship, either as a victim or as a perpetrator. These children suffer again at the hands of others or in some fashion torment others. There are, for them, no other modes or means of relating with others. The domain of benign and comforting relationships is small at best; without treatment, it may be nonexistent. We can see these patterns on a macroscopic level, in the way that many abused children grow up to become abusers themselves, become victims in abusive relationships, or treat themselves abusively through masochistic attitudes and actions. One sees these patterns just as clearly in their current relationships and interactions. Fred, who spit in my eye while we discussed AIDS, was constantly inviting rejection and punishment in skilful and provocative ways, including physical assault. But the emotional pain he felt when rejected or insulted by anyone was a palpable reminder of the extent of his vulnerableness. Joey was similarly aggressive and violent and responded to any limit or constraint as though he were being abused once again.

These patterns of victim-victimizer often become painfully transparent in the child's play, in which there is constant alternation between perpetrator and victim roles. Joey loved playing out stories in which he would trick me or in which I would try to trick him. His favorite was "Pizza Delivery." In this often repeated drama, I would pretend to be a pizza delivery boy. Beneath the pizza, I would carry a gun or a knife and would try to distract Joey with the pizza so that I could wound or kill him. He delighted in being able to protect himself and derive a sense of mastery from being able to protect himself in play as he had not been able to in life. But this protective play was not sufficient. He would quickly move us to stories in which I was the victim of his attacks. In one variant, he would get behind me and have me describe going to sleep after a stressful day. Just as I reached the point of sleep, he would scream full force into my ear.

Fred made the dilemma of being a victim or a perpetrator perfectly clear in the first months of our work. We frequently played out stories of abandoned and abused boys who were trying to get home. He often had me play the role of a boy trying to get home using complex and indecipherable maps. Fred explained that I would be tortured and "put to sleep" at every place I stayed on the way. Description of these torments gave way to brutal demonstrations, with Fred coming at me with a rubber knife and throwing it at my face. He insisted that I resist him violently. I was openly reluctant to be too aggressive toward him, but he made it per-
fectly clear that there was no alternative. He stated unequivocally, “You will have to kill me, or I will kill you.” Relationship would be truly impossible, for either I would be his victim, or he would be mine.

IDENTIFICATION WITH THE AGRESSOR

The hopeless dilemma of being either a victim or an abuser is interwoven with the psychic problems of identification with the aggressor. Beset by immense feelings of vulnerability, a child will use identification with the aggressor as an internal antidote to feelings of fear or weakness, and he or she may also use this identification actively as a means of preventing perceived revictimization. This dynamic is particularly strong in boys who have been sexually abused by men. Boys typically reason unconsciously that if one is sexually assaulted by a man, then one must be a homosexual or a woman. Identification with the male aggressor is then needed as a defense not only against weakness and vulnerability in general but against implicit feminization.

When, however, a child identifies with the aggressor to deal with the vulnerability and powerlessness he so deeply feels, various psychological dilemmas arise. On some level, the child must recognize that he has become, and in a sense has chosen to become, a very bad person indeed. The child may have the comforting illusion of being strong and powerful, but at the significant cost of being aggressive, violent, and bad in his heart and actions. Further, when the child identifies with the aggressor, he must take out on himself every anger and judgment he feels toward the abuser. If the child feels the abuser should be tortured and killed for what he has done, so now the child must treat himself the same way. In the play of children like Joey and Fred, one can repeatedly observe a sequence moving from vulnerability to identification with the aggressor to guilt. In identifying with the aggressor, the child has only appeared to win a victory. Instead, he is caught in a larger and unresolvable dilemma: If he is weak, he is vulnerable all over again. If he is strong through identification with the aggressor, he will do to others what has been done to him and so deserves the most horrible punishments. 1

These intense feelings of guilt for aggressive action can explain otherwise perplexing behaviors. When Joey, for example, was punished by milieu staff, he would

1. The nature of identification with the aggressor in abused girls is a complicated issue that deserves detailed clinical investigation and theoretical elaboration. While overt identification and resultant guilt are certainly more common and more overt in boys, Hopkins’s work (1984) makes clear that overt identification with the aggressor as a defense against vulnerability is quite possible in girls as well. I suspect that identification with the aggressor is often supplanted in girls by identification with the aggressor’s view of the child. This causes profound self-hatred and disregard. The girl may even come to believe that protection comes by way of masochistic surrender. Since boys who have been abused are often subject to these same dynamics, it would perhaps be more correct to say that the balance, or relative weight, of identification with the aggressor and identification with the aggressor’s view of the self tends to be different in boys and girls. Grave anxieties about vulnerability, the nature of the self, and aggression are the result in either case. A helpful way to conceptualize these matters theoretically is presented in Chapter 5.
usually protest vehemently that it was entirely unfair—
no doubt reflecting his underlying conviction that his
abuse had been unfair. He would fly into a rage and
assault staff members, accusing them of the most
vicious behavior and heartless attitudes. After being
calmed—through talk, physical restraint, or pharma-
cological intervention—Joey would approach staff quite
apologetically. They would usually forgive him and be
tender and comforting. At that moment, Joey would do
something quite self-endangering, such as sticking his
fingers into an electric socket. The meaning of this se-
quence becomes readily apparent when one under-
stands the role of identification with the aggressor and
primitive guilt in the child's mind: punished, Joey felt
unjustly blamed and attacked. Reliving the physical
abuse he had suffered earlier in his life, he became ter-
rified and angry, and retaliated. But by attacking the
staff, he became, in his own eyes, a vengeful and abu-
sive person. When he saw that these parent figures were
good, he saw himself as bad for attacking them and
nearly driving them away. He was guilty of attacking
what is good and spoiling his chances of a healing rela-
tionship. Hence he must try to destroy the bad within
himself, both as punishment and in the hope of becom-
ing good.  

