

Emerging Perspectives in Psychoanalysis and Trauma Theory

Pooran Chandra¹, Dr. Prabha Pant²

¹Research Scholar, Department of English and Foreign Languages, SSJU Almora

²Associate Professor, GBPUA & T, India

ABSTRACT

Recent years have seen considerable advancements in psychoanalysis and trauma theory, especially in terms of comprehending the complexity of trauma and its effects on people. This study provides an overview of the emerging perspectives in the fields of psychoanalysis and trauma theory, emphasising the developments and insights that have shaped these fields over the past few years. The study also emphasises the importance of understanding the unique lived experience of each individual and the ways in which trauma impacts their subjective reality. The study also examines the incorporation of neurobiological findings into psychoanalytic and trauma theories. In addition, the study investigates the increasing recognition of cultural and contextual factors in trauma theory. While exploring the most current advancements in trauma theory, it is discovered that although traditional psychoanalytic approaches focused predominantly on individual psychopathology, contemporary perspectives on trauma have expanded to include societal and collective dimensions.

Keywords: Complex trauma, Cultural trauma, Psychoanalysis, Epigenetics, Repetition compulsion

INTRODUCTION

The origin of the term 'trauma' can be traced back to the ancient Greek word for 'wound'. In contemporary literature, according to Cathy Caruth 'the term trauma is understood as a wound inflicted not upon the body but upon the mind. (pg. 3) Trauma theory is a theoretical framework that attempts to comprehend the psychological and affective effects of traumatic experiences on individuals. It emerged from various disciplines, including psychology, psychiatry, and sociology, and has shaped our comprehension of trauma and its effects on individuals' lives. At its foundation, Trauma theory acknowledges that experiencing or witnessing traumatic events can have profound and long-lasting effects on an individual's mental and emotional health. Typically, traumatic events are those that overwhelm an individual's coping capacity, disrupt their sense of safety and security, and leave them feeling defenceless and powerless.

Trauma theory has evolved considerably in recent years. Early models of trauma viewed it primarily as a single event or series of events that were overwhelming to the individual's ability to cope. Single event trauma or acute trauma emerged from the field of psychiatry and psychology in the late 19th and early 20th centuries. This model of trauma theory focused primarily on the impact of a singular traumatic event on an individual's psychological well-being. The trauma in one's psyche occurs when a person witnesses a horrific incident or multiple events such as sexual assault, a road accident or natural disaster.

According to the single event trauma model, traumatic events were seen as discrete incidents that could result in severe psychological distress and the development of symptoms such as anxiety, depression, and post-traumatic stress disorder (PTSD). These events were typically defined as sudden, unexpected, and overwhelming experiences that posed a threat to one's physical or psychological integrity.

The single event trauma model viewed trauma as an external force that directly impacted an individual, resulting in a predictable set of symptoms. This model often emphasized the role of the event itself rather than considering other factors that might influence an individual's response to trauma, such as personal resilience, social support, or pre-existing mental health conditions.

One of the key assumptions of this early trauma model was that traumatic experiences were exceptional and relatively rare occurrences. As a result, the focus was primarily on individuals who had experienced events such as combat, natural disasters, accidents, or violent crimes. The model did not fully account for the fact that trauma can

also arise from ongoing, repetitive, or cumulative experiences, such as childhood abuse, domestic violence, or prolonged exposure to war or conflict.

More recent models recognize the complexity of trauma and its effects on individuals, including the ways in which it can affect their emotional, cognitive, and physical responses. This understanding has led to the development of new approaches to the diagnosis and treatment of trauma. While in modernism and postmodernism the discourse about gender sexuality identity and the self were kept on changing a more subjective approach to these concepts was seen. The one objective approach and the concept of only reality was challenged outrightly. The postmodernist approach to trauma theory talks not just about the emotional reaction caused by some external forces or by experiencing some terrifying external events but of the internal conflicts or what was happening internally more. As the discourse about sex, gender and identity has been changed so was the definition of trauma. The trauma, earlier, considered as an overwhelming experience caused by witnessing some horrifying incidents such as natural hazards, road accidents or a rape incident. Today trauma is created by a mere chronic inner conflict or anxiety or by something which is shapeless. Now the focus is on the meaning making process of our day today experiences and the interpretation of the inner self.

