Faculty of
Psychology and
Educational Sciences
**"Ovidius" University
of Constanta, Romania**

BLACK SEA JOURNAL OF PSYCHOLOGY

www.bspsychology.ro

9 772068 464001

BLACKSEA JOURNAL OF PSYCHOLOGY
eISSN: 2068-4649; Print ISSN: 2068-1186

The "Black Sea" Journal of Psychology
Vol. 13, Issue 1, 1-10, Spring, 2022
ISSN: 2068-4649
www.bspsychology.ro

Psychological Trauma - A Psychoanalytical Approach

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Abstract. Psychoanalytic thinking and theory help us to understand the need for these defensive maneuvers, the particularities of the forms they take and the intransigent ways in which they operate. More importantly, this form of treatment, either individually or as a group, also provides a path to recovery. It cannot bring back, of course, what has been lost or those who have died or replaced parts of the body that have been destroyed, this form of therapy operates in restructuring of the patient's subjective, inner reality and not in objective reality (Budd., S., Rusbridger, R., C., 2005). Through psychoanalytic therapy, by integrating the psychic trauma, the subject has the chance, the possibility of recovery, of a future in which the objective reality is differentiated from the traumatic subjective reality and the quality of life is improved. In other words, there is the possibility of a personal future once more (Budd., S., Rusbridger, R., 2005).

Keywords. Psychoanalytic, trauma, therapy, recovery, studies, childhood

1. Trauma - Etiology and Meanings

„Trauma - in general medicine means structural damage to the body, caused by contact with an object or a substance. The term refers to wounds, fractures, burns, etc. in psychiatry and psychoanalysis, this signifies any absolutely unexpected experience that the subject is unable to assimilate/integrate. The immediate reaction to a psychological trauma is shock; the side effects are either spontaneous recovery or the development of traumatic neurosis. In psychoanalysis, by extension it designates any experience that is controlled through defenses. Trauma, in this sense, produces anxiety, which is followed either by spontaneous recovery or by the development of a psychoneurosis”(Rycroft, 2013).

„Childhood trauma is a trauma that occurred in childhood and is thought to have played a causal role in the development of that neurosis. Childhood trauma can be type 2 or 3, and the term has come to include not only unique, isolated experiences, such as sexual abuse, psychological surgery, or the sudden death or disappearance of a parent, but also long-term situations such as oral

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Vol. 13, Issue 1, 1-10, Spring, 2022
ISSN: 2068-4649
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deprivation, separation from parents, severity in the education of sphincter control or even abnormal family relationships during childhood" (Rycroft, 2013).

Trauma or mental trauma is that event in an individual's life that is characterized by a high level of intensity, as well as by the individual's inability to respond to that event properly, the disruption and long-term pathogenic effects that it generates. in psychic structure (Laplanche, Pontalis, 2007).

In terms of psychic economics, mental trauma is characterized by an excessive influx of arousals, related to the individual's level of tolerance and his ability to cope with and process these arousals mentally (Laplanche, Pontalis, 2007).

The terms trauma / mental trauma have been used since antiquity in fields such as medicine and surgery. Trauma, which comes from the Latin Τραύμα, meaning injury, derives from the Greek διατρυπώ, which means to pierce, designating a wound by rupture (of the tissues). The term traumatism is reserved for the consequences on the whole body, of an injury resulting from extreme violence. In medicine, these terms tend to be used as synonyms (Laplanche, Pontalis, 2007)

Psychoanalysis took these terms (in Freud we find only the term "trauma"), transposing at the psychic level the three meanings associated with it: 1) that of violent shock; 2) that of injury, of rupture and 3) that of consequence on the whole psychic organization (Laplanche, Pontalis, 2007).

The notion of mental trauma refers, first and foremost, as Freud himself pointed out, to an economic conception : "We call this a lived experience that brings, in a short time, such a great increase in arousal for the psychic life, that the stopping (interruption) or its elaboration by the normal and ordinary means of the psyche fails, which leads to the appearance of disorders sustainable in the energetic functioning of the psyche "(S., Freud, 1990).