2. Protest against past or current abuse may evoke in the child's
mind the fear that such assertive action is tantamount to aggres-
sion against the abuser. Distinctions between justice and revenge,
legitimate and illegitimate force, and legal punishment and abuse
may be lost because the child's sense of what is just has been so
violated and because the child's capacity to separate legal fact from
vengeful fantasy may be diminished. The child may truly fear that

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While the seriously abused child may wish, out of
guilt and anxiety, to destroy or dispose of the identifi-
cation with the aggressor that protects him against
vulnerability, he knows unconsciously that this aggres-
sive identity is part of who he is and cannot be discarded
without great cost. The need to identify with the aggres-
sor, guilt about doing so, and a deeper understanding
that integration of the aggressive identity is problem-
atic were all made clear by Joey in his very first therapy
session. He played out a story based on a monstrous,
destructive character whose job it was to protect a little
baby. This monster was rageful on the inside but liter-
ally made of cold stone on the outside, and as a result
it was inviolable. Joey suggested that we saw the two
parts in half and discard the angry interior because its
fiery rage destroyed everyone in its path, even the baby.
When I conveyed that this would weaken and ultimately
dehumanize the remaining part of the monster, Joey in-
troduced a mother who fed the baby and the now inte-
grated monster. This appearance of a nurturant and
caring figure signaled the correctness of my inter-
pretation and revealed the pivotal importance for the
abused child of bringing together the split-off and dis-

if he pursues justice, he will have become as destructive as the
abuser. Such feelings are an important and overlooked cause of
the difficulty many traumatized children, especially the more dis-
turbed, have in confronting their abusers. Naively pressuring a child
to confront a perpetrator can create considerable guilt and anxi-
ety. One needs to reassure the child not only that he will be pro-
tected from the abuser but also that the perpetrator will have a fair
trial, will have a lawyer on his side, and will be protected from cruel
and unusual punishments, even if these are wished for.
avowed parts of the self, even the monstrous parts, into some kind of working whole.

PERVERSE OBJECT CONTACT

When a child is chronically abused by adults who get their relational needs met in sexually perverse or aggressive ways, he or she can readily come to believe that the only way to have a relationship is through violence, sexuality, or some combination of the two. This is what Ferenczi (1933) meant by “the confusion of tongues”: the child ultimately wants to speak the language of tenderness and comfort. But, through abuse, this language has been supplanted by one of “passion”—sexualized contact. Twice Joey became involved in sexual activity with peers, and each incident occurred in the context of loss and loneliness—one involving a friend’s leaving the hospital, the other involving his foster parents’ canceling a visit.

The sexually abused child has to contend with feeling that his loving impulses, his desire for relationship and contact with others, bring about what is perverse and violent. It is one thing to believe that one’s aggressive feelings injure others or turn relationships bad. It is even worse to believe that one’s affiliative desires are ultimately perverse, destructive of relationship, and the cause of one’s own abuse. This cruel paradox, that the desire to love and be loved causes violence and perversion, is, I believe, one reason that sexual abuse is so damaging to the child’s sense of self and other. The child comes to believe that love destroys.

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This confusion of tongues, and the paradox that one’s love causes hate, are heightened by the confusing and perverse intentions so common in abusing adults. The underlying emotional needs of the adult perpetrator often have little or nothing to do with love in any form or even sexuality. The abusing adult’s real concerns and intentions often have much more to do with power, sadism, or the management of primitive anxieties. These may often have their origin in the abusive childhood of the abusing adult, which is now being reenacted. The “passion” the child meets is rarely the natural sexuality of adults. Adult perpetrators are often deeply confused as to which language they are speaking.

Perverse impulses present the child with further dilemmas: The child fears that if he acts in the aggressive or eroticized ways he now feels impelled to do, good and caring adults will reject him because he is perverse. Fred played out elaborate stories about unlovable characters who were desperate for love and affection but who ruined their chances for relationship through violence or brutal sexuality. Typically, his wretched male character wanted to win the love of the woman character from her husband, but he could not because he was so perverse as to be unlovable. In one story we used dolls based on the wrestling villain “The Iron Sheik” and the hero “Hulk Hogan.” The Iron Sheik wanted Hulk Hogan’s girlfriend. Hulk Hogan was jealous, but the girl was inclined to be sympathetic. Fred then explained that the Iron Sheik picked his ass and drank his piss and so could never win the love of the woman. I asked how the Sheik got this way, and Fred spoke of himself, saying,
No one ever loved me, not even my parents,” I said. “That is horrible. But why does no one love him?” He said, “He picks his ass.” I asked, “Why does he do this?” Fred said, “No one ever fed me.” We played out those events with dolls several times. I said it was the worst story I had ever heard. He told me that the Sheik thinks of killing himself. I said, “He thinks no one loves him because he picks his ass. But really, he picks his ass because no one loved him. He has it backward.” Fred then played out a story in which the Sheik’s death led to rebirth in a happy home with a good father who, not surprisingly, looked just like me.

**SELF-BLAME**

Neglected and abused children typically believe they caused the losses and assaults they have suffered and believe they deserve them. When Fred’s outpatient therapist of one and a half years had to terminate with him, he said to me, “She knew how much I wanted her to stay, but she left anyway.” I asked, “Why did she leave?” He replied, “She left because she didn’t like me anymore.” Joey had an unshakeable conviction that his behavior made certain things happen. Despite forceful and repeated explanations of the actual reasons for the scheduling of visits by his foster parents, Joey believed that if he was good, they would come more often, and that they came as infrequently as they did because he was bad. Whenever he did anything wrong in his dorm or at school, he would first protest total innocence but would then take on all responsibility and absolute blame even if others were more culpable.

The intensity of Joey’s conviction that he had caused his own abandonment was revealed in our fifty-fifth session. I had announced that our work would be ending because I would be leaving the hospital. He locked me up (in play) for abusing his baby brother. In prison, I was not allowed to talk to anyone. I was lonely. Suddenly, he let me try to call my mother in heaven. He then said, “You’re being bad killed her.” I yelled, “No!” I explained how awful it was to feel this—it made me feel suicidal. I said, “It wasn’t my fault. She wasn’t strong enough.” Joey ignored this and said she had sent me a last letter. But I was so bad he ripped it up, including “the picture of her face she sent you.” Again I was in agony. I was finally allowed to read her letter. I read it as, “Dear Son, I know you think your being bad was what killed me. Well, it wasn’t. I just wasn’t strong enough. I had lots of problems of my own.” Joey listened intently, but then said firmly, “This isn’t what it says. It says it is your fault. You were bad. Your being bad killed her.”