Complex Trauma

One of the latest developments in trauma theory is the concept of "complex trauma." This refers to trauma that occurs repeatedly or over an extended period, often in childhood, and typically involves abuse or neglect by a caregiver or someone in a position of power. A person faces complex trauma when he or she is exposed to more than one traumatic situation or repeated traumatic experiences. Complex trauma is now seen as more severe injury to the psyche of an individual. As the term itself suggest "complex trauma involves early, severe, and chronic trauma that impacts on parental/child development through adolescence and even into adulthood. This may also be referred to as type 2 trauma: single event, or incident trauma would be type 1. (Terr 1991).It is thus more severe and devastating and causes tremendous harm to an individual's psyche and identity. Complex trauma becomes complex when an individual met with an accident and keep on feeding that experience in his or her mind by constantly thinking about it. To make it more specific and clear, complex trauma can be termed as longitudinal trauma as it last for a long period of time. The victim constantly come into contact with events that disturb his/ her mental state quite regularly for a large time period.

Complex trauma, in most cases is the result of the seed of trauma that was shown early in the childhood when a child has less reasoning capability to understand the actual cause of that particular event which makes it more severe. The annoying childhood experiences, and disturbed family condition can increase the complexity of a traumatic experience. Any situation, as Layuren Fabrizio et al. writes, "that disrupts attachment would be included, specially the early primary bonds of parents Child in the first three years." (p. 92). Attachment for a human being, especially for kids is an essential requirement for their social and mental upbringing, when they deprived of attachment and emotional care they feel as if they have committed a crime, which keeps them at a constant fear and mental anguish ultimately leading to trauma. Complex trauma becomes threatening when a person unnecessarily overthinks about a particular incident. The overthinking that led to complex trauma ultimately leads to Complex Post Traumatic Stress Disorder (PTSD). Complex trauma, Fabrizio et al. says "encompasses traumatic grief, such as turmoil and death and suicide, massive loss contentious custody, battles, medical trauma, natural disasters, war, torture, exposure to chaotic environments, violence, and any threat of death."

The children are in a way more prone to have complex trauma if they are exposed to a traumatic situation when they are young. The reason may be subjective but their intellectual capacity to understand or their reasoning ability is what makes the trauma severe. This disrupts many aspects of a child including the sense of the self. The very foundation of the self is broken and an identity crisis can be seen in a very early years of a child. Complex trauma can have long-lasting effects on individuals, including difficulties with emotion regulation, interpersonal relationships, and self-esteem. Understanding the effects of complex trauma is crucial to the diagnosis and treatment of individuals who have experienced it.

Another important development in trauma theory is the recognition of the role of culture and social factors in the experience of trauma. As the father of Psychoanalysis Freud for a long time considered merely a historian, "now almost a century after the publication of *The Interpretation of Dreams* (1900), we are able to situate him in the context of social and cultural history" (Zaretsky, 154) Freud was writing in an era of transition when the society was transforming from industrial society to capitalism and mass culture. A juxtaposition of different cultures is what defines globalization. In modern world culture is not only about family, religion, food, sex or everyday life but also discourse about it and the very structure of that discourse. If we talk about sex the ancient world defines itself primarily in terms of male/ female relations, and the heterosexual couple was at the centre. Today it is not only about male female relationships, not only heterosexual but homosexual, bisexual, transgender and so many others. Freud also uses the term Bisexuality, but according to him bisexuality is two different things the "masculine" and the "feminine". The concept of sexuality in terms of culture was also changed, sexuality in

modernism means not only the interaction between different sexes but also the idea of the priority of personal self or individuality, the assumption that life could be lived as something separate.

The central assumptions of modernism centered around a unique personal self and their thought of the self as a deep and understandable structure. What they thought about structure is an infancy creation and a result of the interaction between the child's wishes and environment. This 'Self' was later replaced with the term 'identity' which was the best thing to them. Whenever there are disrespectful regards towards an individual's identity, that creates trauma in them. The economic status and racial factors of an individual were also important but they were considered external or social factors. These social factors were complementary to their identity and thus can create trauma when disrupted. Trauma can be shaped by social and cultural contexts, including racism, sexism, and discrimination. The intersection of trauma and social inequality has become an increasingly important topic in trauma research.