The influx of arousal is excessive in relation to the ability to cope with the psychic apparatus, whether it is a single event taken in isolation, which is very violent (a strong emotion), or it is an accumulation of arousals, in which each , taken in isolation, would be tolerable. The principle of perceptual constancy fails because the psychic apparatus is unable to discharge arousal (Laplanche, Pontalis, 2007).

2. The Chronology of the Elaboration of Psychological Traumatism Theory in Psychanalysis

The diachronic approach to mental trauma in the history of psychoanalysis takes into account two central parameters:

- Trauma as an agent of an instinctual connection;
- The consequences of the mental trauma that constitute and act as a secondary instinctual source.

Thus, the debate on mental trauma leads to the history of theories that were the basis for the development of this concept as well as the theoretical-practical implications, themselves related to the evolution of theory and that lead us to think of mental trauma in terms of defense / trauma. (French Journal of Psychoanalysis, 2002, p. 745).

The central concept that lies in the middle of the theoretical apparatus of psychoanalysis - psychic trauma, retains this place throughout the work of S. Freud, which it traverses from one end to the other, from Essays on Psychoanalysis (1895) to Moses and Monotheism (1939). These

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Vol. 13, Issue 1, 1-10, Spring, 2022
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theoretical influences undergo important metapsychological reshuffles in other psychoanalysts such as Ferenczi in the last years of his life.

Psychic trauma is a central concept in Freud's work. In this regard, three main moments can be highlighted:

a. A first period that takes place between 1895-1920. The meaning of trauma is related to sexuality and refers to the theory of child seduction: this model that designates the act of sexually seducing as the basis of the etiology of neurosis is related to memory and the mechanism of repression, which is the predominant model until 1920. Within this first period, two distinct moments must be distinguished: a first moment from 1895 to 1900/1905 in which S. Freud establishes that the main model of the action of psychic trauma as being related to seduction is that of a two-stage model. The one highlighted in Psychoanalysis Essays and the one in Studies in Hysteria . This is also the time ("I do not believe in my neuroticism", 1897) in which it is the phantom that is highlighted and not the theory of seduction which becomes the main traumatic factor that precedes the etiological organization of neurosis.

b. The second moment is from 1905-1920, during which S. Freud retracts the infantile sexual development of the child and elaborates metapsychology. In terms of child sexual development and from the perspective of libido theory, the paradigmatic traumatic situations are related to the “original fantasies” and the corresponding anxieties (seduction anxiety, castration, primitive scene, Oedipus complex). Trauma is related to the force of sexual impulses and related to the conflict they have with the superego. All conflicts and all traumas are reported with reference to the unconscious fantasies and the internal psychic reality of the subject.

c. Starting with 1920, the concept of psychic trauma acquires a new dimension by the fact that it becomes an emblematic one in the dynamic economy of the psychic apparatus. From this point on, the concept means that the excitation threshold is exceeded, which corresponds to a feeling of helplessness specific to the baby's stress (Hilflosigkeit). The latter leads to what led to the formation of the overwhelming anxiety paradigm: when anxiety does not allow the self to protect itself from the large amount of stimuli that the confrontation with internal or external experiences mediates. In the following years, in his work Inhibition, Symptoms and Anxiety (1926), S. Freud proposed a new theory of anxiety and emphasized the link between trauma and the loss of the object by introducing into psychoanalysis one of its central themes, namely, the connection with the object. (French Journal of Psychoanalysis, 2002, p. 746).

Starting with 1920, the term traumatic is added to the term trauma.

At the end of his work, in Moses and Monotheism (1939), S. Freud points out that the traumatic experiences of constitutive psychic organization and functioning can lead to early destructures of the personality (ego) and cause narcissistic wounds, as he pointed out. S. Ferenczi in the last part of his work. Therefore, S. Freud distinguishes two effects of mental traumatism, a positive one and a negative one, emphasizing that for the latter we can propose the term trauma. "We call psychic traumas the impressions felt in early childhood and which were later forgotten, to these impressions we attach great importance in the etiology of neurosis." (French Journal of Psychoanalysis, 2002, p. 746).

