



Revisiting Repetition Compulsion

Partner Choice and Love Maps as Trauma Reenactment

Mark Schwartz, Sc.D. and Lori Galperin, LCSW

There are many parents who have themselves lived tormented childhoods, who do not inflict their pain upon their children. These are the parents who say explicitly or in effect, “I remember what it was like...” For these parents, the pain and suffering have not undergone repression. In remembering, they are saved from the blind repetition.

— Selma Frailberg



“Nevertheless. The need to repeat also has a positive side.

Repetition is the language used by a child who has remained dumb, his only means of expressing himself. A dumb child needs a particularly empathic partner if he is to understand it all.

Speech, on the other hand, is often used less to express genuine feelings and thoughts than to hide, veil, or deny them and thus, to express the false self. And so, there are often long periods in our work with patients during which we are dependent on their compulsion to repeat-for this repetition is then the only manifestation of their true self.”

— Alice Miller

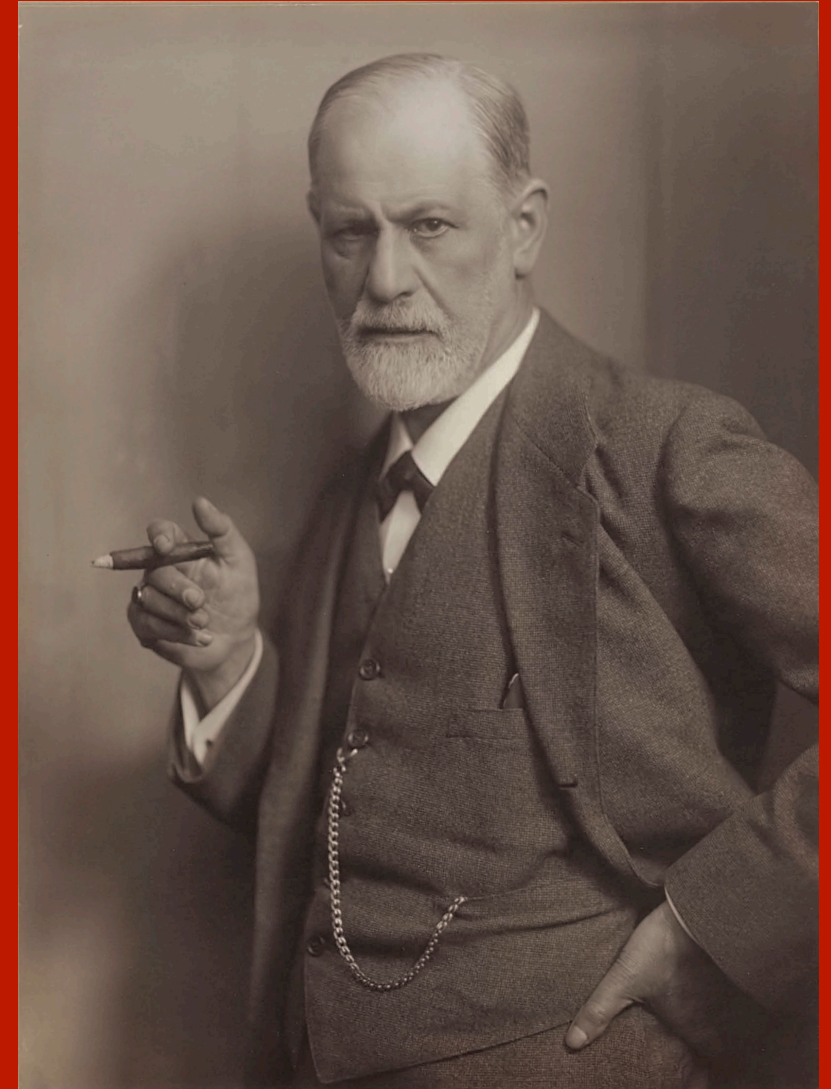


SEX OFFENDERS ASCRIBING TO PAST TRAUMA

➤ Child Sexual Abuse	➤ 30	➤ 71.0%
➤ Physical Assault	➤ 20	➤ 58.0%
➤ Serious Accident	➤ 16	➤ 31.0%
➤ Other Trauma	➤ 15	➤ 29.0%
➤ Rape	➤ 9	➤ 17.0%
➤ Military Combat	➤ 4	➤ 7.6%
➤ Natural Disaster	➤ 1	➤ 1.9%
➤ At Least one of the above	➤ 40	➤ 97.0%