Evolving from this core sense of self-blame, the child comes to believe that he can evoke rejection or aggression from adults or even that who he is, as a person, is sufficient to cause abandonment or cruelty from adults. The child will then attempt to provoke what for him is the inevitable abandonment; rather than wait for the other shoe to drop, to suffer powerlessly once again, the child will try to turn passive into active by provoking anger and rejection. Abused children are often adept at doing this and can succeed in getting therapists and even whole treatment systems to reject them. The child’s core sense of worthlessness and guilt is repeatedly reinforced, making it all the more powerful.
Abused children often develop a powerful sense of their ultimate badness. Many abused children develop a spontaneous conviction that they literally contain a "bad self" that can take possession of them and must therefore be driven out or destroyed. When Joey ceased putting his fingers in electric sockets after being comforted, he began banging his head against a wall instead. He remained largely unresponsive to questions about these acts and simply had to be kept safe. One day the whole pattern occurred just before therapy. On the way to my office, Joey tentatively banged his head against a wall. I stopped him and said (with some exasperation), "What are you trying to do? Bang the badness out? You know, that really doesn't work!" He stopped in his tracks and asked, in a normal but somewhat sad voice, "It really doesn't work?" I assured him, in no uncertain terms, that it did not. After this, he was significantly less self-injurious.

The "bad self" appeared early in my work with Fred. He told me in our fifth week that the only way to rescue the "Good Fred" was to kill off the "Bad Fred," which he wanted me to do in rather eroticized ways. He insisted there was no other way it could be done. I was reluctant to ally with this splitting and self-murder but finally agreed on the grounds he suggested—that he would be totally bad for the rest of his life unless he killed off the Bad Fred. He suggested, "I will cut the evil out of me and out of you, and then we will both be good." (His representations of me and my characters fluctuated rapidly between good and bad, just like his.) To cut out the bad parts, we were supposed to cut our "dicks" off. I expressed serious doubt as to whether this, or any such cutting off, would make us good. He insisted we do it anyway. So we did, and it didn't work at all; we became all bad. Fred then suggested killing himself. He surrendered this idea when I viciously and histrionically said that he should kill himself, that he really was just horrible human garbage. Fred loved this and seemed relieved, but in the end he had his character play out suicide, explaining, "I have a monster inside myself." In the sessions that followed, his despair and suicidal ideation diminished when I pointed out that without the Bad Fred, the Good Fred was weak. Together we then discovered that the Bad Fred had come to power when the Good Fred was small and weak. The kingdom was under attack by powerful and evil forces, and the Bad Fred was the only effective defense against the attack.

POSSESSION

The virtual absence of a conflict-free self, the overwhelming power of identification with the aggressor, and the primitive sense of containing a bad self account for one of the most common and most striking symptoms of disturbed, traumatized children—namely, that they suddenly appear to be truly possessed by intense, affectively charged models of interaction that they live out with drivenness and immense pain. One sees again and again how the smallest disappointment, punishment, or loss evokes an intense and complete transformation of the child. They do not simply become angry or upset; rather, they become possessed by terror and rage in quite frightening ways. Children in this state often have immense strength and a non-
relatedness that is absolutely chilling. Traumatized children are often fascinated by (and only occasionally frightened by) movies such as Nightmare on Elm Street and its monstrous and indestructible main character, Freddie Krueger; or Alien, in which monstrous creatures grow, implanted in normal humans; or The Exorcist, in which an outwardly normal girl is possessed by the Devil. The relentless return of the evil characters in such films may express abused children’s fear that the perpetrator will find and abuse them again. But the fear, of course, really goes much deeper: The child fears that he will become possessed by the abuser’s spirit and become so fully identified with the aggressor that he will act in horrible ways toward others. The abused person fears being abused again but also fears becoming an abuser. He fears that he will become like the abuser and traumatize others. This is the fear of possession by the bad object. Possession captures the abused child’s belief—often all too accurate—that he will not simply act like his abuser but that he will become an abuser, that his entire personality will be taken over by a complete and fully formed evil identity. Abused children’s spontaneous belief that they contain a “bad self” is troublingly accurate. In possession by the bad self, the passivity and helplessness of the original abuse by another is reexperienced, except now the child is passive relative to psychic control by an identification. The problem of possession is made all the more difficult when, as in Joey’s case, the child acts out his identification with the aggressor. Joey had been cruel toward animals, assaulted other children sexually, and was frequently aggressive. He had thereby “allowed” possession by the bad identity to take place, which cre-

lated particularly intense feelings of hopelessness and guilt.

If we look again at these four patterns—alternation between victim and victimizer roles, identification with the aggressor and subsequent guilt, self-blame, and the seeking of object contact through perverse or violent means—we see that each is based on a psychological contradiction. It is intolerable to live as a victim: one is weak and powerless. But it is equally intolerable to live life as the perpetrator, for then one deserves all manner of punishment. It is intolerable to be completely alone and unconnected. But it is equally intolerable to seek relationship through perversion or violence. It is intolerable to be a passive and helpless victim. But it is painful to escape from this helplessness by believing that you caused and deserved abuse. The escape from passivity is achieved by feeling inescapably bad inside. The abused child struggles, then, with what truly are dilemmas, both of logic and of life. The abused child believes:

1. I have two choices in life: to be a victim or a victimizer. Each is unbearable, unlivable.
2. If I am vulnerable, I will live in terror of being abused again. If I identify with the aggressor, I may be safe from retraumatization, but I will have become what I hate most. I will be guilty of doing to others what was done to me, and I will have to take out on myself the rage I feel toward the perpetrator.
3. If I remedy my powerless and passive state by believing I caused and deserved the treatment I received, I have within myself the bad-
ness that causes such horrors and the belief that I can make these things happen.

4. I cannot bear to exist alone and unconnected to others. I desperately need human love and contact. But the only way to make real contact with others is through perverse and aggressive ways. My very need for relatedness causes me to be a victim or a victimizer.

When the child's life has consisted primarily of neglect and abuse, there are few, if any, good experiences or persons to internalize. The child is then forced to internalize the abusive objects in his world. Then the child is confronted with an ultimate paradox:

5. If I do not internalize the people around me, I am empty. But if I do internalize abusive objects, I have become, at the very core of my self, that which is evil and destructive. Either I am nothing or I am bad.

These unsolvable contradictions constitute the basic relational dilemmas of the abused child. From these basic dilemmas, the child can infer any number of other dilemmas, equally tormenting. The child may well begin to believe:

6. I originally thought I was good. But since I deserve abuse I am bad. I don't really know what I am. I don't really know what is real.

7. I hate the abuse. But since the way to have contact with others is through abuse, I want what I hate. I truly am perverse.

