

INSIDIOUS EMOTIONAL TRAUMA: THE BODY REMEMBERS . . .¹

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This article continues my journey into the clinical usefulness of bodily emotion and extends my earlier formulation of *core affective experience* (Cates, 2011) to a consideration of what I call *insidious emotional trauma*, a concept that is defined as the repetitive demonization of emotionality during development and beyond. The analytic treatment centers on the phenomenological investigation of *bodily emotion*, which is viewed as having mutative power when called into the service of development. Clinical vignettes highlight salient theoretical points: (a) the influence of mutual engagement in capturing the emotional moment from which traumatic memory materializes, (b) the *shame of being* as the most radical of the injurious consequences of emotional demonization, and (c) dissociation as a flight from traumatic emotional vulnerability to disembodied cognition. The closing discussion integrates the article as a whole with consideration of therapeutic change.

Keywords: bodily emotional experience; dissociation; insidious trauma; kinesthetic relationality; shame of being; traumatic emotional memory

We remember trauma less in words and more with our feelings and our bodies. (van der Kolk and Fisler, 1995, p. 524)

I think there is no getting over real trauma . . . generally there is profound hope . . . as someone is beginning to bear the unbearable and say the unsayable. (Atwood, 2012, pp. 117–118)

The Polish stage director Jerzy Grotowski² advanced the idea of “art as a vehicle” for transforming, into an expressive form, the fullness of human experience and emotion that directly communicates to the body. To his actors, he emphasized that

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¹The phrase “the body remembers” is the title of a 2000 book by Babette Rothschild.

²Jerzy Grotowski (1933–1999), an innovative Polish theatre director and colleague of Andre Gregory (*My Dinner With Andre*), developed a disciplined acting technique by integrating thought and feeling through the “discarding of masks” that cover over authenticity.

a bodily form of emotion can freely flow from body to body, actor to spectator, bypassing the discursive use of language between artist and audience above—or perhaps below—the merely cerebral appeal of the verbal plane (Grotowski, 1968). In a parallel process, certain psychoanalytic authors, in an effort to break through the barriers of working solely with discursive language, have focused on the importance of bringing bodily emotion into the treatment situation (e.g., Krystal, 1974; Socarides and Stolorow, 1984–1985; Jones, 1995; D. B. Stern, 2010; Cates, 2011; Stolorow and Stolorow, 2011). This article continues my exploration into the clinical usefulness of bodily emotion³ and extends my earlier formulation of extralinguistic lived experience that references as felt-sense of authenticity I have called *core affective experience* (Cates, 2011). I now extend that earlier formulation to a consideration of what I call *insidious emotional trauma*.

In this article, I develop the concept of insidious emotional trauma as the repetitive demonization of emotionality during development and beyond. Among the many characteristics that distinguish this form of trauma, one that stands out is the extent to which the sufferer is unaware of suffering. I demonstrate through case vignettes how an instance of insidious trauma is depicted as *unthought unknown* states that are imperceptible as emotional pain. Because of the imperceptibility of emotional pain, this form of trauma is often overlooked in the psychoanalytic discussion of emotional trauma.

The work, in its entirety, brings attention to the role of bodily emotion as the arena in which traumatic emotional memory is stored. As a means of connecting to the nonverbal aspect of bodily consciousness, I detail what I call a kind of “kinesthetic” process of mutual engagement; similar to the body-to-body reverberation that depicts Grotowski’s (1968) acting technique. Through the clinical vignette of “Chloe,” I demonstrate how a kinesthetic kind of relational home enables the sufferer to feel safe enough to allow the bodily experience of trauma-based memories to emerge.

The case of Ben, the clinical study that initiated my original work on core affective experience (Cates, 1995, 2011) led to an understanding of the importance of bringing bodily emotion into the therapeutic process. In that 2011 work, instead of viewing Ben’s flight to disembodied cognition with a pathological tilt, I viewed it as a needed developmental enactment. In a phenomenological spirit, Spinoza, as interpreted by Damasio (2003) intuited that “of necessity, all living organisms endeavor to preserve themselves without conscious knowledge of the undertaking. . . . In short, they do not know the problem they are trying to solve” (p. 28). Such was the case with Ben. His treatment sparked my understanding of how an enacted experience can be in the service of development—the details of which I omit in this work. Instead, what is salient here is that the developmental significance of an enacted experience represents the simultaneity of *forgetting* and *remembering*. The need to forget painful feelings coexists with an urgency to remember what the body already knows (cognition in an extralinguistic mode). Ben’s developmentally enacted experience was expressed as a confluence between the ideas he spoke of and his unreflective feelings. Despite the compelling nature of his espoused