“... the patient is obliged to repeat the repressed matures as a contemporary experience instead of... Remembering it as something belonging to the past (pg. 18). The patient remembers nothing of what is forgotten, but he expresses it in an attempt to achieve mastery over a traumatic situation (pg. 12).”

— Sigmund Freud, *Beyond the Pleasure Principle*



“...it is normal and healthy for the individual to be able to defend the self against specific environmental failure by freezing the failure situation. Along with this goes an unconscious assumption (which can become a conscious hope) that opportunity will occur at a later date for a renewed experience in which the failure situation will be able to be unfrozen and re-experienced, with the individual in a regressed state, in an environment that is making adequate adaptation.”

— *Winnicott Collected Papers*, pg. 281

The protagonist does not know that the performance is designed to master “events” that were one too exciting, too frightening, too mortifying to master in childhood. Unable to remember the events, his life is given up to reliving them in a disgusted form.

Perversion

Is the reliving of actual historic sexual trauma aimed at one's sex or gender identity in that, in the perverse act, the past is rubbed out. This time, trauma is turned into pleasure, orgasm, victory.

But the need to do it again, unendingly, eternally, again in the same manner, comes from one's inability to get completely rid of the danger, the trauma.

“...it is normal and healthy for the individual to be able to defend the self against specific environmental failure by freezing the failure situation. Along with this goes an unconscious assumption (which can become a conscious hope) that opportunity will occur at a later date for a renewed experience in which the failure situation will be able to be unfrozen and re-experienced, with the individual in a regressed state, in an environment that is making adequate adaptation.”

— Winnicott Collected Papers, pg. 281



The child's first relationship acts as a template and it molds the individual's capacities to enter into all emotional relationships. Development essentially represents a number of sequential mutually driven infant-caregiver processes that occur in a continuing manner dialectic between the maturing organism and the changing environment.

It now appears that affect is what is actually transacted within the mother-infant dyad, and this highly efficient system of emotional communication is essentially non-verbal.

— Alan Schore

The eyes of the mother and the entire face of the mother are the child's first mirror. The general function of mirroring in psychic life is to contribute to people's feeling real, finding a way to exist as themselves and having "a self into which to retreat for relaxation."

— Winnicott, 1977



OTHER DIRECTEDNESS

1. Absence of true sense of self
2. Hyper-sensitivity and hyper-reactivity to others, especially in reaction to rejection or abandonment
3. Gullibility and suggestibility in relation to authority
4. Complaints of isolation and neediness, without self-support
5. Boundary problems, inability to conceive of self without reference to others

Internal Models – Part 1

The internal models of very young children are particularly subject to distortion, because they readily misinterpret the meaning of their parents' communications. They feel hated and rejected as a result of untimely separations; they interpret outwardly rejecting behavior as proof that they are not loved. They draw conclusions – *“I am responsible for mommy's drinking; if I were a better child, she'd be a happier person”* – that bear no relation to the facts. Under age three, they lack the cognitive sophistication to think through the implications of what they feel. As Mary Main notes, *“Anyone will feel unlovable if the person he is most attached to is rejecting.”*

— Karen, R. (1994). Becoming Attached. New York: Warner Books

After all, the arrested dependent child believes it is really someone else's job to take care of her.

When that impulse is blocked, the child learns that he must restrain himself in these respects and develops a compromised false self, which maintains contact with the parents through continued dependency and enmeshment. This leads to a kind of false self where, as in all other such adjustments, identity is found in the relationship with the other at the expense of the identity established through the exercise of autonomous functions.