8. I am enraged about the abuse I have suffered. But surely this rage is what caused the abuse.

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And further, people are right to reject or be cruel to me now, because I am so rageful.

And thus more and more areas of the child's feelings, actions, and relationships are caught in a desperate web of pain and contradiction.

The living out of these dilemmas constitutes the child's internal life and real relationships. Each contradiction leads to the next, from emptiness and vulnerability to identification with the aggressor, from identification to guilt, and so on. These psychic conflicts absorb the child's life and energy, providing only a piecemeal order, generating intense affects and anxieties, requiring primitive defenses and unstable symptomatic compromises. A coherent self does not emerge, and the child is thrown into panic and disorder.
The dilemmas of relationship just described express core conflicts in the lives of seriously disturbed, traumatized children. These fundamental assumptions about self and other cause immense psychic pain, generate significant internal disorder, and prevent psychological integration and sustaining relationships. The interconnected operation of the four basic patterns—reliving, identification with the aggressor, self-blame, and perversion—explains much of the child’s behavior, fantasy life, and character development. Let us then take these four basic factors as a starting point, as a basic portrait. What does the apparent truth of this portrait tell us about the mind of the disturbed, abused child?
PSYCHIC STRUCTURE

As was often said of borderline children, seriously traumatized children are generally described as disorganized and labile. But understood in light of the relational dynamics just defined, we can begin to see an underlying order. Traumatized children are, I suggest, both organized and disorganized by the psychic contradictions that beset them. Each particular act or feeling has its logic, pattern, and meaning. The child shifts, as we saw earlier, from one pattern to the next: from aggression to guilt, from loneliness to longing, from longing to perversion, from perversion to withdrawal, and loneliness, and so forth. These shifts typically flow with amazing rapidity and are often disguised through defensive operations. The child seems disorganized but is actually being driven from one side of a relational dilemma to another, or from one dilemma to the next, in a readily understandable fashion. Each fragment of behavior is based on a rigid, emotionally charged template of self and other in interaction. These templates are not well integrated and exist in psychological isolation from one another. It is as if the child has several predetermined scripts of pivotal interactions with others that are never revised and never edited into one consistent story. They are often played out with striking clarity in the relationship with the therapist.

Kernberg (1966) describes just such patterns for borderline adults. He could be speaking of traumatized and seriously disturbed children when he states:

In these patients there was an alternating expression of complementary sides of a conflict, such as the acting

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out of the impulse at some times and of the specific defensive character formation or counterphobic reactions against that impulse at other times. While the patients were conscious of these severe contradictions in their behavior, they would still alternate between opposite strivings with bland denial of the implications of this contradiction, and they would also show what appeared to be from the outside a striking lack of concern over this “compartmentalization” of their mind. [p. 236]

The fluctuating, intense, and unintegrated patterns of affect, fantasy, behavior, and relationship can be understood, suggests Kernberg, as the manifestation of “non-metabolized, internalized object relations” (1966, p. 237). Different dynamics, or different sides of the personality, appear as a result of “oscillatory activation” (p. 237) by different stimuli in current relationships.

Understanding traumatized children as suffering from the painful oscillation of relational templates is, I believe, fundamentally correct. The relational dilemmas I have described are examples of unmetabolized object relations, in Kernberg’s sense. Because the contradictions cannot be resolved and because the pain and memory of abuse cannot yet be integrated, each dilemma is lived out independently but then pushes the child to the next one. Unintegrated clusters of relational patterns constitute the form of the abused child’s psyche, the unstable structure that underlies the fragmented and intense patterns of their lives, feelings, and relationships.

These templates of thought, affect, and action—each complete in itself but unintegrated with the others—
would appear to have their origin in real experiences of neglect and abuse that have been internalized. Kernberg (1966), in fact, states that these patterns become the persistent structural reality of the person when there has been a "pathological fixation of severely disturbed, early object relations" (p. 243). Despite this kind of claim, and despite the consistent use of relational language, Kernberg actually identifies constitutional factors and innate deficits in the child's psyche as the cause of this pervasive internal disorganization. This fact, and its effect on the capacity of the theory to incorporate a useful notion of interpersonal trauma, will be demonstrated in Chapter 7. In contrast, the theory I am proposing states quite directly that the internalization of pathological relationships is a fundamental aspect of relational trauma, and as such it is essential in understanding the nature and consequences of sexual abuse. A variety of theoretical and clinical considerations that support this theory are developed in this chapter and those that follow.

MASOCHISM, PERVERSION, AND THE NEED FOR RELATEDNESS

If the structure of the abused child's psyche is conveyed in the notion of an unmetabolized object relation, what can be said about the content of the relational dilemmas I have outlined—reliving, identification with the aggressor, self-blame, and perversion? These four factors have been noted and discussed by clinicians and theoreticians who have dealt with certain adult emotional disorders. The entire pattern is what Bernhard

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Berliner described long ago as "moral masochism" (Berliner 1958). "The masochistic attitude," Berliner states, "is the bid for affection of a hating love object" (p. 41). It originates in "the conflict between the infantile need for being loved and the experience of suffering at the hands of the love object" (p. 41). Though Berliner was writing at a time when the exploration of fantasy and wish were central features of psychotherapeutic practice, he speaks at great length about the reality of the ill-treating parent, who meets the child and the child's love with many forms of "non-love" (p. 43). Masochism, in its essence, involves "the introjection of another person's sadism" (p. 51). Children who have been "traumatized" (Berliner uses this word) in this way continue to look for love through the cruelty of others. Their "experience of hate and ill-treatment is repressed. The child, in its imperative need for love, accepts this hate and ill-treatment as if they were love, and is not conscious of the difference" (p. 44). If the child (or adult) were ever to feel anger about this treatment, he would naturally fear loss of the abusive love object. Loss of the loved object is so intolerable for ill-treated children (because they have had nothing good to internalize) that instead of risking such loss, they will blame themselves for the abuse and treat themselves accordingly. The concern of the child (or adult) throughout all of these manifestations is not, Berliner argues, sexual masochism or the expression of aggressive or erotic impulses. The central motive is the finding of human connectedness on the only terms offered.

It is remarkable that the overtly masochistic attitudes of abused children have rarely been noted as such and that understanding their object relations in this way
has not been incorporated into the current clinical and theoretical discussions about trauma and abuse.