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3. The Traumatic Process Approach from a Psychoanalytical Perspective

Freud gave a figurative representation of this situation in "Beyond the Pleasure Principle" (1920), considering it at the level of an elementary relationship between an organism and its environment: the "living bladder" is protected from external excitations by a protective layer that allows only tolerable amounts of excitation. This layer suffers a rupture in the case of psychic trauma, and in this case the task of the psychic apparatus is to mobilize all available forces to establish counter-investments, to fix the specific amounts of arousals that occur and thus allow the recovery operating conditions of the pleasure principle (Vocabulaire technique et critique de la Psychanalyse, 1967).

Traumatic events can occur at any age, at any stage of life. A child's inner world is irrevocably formed by the early relationships he establishes with his primary objects (especially the caregiver), and these, in combination with the child's memories and fantasies about the nature of internal objects, will determine the nature his relations with the world. When the trauma is severe and prolonged in childhood, it can adversely affect the entire development of the adult and his personality. Sometimes childhood trauma is "forgotten" - dissociated from the conscious and denied (through the psychological mechanism of motivated forgetting). Also, the significance of childhood events can remain blocked, repressed in the unconscious, it is not recognized and felt for many years, until the child - now an adult - is in a safe enough environment to allow these early memories to come to the surface. However, it can also be difficult to distinguish between reality and fantasy when it comes to childhood memories. The earlier the threats to the self, and the more disturbing they were, the harder it will be to differentiate between the subjective reality of the subject / analyzed one and what really happened in objective reality during early life experiences.

The validity of "recovered memories" has been the subject of intense public and professional debate. In psychoanalytic treatment - during the analytical cure, the emphasis is on the nature of those early relationships and what follows from them, depending on their nature, as the analytical cure identifies them and how they are processed during the therapeutic process, through the therapeutic relationship that is built between the patient and the analyst. This means that the identification of events that have taken place / actually occurred in the past, throughout the patient's biography, which may be neither possible nor important / in the interest of the therapeutic approach and this fact is felt as less crucial than establishing the subjective reality of the patient as it is currently lived. This is the area where the therapeutic, transferential relationship can be the most important and strongest factor in triggering the change that occurs during the therapeutic / traumatic process (Budd., S., Rusbridger, R .., 2005).

The treatment of survivors of traumatic events involves the application of complex aspects of psychoanalytic technique and theory, using ways of psychoanalytic understanding of the analyst's behavior in the service of his well-being. Therapy, personal analysis specific to analytically oriented therapeutic work, begins with the need to be listened to by someone whose intention is to understand. If the therapist can take over the magnitude of what has happened to the patient, both internally and externally, without being overwhelmed by it, through adequate control of the analyst's countertransference, for which the latter is responsible, this also mediates for the analyst the possibility of restoring a world with meaning in it (which acquires meaning, significance). Traumatic events often damage the meaning that the world once had - it erases the original structures, expectations and values with which early events are endowed / signified - and a new reconstruction is needed, a re-signification of the reality lived subjectively by the subject,

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taking into account and re-signifying these disturbing, disruptive events and giving them a new meaning, a new significance that will help the client to process and gradually integrate the specific traumatic (traumatic) memories. (Budd., S., Rusbridger, R., 2005).

