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## The post-traumatic nightmare: the *via regia* to unconscious integration?

Liselotte Grünbaum (MSc of psychology, PhD) er dansk psykolog og spesialist med privat praksis. Hun er veileder og lærer i DSPBUs barneterapiutdanning og var i en årrekke ansatt som supervisor og ekstern lektor ved Aalborg Universitet. Forfatteren har omfattende erfaring med behandling av barn, ungdom og familier i forskjellige settinger i offentlig sektor og har publisert flere artikler på engelsk om barn og ungdomspsykoterapi og klinisk barnepsykologi med barn som lider av ettervirkningene av tidlig omsorgssvikt og kompleks traumatisering.

Artikkelen omhandler arbeid med mareritt og drømmer i terapi, begynnende symbolisering og beskrivelse av et anonymisert terapiforløp med en multitraumatisert ung flyktning. Det beskrives endringer både på et ytre og indre plan. Hun skisserer en måte å forholde seg terapeutisk til ungdommen på for å oppheve en dødliggjørende tilstand og fremme muligheter for begynnende heling og videre vekst.

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This chapter deals with a specific type of difficulty in psychotherapeutic work with children and adolescents massively traumatized by repeated assaults experienced through war, organized violence, and torture. In a number of cases, psychotherapy will

have to begin with the consideration that although the young person in question is driven into therapy by severe post-traumatic symptoms and is therefore motivated, all possibilities for a subjective dialogue seem to be blocked. Some of these young people

seem to have retreated into a mainly non-verbal, frozen, and depressive state, which opens very few possibilities for a therapeutic process to develop, regardless of whether the focus is on inner or external reality, or on the past, present, or future. The result may be that the sessions are dominated by stereotypic complaints about symptoms, interrupted by long periods of heavy silence in which the therapist is unable to think. This problem is especially relevant when dealing with young people and children who have passed the age where play can be used as a means of communication. The dead and paralyzing atmosphere may result in bringing the session to a deadly standstill, the inertia of which is hard to bear and difficult to break.

In my experience, the primary therapeutic difficulty when dealing with these children and young people is for the therapist to find a way in which to approach the terror-stricken, frozen state which I assume lies behind the silence, and bring it into the dialogue. In other words, the problem for the therapist is how to establish a bearable dialogue with the young person about the unbearable.

Silence as an expression of a trauma-related breakdown and fragmentation of the unconscious formation of symbols, and at the interpersonal level as an expression of an unconscious alliance to avoid consciousness and remembrance of extreme human cruelty, has been discussed by numerous writers since World War II, often under the name of “the conspiracy of silence” (see, for example, Adelman, 1995; Danieli, 1981, 1984; Krystal & Niedeland, 1968; Krystal, 1971; Laub & Auerhahn, 1993). In this chapter I wish to take this view further and also look at methodology, especially the fact that post-traumatic nightmares often seem to be a useful key to approach the psychotherapeutic process.<sup>1</sup>

The chapter is divided into three main sections. The first section is a theoretical examination of adolescence as seen against the background of a young refugee’s integration of massively traumatizing experiences from earlier periods of his life. The next section is a theoretical discussion about

<sup>1</sup> In accordance with Lansky et al. (1995), the post-traumatic nightmare is defined as a frequently recurring nightmare, during which the psyche in a factual and stereotypic way replays certain aspects of a specific traumatizing chain of events.

the rudimentary symbols and psychodynamic functions of the post-traumatic nightmare. My hypothesis is that despite the repetitive, factual nature of these dreams, they often hold some sort of beginning of symbolic dream thoughts which, if contained and interpreted in the here and now of the transference relationship, in time may develop further and strengthen the reparation of the ability for unconscious symbol formation and linking with phantasy of good inner objects. In the final section, to illustrate my thoughts, I present clinical material from the treatment of a young man of 15 years.

### **Adolescence: a second chance to integrate trauma**

By adolescence I mean the period of time from the beginning of puberty to early adulthood, however this is defined in any given culture. During this period, a young person is expected to acquire the basic knowledge and skills necessary to cope as an adult in the culture to which he or she belongs. While the beginning of this period is determined by biological criteria, the end is culture-specific. Adolescence can thus, as suggested by Castillo (1996), be understood as a bio-culturally defined, universal period of passage during which the young person acquires and practises these specific skills and rituals, which both concretely and symbolically mark their existential death as a child and rebirth as an adult with the right and ability to get married and have children.

In industrialized societies like Denmark, with complex educational and occupational demands, young people are seen as adults later than in pre-modern societies, such as those which comprise many of the countries from which Denmark receives refugees. Consequently, the period of adolescence is longer in Denmark, stretching far into the age at which the young person is, in a biological sense, capable of functioning as an adult. In pre-modern societies, the period is shorter and the rituals more explicit, the young person having usually already learned at an early age the practical skills he or she requires to function as an adult.

The period of youth, as described by Blos (1989), can be seen as a period in which the young

person faces, among other things, developmental tasks related to the integration of the unconscious residues of earlier trauma as well as the consolidation of a sense of personal historical continuity, meaning, and integrity, thus giving these aspects of personality development a second chance. This development takes place within a wider psychological context in which the increased demands both of psycho-biological potential and of social obligations, such as those relating to education and/or the obligation to contribute towards maintaining the family, will bring the acquisition of independent competence and function into focus. In this period of life, the young person to some extent gradually has to give up the legitimate right of the child to use his parents as a protective extension of his own self. This process brings in its wake an irregular state of flux between regressive and progressive movements, probably especially so in the prolonged adolescence of modern Western society. The young person briefly touches on infantile wishes, feelings, and ways of functioning otherwise left behind, the result of which seems to be that the now more mature self of the adolescent is faced anew with certain aspects of the inner child, such as subjective traces of earlier trauma. As a consequence, these regressive fluctuations inherent in adolescent development may offer the self a new opportunity to work through earlier trauma at a more mature level.