John Money referred to trauma bonds as “vandalized Love Maps”. “A Love Map is not present at birth. Like a native language, it differentiates within a few years’ time. It is a developmental representation or template in the mind and is dependent on input through the special senses. It exists in mental-imaging first, then, in dream later, in fantasies, and eventually may be translated into action with partners.” Love Maps “may be vandalized by sex negative antecedents, which are traumatic, disciplining or stigmatizing.” Money hypothesized that sexual arousal and imagery is programmed into the brain by cultural depictions of beauty. The sneaky peak at the illicit image through pornography or premature sexual experience seems to amplify sexual arousal. Typical and atypical sexual arousal may be programmed in a similar manner.



TRAUMA REENACTMENT SYNDROME

(Dusty Miller, 1996)

For women and men who can be understood as suffering from Trauma Re-enactment Syndrome, patterns of self-harming behavior tell a story of how the child learned to be in relationships and learned to be with (her) self.

Van der Kolk noted that almost all persons who have been exposed to extreme stress develop intrusive symptoms. It is thought that the persistence of intrusive recollections by “means of the process kindling, sets up this chronically disordered pattern of arousal” (pg. 218). It is likely that intensive symptoms can also manifest in behavior, even when memory for the event is fragmented or forgotten. Briere suggested that the brain has a “repeater” system, similar to what is common in grief, in which the person consolidates and integrates by telling their story over and over.

While this is a symptom of repetition or reenactment, the nature of the survival mechanism points the direction for resolution: telling one's story rather than replaying it.

RELATIONAL EPISODE (R.E.)

- Discrete episode of explicit narratives about relationships with others or with self
- Pick ten narratives about relational episodes and identify:
 - **Wish, needs or intention** (assertions, opposed, control, close, love, achieve, feel good)
 - **Responses of others** (strong, controlling, upset, bad, rejecting, helpful, likes me, understanding)
 - **The responses of self** (helpful, not respected, oppose, helpless, disappointed, anxious)

ASSUMPTIONS REGARDING RELATIONSHIPS

(Freeman, 1992)

1. Unfinished Business – is a percent emotional reaction shaped by a past experience. It is a reactive response guided by strong emotional feelings based on past experience of anxiety. Unfinished business does not allow for a thoughtful, creative response to a here and now situation; rather, it triggers an emotional reactive response. Who we bring into our life, our major life decisions, how we embrace important people and the amount of closeness and distance we need emotionally are all shaped by unfinished business carried into adult life. Relationship problems are more a reflection of unfinished business than expressions of lack of commitment, caring and love.

ASSUMPTIONS REGARDING RELATIONSHIPS

(Freeman, 1992)

2. Completion – we look for a spouse to help complete emotionally what hasn't been completed in our family of origin. Ask client what they wanted from their partner – they were not able to give “themselves” – which elicits the deprivation in the family. They carry the fantasy with the right partner they can feel whole, safe and loved. Blaming, triangulation and feeling hurt and unloved are all ways we justify the distance we need to feel safe.

“Unconsciously we are drawn to people who share characteristics with one or both of our parents- a person who offers us the greatest opportunity to heal our childhood wounds. Our behavior is an attempt to fill the emptiness that was once occupied by impulses, talents, interest, attitudes, attributes, inclinations, desires and experiences that were cut out of our repertoire.”