Psychiatric trauma patients (who have suffered mental trauma) can pose some difficult problems for analysts, which is a challenge for the latter. The damage to the patient is often obvious and painful, disturbing, triggering a strong desire to help remedy them. The temptation for the inexperienced therapist is to offer himself as a good object in relation to which the analyst may unconsciously project the contents of his subjective reality (e.g., his internal objects), and this desire may overwhelm the analytical position, in which, for example, the feeling of helplessness experienced by the therapist is used as a means by which the latter can learn (can have access to) about the mood, about the subjective feelings of the patient. S. Freud (1926) showed that the feeling of prolonged helplessness is the essence of trauma. The fear of this helplessness is often communicated both consciously and unconsciously by the patient to the therapist and the therapist must recognize, contain and be able to interpret the patient's manifestations, behaviors, rather than behaving as "helpful". (Budd., S., Rusbridger, R., 2005). The effectiveness of therapy is much more difficult in patients who have suffered mental trauma: ”effective treatment is made more difficult by two further factors. Traumatic events inevitably stir up considerable amounts of hostility in the survivor, which tend to be projected straight out of awareness and into the external source of grievance. It is strikingly difficult to help traumatised patients recognise and take back their own hostile and destructive impulses, rather than to continue to attribute all hostility and aggression to the other, the perpetrator (whether state-sanctioned torture, or British Rail, or shoddy builders in earthquake areas). The failure to know about one’s own violent impulses inevitably leaves such patients in the position of chronic victim.” (Budd., S., Rusbridger, R., 2005, p. 250). Therefore, access to the psychological reality of traumatized subjects highlights the fact that it is particularly difficult to accompany and support these patients during the therapeutic process first of all due to the difficulty of some of them to stop the destructive and hostile impulses they tend to attribute (to project) with all hostility and aggression towards the other, who takes over the role of aggressor. The opposite process of projection, namely retroflection is also often encountered, clients who present this defense mechanism tend to return to themselves these repressed contents specific to the unconscious psyche, which generates self-aggression in various forms of manifestation. We can interpret these manifestations as forms of regression in early stages of development, specific to the infantile processing of the child's psyche, which, as a result of experiencing the traumatic situation, developed a maladaptive coping. The role of analytically oriented psychotherapy is to bring these contents to the level of the conscious psyche during the analytical cure, which empties the unconscious of its traumatic load understood in the classical Freudian sense of "excess arousal", which has an overwhelming effect on the psyche. The conclusion S. Freud reached about catharsis cures is: „once the original events are brought into consciousness, most importantly along with all the original intense feeling that accompanied it, the symptoms will disappear. Until that point the psychical trauma or more precisely the memory of the trauma- acts like a foreign body which long after its entry must continue to be regarded as an agent which is still at work…”[Garland C., 2019, p.13]

The failure to know one's own violent impulses, to bring them to the conscious level of the psyche will inevitably leave the patient in a state of victimhood. Sometimes this can be tantamount to a phobic avoidance of places or moments that trigger memories of the traumatic event and that

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act as triggers. The function of avoidant behavior that originates in traumatic experiences has a role of self-protection. When an event has had an aversive character, this cannot be integrated at once, as the survivor needs to gradually integrate its processing and process the multitude of its implications (Budd., S., Rusbridger, R .., 2005). .

However, over time, such behavior can become maladaptive. Gradually, larger and larger parts of the world appear to serve as triggers that remind patients of the avoided traumatic events which are still traumatically loaded (Budd., S., Rusbridger, R .., 2005).

A second and most important difficulty in therapeutic support for clients with mental trauma is the inability of patients to access their experiences in a form that can be contained by them mentally, it is about the contents designed and worked in a symbolic way and not about the contents that have been repressed in various forms. The mechanisms by which actions occur, behaviors are opposed to those of cognitions.

Thus, ”an adolescent who had been raped, but who had kept this fact secret from her friends, became very disturbed one evening to hear her friends apparently joking about rape. She left the pub in which they had been drinking and climbed 40 feet up some scaffolding nearby, scaring her companions who begged her to come down. From her point of view the fear and disturbance was now located in them rather than in her, and she was able to look down on them, and on the fear, from a lofty position. Although phobic avoidance and the use of drink and drugs is common, getting rid of is often achieved through habitual mechanisms of defence (denial, projection, projective and/or introjective identification). Shifts in identifications are fundamental to the defences employed by survivors dealing with trauma”. (Budd., S., Rusbridger R., p. 250, 2005).

Although phobic avoidance and the use of beverages and drugs are common, attempts to avoid contact with traumatic memories are often achieved through common defense mechanisms (denial, projection, projective and / or introjective identification). Changes / transformations in (the already mentioned defense mechanism) identification are fundamental to the defenses triggered by the survivor facing the trauma.