³Emotion and affect are used interchangeably and both dynamics, including that of feeling, are reviewed further on in the section entitled Bodily Emotion.

ideas, ultimately it was the powerful silence of his feelings (in this instance, unformulated bodily emotion)⁴ that governed his behavior. Importantly, once he connected to the lived experience of his pain, he eventually was able to realize his authentic sense of being. Ben's experience richly illuminates how the primacy of affectivity—and, in particular, somatic affectivity—guides experience (e.g., Tomkins, 1968; Krystal, 1974; Jones, 1995; Damasio, 1999; Stolorow, 2007, 2011).

Over a period of nearly two decades, several theorists have influenced my idea of *extralinguistic affectivity as a sense of being* (located in core affective experience). Initially, the innovative ideas of Kohut (1971, 1977, 1984), who offered clinicians a new framework for understanding the problems of selfhood and human suffering, dramatically changed my worldview. Tomkins's (1968) emphasis on affect as the primary motivational experience of the human being—and Damasio's (1999, 2003) assertion that the often-overlooked role of emotion is the source of person's true being—support a critical theme of this work. The intersubjective-systems theory of Stolorow and Atwood (1992) and the formulation of phenomenological contextualism with Orange (Stolorow et al., 2002) brought to the fore the connection between emotion and a sense of selfhood. Their view of affectivity as a mode of being-in-the-world prompted my idea of *extralinguistic affectivity as a sense of being* (Cates, 2011). A central view of this article and my work as a whole is the idea of *primordial emotion as a bodily form of consciousness*. The concept bears a similarity to Merleau Ponty's (1945) "embodied being-in-the-world." It is also akin to Heidegger's (1927) view of being-in-the-world as "bodying forth."

This article is divided into four sections, punctuated with clinical vignettes: (a) defining insidious emotional trauma, (b) demonstrating the critical role of bodily emotion as a "way of knowing," (c) exploring the centrality of shame, which weaves through the dynamic as the *shame of being*, and (d) suggesting dissociation as a flight from traumatic emotional vulnerability to disembodied cognition. With attention to therapeutic change, a closing discussion centers on the similarities between Grotowski's (1968) emphasis on bodily emotion and my focus on its clinical usefulness.

THE INSIDIOUS DIMENSION OF EMOTIONAL TRAUMA

In contrast to the wealth of literature characterizing the multiple properties of trauma, from single-event to adult-onset, posttraumatic stress disorder and beyond, the focus of this work is on a dimension of developmental emotional trauma (e.g., see Stolorow, 2007; Stern, 2010; Bromberg, 2011). The specific dimension concerns what I am calling *insidious emotional trauma*. Whereas emotional trauma in general is unbearable emotional pain that could not find a relational home (Stolorow, 2007), insidious trauma, in particular, is the repetitive *demonization of emotionality* over the course of development whereby feelings are eviscerated leaving in their wake disembodied cognition. Specifically, emotional trauma in general is about aloneness with painful feelings, whereas insidious emotional trauma is about being demonized relentlessly for having feelings as such.

⁴Bodily emotion is a form of the experience of the *lived* body, which, in turn, is a form of *lived* experience.

In an effort to understand the role suffering and healing play in insidious trauma, I focus on bodily emotion, investigated phenomenologically as the *lived* body.⁵ Before continuing my description of insidious trauma, I briefly sketch some aspects of emotional trauma in general that are salient to my suggestion of an insidious dimension in particular.

EMOTIONAL TRAUMA IN GENERAL

As often perceived within and outside the analytic setting, affective bonding between caregiver and child is an important constituent of the child's emotional development. Conversely, the absence of an attuned responsive milieu derails emotional development and optimal affect integration (e.g., Socarides and Stolorow, 1984–1985; Stern, 1985; Jones, 1995). Without the integration of affect with symbolic thought, feelings remain unsymbolized—that is, nameless. And “being alone”⁶ with unbearable nameless feelings evokes traumatic affect states (Stolorow and Atwood, 1992; Stolorow, 2007, 2011).