Cultural Trauma

In her article, "The Trauma of the Routine: Lessons on Cultural Trauma from the Emmett Till Verdict," Angela Onwuachi (2016), while studying 'how cultural traumas can arise not only when routines are disrupted but also when they are maintained and reaffirmed publicly or officially, claims that "cultural traumas are socially mediated processes that occur when groups endure horrific events that forever change their consciousness and identity." (pg. 335)

Cultural trauma is a concept that has gained prominence in recent years within the field of trauma theory. It emerged as a way to understand the collective and long-lasting impact of traumatic events on entire societies or cultural groups. Cultural trauma, as Roy Eyerman states 'is a dimension apart, as it refers to more abstract and mediated notions of collective identity, including religious and national identity. (P. 43) While early trauma theory primarily focused on individual experiences of trauma, cultural trauma theory broadens the scope to examine the ways in which shared historical events shape the collective memory, identity, and well-being of a community. "Cultural traumas are not things, but processes of meaning making and attribution, a contentious contest in which various individuals and groups struggle to define a situation and to manage and control it." (Eyerman, 43)

In a perceptive analysis of the distinction between psychological and cultural trauma, Neil Smelser (2004) concludes that 'cultural traumas are made, not born.' Cultural trauma refers to the emotional and psychological wounds experienced by a group of people as a result of events that are perceived as threatening the fundamental beliefs, values, and social structures that underpin their way of life. These events are often characterized by extreme violence, genocide, war, colonization, forced displacement, or other forms of collective suffering. The following are the Key elements of cultural trauma theory:

Collective Memory: Collective or cultural memory, writes, Jan Assmann, is 'a collective concept for all knowledge that directs behaviour and experience in the interactive frame- work of a society and one that obtains through generations in repeated societal practice and initiation. (pg. 126) Cultural trauma theory emphasizes how the memory of traumatic events is passed down through generations and becomes an integral part of the collective memory of a cultural group. This memory is often transmitted through narratives, rituals, symbols, and commemorative practices.

Identity and Belonging: Cultural trauma has a profound impact on the identity and sense of belonging of a group. It can lead to a reevaluation and reconstruction of collective identity, as well as feelings of loss, grief, and a sense of being "othered" or stigmatized.

Cultural Narratives: Cultural trauma theory explores the ways in which communities construct narratives to make sense of their traumatic past. These narratives serve to preserve the memory of the trauma, as well as to shape collective interpretations, meanings, and understandings of the event.

Intergenerational Transmission: Cultural trauma can be transmitted across generations, impacting not only those who directly experienced the trauma but also subsequent generations. Trauma can shape familial and social dynamics, influencing relationships, behaviours, and the transmission of trauma-related symptoms and coping mechanisms.

Societal Impact: Cultural trauma theory recognizes that traumatic events can have profound and long-lasting effects on the social, political, and cultural structures of a society. It can lead to significant shifts in power dynamics, social norms, and the overall functioning of the community.

Cultural trauma theory highlights the importance of acknowledging and addressing the collective wounds and ongoing repercussions of historical traumas. It calls for recognition, validation, and support for affected communities, as well as efforts to promote healing, resilience, and social justice.

The Repetition Compulsion Approach

In terms of psychoanalytic treatment of trauma, there have been several recent developments. One approach is the use of "repetition compulsion," which involves a patient repeating traumatic experiences in their present life, often without realizing it. By examining these repetitions, patients can gain insight into the underlying causes of their trauma and work towards resolving them. Another approach is "co-regulation," which involves the therapist helping the patient to regulate their emotions and develop a sense of safety in the therapeutic relationship. This can be particularly helpful for patients who have difficulty with emotion regulation as a result of trauma.

Repetition compulsion is a concept in psychoanalytic theory that describes a tendency for individuals to repeat patterns of behaviour or re-enact traumatic experiences in an unconscious attempt to gain mastery or control over unresolved conflicts or traumas. It is often observed in psychoanalytic treatment and can provide valuable insights into the underlying dynamics and unresolved issues that contribute to an individual's psychological difficulties.

According to Sigmund Freud, the founder of psychoanalysis, repetition compulsion stems from the unconscious drive to repeat unresolved conflicts or traumatic experiences as a way to gain mastery or resolution. This repetition occurs despite the potential for negative consequences or distress. Freud suggested that repetition compulsion arises from the influence of the unconscious mind, which operates independently from conscious awareness and can exert a powerful influence on behaviour.