The use of certain types of identification by patients is adopted by the survivor as a retreat, a refuge of the traumatized ego in a position. The unconscious purpose is twofold. First of all, identification is a means of avoiding the oppressive suffering experienced and thought of before, felt again when the fear arises that the damage to the self and its internal objects is impossible to recover. Second, post-traumatic changes in identification may be an attempt to recover those feelings, emotions, and thinking through which those traumatic experiences were processed. (Budd., S., Rusbridger, R .., 2005). Changes in identification are fundamental to the types of defenses used by psychiatric trauma survivors. The use of different types of identification by the patient has the significance of withdrawing the traumatized ego to a pre-conceptual, infantile level of development. The unconscious purpose is twofold. First of all, identification is used by the psyche as a defense mechanism, as a means of avoiding unbearable mental pain, which occurred at a time of marked vulnerability, in which was activated (appeared) the fear of deterioration / destructuring of his own personality as well as of his internal objects, and this feeling is felt as impossible to remedy. An example of the mechanism of identification is the case of a young sapper officer who, on the battlefield, managed to avoid losing his sight and legs due to the blow of a bomb that he failed to defuse in time. However, his colleague, who was with him, died on the spot, failing to escape. As a result of the intense traumatic emotional impact, the sapper lost his desire to live. He refused the chance for psychoanalytic therapy, which for him would have meant facing

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the pain of his life, radically altered and disturbed by this experience, and withdrew to isolation, obscurity, a life similar to a slow death, suffering from a major depressive disorder. The surviving officer of the war unconsciously identified both with his colleague who had died on the battlefield and with those whom he had failed to save in previous missions. This officer's condition was aggravated by the disturbing fantasies of his childhood about the nature of the relationship between his parents.

Clinical experience shows that the choice of an object of identification depends on how the survivor relates to the original disturbing event. When it feels as if something painful and unpleasant has happened to it, the movement is towards identifying with a hostile object that is felt to have caused that state of affairs. This reverses the direction of the traumatic event, giving the person a sense of control again (as opposed to helplessness), and probably allows the gratification of revenge, as sometimes happens, the aggressor in turn becoming an aggressor for the alter. The example used by S. Freud (1920) is that of the boy playing with the cotton ball (cotten reel). Upset about the fact that his mother is constantly coming and going away from him, the child repeatedly throws a spool (a ball) of cotton from a stroller placed on a string, and then pulls it back. This child, as modern children tend, did not have a direct target on his mother, instead he threw that object that symbolized his mother. This object could also represent the mother's action as well, which the child felt she determined by her repeated departures. (Budd., S., Rusbridger, R., 2005).

On the other hand, when someone survived a traumatic event in which other people died (witness trauma), the survivor may be left with a considerable burden of guilt. He may feel that his life has been saved at the cost of other lives (Freud S., 2005).

The subject may feel that his life continues (has been spared) at the cost of the death of others (Freud S., 2005). Making an identification with the deceased person or who has been severely affected by adverse experiences, the inability of the traumatized subject, exposed to such an experience of loss, to have a life in which to feel pleasure or joy, can be a way to avoid re-experience, to feel that guilt (as in the case of the sapper officer) and, most likely, to avoid the anxieties of revenge ghosts. Ghosts, as Freud called them in his work (Freud S., 2005), are representations of past experiences over which the survivor triumphed, by surviving while others died. This happens when the survivor has lost people who are felt to be significant or important to his or her well-being or feels himself or herself responsible in some way for their loss (Budd., S., Rusbridger, R., 2005).