Obviously, to massively traumatized young refugees, this development may be especially difficult and may cause temporary reactivation of fundamental paralysis, terror, and anxiety of survival. Herein lies a developmental risk but, seen from a therapeutic point of view, also a possibility for a new and better integration of the anxiety-ridden traces of the past. Moreover, it seems clear that the subjective establishment of a continuous and meaningful personal history may be inhibited not only by the young person's own, understandable wish to avoid painful memories of trauma and loss, but also by the above-mentioned unconscious vow of silence between the members of the family (Adelman, 1995; Danieli, 1981).

Looking at these problems from the perspective of a theory of separation-individuation, Blos (1989), with reference to Mahler et al. (1975), refers to the period of youth as the second indivi-

duation process, defined as a process of inner separation-individuation in relation to infantile ties, the result of which is that the young person moves towards a more fully delimited personal identity and an inner freedom to make their own choices.

However, this understanding of the separation-individuation process as fundamental to the development of the adolescent self is based on a view of human nature that favours individualism, and in which the autonomous, self-sufficient individual, to some degree, is idealized. The ego-ideal of psychoanalysis may, to some extent, be said to be a person with a relatively firm differentiation between the inner and the external world, that is, between the subject's own and other people's feelings, thoughts, and fantasy. As suggested by Roland (1996), in that respect, psychoanalysis more than any other psychological theory may be understood as a product of the Western culture group, and it may be questioned whether this view of human nature is transferable to cultures in which the autonomous individual is not seen as the desirable aim of development. It is outside the scope of this chapter to discuss this complex issue further, because it would lead to a discussion of how to understand the psychoanalytic concepts of the unconscious in a cross-cultural context (Grünbaum, 2005, 2007; Roland, 1996).

In the following, I assume that from a cross-cultural perspective, it makes sense to understand adolescence as a developmental period in which a universal polarity or dialectic between the dimensions of separateness-interdependency finds a subjective synthesis in which cultural, familial, and personal features are contained.<sup>2</sup> This development is assumed to usher in another developmental need of the adolescent, namely the need to reintegrate and revise the family myths internalized during early childhood, so that these may be experienced from an adult rather than an infantile perspective. Consequently, a young refugee with family roots in a primarily collectivist culture group, but living their everyday life in an industrialized northern European country such as Denmark, will inevitably experience both interpersonal and intrapsychic conflicts relating to a bicultural identity.

The young person is thus faced with a dual psy-

<sup>2</sup> I owe the dimensions separateness-interdependency to Blass and Blatt (1992).

chological and social task of reconciling the different aspects of the self. On the one hand, there are the unconscious aspects of what Roland (1996) called a traditional “we-orientated self”, the outer boundaries of which are inclusive in the sense that the differentiation between self and object allows a certain degree of fusion with a limited number of inner object representations established in infancy and early childhood, as an inner structure, and in the present, supported by social expectations from parents and other important members of a primary affiliation group. On the other hand are the likewise unconscious, as well as conscious aspects of object relations, introjected in later childhood, in a Western sense, an “I-orientated self”, which in the present is supported by friends, schools, and social workers, since all expect that the young person has the right and duty to make their own decisions concerning, for example, education and financial matters as well as friendships and love relationships.

In this context, conflicts relating to the bicultural identity of the young person must be expected to strengthen the developmental need to make a critical re-evaluation of the past, including a re-evaluation of both their own and their parents’ role in earlier, traumatizing events. It is thus likely that the by now increased capacity of the young person to develop independent views of the family history may lead to an intense inner conflict and, consequently, to feelings of guilt and shame.

### **The post-traumatic nightmare: a road to containment of traumatic disintegration?**

For children, adolescents, and adults alike, dyssomnia with repetitive nightmares is a commonly described consequence of trauma (Terr, 1991). These nightmares, which may be repeated in a more or less identical fashion, usually contain specific fragments of memories from actual events which led to, or occurred simultaneously with, the traumatic reaction. Post-traumatic nightmares are followed by intense anxiety; the child or young person can describe waking up in an unclear state of mind where he or she believes they have gone back to the time and place of the nightmarish events, previously experienced in a waking state. Post-traumatic

nightmares pose a recurring, painful reminder of the trauma and may be expected to maintain the post-traumatic symptoms.

Especially with regard to young people, this kind of post-traumatic blocking of the ability to produce normal, developmental dreams is likely to contribute to difficulties in handling the developmental tasks of the adolescent period. Ladame (1995) has suggested that during this period, an especially close connection exists between the ability to dream and the possibility of constructive, outward actions. At this age, psychosexual pressure combined with the regressive tendencies of puberty put the young person’s capacity for self-regulation to the test, one result of which is an increased risk of impulsive behaviour. Ladame suggests that the capacity to dream to some extent neutralizes this pressure, as disturbing impressions and impulses from the dream are converted into symbols and at the same time given a certain means of expression. In the psychotherapeutic process, the question soon presents itself of how the therapist may best respond to the young person’s complaints about these nightmares and, if it is possible through interpretation, to remove the blocks to dream developmental dreams.