In discussing treatment, Berliner (1958) asserts that working through identification with the aggressor is “the most important part of our work” (p. 48). He recommends that the therapist offer a certain measure of genuine gratification in the relationship, so that the patient has, “perhaps for the first time in his life . . . the experience of a human being who gives him friendly understanding instead of the criticism and punishment to which he has been accustomed” (p. 52).

Another author from an earlier generation who eloquently describes the object relations of abused children but who is not yet fully appreciated in the modern context of trauma studies is W. R. D. Fairbairn. Despite renewed interest in Fairbairn’s theories, the application of his work to the treatment of adults abused as children and to abused children themselves is only now just taking place (Davies and Frawley 1992). In “The Repression and Return of Bad Objects,” Fairbairn (1952) tells us himself that one of the main clinical sources of his theory was the evaluation of sexually abused children (p. 63). The theory that Fairbairn outlines is remarkably similar to Berliner’s, though the theoretical terminology is different. Fairbairn hypothesizes that the fundamental drive of the child is to maintain object contact with some adult in his world, no matter how disturbed the adult or how disturbed the relationship may be. The infant or young child, in Fairbairn’s view, shapes his character to conform to the emotional demands imposed by the character and pathology of the parent. This conformation to the parent’s character structure serves to maximize relatedness to the needed object. The less available or the more disturbed the parent, the stronger the child’s need for relatedness, and hence the stronger the conforming attachment. The child correctly believes that if he fails to comply with the relational possibilities held out by the parent as the only allowable modes of contact, he will be left with no primary relationship at all and will then suffer overwhelming states of isolation and anxiety.

To preserve relatedness to the parents and their painful or peculiar relational demands, and to preserve what amounts to an illusory sense of trust in his interpersonal environment, the child will develop rigid, self-negating beliefs to account for abuse or neglect by the parents. Relatedness to the parent and belief that the parent is good and reliable are so profoundly needed that the child assumes that the parents are good and that their hostile or perverse actions are a direct response to the badness of the child. The child reasons that if only he were to act differently, then his parents would be good and loving. In the child’s view of things, the causal and moral responsibility for the painful relationship lies entirely with him (Fairbairn 1952, p. 65).1

In taking on (or taking in) all this badness, the child achieves the illusion of living in a good world surrounded by loving parents. But the child then faces a dual dilemma. First, the child subjects himself to all the anger and judgment that he believes the abusive par-

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1. Incidentally, we can see in this why sexual exploitation by a therapist later in life is so traumatic for a person abused as a child. Such a replication confirms the patient’s belief that he or she causes people to be abusive and deserves such treatment as well.
ent (the bad object) deserves. Following from this, all sorts of punishments must be engineered or self-inflicted. Second, the child knows that he has internalized and identified with the bad object and fears that he will be “possessed” (Fairbairn 1952, p. 67) by the bad object with which he is so thoroughly identified. This identification with the aggressor is desired (as an antidote to aloneness and vulnerability), is repellant (as terrifying and devouring of the good self), and is punishable (to the degree that it takes hold of the personality). The child cannot live without this complex introject but lives in agonizing conflict with it.

The child will then unconsciously seek out relationships that replicate all the patterns of the original and traumatic relationship, as a way of coping with his internal conflicts and divisions and as a way of maintaining relatedness to others in the only ways he knows. Overtly, the child is driven to repeat the relationship with the abusive parent by recurrent masochistic object choices or by identification with the aggressor. Internally, the child is both aggressor and victim.

ATTACHMENT THEORY’S PERSPECTIVE ON INTERNALIZED OBJECT RELATIONS

The notion of the pathogenic effect of internalized representations of traumatic relationship has received explication and confirmation from recent developments in attachment theory. Attachment theory (Ainsworth 1982, Bretherton 1985, Main and Weston 1981) was first a research paradigm, focusing on the relatively observ-

able facets of early mother–child bonding. Central in the research has been the use of the Ainsworth Strange Situation Test (Ainsworth et al. 1978), in which a mother and young child are observed together, then the child alone, then the child with a stranger, and finally the child reunited with the mother. Observation led to typologies of malattachment. Particular forms of damaged attachment have been correlated with emotional, behavioral, or interpersonal relatedness later in life (Lyons-Ruth et al. 1989, Main and Cassidy 1988). As the theory has evolved, attention has moved from observation of actual interaction to theorizing about the representation of relationship in the child and the parent and about the mechanisms of intergenerational transmission of pathogenic forms of attachment (Main et al. 1985, Sroufe and Fleeson 1986). These concerns have, in turn, intersected with investigations of abuse and trauma. For example, studies have been conducted on the effects loss and trauma have on a mother’s capacity to attach to and comfort her child, with resultant difficulties for the child (DeLozier 1982, Lyons-Ruth et al. 1989, Main and Hesse 1990, Parsons 1991).

The theoretical concepts developed in the attempt to explain intergenerational transmission of injurious forms of attachment are remarkably similar to the theory I have developed—internalized object relations and their manifestation in the relational life of the person. As a core theoretical notion, the attachment theorists use the “working model of relationship.” This concept derives from the work of John Bowlby (1969, 1973, 1980) and is designed to capture a person’s largely unconscious beliefs, assumptions, feelings, and expec-
tations about human relationship. Elaborating on this notion, Zeanah and Zeanah (1989) describe the working model of relationship that infants and children develop as providing:

internal rules for the direction and organization of memories and attention. [These working models] govern how incoming interpersonal information is attended to and perceived, determine which affects are experienced, select the memories that are evoked, and mediate behavior with others. [Finally, working models] seem to compel an individual to recreate experiences congruent with his or her relationship history. [p. 183]

The working model is, then, a template embedded deep within the psyche that provides a set of beliefs, expectations, and feelings about self, other, and the possibilities of relationships. The working model of relationship is an internalized object relationship made operative, mobilizing belief, memory, and affect, in the ongoing life of the person. The working model is the attachment theorist's unconscious, repetition compulsion, and object relationship all rolled up into one concept.