SPECIFYING INSIDIOUS TRAUMA

Insidious trauma in particular is the phenomenological experience of a relentlessly insinuating form of malice. Because emotionality is demonized in an insinuating, stealth-like manner, the experience of emotional pain is unknown and undetected to the sufferer. Whereby emotional trauma in general is the *lived* experience (the felt recognition) of unbearable feelings that could not find a relational home (Stolorow, 2007), insidious trauma persists over the course of development without such *felt* recognition. Although both traumas (emotional and insidious) impel the sufferer to dissociate from unbearable emotional pain, those whose emotionality has been demonized lack reflective self-awareness of such pain. In a sense, an instance of insidious trauma is characterized by *unthought unknown*⁷ states that are *imperceptible* as emotional pain.

DREAD OF EXTINCTION

Emotional trauma, in general, and insidious trauma, in particular, both entail a massive malattunement to the child's emerging feeling states. Insidious trauma, in addition, entails that the only experience of the trauma encoded in emotional memory is the dread of extinction. The terror of extinction engulfs the experience of bodily emotion. When painful feelings do emerge, the experience, vividly expressed by a patient, is one of “sinking into a void.”

⁵As expressed in a prior footnote, bodily emotion is a form of the experience of the lived body, which, in turn, is a form of lived experience. There are two meanings that are ascribed to the lived body—one is the lived experience of the body as in bodily sensations and the other is the lived body as a primordial form of consciousness.

⁶“Being alone” with unbearable emotion brings about dissociation and/or psychosomatic symptom formation.

⁷My idea of “unthought unknown” states, imperceptible as emotional pain, is a play on the provocative phrase “unthought known” (Bollas, 1987).

PROHIBITION AGAINST AFFECT

In emotional trauma, in general, the primary prohibition against the emergence of affect is the experience of danger concerning how feeling states will be received. In insidious trauma, the prohibition against affect also includes the experience of danger related to the spectre of extinction when affect emerges. Such an annihilating response to emerging feelings, in a sense, represents an unwitting “self-demonization” of emotionality.

THERAPEUTIC IMPLICATIONS

When a patient employs disembodied cognitization, the therapist needs to understand that the patient is not ready to identify and reflect on the horror of extinction. When that is the case, then the dread of the living hell that looms with emerging affect is in the foreground along with a necessity of employing disembodied cognitization. Exploring such experience within the safety of the transference weakens the prohibition against the emergence of affect. I illustrate this dynamic further on in the vignette of “Chloe.”

As emotion linked to the *lived* body emerges, so may the experience of anxiety or depression. Although insidious trauma can often lead to anxiety or depression, treatment can hasten its emergence. When this happens, it is the trauma that needs to be the primary focus, rather than, say, treating anxiety or depression with medication. Intellectual reflection about feelings stripped of their bodily component is an understandable symptom of those suffering from insidious trauma. A therapeutic focus on these defensive intellectualizations, separate from the bodily experience of one’s being, may generate a repetitive traumatic violation. Without language (in the form of symbolic thought) to express the *lived* bodily experience of one’s authentic emotionality, as it intersubjectively takes form, intolerable affect remains active and, with it, the suffering.

TRAUMATIC MEMORY LIVES IN THE BODY

Germane to both emotional trauma in general and insidious trauma in particular is how the body “speaks out” in a somatic form when painful feelings are unexpressed and, in the case of insidious trauma, undetected. Feelings divorced from symbolic linguistic articulation can be expressed through an endless number of somatized experiences—such as a sinking sense of emptiness, a butterfly ache in one’s gut, a quickening of the pulse, or the hot rush of humiliation. Despite an individual’s tendency to interpret somatized experience intellectually, the body never “lies.” It provides an *extralinguistic way of knowing*.

BODILY EMOTION

Bodily emotion is understood within this work as a *way of knowing*—investigated phenomenologically as the *lived* body through which affect is uncovered. When talking about the *lived* body, I am referring to the body as experienced—“the horizon of being in

which I dwell” (Heidegger, 1927, p. 54). In a similar vein, Gendlin’s (1988) ontologically informed words are very helpful in understanding *lived* experience: “People are different than either stones or tools. They live-in and live-with. They live-in a world they themselves define with their living-in. People, too, *are not* inside their skins, but *are* their living-in the world and their living-with others” (p. 48).

Within the field of applied philosophy, Ratcliffe (2005, 2008), using a Heideggerian (1927) perspective on mood,⁸ views feelings of the body (the *lieb* or lived experience of being) as an all-encompassing constituent of self, world, and the relationship between them. For Columbetti and Ratcliffe (2012), feelings of the body are viewed as “that through which we experience the world” (p. 145). Following Ratcliffe’s (2008) delineation, existential bodily feelings are not directed toward anything specific, but constitute “how we find ourselves in the world” in general (p. 36). Although there are many ways in which the bodily expression of emotion can be portrayed, Shotters’s (1993) feeling of knowing (perhaps better characterized as a “way of knowing”), which he describes as “knowing of the third kind” is closest to capturing the *lived* experience of bodily emotion.