In conclusion, the effect of traumatic events in adulthood can present the survivor with three major obstacles in the normal processes of assimilation, integration and recovery. The first is the process by which the events of the present offer the opportunity for a new manifestation, a new life to the unresolved problems of the past and thus become connected to them in a meaningful and insoluble way. The second hurdle is the refusal (inability) of the traumatized ego to acknowledge the existence of symbols in the trauma area. It can also be extended to words - certain words (burned or killed, for example) are felt as recalling events and not just words of description. "Going through" - the analytical process required to understand traumatic events, thinking about them and integrating them into the functioning of the conscious rather than searching for it unconsciously and repeatedly helplessly - is especially difficult when some of the words used in treatment seem to recreate, to reactivate the memory of the real event previously experienced by the subject. The third obstacle is the defensive use of complex identifications and stagings, some of them motivated

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by the need to avoid unbearable guilt, or by the need to avoid unbearable helplessness (Budd., S., Rusbridger, R., C., 2005).

These aspects of the irreversible nature of the loss are felt to be its most painful limitations. The life of a person who has survived a major trauma cannot be the same as the life before the event, whether there has been a long-term physical injury or not. There must be a period of mourning for the loss, and mourning is always hard and involves a long labor, even when the subject has a stable, intact, unitary ego. The individual may feel that he does not have the necessary resources to engage in this labor of mourning, in this processing of it, especially when part of the mourning must be done for parts of the self that are no longer - for the lost world of trust, life before trauma and identity. However, mourning itself is crucial if we want the individual to be able to move forward, since mourning is a key process in the development and recovery of symbolic thinking. When mourning fails and thinking becomes impossible, the individual is trapped in a life that is potentially disruptive in terms of identification and staging (Budd., S., Rusbridger, R., 2005).

However, the treatment performed in the psychoanalytic cure of the patient who presents after a traumatic event, can offer, years later, the chance to process these identifications and stage them through further processing or working-through (specific to the traumatic process). This can make the transition from a stage in which the survivor is trapped in trauma - as the dominant feature of psychic life, to a later stage in which it has become a part of the whole, of a whole, unified (unitary) psyche within whose trauma is still present and painful, but the psyche is able to realize it without the presence of flashbacks, without a dive into these traumatic memories. This is a stage of integration when the traumatic event can become part of the individual's overall emotional functioning, instead of remaining dissociated or an area of avoidance, a "foreign body" in the mind, then concrete thinking and identifications will no longer take the place of flexible creative thinking, imagination and feelings (Budd., S., Rusbridger, R., 2005).

4. Trauma and the Etiology of Neurosis

According to Freud (1940), all neurotic diseases are the result of childhood trauma: "Neurosis is, as we know, a condition of the ego, and it is no wonder that the ego, as long as it is weak, immature, and incapable of endurance, fails to solve tasks that it may later solve with the slightest. ease". But, as he continues, "no human individual is exempt from such traumatic feelings, no one escapes the repressions they arouse" (Rycroft, 2013 according to Freud, 1940).

During the early period of psychoanalysis, between 1890 and 1897, theoretically, the etiology of neurosis is related to past traumatic experiences, the occurrence of these events being analyzed regressively as analytical research deepens, from adulthood to childhood. Technically, the effectiveness of the psychoanalytic cure is investigated through abreactions and the psychic elaboration of traumatic experiences. This initial perspective on approaching psychic trauma in classical psychoanalytic theory later passed into the background (Laplanche, J., Pontalis, J-B, 1967).

If initially, regarding the traumatic events, the emphasis was on the experiences that the individual lived at a certain moment, as the psychoanalytic practice deepened, it was observed that the psychic reality of the individual has a greater importance. Thus, the transition was made to the way the individual relates to events, how he perceives and interprets them, the reporting being made according to the mental state that the individual has at the time of the event. This state of affairs depends on several factors, such as: the developmental phase of the person, the social

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environment, the family, environments that can facilitate or inhibit the right reaction and its elaboration. However, the most pathogenic factor is the repression of the lived experience and its preservation in the unconscious. The economic factor must also be taken into account, namely the intensity of the emotional reaction that the individual feels (Matei, R., 2007).