In often-quoted words, Freud (1929) described the interpretation of dreams as the *via regia* to knowledge of the unconscious element in our psychic life (1960, p. 474). However, he excluded post-traumatic nightmares from this understanding because of their concrete repetition of unprocessed sense impressions, such as visual impressions of the traumatizing chain of events. The images of the post-traumatic dream are not as such derived from symbolic thinking related to unconscious fantasy, but should perhaps rather be looked upon as a mere abreaction of the traumatic overload of the psyche (Freud, 1917). The following years brought an increased understanding of the capacities of the ego for defence and mastering, in the light of which this originally very simple model was elaborated. In time, the tendency of the psyche to repeat overwhelming, traumatic images came to be seen as a variation of the tendency to identify with the aggressor. It was seen, that is, as the delayed attempt of the psyche, through repetition, to turn passive into active and thus master the traumatic flood (Freud, 1920; A. Freud, 1936). Since then,

this view seems largely to have prevailed across psychoanalytical schools, without further adjustment (Young & Gibb, 1998; Srinath, 1998).

Exceptions to this are Lansky et al. (1995) and van der Veer (1993), in whose works the focus is on the therapeutic possibilities contained in the factual repetitions of the nightmare. Lansky et al. made a detailed analysis of psychotherapeutic sequences with American Vietnam veterans, concluding that post-traumatic nightmares, despite their non-symbolic form, may be understood along the same lines as other dreams, that is, as overdetermined communication concerning unconscious but currently dynamic problem areas. They thus hold that the post-traumatic nightmare is shaped against the background of a combination of current impressions, memories of traumatizing sense impressions, and symbolic dream thoughts. In a psychotherapeutic process, this entails the post-traumatic nightmare, like any other dream, being understood as the product of a present context consisting of the external everyday life of the young person and the here-and-now transference relationship, as well as the present unconscious situation, in which anxiety, needs, wishes, and conflicts are actualized.

### **Some remarks concerning the application of the clinical case**

For reasons of anonymity, changes have been made regarding the background information as well as a few more specific details in the quoted process notes. I also want to add a few words on merits and problems connected with a psychoanalytic case study like this. A thorough discussion of the pros and cons for using the psychotherapeutic process as a method for the collection of scientific data is outside the scope of this chapter. However, leaning on a hermeneutic perspective, psychoanalytic psychotherapy with children and adolescents can be considered a unique possibility for the study of data that presupposes the creation of a specific therapeutic setting as well as a specific relationship and dialogue between child and therapist. The presented case study is based on a qualitative analysis of my own process notes, as these were taken down immediately after each single therapy session. This

method of data collection of course has its limitations. For instance, the collected body of data is dependent on my subjective memory, even though I tried to remember all details. Further, the process notes from even a relatively short, non-intensive therapy, when collected, make up a quite extensive material. This holds numerous possibilities for selection and interpretation. While I have read and pondered on the entire collection of process notes more than once, the presented selection is focused only on such parts of the material that concerned the problems I wished to explore. Consequently, many aspects of the therapeutic dialogue and process have been left out. In the following, I have attempted to clarify my systematization of what is in fact subjective by relating the qualitative analysis to theoretical concepts. I have distinguished between direct quotations from the process notes (by indentation) and my subsequent thinking about this (appearing in plain text). The subjectivity of the therapists' own conception of the therapy is triangulated somewhat by external evaluation of the patient at the time of referral and at the end of treatment (reports from parents and teachers). Hopefully, a disciplined subjectivity of the psychoanalytic psychotherapist will be present, both in my selection of data and in my interpretation of the selected parts of the material. Finally, one may ask why the work of a single therapist with a single young person is at all of a broader interest? I hope that my reflections on this single case may be useful to other therapists in their own work with traumatized children and adolescents.

### **A clinical case: Mohammad**

At 15 years of age, Mohammad was referred to psychotherapy by his parents, who described his anxiety, depression, sudden outbursts of rage, and severe dyssomnia with nightmares during which, in his sleep, he screamed and lashed out in anxiety. His ability to concentrate was reduced, and he suffered from an almost complete inability to learn, as a result of which he was having difficulty, for example, learning Danish. His inability to learn was a cause of worry to both himself and his parents, and he sincerely wished to do better in school.

When he was 13, he had come to Denmark with

both his parents and a sister who was six years younger than him. According to his parents, his early development had been without problems. They had always thought of him as an intelligent child. The family was well off, but had belonged over several generations to an ethnic minority group in their native country. The family circumstances were relatively secure until Mohammad reached the age of four to five years. From this time on and until the flight to Denmark, family life was marked by war and a growing ethnic persecution which, among the other trials they had to face, led to the family's recurrent need to flee and evacuate within the country. Mohammad's schooling and relations with peers thus lacked continuity, and his ability to move freely in the local community was restricted by his parents in an attempt to secure his safety. His father, who participated actively in the resistance against a brutal, authoritarian regime, was often away from home and at times imprisoned.

Among several potentially traumatizing events in Mohammad's childhood, one critical episode stands out which, according to his parents, changed him from being a happy, loving, and lively boy to being sullen, introverted, and anxious, suffering from nightmares and dyssomnia. They recounted that at the age of nine years, on his way home from school, Mohammad had been taken hostage by government soldiers with the purpose of forcing his father to turn himself in. Mohammad was detained for 24 hours and endured psychological torture in the form of humiliation, mental abuse, threats of execution, and threats to the life of his parents and sister. When the father consequently turned up at the police station in order to save his son, Mohammad was forced to witness the beatings and humiliations of his father; he was also told that he would never see him again. Afterwards, the father was imprisoned and severely tortured. In the following years, the mother and children were more or less on their own, although they received some support from the father's family. During this time, the father was mostly away from home, sometimes imprisoned, sometimes in a war, and sometimes hiding from the authorities. Meanwhile, government soldiers looking for the father and other male members of the family frequently searched the home of the family.