Since a working model consists of correlative conceptions of self, other, and the relationship itself, the working models of the abused child must resemble something like this:

Other: sadistic abuser
Self: vulnerable victim
Relational action: violent abuse
Affect: terror and pain

or

Internalized Models of Relationship

Other: vulnerable victim
Self: sadistic avenger
Relational action: violent abuse
Affect: sadistic glee and guilt

It has often been noted that abused children know how to abuse and that some will grow up to victimize others. Attachment theory provides a unique and conceptually economical explanation of this process. Sroufe and Fleeson (1986) suggest that "abused children learn not only the role of the exploited but the role of the exploiter. . . . Each partner 'knows' all 'parts' of the relationship and each is motivated to recreate the whole in other circumstances, however different the required roles and behaviors might be" (p. 61). Thus, "mistreated children carry forward both the capacities for being mistreated and for mistreating others" (p. 61). The violently abused child does not have two working models, one in which he is a terrorized victim and another in which he is gleefully sadistic. Rather, these are two sides of one and the same working model. The intense and effective ways in which abused children can be aggressive toward others are explained as resulting from the same relational model in which the child suffers as a victim. The working model compels the child to be not only a victim in relationship after relationship but also, in other ways or in other relationships, a victimizer. In attachment theory, the development of a masochistic

2. These working models are identical to Otto Kernberg's internalized object relational units, which consist of set patterns of affect and action between self and other. I do not believe that the fundamental similarity between attachment theory and Kernberg's views has hitherto been noted.
sense of self-as-victim is at the same time the development of a sadistic sense of self-as-victimizer. This is but an old idea seen from a new point of view—that sadism and masochism are two sides of the same coin. What is replicated in both overt identification with the aggressor and overt masochism is the abusive early relationship.

This notion of working models of sadomasochistic relationship allows us to reconceptualize identification with the aggressor in a useful way. The theory of relational dilemmas I propose places considerable emphasis on the role of identification with the aggressor and thus might appear to have some difficulty articulating the psychological development of the abused girl. While there are important theoretical and clinical factors that remain to be investigated, we can use the notion of working models of relationship to gain a more abstract point of view in which important commonalities in boys' and girls' responses to traumatic abuse can be revealed. Rather than thinking of identification with the aggressor as fundamental for boys and some other process as fundamental for girls, we can think of the abused child, male or female, as developing an abuser-victim dyadic working model. In this view, the child internalizes the abusive relationship itself and identifies with both abuser and victim roles. In what is called masochism, the child overtly identifies with the victim role. Covertly, the child identifies with the abuser and abusive role, and will internally abuse him- or herself through blame and self-hatred, believing that he or she is getting exactly the treatment deserved. In sadistic acts or relationships, the original dyadic relationship is repeated, only with the roles reversed. The child overtly identifies with the aggressor, but covertly relieves his or her own abuse through the suffering of the victim. These patterns can readily become ensconced as character traits. Children who have been abused often alternate between overt masochism and overt sadism, for in fact they are but opposite sides of the same internalized relationship. Why later in life boys tend toward sadistic character formation and girls toward overt masochism is, of course, an important and complex question, as is the treatment of these issues in adults. It nonetheless appears that the relational core is the same: the child internalizes and replicates the dyadic relationship itself. By re-creating the original abusive relationship, the child is able to maintain an abiding attachment to deeply needed others. This understanding can be particularly important in the treatment process, in helping the clinician recognize the presence of both sadistic and masochistic modes of relating to objects real or internal.

ON THE FUNCTION OF NEGATIVE INTROJECTS IN THE PSYCHE

The constant repetition of abusive relationships and an unshakable conviction of one's own badness are two of the most striking and pernicious problems of children who have been abused. Fairbairn (1952) expresses the same point when he speaks of the "obstinate attachment" that the abused have for their abusive internal objects (p. 117). Why does this occur? Why should an abused child continue to believe that he is absolutely bad, the cause of all his own suffering, and so wretched
that he can only have human contact through abuse? Why should the child believe and act on these beliefs long after the abusive adult is no longer on the scene? Bowlby’s (1988, pp. 108, 145) suggestion that children believe these things because they have been told that they are bad and punished misses the point rather seriously. Certainly children are blamed and degraded verbally by abusive adults. But in Bowlby’s view, the only reason children think they are causally and morally responsible for bad treatment is that the abusive adults have told them that they are. This could hardly explain the absolute and unshakable conviction abused children have about these matters at the very core of the self, convictions strongly held well into adult life and despite the presence of new and better objects. Such basic assumptions about life and relationship must be held in place by strong psychological forces within the child and not simply by social reinforcement. The origin of this “obstinate attachment” is of such importance for understanding the therapeutic process with the abused and disturbed children that investigation of this issue is imperative. I believe this attachment to negative internal objects has several interrelated sources, which are discussed in the sections that follow.

Normal Developmental Egocentrism

The child’s emotional and cognitive comprehension of the world, and of human relationships in particular, locates the child at the center of the events in his life. The exact nature of this normal and developmental pattern is, of course, a matter of ongoing study. But that some form of this “egocentrism” exists seems beyond dispute.

Internalized Models of Relationship

Defenses against Vulnerability

The sexually abused child typically experiences quite horrible states with little or no hope of controlling the external events and the resulting intrapsychic distress that ensues. To face such powerlessness, to know that the very people you most naturally want to rely on are unavailable or abusive, is to experience a loss of control and an extreme of vulnerability that is literally unthinkable. Feeling so powerless and vulnerable, the abused child adopts beliefs that have at least an illusory comfort, an illusion of control: “It is my badness that is making these things happen.” This grandiosity allows the child the illusion that he could have prevented the original trauma and can prevent retraumatization by others. Hopkins (1984) speaks of how difficult it is for children to:

give up idealized versions of their internal parents in order to recognize monstrous behavior in their actual parents. . . . This impasse can occur because the child prefers to feel responsible for, even guilty about, an external situation which he can control with the ambit of his omnipotence, rather than to admit his helplessness in the face of an intolerable reality. [pp. 69–70]

Identification with the Aggressor’s View of the Self

One of the most orienting things for children is their parents’ view of them. Children organize themselves around the conscious and unconscious actions, attitudes, beliefs, and affects that parents have about them. This begins early in life, with what is called social referencing, in the infant’s and toddler’s use of parental
expressions and actions as fundamental clues to the nature of events in the child’s experience and the range of actions and affects appropriate to these events. If the parent hates the child, the child will orient to and identify with this and thereby come to hate himself. The parent, because of forces and anxieties entirely internal to the parent, may project a negative identity onto the child. The child who is used in this psychological manner will assume that the role the parents have given him is correct and will come to see himself as hateful, worthless, perverse, and “bad.” He will identify with the projection that has been foisted upon him. In extreme cases, such as Joey’s, the child correctly perceives that the abuser wants to destroy him or indeed wants him dead (Rinsley 1980). The child correctly perceives this and assumes that the abuser’s view of him is valid. This overt, destructive hostility toward the child is “soul murder” (Shengold 1989), and the child’s identification with this view is a painful source of attachment to profoundly negative feelings about the self.