DEFINING AND DIFFERENTIATING AFFECT, EMOTION, AND FEELING

Affect, emotion, and feeling are treated as the same phenomenon—subjective emotional experience. Emotional phenomena are viewed as nonlinear, contextualized, embodied, and above all, dynamic. Despite the pervasive Cartesian mind—body divide that permeates our culture, from a contextual perspective, human emotionality keeps our experience of being-in-the-world (Heidegger, 1927) intact. While the emphasis here is on bodily emotion, both affect and cognition—that is, the integration of affect with symbolic thought, are regarded as constitutive aspects of an experiential unity.

Although an in-depth historical discussion of emotion is beyond the scope of this article, I define *affect* as a subjective emotional experience that evolves through a developmental process, from purely bodily states to those that encompass language (symbolic thought). When these bodily aspects become integrated with language, they become fully developed feelings.⁹ I use *affect* and *emotion* interchangeably, whereas the concept of *feeling*, a virtual Tower of Babel, is difficult to define. Compounding the already-existing confusion between emotion and feeling is the additional muddle of feeling as both a phenomenological experience of bodily states that become integrated with language, as well as an experience that exists apart from language—as exemplified by “gut feelings.” Whereas some theorists refer to bodily states as bodily feelings, to minimize confusion

⁸In a related formulation, based on Heidegger’s (1927) meaning of Being, Stolorow (2007, 2011), Stolorow, Atwood, and Orange (2002), and Orange (2009), blending phenomenology, hermeneutics, and contextualism, have provided a philosophical grounding to their psychoanalytic approach.

⁹This intersubjective phenomenological definition is drawn from the work of Stolorow (2007) and Stolorow, Atwood, and Orange (2002). The work of Jones (1995) on affect has also added to this delineation.

with the term feeling, I use “bodily sensations.” The term “bodily feelings” appears only when it is the preferred term of a particular theorist.

How does the body remember? People tend to remember things that arouse emotion, especially strong emotion. Several theorists (e.g., Bucci, 1997; Stern, 2010; Bromberg, 2011) have recognized this phenomenon. The commonality that runs through the variously formulated understandings is that strong emotion aroused in the present triggers the body to remember a qualitatively similar event from the past.

Donnel B. Stern (2010) emphasizes the importance of a witness to “hear” the experience of trauma so that the sufferer can make emotional sense of it. He describes with clarity the part of trauma that becomes associated with metaphor. He asserts that the sufferer needs to experience “parts of it [the trauma] similar enough to be recognizable, yet different enough to remain separate” (p. 137). His emphasis on a resonating, understanding “witness” is a necessary condition for the sufferer to feel safe enough to open up to the other in a way that makes the experience real for the sufferer. Looking at the therapeutic experience from the perspective of the patient, Stern highlights the importance of *lived* experience as it relates to the tolerance of traumatic feelings: “We may be able to offer a factual account of the events, but the feelings and the part they play in our story remain unformulated, unconscious” (p. 137). His implication is that unformulated emotional experience persists when the sufferer remains distant from the experience of pain and its meaning.

Bromberg’s (2011) analytic perspective, incorporating current research in neuroscience and cognition (e.g., LeDoux, 1996; Bucci, 2001; Schore, 2003), views the reliving of trauma as inextricably interrelated with the hyperarousal of affect. Bromberg draws on van der Kolk’s (1995) delineation of a feedback loop that exists between physiological arousal and trauma-related memories in explaining how strong emotion in the present triggers the traumatic past. According to Bromberg, it is at the brain level that what he calls a “smoke detector” will swing into action through the “hyperarousal” of affect in response to anything that can remotely be associated with the original traumatic experiences (p. 186).