At the time of the referral for psychotherapy,

the life of the family was marked by violent fights between the parents on top of the father's physical and mental damage from the torture, as a result of which he was sometimes mentally unstable and, amongst other things, liable to paranoid control of his son's movements outside the home.

### The setting

The therapy was conducted on a weekly basis for just over a year, since throughout the process Mohammad rejected my suggestions of more frequent sessions. He also refused to have an interpreter, since both he and his parents considered it to be a safety risk. Mohammad received no other kind of support or treatment during this time, but the parents were in parallel treatment with other therapists. Together with the parents, I took care of all coordination and consultation with the school and the social worker. This transgression in my role as Mohammad's therapist was unavoidable due to the lack of other possibilities. I tried to avert the negative consequences of this by bringing Mohammad to the meetings with the school and the parents, but it may still have influenced the fact that he refused more frequent meetings as well as wishing to end the treatment as soon as his symptoms abated.

### The psychotherapeutic process

In the initial phase of therapy, Mohammad was quite apathetic and withdrawn. However, he usually appeared for the agreed sessions, which he would always start by hiding his face in his hands, nothing more happening unless I took the initiative. At times, this ongoing passivity was interrupted by repetitive complaints about his parents, the teachers, and other adult authorities. In session after session, these complaints were put forward in a flat voice, devoid of feelings, repeating again and again exactly the same sentences. The content mostly concerned the present, but was interspersed with bitter remarks about the father's frequent absence from home during his childhood, including the fact that the political choices of the father had brought in their wake grave suffering for mother and children. Dialogues about the content of his statements

tended to get stuck, as my comments apparently could not be taken in, but were dropped in mid-air between us. Apart from these repeated sentences, Mohammad flatly refused to talk about the past. He would occasionally touch on traumatic events, but these brief descriptions were quite confused and vague, although an unmistakable, recurring theme related to avoidance and flight. He directly expressed a wish to focus on the present and the future, but was unable to hold on to his interest in these areas. A coherent dialogue with Mohammad was thus rarely possible; he kept losing track, retreating into an empty silence apparently devoid of thoughts.

Against this background, conversation about his recurrent, painful nightmares slowly developed and turned out to offer good enough containment for a therapeutic process to develop. Mohammad's motivation for bringing out his nightmares was initially prompted more by a wish to get rid of painful feelings than by the need to think about and understand his experiences. Thus, for several months, he recounted one or more nightmares in almost every session. Initially, I did very little except to listen. Out of this developed a specific relationship in which Mohammad unburdened himself, thereafter becoming more lively and for some time able to talk more fluently about current, external reality, such as his conflicts with his parents, his inability to learn, and his educational wishes.

### **A theme of unending persecution and flight**

Over the months, with few details, little variation, and no spontaneous associations, Mohammad kept repeating the same stereotypic dream scenario in which aspects of life-threatening, external reality was prominent. In these dreams the family together was trying to escape from government soldiers through the mountains of his native country, the same mountains in which he and his family had often stayed during flight or evacuation. These dreams appeared in two variants:

1. Mohammad and his family are fleeing on foot through the mountains, followed by soldiers. They are running, but the soldiers

get closer and open fire. The whole family, including Mohammad himself, is shot, after which he wakes up screaming in terror.

2. Mohammad flees alone through the mountains, followed by soldiers. He is running, but they get closer and open fire. He is shot and wakes up in terror.

As mentioned, Mohammad was unable to reflect on his dreams, but recounted them with no other comment than, for example, "It's the same as last time." Afterwards he would stop, and if I tried to enter into a dialogue with him by asking, for instance, how he felt recounting these nightmares to me, he would usually just withdraw into silence. As mentioned, his mastery of Danish was not very good, and in these moments he would often claim that he did not understand what I was saying. In my counter-transference, I felt even more that my ability to think and feel disappeared, even to the degree that I experienced a kind of linguistic paralysis, unable to make myself understood. I also found myself trying to silence my own doubt as to whether I would be able to help him by taking the stand that, in this phase of the therapy, he needed more than anything someone just to listen and bear with him.

After almost four months, the session recorded below took place. Seen in retrospect, this session seems to have heralded a change, because the persecution-flight theme of the nightmare here, for the first time, contains an inversion of the relation persecutor-victim. Also, in this session, for the first time I felt a clear connection between the here-and-now of the transference and the context of the dream in the session:

Mohammad starts the session by complaining about his father, who shouts at the rest of the family all the time, wants to be in charge of everything, is suspicious of Mohammad's friends and whereabouts, and also refuses to give him pocket money like everybody else. Mohammad goes on to talk about a school report he has just received. This was not up to his expectations; he keeps getting bad marks especially in Danish lessons, as his Danish teacher doesn't understand his difficulties in learning the Danish language. He then recounts the following dream:

He is on the run through the mountains, pursued by a group of soldiers. He is very frightened. When he looks back, he spots his father among the soldiers, holding a machine gun. He wakes up in a muddled, terrorized state.

For the first time in the therapeutic process, it was now possible to discuss the persecution theme of the dream with Mohammad. Together we could understand the dream both in the light of his, at the present time, troubled relationship with his father, and in the light of the transference, that is as to whether I would be able to understand him, in comparison to the Danish teacher who did not.

Mohammad's introductory remarks on the present, external situation in the family were probably quite realistic. However, at the same time, in the dream he seemed unconsciously to consider the risks taken by entering into a relationship with the transference object because at this level, his reference to the unsupportive, demanding Danish teacher may also be seen as a reference to linguistic problems of expression and understanding in the therapeutic process. It was probably no coincidence that a change in the manifest content of the dream occurred at the same time as Mohammad unconsciously seemed to view his relationship to the therapist from a new perspective. Moreover, this new development implied a symbolic and emotional investment concerning an actively attacking, rather than passively escaping fatherly object. His location of the father among the persecutors in the dream thus seemed to hold a dawning, unconscious processing of the fact that the father, due to his political choices, had in part been responsible for the traumatizing experiences of the family and Mohammad.