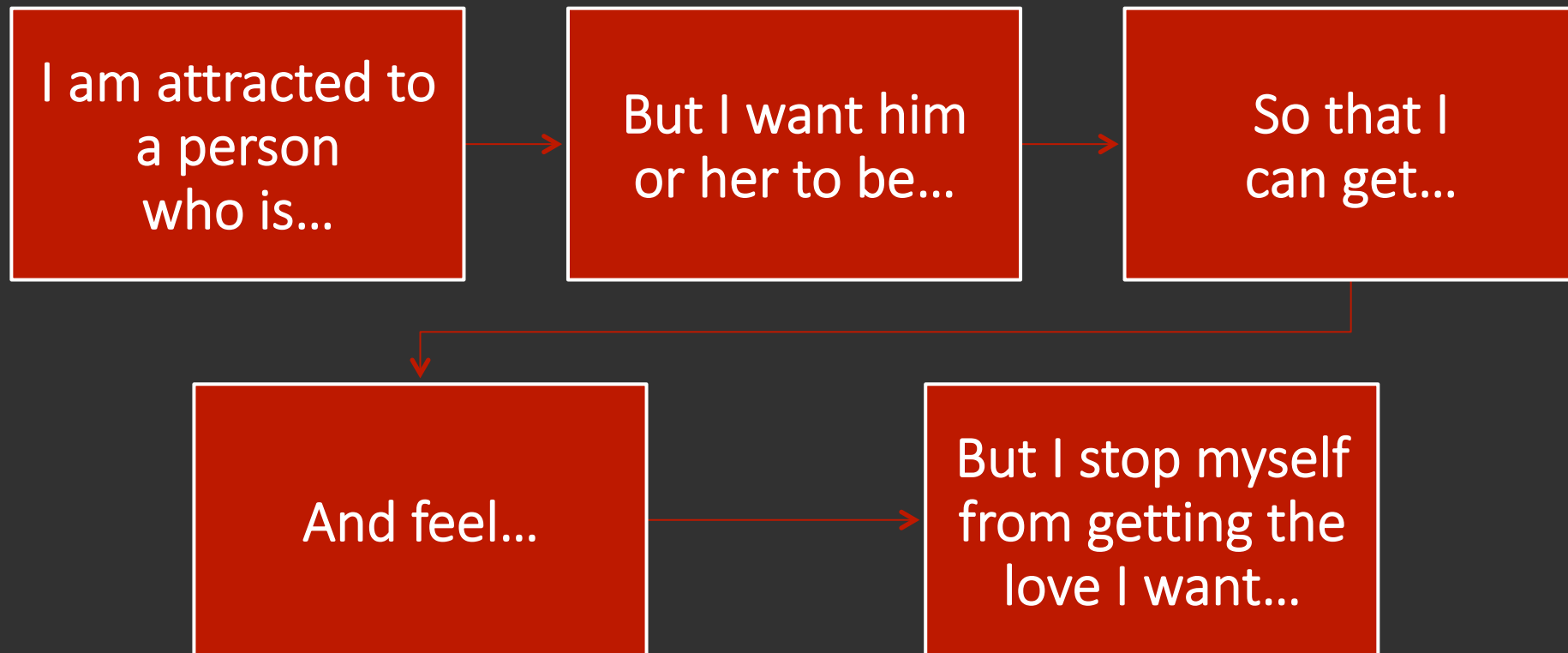
— Hendrix and Huntley

Think of:

- A. Three Negative Characteristics of the people that raised you
- B. Three Positive Characteristics of the people that raised you
- C. What you longed for as a child
- D. How do you want to feel?
- E. How did you respond to childhood Frustrations?



Insert before the answers to A - E



META PSYCHOLOGY:

DECONSTRUCT HOW AND WHY —

AND WHAT IS THERAPEUTIC ABOUT THERAPY?

WHAT IS CHANGED?

HOW TO CHANGE IT?

WHY DID IT NOT WORK?

- A. Self – Strengthening the Self
- B. Affect – Regulation / Soothing / Awareness
- C. Relationship – Bonding, Attachment



FALSE JUDY

Introductory History Background: *What drove them to be false – what everyone wants = Sexually Compulsive*

I make Judy into an object. It all starts out as a game. I want – no, I need — men to desire me, to see me as a sexual being. I need men to stare at me and want me. I need to be the sexiest in the room. It gets out of control; however, when a man pursues me, because I do not know how to say, “no,” I allow myself to be used sexually, because it makes me *feel good*. I feel loved, adored, and liked. During sex, I pretend to be a fantasy, and I try to be everything the man wants. Many times, I detach and watch. Later, I feel dirty, used, and ashamed. This part of Judy demands to be emotionally detached and gets angry with a guy if he is needy. She just wants to be fucked, dammit – not loved! She feels good by being an object and fantasy. Sometimes, she worries that she isn’t even good enough for this.