In the context of psychoanalytic treatment, repetition compulsion can manifest in various ways. For example, individuals may unconsciously recreate problematic relationship dynamics, seek out abusive partners, or engage in self-destructive behaviours reminiscent of past traumatic experiences. By repeating these patterns, individuals may be attempting to re-enact the original trauma, with the hope of gaining a different outcome or achieving a resolution.

The psychoanalytic therapist views repetition compulsion as an opportunity to explore and work through unresolved conflicts or traumas. The therapeutic relationship provides a safe and supportive environment for the individual to examine and understand the underlying motivations and meanings behind their repetitive behaviours. Through exploration and interpretation, the therapist helps the individual gain insight into the unconscious dynamics at play and develop new ways of relating to themselves and others.

The aim of psychoanalytic treatment in relation to repetition compulsion is to facilitate the integration and processing of unresolved traumas and conflicts. By bringing these unconscious patterns and unresolved issues into conscious awareness, individuals have the opportunity to gain insight, heal emotional wounds, and break free from self-defeating cycles. The therapeutic process often involves exploring the individual's emotions, memories, dreams, and fantasies to uncover the deeper meaning behind their repetitive behaviours.

The integration of neuroscience research into the study of trauma has also been an important development in recent years. Advances in brain imaging techniques have enabled researchers to better understand the effects of trauma on the brain, including changes in brain structure and function. This research has helped to inform new approaches to the treatment of trauma, including the use of neurofeedback, which involves using brain imaging to help patients regulate their emotions.

Integration of neuroscience research into the study of trauma

The integration of neuroscience research into the study of trauma has significantly enhanced our understanding of how traumatic experiences affect the brain and contribute to the development of trauma-related symptoms. Neuroscientific studies have provided valuable insights into the neural mechanisms underlying trauma, its impact on brain functioning, and potential avenues for treatment.

One area of neuroscience research relevant to trauma is the study of the stress response and the role of the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis is a complex network of interactions between the hypothalamus, pituitary gland, and adrenal glands that regulates the body's stress response. Studies have shown that exposure to traumatic events can dysregulate the HPA axis, leading to alterations in stress hormone levels, such as cortisol. These dysregulations have been linked to the development of trauma-related disorders like post-traumatic stress disorder (PTSD).

Neuroimaging techniques, such as functional magnetic resonance imaging (fMRI), have allowed researchers to examine the brain activity and structural changes associated with trauma. Neuroimaging studies have identified specific brain regions involved in processing and regulating emotions, such as the amygdala and prefrontal cortex, which play crucial roles in trauma-related responses. For instance, alterations in the amygdala, which is responsible for fear and threat detection, have been observed in individuals with PTSD.

Additionally, studies have shown that chronic exposure to trauma can affect brain structures, including the hippocampus, which is involved in memory formation and regulation of the stress response. Reduced hippocampal volume has been associated with trauma-related disorders, suggesting a potential link between traumatic experiences, neurobiology, and memory deficits.

The field of epigenetics, which examines changes in gene expression without alterations in the DNA sequence, has also contributed to the integration of neuroscience into trauma research. Epigenetic studies have suggested that trauma can induce changes in gene expression, potentially influencing the stress response and vulnerability to psychopathology. This research highlights the interplay between environmental factors, genetics, and brain function in the context of trauma.

The integration of neuroscience into trauma research has implications for the development of more targeted and effective treatment approaches. For example, neurofeedback, a technique that allows individuals to regulate their brain activity in real-time, has shown promise in the treatment of trauma-related disorders. Additionally, understanding the neurobiological mechanisms underlying trauma can inform the use of pharmacological interventions and other therapeutic modalities that target specific brain regions or neurotransmitter systems.

However, it is important to recognize that neuroscience research is just one piece of the puzzle in understanding trauma. Trauma is a complex phenomenon influenced by multiple factors, including social, cultural, and psychological dimensions. Integrating neuroscience with other disciplines, such as psychology, sociology, and anthropology, allows for a more comprehensive and holistic understanding of trauma.

Epigenetics and Trauma

One area of research that has received considerable attention in recent years is the study of epigenetics and trauma. Epigenetics is the study of changes in gene expression that occur without alterations to the underlying DNA sequence. It explores how environmental factors, including traumatic experiences, can influence gene activity and potentially be passed down to future generations. The field of epigenetics has shed light on the potential mechanisms by which trauma can have intergenerational effects.