On the face of it, this may seem to signify a dangerous development, since the self in the dream was left entirely without allies, and the relation to a primary object was entirely dominated by intense survival anxiety. However, it turned out in the following sessions to the contrary; this change contained a movement away from the repetitive, non-symbolic emptiness towards an as yet rather vague re-establishment of symbolic linking between the traumatized parts of the inner world and unconscious, developmental fantasy about primary objects.

### Re-establishment of an altruistic object relation

During the following sessions, the verbal dialogue became somewhat less poor, and specifically the nightmares, which Mohammad continued to recount, became still more detailed. I understood this development thus: his pouring out of long-held bitterness and desperation by now had created sufficient containment in the transference to enable him to get in touch with the primary resources of his unconscious world.

The following dream, which occurred some time later, made space, if only for a moment, for the relation to a loving, protective, but in the wake of trauma destroyed, fatherly authority:

Mohammad is fleeing with his family through the usual mountain[s]. Many soldiers close in upon them. They reach a steep mountain[s], built entirely of wood. They try to climb the mountain, but the lower part is too steep. His father helps all of them up. They all reach safety on the mountain, except his father, who is shot dead by the soldiers. Mohammad wakes up in anxiety. He has no spontaneous associations to the dream.

This is still a horrifying nightmare, which in most details is like the original post-traumatic nightmare. However, it held more hope than the initial dreams. In this dream, a few details are symbolically elaborated and pave the way for a hope of reparation. In his imagination, Mohammad had created a mountain built not of stone, but of a less massive and constant material—trees.<sup>3</sup> The specific meaning of this detail was never disclosed, but this is probably less important than the fact that Mohammad's ability to create unconscious symbols seemed to be waking. In the dream, a good paternal object is restored in the inner world and the self consequently is able to survive, if only for a moment. The solution of the dream allows for an unconscious expression of anger and revenge relating to the father. This may be understood from a developmental perspective or as some revenge for past and present problems, but either way, it seems

<sup>3</sup> In the later reading of this, it occurred to me that the vital capacity of a mountain built of trees is the presence of what was a living organism.

likely that guilt and shame in relation to the emotional dilemma of the hostage episode also played a part. It is possible that the dream also shows signs of an initial understanding of the fact that the political activity of the father might have altruistic connotations, a dimension which in the long run might hold the beginning of a change in his relation to the father.

### **Personal historical identity and the conspiracy of silence**

The dream recorded above seems to mark the beginning of a new phase in the therapeutic process. In the following period, the focus thus shifted to Mohammad's attempt to establish a personal understanding of his own and his family's past. He continued to recount still more varied dreams. He still avoided talking directly about the past, but he began spontaneously to relate a few of these dreams directly to memories of specific chains of external events. This development made it clear that Mohammad, unconsciously, felt bound by a family alliance not to name by words the most traumatizing memories. Later in the process, we were able together to understand this in the light of an unconscious anxiety that if the self acknowledged the thought that the father was partly to blame for the traumatic burden on the family, then this thought in itself would destroy the good parts of the already strained relationship between the parents. This unconscious dilemma seemed to have contributed to the difficulties in overcoming loss and trauma. The tendency described earlier on, towards an unconscious conspiracy to avoid consciousness and remembrance of trauma, will affect the relationships between parents and children (Adelman, 1995; Krystal, 1971; Almqvist et al., 1997). For children who grow up under a dictatorship, this unconscious tendency may be enhanced by the parents' conscious limitation of the information given to the children, in a realistic attempt to protect the family and the child from real, external persecutors. However, long after the external necessity has ceased, this policy of silence may live on for psychodynamic reasons, and thus prevent a possible clarification of the post-traumatic confusion of the child as well as contribute to maintaining

a persecuted state dominated by splitting and denial.<sup>4</sup>

In the later part of the therapeutic process, Mohammad often returned to a specific childhood memory, which he recounted with a smile as a "cosy" story of the kind which may form part of the family's mythology about the development of the children, and which is lovingly retold on special occasions:

Mohammad relates that when he was about four or five years old, he and his classmates were to celebrate the country's dictator by calling him, in chorus, "our great father". He did not understand why they were supposed to say this and went home and asked his mother if it were true that this man was his father. His mother replied, "No, your father is your father," which Mohammad went back to school and said. The teacher told him off, and his mother was summoned to a difficult meeting concerning Mohammad. He ends the story by saying that from that day on his parents were very careful not to say anything to him concerning similar subjects.

This, and similar stories recounted by other children and parents from countries where the form of government is one of absolute dictatorship, in all their simplicity seem to highlight the mental confusion that may be created for a child when its inner tendency to omnipotent, magical thinking is supported and strengthened by an outer, societal practice shaped by similar omnipotent tendencies.<sup>5</sup>

Later, it transpired that Mohammad's recollection of this event was associated with unconscious guilt and shame, in view of the fact that he, with the omnipotent egocentrism of a five year old, saw himself as the reason for the constant persecution of the family. With his more rational 15-year-old self, he knew very well that the causes of the persecution were different and that they were tied up with the family's history over generations, but it did not change his unconscious view. His feelings of guilt were further strengthened by the hostage episode, in which his father in the outer reality, and

<sup>4</sup> An autobiographic description of this tendency may be found in Rachlin et al. (1990).