Nonrelatedness and the Attachment to Painful Introjects

It is clear from Fairbairn how the child takes on the burden of badness and idealizes the parent rather than face intolerable abuse alone. The weight and significance of this isolation is, I believe, deeper than terms like aloneness or isolation typically convey. As we shall see in the clinical material presented in Chapter 7, the child who tries to give up the only internal objects he has, namely abusive ones, faces annihilation anxiety. The child experiences a not unfounded fear of complete psychological disintegration. The terror and anguish of this state are, I believe, far beyond anything that most of us know as fear or aloneness. It is the experience of the self coming apart and beset by primitive terror. Faced with extreme, even psychotic, anxiety, the child feels in the depths of himself that it is better (or indeed necessary) to have a relationship to a bad object than to have no object to relate to. The child will elect to relate masochistically, sadistically, or perversely to both internal and real objects rather than face the unspeakable terror of nonrelatedness.

This struggle between unbearable emptiness and the relational conflicts contingent on the internalization of sadomasochistic models of relatedness is often expressed by disturbed children in frantic portrayal of what can accurately be called bulimic conflicts. For example, the child may create the story of a hungry shark who has not eaten “since the age of the dinosaurs,” as Fred expressed it. The hungry shark will then eat something quite vulnerable, such as a baby, thereby expressing the child’s sense that he has been devoured by the needs of others but also revealing the extent of his own object hunger. The devoured baby always turns out to be toxic, poisonous, or explosive—symbolizing the violence the child has had to internalize and his own resultant anger. The bomb will have to be vomited out if the shark is to live. But once the shark has vomited out this toxic introject, he is once again starving. These portrayals of bulimic relational dilemmas, with or without concurrent eating problems, are so frequent in the play of seriously disturbed children that one can become habituated to them and fail to appreciate how powerfully they express the problem of the child’s long-
ing for the abusive object: The child is starving, but the only object available for internalization is one that destroys the child from the inside.

When abusive and perverse relations are imposed upon emptiness and object hunger, the child is drawn into a basic dilemma of relatedness to bad objects: the child hungers for a person or relationship to internalize, but is forced to internalize what is toxic. The child starves in a world where all objects are poisonous.

Because early deprivation sets up such intense object longings, overt abuse that follows neglect can be more destructive of the child's psyche than abuse alone. The earlier emptiness forces the child to cleave to abusive relationships when they are offered. The capacity of object relations theory to articulate these pivotal dynamics rather than fall back on a concept such as "oral aggression," which really explains very little, is a strong reason for taking a relational rather than a drive view of the seriously disturbed or traumatized child.3

The attachment of abused children to pain and painful relationships appears to exist at a deeper psychic

3. While such intense orality is prevalent in the play of disturbed or traumatized children, the emphasis needs to be kept on the relational dynamics and not on the drive component. It would, I think, be a mistake to conclude that their orality or their aggression are endogenously stronger than that of other children or, more generally, that drives are at the core of human motivation. It is more plausible to believe that orality is so manifest because these children have had their relational needs thwarted from the beginning of life, when the oral expression of relational needs is paramount, and that so much aggression is present because they have been so much aggressed against and have responded to this with anger and identification with the aggressor.

Internalized Models of Relationship

level than one where well-defined representations of self and other interact in clear patterns ultimately accessible to memory. Children like Joey and Fred live chronically in states of irritation, agitation, or psychic malaise, as diffuse feelings of badness, anger, or shame come upon them. States of contentment or happiness are rare or nonexistent, something experientially foreign to them. One senses in such children an attachment to dysphoric affect, a kind of magnetic attraction toward painful states of the self and toward relationships that generate such feelings. The repetition of specific relational patterns likely serves to maintain the negative affective tone of painful early relationships.

Arthur Valenstein (1973) provides a most useful perspective on this adherence to negative affective states and relationships in his essay, "On Attachment to Painful Feelings and the Negative Therapeutic Reaction." He describes the nature and origin of those painful attachments made so early in life that all that now remains is "the aura of early experience" and fixation on "the primitive affect states characteristic" of "early trauma" (p. 375).

Valenstein suggests that painful relational states experienced early in life can, under certain conditions, come to constitute the bedrock experience of self and self in relation to others. In the first years of life, representations of self and other are not yet differentiated, and these painful states of relating are experienced by the infant or young child as constituting the nature not only of the other and of relationship but of the self as well. For children reared amid neglect and abuse, pain and painful relationship become part of the basic matrix out of which self and other are defined. Related-
ness to some other person, Valenstein continues, is essential if the child is to develop even an imperfect sense of object constancy and internal stability. Pain becomes the proof that one exists and exists in relation to some other. Pain then expresses or symbolizes the psychological presence of the other. Finally, this painful sense of relating to the other becomes part of the self. If hurtful others and hurtful ways of relating are the only ones available, the infant will use these to develop an internalized sense of a "soothing" other. In this circumstance, the child would not simply think, "I deserve pain." Rather, the child feels, "I am this painful relationship," and ultimately, "I am this pain."

These deeply held affects are the bedrock of the person's psyche and "are emphatically held to because they represent the early self and self-object. Giving up such affects... would be equivalent to relinquishing a part of the self and/or self-object at the level which those affects represent" (Valenstein 1973, p. 376). We get a vivid sense of what this is in the clinical report that Valenstein gives. He describes a young male patient who struggled with considerable internal pain, loneliness, masochism, and depression. As a child he had been a head-banger and described his parenting in terms of Harlow's monkeys, which were raised in isolation by wire "mothers" who provided only food. The sensory hypersensitivity and somatized distress in which he lived re-created the pain one can readily imagine him experiencing as an infant and young child. Toward the end of his treatment he stated, "This discomfort in my body, roiling about all the time, cramping and pains—everything hurts and is uncomfortable; it is as if I hold

on to it as the only thing I have ever known, the familiar, and I go back to it, uncomfortable though it is. It goes way back, as long as I can remember" (p. 388). He then adds, "I don't know how to do without it—this constant pain. Without it I would have nothing, and if I gave it up it would be like being different and like falling off a chair into space and being terrifyingly alone. It is as if I don't know how to be sensual in any other way and it does comfort me" (p. 388).