Research in epigenetics suggests that exposure to traumatic events can lead to epigenetic modifications, which are chemical changes that occur on the DNA or associated proteins. These modifications can affect gene expression, turning certain genes "on" or "off." Traumatic experiences may trigger these epigenetic changes as the body and brain respond to stress and attempt to adapt to the challenging circumstances.

Several studies have explored the relationship between trauma and epigenetic modifications. For example, research on Holocaust survivors and their offspring has revealed specific epigenetic marks associated with stress-related genes in both generations. Similar findings have been observed in individuals exposed to other types of trauma, such as childhood abuse or combat-related stress.

The transmission of trauma-related epigenetic changes across generations is still an area of active investigation. Animal studies have provided some insights into potential mechanisms. For instance, experiments on mice have shown that exposure to stress or trauma can induce epigenetic changes in the germline cells (sperm and eggs) of parents, which can be inherited by their offspring. These changes may contribute to alterations in stress response systems, brain development, and behaviour in the subsequent generations.

It is important to note that epigenetic changes associated with trauma are not limited to negative effects. Positive experiences and interventions can also produce epigenetic modifications that promote resilience and well-being. These findings highlight the potential for therapeutic interventions and supportive environments to positively impact individuals who have experienced trauma and potentially even mitigate the intergenerational transmission of trauma-related effects.

Trauma can lead to changes in gene expression that can be passed down from one generation to the next. This research has important implications for the understanding of intergenerational trauma, as well as the development of new treatments for trauma.

CONCLUSION

In recent years, significant advancements and new perspectives in psychoanalysis and trauma theory have cast new light on the intricate interplay between psychological processes and traumatic experiences. One of the most significant changes in psychoanalysis and trauma theory is the recognition of trauma as a multidimensional phenomenon that transcends individual psychopathology. Contemporary perspectives have expanded to include societal and collective dimensions of trauma, whereas traditional psychoanalytic approaches focused predominantly

on intrapsychic processes. This expansion recognises that trauma is profoundly rooted in social, cultural, and historical contexts and is not merely an individual experience. Understanding trauma through this lens enables a more comprehensive understanding of its effects on individuals and communities and paves the way for addressing systemic factors that perpetuate trauma.

The emphasis on subjective experience is a second significant development in the field. Emerging perspectives in trauma theory emphasise the significance of recognising and comprehending the distinct lived experiences of trauma survivors. This subjective lens acknowledges that trauma is not a one-size-fits-all experience and that individuals respond and manage with trauma in various ways. By valuing subjective experiences, clinicians and researchers can gain a deeper understanding of the complex and individualised effects of trauma, thereby informing more effective, tailored interventions.

In addition, the incorporation of neurobiological findings into psychoanalytic and trauma theories has improved our understanding of the effects of trauma on the brain and body. Neuroscience advancements have elucidated the neural mechanisms underlying trauma responses, providing a deeper understanding of the physiological aspects of traumatic events. Psychoanalysis and trauma theory can provide a more comprehensive framework that considers the interplay between mind, brain, and trauma by incorporating neurobiological perspectives. This integration may inform therapeutic approaches that address both the psychological and physiological manifestations of trauma, thereby promoting more holistic healing and recovery.

Additionally, the recognition of cultural and contextual factors has become an important component of trauma theory. Traumatic experiences are situated within broader sociocultural contexts, power dynamics, and systemic inequalities; they are not isolated events. Understanding trauma through a cultural lens permits a more nuanced examination of how social structures and cultural beliefs influence the experience, expression, and meaning-making of trauma. This acknowledgement challenges traditional individualistic approaches and highlights the significance of incorporating sociocultural factors into trauma research, clinical practise, and policymaking. In addition, it highlights the need for culturally sensitive interventions that address the unique requirements and circumstances of diverse populations.

Emerging perspectives in psychoanalysis and trauma theory have profound implications for trauma-related clinical practise, research, and broader societal responses. Clinicians can develop more effective and individualised interventions to address the multidimensional aspects of trauma by adopting these perspectives. Researchers can increase their knowledge of trauma's intricate dynamics and contribute to the development of evidence-based interventions. In addition, policymakers and organisations can adopt a more holistic and socially conscientious approach to trauma, addressing systemic factors and promoting social justice in their responses.

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