<sup>5</sup> A similar description may be found in Garbardino and Kostelny (1996, p. 39).

repeated in the dream recorded above, risked his life and faced prison and torture to save his son.

Mohammad's tendency to avoid memories of trauma and loss seems to involve introjection and identification with silent parent figures, as well as an inner emptiness stemming from the fragmentation of the ability to create inner symbols and thus the ability to mourn the loss of primary objects. Working through this turned out to be essential for an understanding of his continuing depression. This work was initiated by the following dream:

Mohammad starts the session by talking about the educational and occupational possibilities from which he, as a refugee in Denmark, feels cut off. He thinks that the teachers and other people in authority do not believe in his abilities, since he is not allowed to go to high school because of his difficulty in learning Danish. He says that he has lost three years of schooling because of war and flight, and then recounts the following dream:

He dreamt that he was back at the asylum centre where they used to live with a number of other refugees in a big old house, which in some ways seemed to resemble a castle. In the dream, the centre was quite ramshackle, empty, and without glass in the windows. He entered the house and wanted to go into the family's room, but a strong wind came out of the room, pushing him back, so that he could not get in. Having recounted the dream, there is a short pause after which he says that he had seen on the television the previous day that his country is preparing for war.

Together, we succeeded in understanding the inaccessible room with the door that could not be opened as an image of the real, external obstacles to integration, with which a rather hostile and inhospitable society met him and other young refugees.

At a more fundamental level, the vision of Mohammad's dream can also be understood as a metaphor of the inaccessible mental space in which it is possible to think and relate meaning to experiences of war, overwhelming trauma, and grief. Thus, at this point in the process, it was becoming increasingly clear to me, and at an unconscious level

seemingly also to Mohammad himself, that he paid dearly for his denial of traumatic memories with a severely decreased vitality and ability to learn. In the moment of the transference, the dream could moreover be seen as a plea to the therapist to leave this door firmly closed, as he was anxious that opening it would release war and destruction in both his inner and his external world.

The fact that Mohammad was now able to dream and to recount his dreams within the framework of the therapeutic relationship may be seen as an expression of a growing wish to repair the inner dialogue between the self and its objects. This was made clear by a later dream, which turned out to initiate a new phase in the therapeutic process:

Mohammad starts by saying that he believes that the reason for his difficulties in learning Danish is that it makes him feel funny inside, as if he all of a sudden is not himself. It is difficult to explain how, but it is as if he is suddenly able only to listen to what others say, and is unable to say anything himself. He wants to take part in what is going on, but he cannot. He seems to be somehow paralyzed. He then recounts the following dream:

In the dream, his beloved grandfather returned. The grandfather had been executed by the regime before the escape of the family. In the dream, the grandfather was standing in a group with other lost members of the family. Removed a little from them stood Mohammad himself with his parents and his sister. For a long while, the grandfather and the others just stood there, their faces turned away. Nobody spoke. They were all dressed in black. Finally, the grandfather approached Mohammad and his family and said aloud, "But why didn't anyone say anything?" after which Mohammad woke up in a mood which he describes as "all black".

From his following associations it becomes clear that the grandfather, in the father's absence, was the anchor to which the mother and children had clung. When the grandfather died, Mohammad did not understand what had happened. He says that no one told him about the execution because it was too dangerous; he was just a child, ten years

old, and might accidentally say something in school. He then thought that the grandfather might have died from a heart condition. He remembers that his parents kept crying, his father became ill, and his grandmother died shortly afterwards. But he was not sad because he could not understand anything; he almost did not care. He then mentions that the grandfather had a bird that could speak, but it also died a few days after the grandfather. Mohammad saw the dead bird at the bottom of the cage, and it was as if something within him went dead. This was the same thing that happened when he had been taken hostage the year before. Thoughtfully, he says that it reminds him of the way he now feels in class when he is unable to take part in the conversation of the others.

The traumatic “glass case” from within which Mohammad seemed to be able to sense his surroundings, hearing and seeing them, but not being able to cross the barrier and take part in them, seemed to have become a fixed pattern of reaction, which helped isolate the overwhelmed part of the self but also kept him isolated from his social surroundings. In the dream, he is unconsciously able to establish a meaningful connection between this pattern of reaction and the silence of the adults, which in the past had deprived him of the emotional support needed to mourn his grandfather.

### The hostage trauma and the dream work

A meaningful, symbolic processing of the critical hostage trauma did not occur in the manifest content of Mohammad’s dreams until late in the psychotherapeutic process. A precondition for this was probably that the initial work with Mohammad’s dreams of persecution had made possible a gradual reparation of the unconscious linking with good objects, as in the dream of the altruistic paternal figure who sacrifices himself to save his family, and in a larger sense, his people. This development again seems to have made possible a movement from the paranoid-schizoid realm of the trauma to the capacity of the depressive position to mourn losses, as shown in the dream recorded above.

My presumption that at this stage, a significant inner change was taking place vis-à-vis the objects, was supported by external information from the parents and teachers. At home, his parents reported that Mohammad had become a happier and more open, but also more actively protesting, young man. At school, his teachers felt that Mohammad’s motivation to learn and his concentration were significantly improved. He still had problems learning Danish, but less than before, and he had improved in his other subjects as well.

This development seemed to culminate in the following dream, in which Mohammad for the first time seemed able symbolically to link the unsettling residues of the hostage episode with an unconscious, Oedipal imagination.