Valenstein does not give a full explication of what occurs when someone with such painful self-object representations attempts to give them up. The implied psychological consequences are severe, for the painful affects and thoughts are now a part of the self, the proof that one exists and exists in relation to some other person. The consequences are, I believe, made clear in Winnicott's (1962) notion of unthinkable anxieties. These are anxieties that date from the very formation of the self. Their occurrence signals not that something is happening to the self but that the self is coming apart. The potential for such anxieties is, in Winnicott's view, a central and defining characteristic of the human psyche. He states that "it is necessary not to think of the baby as a person who gets hungry, and whose instinctual drives may be met or frustrated, but to think of the baby as an immature being who is all the time on the brink of unthinkable anxiety" (p. 57). If the mother fails seriously in her empathic ministrations to the baby, the infant will experience this anxiety and will carry this experience, dread of it, and defenses against it through life. Unthinkable anxiety has, according to Winnicott, only a limited number of forms:
(1) Going to pieces
(2) Falling for ever
(3) Having no relationship to the body
(4) Having no orientation [p. 58]

We can see then that Valenstein's patient is even more deeply right than he knew. He fears that without his constant pain he would fall forever, alone, in a state of unthinkable anxiety.

This theory takes us to a most important point, to an understanding of why painful affect and negative selfobject representations are so deeply held: Without these painful introjects, the person is exposed to primordial states of psychological dissolution. There is nothing deeper, nothing good, in the psyche to hold onto. To give up experiences, no matter how painful, that convey a real sense of connection to others is to invite a terrifying and real sense of solipsistic isolation and psychic dissolution. Ultimately, then, painful introjects are held because of the fear of psychic annihilation.

The power of this theory to explain masochistic dimensions of personality and the great difficulty people have in giving up attachments to negative objects cannot be underestimated. This attachment to pain explains the abused child's immense attraction to abusive relationships, feelings of complete badness, and resistance to change. Early masochistic attachments are so difficult to give up because pain and painful relationship constitute core aspects of the self, without which psychological identity, integrity, and relatedness all dissolve. The child will cleave to his sense of badness and to abusive templates of relationship as a way of preserving that internal pain that conveys the felt presence of the early object. For the child growing up amid pervasive neglect and abuse, the ties to the abusive parent and the bad internal object are paradoxically all the stronger because nothing good has been internalized. Without the tie to the bad object, the child is exposed to near autistic isolation and genuine disintegration of the psyche. Identification with the aggressor and sadomasochistic modes of relationship, in reality and fantasy, then become defenses against annihilation anxiety.

4. It is important to point out in this context that a child need not experience overt abuse to be subject to extreme forms of emptiness and annihilation anxiety. Children who have been victims of pervasive early neglect or extreme psychological needs from the parent can also experience catastrophic disorganization and the evolution of tortured object relations. This is a point that Rinsley has tried to make in his own way.

The reverse argument can, however, also be made. It would appear to be the case that overt trauma can unravel the psyche of the older child or adult to primitive stages of emotional development that were ostensibly negotiated much earlier in life. Persons traumatized well past rapprochement can, it would seem, demonstrate the same relational dilemmas, primitive defenses, and annihilation anxiety as those victims of early neglect and later trauma that I have described (see Saunders and Arnold 1993). Of course, we could assume—perhaps too easily—that these older victims suffered covert neglect prior to traumatization. But we could also hypothesize that interpersonal trauma has the power to reach back into the past, as it were, and damage the psyche to its core. A third possibility, more akin to traditional views, would be that even more or less normal progress through the early stages of emotional development inevitably leaves a residue of primitive issues and conflicts that can be evoked by sufficient stress to the self later in life.
THEORETICAL SUMMARY

My fundamental suggestion, then, is that we understand severely traumatized children as having internalized object relations that are intolerable, inconsistent, unstable, and unlivable. The object relational dilemmas have become ensconced as the basic working models of self and other, of the possibilities of human relationship and life generally. The object relational dilemmas I have described present the child with true dilemmas, with unlivable patterns of relationship. Each is intrinsically unbearable: One cannot live thinking that one has caused traumatic abuse to occur, nor can one live thinking one is totally powerless to stop such abuse. The child suffers not only the pain and anguish of each relational model but also the rapid transition from one to the next. As we saw earlier, the child feels vulnerable and afraid as a victim, and then shifts, psychologically or in reality, into the position of abuser. But this role is filled with terror and guilt, which drives the child to self-punishment, and then the child feels again like a victim. And so on. No role identity in the relational dilemmas provides any permanency, stability, or comfort. Each belief, each role, is intolerable, and within the entire pattern, there is no place of comfort or respite.

The traumatized child endlessly replicates these unmetabolized introjects in play, in fantasy life, and in

real relationships with peers and adults. He does this because he has no choice: for him, there are no other ways to be or to relate to others. The living out of these patterns is the repetition compulsion made manifest.

The relational dilemmas have their origin in the interconnected operation of the child's basic defensive responses to chronic abuse: identification with the aggressor, masochistic self-blame, and the seeking of object contact in sexualized or violent ways. The first two serve to protect the child from the complete vulnerability and abject powerlessness felt in traumatic events and relationships. Object contact is all the more desperately sought in the perverse ways abusing adults offer because the child feels so alone and so needy of relatedness. The three defensive processes generate the intrapsychic and interpersonal dilemmas that make psychic integration an impossibility.

These basic defensive operations are held in place by the fundamental need for connectedness and by the compelling threat of complete psychic disintegration. The psyche tolerates and indeed is forced to seek sadomasochistic modes of relatedness to prevent terrifying states of nonrelatedness and the upsurge of annihilation anxiety that this entails. This agonizing threat forces the child to adopt the extreme defenses we can so readily observe, and it makes the child resist giving up any part of the painful affects, beliefs, and modes of relationships that provide the only form of psychic stability he can imagine.

At this bleak juncture, it is worth pointing out that the overt manifestation of internalized relational models also serves certain positive purposes. As Blos (1971) has suggested, reliving and symbolic repetition are ways
of concretizing, of making real and tangible that which has been awful, overwhelming, and conflictual. It is a way of stating a reality of experience that was never acknowledged or was actively denied by others. As part of the attempt to communicate incommunicable experiences and seek a new outcome, these repetitions do express a hope.