This state of affairs depends on several factors, such as: the developmental phase of the person, the social environment, the family, environments that can facilitate or inhibit the right reaction and its elaboration. However, the most pathogenic factor is the repression of the lived experience and its preservation in the unconscious. The economic factor must also be taken into account, namely the intensity of the emotional reaction that the individual feels (Matei, R., 2007). For the existence of a psychic trauma in the strict sense of the term, namely in the sense of non-abreaction of the experience that remains in the psyche as a "foreign body", it is necessary that certain objective conditions be present (Laplanche, J., Pontalis, JB , 1967). Surely an event can, by its nature, exclude a complete abreaction, such as the loss of a loved one, which is felt to be irretrievable. Apart from these extreme cases, there are some specific conditions or circumstances that give the event traumatic value: 1) the special (particular) psychological conditions in which the individual is at the time of the event, the "hypnotic state", as Breuer calls it; 2) the factual situation - social circumstances, demands related to ongoing tasks, which prohibit or prevent an adequate reaction and 3) the mental conflict which, according to Freud, prevents the individual from integrating into his conscious personality the experience of which he is a part. Breuer and Freud further add that a series of events which, each in itself, would not act as a trauma or traumatic experience, may add their summative effect when they occur, which has been called a summative effect (Laplanche, J., Pontalis, JB, 1967).

Regarding the diversity of conditions of mental trauma, as they are presented in "Studies on Hysteria", which highlights that the trigger is the economic factor: the causes of trauma is the inability of the mental apparatus to eliminate arousal received according to the principle of constancy. Thus, the specificity of mental trauma is represented by a series of events whose pathogenic nature originates in violence and the unexpected nature of their occurrence, as well as in case of an accident and goes to aspects related to the difficulty of integrating such experiences in mental organization. which already show specific areas of rupture or splitting (Laplanche, J., Pontalis, JB, 1967).

In his book "Introductory Lectures in Psychoanalysis" (1915-1917), Freud develops the scheme of how various factors contribute to the emergence of neurotic disorders. Traumatism here becomes a triggering factor and not a main etiological factor (Matei, R., 2007).

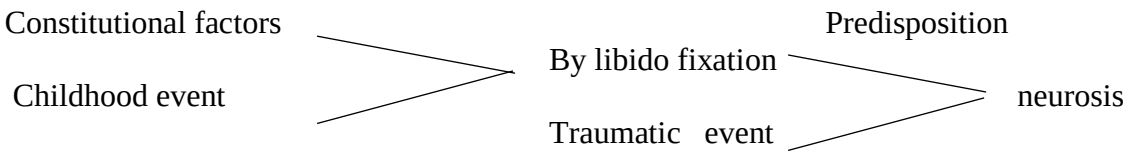

Figure. 1. Graphical correlation of various factors

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Later, Freud will assign another role to the traumatic event, namely deprivation of libidinal satisfaction, frustration. Related to constitutional factors, Freud describes in his work 'Introduction to Psychoanalysis', the plasticity of libido, ie its ability to discharge in different ways, either by partial impulses or by sublimation. Libido mobility refers to the ability to satisfy oneself through a variety of objects and purposes. The viscosity of libido is the opposite property of mobility, namely that of adhering to a certain object or purpose, without the possibility of accepting substitutes. Thus, the lower the plasticity and mobility, the higher the probability of frustration (Matei, R., 2007).

Related to libido fixation, it occurs when a conflict remains unresolved or is insufficiently resolved during the stages of psychoaffective development. However, in order to develop neurotic symptoms, the action of another factor is necessary, namely the conflict between the I and the libidinal tendencies activated by regression (Matei, R., 2007). Freud (1896), for a short time, considered that the source of all neuroses was rape and sexual abuse suffered in childhood coming from adult men, most often the father. This preoccupation of his has been called the theory of seduction. The discovery and development of the Oedipus Complex theory and the importance of childhood sexual fantasies is seen as a compensation for Freud's disappointment with the theory of seduction.

But he has attracted much criticism for abandoning the theory of seduction and ignoring the frequency of child sexual abuse and the extent to which the whole psychoanalysis has ignored its quality as a determinant of neurosis (Matei, R., 2007).

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