The current external context of the dream was an upcoming school outing abroad. Mohammad’s parents had given him permission to go and the necessary money had been granted. However, due to his status as a refugee, some problems had arisen concerning his passport and visa. Although these problems were about to be solved, Mohammad was very anxious and doubted that everything would fall into place. Clearly the trip and the related problems had triggered the earlier, traumatic anxiety concerning flight, capture, and survival, leaving Mohammad feeling once more thoroughly unprotected against evil forces:

Mohammad starts the session by relating that at a teacher-parent meeting at school, his teachers had said that his work was much improved, and maybe after all he would be able to enter grammar school as his marks had improved in most of his subjects, although not as much in Danish as he had hoped for. Then he says that last night he had a really bad nightmare, maybe the worst he had ever had. Waking up, he felt as if a hand were squeezing his heart.<sup>6</sup>

In the dream he and his family were together aboard a big ship. Then a thief came and took his little sister hostage in order to force them against their will to do something. The thief held the sister over the

<sup>6</sup> The specific wording used by Mohammad probably reflects his very direct translation into Danish of the elaborate imagery of his mother tongue concerning overwhelming anxiety and despair.

rail and threatened to let go of her. Another ship arrived and, as the two ships collided, the little sister was squeezed into two halves. Mohammad and his mother cried and cried. They took the little sister to a huge room and laid her on a bed. In the room there were other people who had also been split in two halves. Some of them were Danish. His little sister began to talk, even though she was still in two halves. His mother placed the two halves in an aquarium full of water, saying that the water would make her whole again. The sister looked like a little fish through the glass of the aquarium, but she would never be able to leave it or the huge room again, because then she would go to pieces once more. A loud and droning voice coming from somewhere said that it would happen again. Mohammad shouted angry words against God, after which he woke up, trembling with anxiety.

He comments spontaneously that maybe something evil is going to happen to his sister; maybe this dream is a bad omen, also because the worst possible thing one can do is to accuse God.

The complex psychic work of this dream is far removed from the simple repetitions of persecution and escape in the early dreams. Even without entering into specific details, the manifest dream-content points to an improved unconscious ability to link the traumatic feelings relating to the hostage episode to ordinary, symbolic dream-thought relating to object relations concerning, for instance, sibling rivalry and bad, colluding parental part-objects. In the following analysis, I will focus primarily on the trauma-related aspects.

In this dream, Mohammad in a displaced form allows himself to relive aspects of the hostage episode, casting not the self but the little sister in the role of the victim. The dream-work of this 15-year-old boy seems to revolve, at one and the same time, around age-related developmental aspects and trauma-related aspects. From a developmental perspective, the dream can be understood as revolving around the possible dangers of separation-individuation, in this case leaving his family to travel abroad. From a trauma-related perspective, the dream may be seen as an investigation of the

possibilities for reparation of the traumatized self, healing the split of the little sister. Thus the self is unconsciously thought of as gone to pieces, in the dream depicting the splitting and alienation of the self as a physical, sensory bound experience. Furthermore, the traumatized self is left in isolation behind an insurmountable contact barrier, in the dream signified by the two halves of the sister behind the glass case of the aquarium. According to the statement of the dream, the traumatized self must stay behind the protective glass, not able to enter the surrounding world, because otherwise it will again become fragmented, that is, it will be flooded by trauma.

At this point in the process, it was possible for Mohammad to explore his ambivalent feelings towards the therapist as these were contained in the image of the large room in which dissociated people are repaired, and in which Danish people are also present. On the one hand, Mohammad longs for a shared identity with the therapist and Danish society, but on the other hand he feels torn between the old traditional and the new Danish parts of his identity. This inner conflict is probably reinforced by a fusion between an age-related thrust for separation-individuation and a trauma-related, claustrophobic tendency to deny his dependence on the therapy and the therapist. In the dream, he seems to ask if the traumatic split may be healed again, or if the self is forever doomed to be confined in the special "aquarium" of the therapeutic space. In this context, maybe the angry, accusing yelling at an absent father/God near the end of the dream is probably to be understood as an expression of a necessary, but also terrifying mobilization of anger, related both to the traumatic assaults and to a healthy, age-related need for rebellion and for making up one's own mind on authorities within and outwith the family. At this stage, Mohammad was getting into contact with his own need for a personal revision of family myths, norms, and values.

In the dream described above, it is noteworthy that apart from the initial mention of "his family", the father is not directly present, just as he was often physically absent during Mohammad's childhood, for instance when the boy was taken hostage. It is my experience as a therapist that a number of young boys and adolescents from traumatized refugee families show a tendency to unconsciously

avoid full masculine identification. This tendency seems to be linked with denied thoughts about the grown-up self's possible involvement in political activities with a related risk of further trauma. The upbringing of these children and adolescents is characterized by a combination of an often absent but also very domineering father. Moreover, many children have themselves been assaulted or witnessed assaults that were primarily carried out by men. The subjective traces of this external reality seemed for Mohammad to have had extensive, damaging consequences for the ability of symbolically fantasizing about object relations, which apparently went hand-in-hand with difficulties in solving developmental conflicts at all levels.<sup>7</sup>

Mohammad dreamed his dream in a wider developmental context characterized by a combination of external demands for individuation and still new, painful memories of the subjective traumas of the past. These emotional dilemmas were thus also related to an anxious and guilt-ridden opposition and resistance towards the identification of the self with the philosophical realm of the family.

As I hope to have made clear, over the course of time it became possible to discuss the unconscious meanings of the nightmares with Mohammad. The insight he gained from these discussions seemed to be of valuable assistance in his partial integration of the traumatic split. Over the course of the therapy, Mohammad's depression and nightmares seemed to dissolve and disappear, regardless of the fact that throughout the process he refused to talk more directly about especially traumatizing experiences. It is likely that Mohammad would have profited from a longer and more intensive treatment, but since his motivation was weak and solely based on the wish to get rid of disabling symptoms, he would neither be convinced to meet more frequently, nor to continue the treatment once his symptoms abated.