The essence of sadism is wanting to have control over another living being; complete and absolute control. The other creature can be an animal, a child, or adult, but in every case, the sadistic individual makes the other living creature his property, a thing, an object of domination.

If someone can make another person defenseless and force him to bear pain, that is an extreme form of control, but it is not the only one. That form of sadism occurs sometimes in teachers, sometimes in prison guards, and so on. It is clear that this kind of sadism, though not sexual in a narrow sense of the word, is nonetheless what we might call a heated sensual form of sadism. But it is not the only form. Far more common is the “cold sadism” that is not at all sensual and has nothing whatever to do with sexuality, but still displays the same essential quality that sensual and sexual sadism do: Its goal is domination, complete control over another person, being able to mold and shape him as the potter molds his clay.

There are even benign forms of sadism with which you are all familiar. Such sadism can turn up in all sorts of people, but mothers and bosses are particularly prone to it. One person controls another not to his harm or disadvantage, but to his advantage. He tells him what he should do. Everything the subordinate should do is spelled out for him, and it is all good for him. It may indeed be good for him – or perhaps we should say profitable – but the problem with it is that he loses his freedom and autonomy. The relationship of mothers to their sons or fathers to their sons are often colored by that kind of sadism, and the sadistic individual is, of course, totally unaware of any sadistic intent, because he “means so well.” Even the victim of such sadism is unaware of it, because all he sees is how he is profiting from his situation. The one thing he does not see is that his soul is being damaged, that he is becoming a submissive, dependent, unfree human being.

— From Fromm, E. (1986), *For the Love of Life*, New York: The Free Press

There was a time at age 10 (right before I almost got beat to death and put into a foster home) that I was babysitting while my parents were out of town. I felt so lonely and scared. I had an empty funny feeling inside that I had to fill – I didn't know what it was. I found myself in the room where my younger brother was asleep. He evidently was sleeping nude because I really don't remember taking his unders down. I touched him down there, so we could "fill each other." He was asleep and looked so innocent that I really felt disgusted and I stopped. I got really sick and ran crying because I was ashamed. I wonder if he remembers it. I'm sure he does.

Case A

I did the same thing to my younger sister. My older sister had taught me how to masturbate when I was age 5 so men wouldn't touch me. I was changing my younger sister's panties and when I pulled them up I guess I was "triggered" into wanting to "break" her in. (So she wouldn't hurt? Or to get her used to it? Or maybe I even wondered what my older sister had gotten out of touching me?) I touched her and realized I didn't like what I was doing. I felt sick in my stomach – guilty – ashamed and sorry for what I had attempted to do – or had started to do. I never even thought these things again – ever – with any children.

Case A





The Love Quiz

(Hazen & Shaver, 1987)

Which best characterizes your romantic relationships:

Secure

“I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don’t worry about being abandoned or about someone getting too close to me.”

Avoidant

“I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.”

Ambivalent

“I find that others are reluctant to get close as I would like. I often worry that my partner doesn’t really love me or won’t want to stay with me. I want to get very close to my partner, and this sometimes scares people away.”

Romantic Attachment

Avoidant

- Less interested
- Low satisfaction
- High break up rate
- Low intimacy
- Less falling in love
- More game playing
- Less intimate sex
- More uncomfortable feelings during sex
- Adolescents having sex “to lose virginity” and peer pressure
- More drugs and alcohol with sex
- Tend not to enjoy sex
- More casual sex
- Perfectionism

Anxious

- Obsessed with partner
- Low relation satisfaction
- More passionate
- Obsessive style of love
- Like hugging and kissing more
- More concerned with rejection and abandonment

Dan Brown, PhD and David Elliott, PhD's Criteria for secure attachment

- Sense of felt safety (reliable protection from danger)
- Sense of being seen and known (realizable attunement)
- Experience of felt security (timely soothing and reassurance)
- Sense of being valued (delight in child)
- Sense of support for unfolding one's own unique self (unconditional support of exploration)

Therapy involves helping the client reclaim parts of self that were sacrificed to gain safety. In therapy, we create a context and relationships where pain, anger and difficulty can be safely acknowledged while maintaining a connection.

