

Australian Association of Somatic Psychotherapies Conference

MOVING FORWARD – pathways on the Journey from Trauma to Integration –
for ourselves, our clients, our whole somatic community, and the wider community.

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Intergenerational Trauma:

Moving Targets among Evolving Therapies

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The unique and distinguishing feature of trauma arises from an altered state of awareness individuals experience due to mental barriers or 'walls' whose function is to protect the survivor from the overwhelming impact trauma propagates. These psychological defences include 'dissociation', 'repression', 'suppression', 'isolation', 'splitting' or 'somatisation' and 'enactments'. 'Trauma victims who lack the cognitive and emotional structures to immediately assimilate the experience use the state of consciousness known as dissociation to escape from the full psychological impact of the event. (Classen, Koopman, and Spiegel, 1993, p 29).

To the trained eye, manifestations of dissociations are observable in everyday life and in clinical practice. Such training demands a willingness on the part of therapists to endure vicarious traumatisation.

Trauma survivors may live a lifetime, or generations, in denial or ignorance of the impact trauma has imprinted on their personality, unaware that a spectrum of suffering (symptoms and signs) has its provenance in trauma. Dissociation renders trauma survivors unaware, at best, they may have a 'vague sense' of trauma's direct, transmitted or vicarious impact. Trauma and post traumatic stress disorders (PTSD) thus present clinicians with the challenge of spotting 'moving targets' on their therapeutic journey with their patients.

A few principles may serve as guidelines on the journey from trauma to integration: first, to do no harm to ourselves and our patients; second, tolerate the burden to 'know' the 'unknown'; third, try to not enact or distance ourselves from our own or our patient's trauma; fourth, to use our clinical knowledge and understanding with tact and skill as we encounter our own and our patient's obligatory defences; fifth, never undertake trauma work without safety-nets – supervision, peer-support, learning/reading/writing and discussions; finally, respect the power of trauma.

My presentation will illustrate these principles with references to case studies including a short video of the impact of my mother's Holocaust testimony on my understanding of intergenerational trauma transmission (Halasz, 2002) its manifestation in trauma art (Halasz, 2007) and how I became a psychological witness to her, and my own, trauma. (Halasz, 2009).