### Concluding remarks

The effect on the personality of developmental adaptation to the chronic anticipation of danger and abuse as conditions of life may, in psycho-

<sup>7</sup> That is as related both to separateness-interdependency, individuation, and Oedipal dilemmas.

therapy, be reflected in passive-aggressive modes of relating especially in a numbed and dead atmosphere in which time and thinking are annihilated together with any possibility for development. In this deadlock the therapist may urgently feel the external, traumatizing events of the past to be present in the here-and-now of the session which are not yet possible to address. This urgency may be what prompted Gaensbauer (1995) and Sutton (1991), quite early in the process, to confront the child with denied information concerning the external events of the past. In the case presented above, I took the opposite stand and did not act upon the urgency felt in the counter-transference, but rather understood this as an urgency concerning how to make possible a bearable dialogue concerning the unspeakable and unbearable.

My experience-based conclusion, therefore, is that in therapeutic work with massively traumatized children and young people, there often seems to be a coincidence in time between reported changes in the behaviour of the children in their external reality as described by parents, teachers, etc., and the point in the therapeutic process when the child or young person becomes able unconsciously to forge a link between imagery related to delayed psychological processing of traumatic experience and material related to ordinary, developmental, object-related fantasy. The interpretation of this may well be that, as symbolic dimensions are added to the fixed traumatic traces, reparation of the broken link between the traumatized and the non-traumatized aspects of the personality become possible. The therapist's containment and symbolic understanding of the reparative dimensions of post-traumatic nightmares as well as of repetitions in play may thus be seen as a "royal road" to reducing the trauma-related, dissociative split in the personality.

In the recorded therapeutic process, talking with the young person about a repetitive, post-traumatic dream after a relatively short while seems to set off a remarkable development in the therapeutic process. Like Lansky et al. (1995) and van der Veer (1993), it is my experience that the post-traumatic nightmare holds in its imagery a possibility for the development of useful, verbal metaphors concerning overwhelming trauma. This may be carried out without verbally going into details concerning

cruel, external events. In the course of time, such dialogues not only seem to create a change from the repetitive, rudimentary symbolism of the post-traumatic nightmare to the creative variation of the ordinary dream, they also, not surprisingly, seem to contribute to a liberation of the young person's progressive vitality and drive.

My experience as a psychotherapist with this group of young people is thus that the apparently factual images of the post-traumatic nightmare often hold in the peripheral details the beginning of a symbolic language in so far that in these fragmented details, there may be hidden a link to the young person's fragmented attempt to recreate a symbolic meaning. If the therapist can successfully motivate the young person to focus on their nightmares, the dream thoughts and the therapeutic process seem to progress hand-in-hand. The content of the post-traumatic dream might never be just a repetition of traumatizing sense impressions, since subjective meaning may have been added to one or more, seemingly unimportant details. In the course of the therapy, these details may change; new details may be added while others are left out, or they may change size or place. These, often very subtle variations in the manifest dream content may be understood along the line of the principles used to understand post-traumatic repetition in play.

It is essential then that the therapist be aware that the post-traumatic nightmare, regardless of its stereotypic form, deals with a continuity of emotionally painful themes as a whole: the single dream containing references to past, present, and future, just as is the case of the ordinary dream. Below the surface, the condensed repetition of a traumatic theme from the past may thus link the assaults of the past to present problems which have certain emotional likenesses. In this sense, the most marked difference between the post-traumatic and the more ordinary nightmare lies in the fact that aspects of certain external, critical events are given prominence in the visual language of the post-traumatic nightmare.

The post-traumatic nightmare may be seen as an unconscious attempt of the child or the young person jointly to work through certain categories of traumatic and/or painful themes, since these emotionally may replace each other in the dense, unconscious realm of the subjective life history.

Thus, Lansky and Bley (1995) for example discovered that the day residues of the post-traumatic nightmare might reflect unconscious shame and narcissistic humiliation relating to the present, everyday life of the dreamer. They conclude that the post-traumatic nightmare contains a dream-work the function of which is to re-establish the self as intact and dignified, given that the dreamer unconsciously prefers to transform shame and humiliation into the lesser evils of anxiety and terror. They further suggest that although the post-traumatic nightmare contains intense survival anxiety, the fundamental, narcissistic balance of the dreamer is not seriously threatened.

In the case material presented above, and in correspondence over my therapeutic experience with this group of children and young people in general, a more object-related tendency seems to apply, meaning that the nightmare presents both the self and the primary objects as interacting in relation to an external, overwhelming danger to life which poses a threat not only to the survival of the self, but also to that of the objects. In the unconscious dream-work of the child or young person can thus primarily be seen attempts to engage the primary objects and, in the transference, the therapist as actively taking part in the reparation of fragmented object relations. Unconsciously, the young person thus seems to try to re-establish the parental objects as dignified, affectionate figures that are in some sort of control of the traumatic events. This picture may be in sharp contrast to the child's earlier experiences of torture-related assaults on the family, to the child's present experience of his own everyday life, such as the parent's personal state and ability to take care of the child after having endured torture, and finally to the humiliations which the child and the family might be subject to, considering the xenophobic and racist tendencies which can currently be witnessed in Danish society. This difference between Lansky and Bley's (1995) findings concerning adult war veterans, and my own concerning traumatized young refugees, should probably primarily be understood against the background of children's real and emotional dependency on primary parent figures, including the fact that parents and children have usually experienced the traumatic events together. However, diffe-

rences in psychoanalytical orientation and therapeutic procedures may also have played a part.

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