Treatment of Attachment Pathology

- Establishing a secure base
 - Therapist acts as secure base (Holmes, 1996; Sable, 2000)
 - Regaining access to attachment feelings (Sable, 2000)
 - Protocols of “imagined other”
 - Establishing contact with avoidant & encouraging independence in anxious patients
- Exploration of inner world
 - Disavowed affects & defensive exclusions
 - Self-development & affect regulation
 - Therapist as trusted companion during exploration (Sable, 2000)
- Exploration of new ways to be in the world
 - New social situations, interests, etc.
 - Therapist as “background of safety” (Sandler, 1960)

Types of Intimacy

- **Communication** – open, honest, and direct sharing
- **Emotional** – sharing of feelings and private experiences
- **Intellectual** – respect and curiosity for engaging in the world of ideas
- **Creative** – encouraging individual and shared growth and expression
- **Aesthetic** – sharing beauty and meaning in the arts and nature
- **Recreational** – having fun through activities, hobbies, sports and leisure
- **Spiritual** – making meaning in life through “we-ness” and values
- **Work** – accepting responsibilities for demands in and outside the home
- **Conflict** – struggling together, adjusting needs and boundaries
- **Crisis** – support during developmental and unexpected problems or tragedies
- **Commitment** – togetherness based on shared efforts and persistence
- **Sexual** – sensual engagement and release, satisfaction and play

Layers of Treatment

- Address underlying trauma
- Disrupt repetition compulsion and reenactments
- Establish secure attachment
- Maintain emotion regulation
- Reconstruct erotic template
- Development of coping, social, and life skills
- Enhance choices for genuine intimacy

Metacognitive Beliefs

- Schema
- Inflexible self-focused attention
- Perseverative thinking styles in the form of worry/ruminating
- Attention strategies of threat monitoring
- Coping behaviors that fail to modify erroneous belief
- Self Statements
- I must worry in response to negative thoughts in order to be prepared
- If I pay attention to every danger, I can avoid harm
- Thinking of the worst that can happen will stop me from being disappointed
- I must not think positively or I will tempt fate
- Dwelling on the past will stop me from forgetting

— Wells, A. J Rat-Emo Cognitive-Behav Ther (2006) 23: 4.

Clinical Manifestations of Avoidant Attachment

- Avoidance of getting close or being intimate
- Discomfort with closeness
- Ambivalence
- Dismissing behaviors
- Aloofness and contempt
- Mistrust depending on others
- Difficulty getting close
- Preference for remaining distant
- Fearful of closeness
- Unemotional or minimizing emotional expression
- Uncomfortable opening up, especially private thoughts
- False self
- Pulls away if someone gets close
- Illusion of self-sufficiency

— Dan Brown, 2008

Treatment Components

Reconstructing the Self

- Activating dysfunctional schemata through instigative methods and containing contents that emerge from instigation
- Exposure based therapy procedures
- Facilitating inter-personality communication among ego states and integrating split-off parts of the self
- Deconstructing, processing, and integrating of life trauma in recovery self system
- Active engagement in life history narration and depiction
- Examination of opportunities for intimacy, creativity, and spirituality
- Progression through a spiritual growth program to detoxify emerging shame

Reconstructing Family Systems

- Constructing and processing messages from genograms, family drawings, family sculpture, and related methods
- Addressing unfinished business in families of origin and current family systems
- Couples therapy whenever possible; concurrent individual therapy of partners
- Positive parenting training and coaching
- Family programs of support for ongoing recovery
- Relational contracting to prepare for family re-entry
- Extending recovery to the community and addressing trauma and addiction in social institutions
- Engaging in advocacy, voluntarism and social justice