Daniel Stern (2004) refers to the sense of having a memory belonging to the personal past but happening in the felt-present as a result of two time periods being brought together and superimposed: “the remembered past” and “the existential present”:

If the existential presentness of the present moment (captured through background bodily feelings, ambient light, space and other contextual impingement) were not acting as the felt time-space in which the past event is now (re) happening (being remembered), one could never know that the past moment is a memory and not a reality or a hallucination. So we have a felt present in which a felt past is acting. This is the past that is alive and acting in the present. (pp. 206–207)

The question that remains to be addressed is how bodily affect that lies outside the verbal system becomes transformed into affect that is represented in language. As analysts, we count on the phenomenon of transference for bridging the lived body and

language, and those affect states that, through dissociation, remain outside the fluency of dialogue (Bromberg, 2011). Orange (2011), pondering what she refers to as “traumatic living memory,” asks, “How do we psychoanalysts make contact with the other whose experience is not just unformulated, but seems unspeakable? One possibility is what I will call the dialogue of metaphor” (p. 193).

Grotowski’s (1968) metaphor, which initiated this article, is useful in guiding an exploration into bridging bodily emotion of the silent past with affect that is brought into language. What poets, writers, and artists do to express an emotion is describe an image or create a metaphor to capture the emotion process in a symbolic form. But, whether in the form of an image or a metaphor that connects unsymbolized affect with affect that is brought into language, it is the body, the soma, within which human silence, not-as-yet symbolized, resides. But, how then does it get transformed into language?

Bucci (1997) underscores the importance of arousal in the present moment. In keeping with her nonverbal emotional processing perspective, Bucci argues that emotion schemas (defined by her as psychic structures that shape who we are and influence the way we interact with others) become activated in the present when triggered by something such as “a familiar face, or a certain smell, or a particular somatic sensation that reminds the person of a past emotionally-charged event” (p. 172). Bucci claims that when such “somatic, sensory experience” emerges, it offers the possibility of focusing in on the emotionally salient memory that prompted the experience.

According to Bucci (1997), emotion schemas differ from other memory schemas because of what she calls high referential activity, characterized by her as strong emotion deeply felt in the moment. Bucci maintains that when a strong connection to bodily memory exists—one in which high referential activity is operating—the condition is ripe for words and emotion schemas to “refer” to each other. Although Bucci claims it is nearly impossible to capture something like an emotional processing system that is going on outside the verbal system with exactness, describing an image or using a metaphor, she argues, can convey such an experience.

Bodily memory as a mutative power: What has been spelled out thus far is how an emotionally charged event in the present can activate a traumatic memory from the past. Also described is how, through a process of imagistic symbolization, a traumatic bodily memory becomes transferred into a metaphor. What has not been clearly spelled out is how a metaphor, within the therapeutic exchange, is transformed into linguistic meaning. Inasmuch as all roads lead to the therapeutic dyad, specifically a “relational home” (Stolorow, 2007), a particular kind of relational home is required to effect transformation—one that is hospitable to painful nameless feelings that have remained “outside of the horizons of symbolized experience” (p. 28).

But, here is the caveat: Safety becomes the opening into linguisticity. In insidious trauma, prior to the consolidation of a sense of safety within the transference, affect is kept exclusively in the body because the spectre of extinction with emerging affect is too horrifying to bear. What makes a sense of safety possible is a kind of *kinesthetic conversation* of deeply felt somatic affectivity being resoundingly received and returned in an ongoing, bi-directional exchange. Daniel Stern (1985) refers to this form of “interaffectivity” in

the context of a “match” that the infant makes “between the feeling state . . . experienced within . . . seen ‘on’ or ‘in’ another” (p. 132).¹⁰ Within the analytic process, this shared silence, free of judgment, is transformative: Feelings that once lacked somatic-symbolic value, over time, take on relational meaning. The consolidation of a sense of safety in the transference makes possible the transformation of a *kinesthetic conversation* into language.¹¹ I demonstrate a similar configuration in the vignette of Chloe.

CHLOE

The distress Chloe feels over not being able to control her 11-year-old daughter’s performances (academic, social, etc.) “portkeyed”¹² her back to the nameless dread she experienced at the hands of a vindictive mother whose arbitrary and capricious rage she had to endure. She survived the trauma of her childhood by turning to her own mind for parental care—leaving in its wake an obsessional-perfectionist system that runs her life. True to Donnel Stern’s claim that something in the present, although separate from the experience of trauma, can bring past painful feelings to life with relational understanding, occurred in Chloe’s treatment.

Chloe, who is given to wandering into complicated thoughts about her feelings, began to access *lived* experience of feelings when she became “undone” over her inability to insure the perfection of her daughter’s performance. Through my work with Chloe, I have witnessed how the upheaval (the philosopher Martha Nussbaum’s, 2001, word) of painful affect or Bromberg’s delineation of the hyperarousal of affect as a result of a present-day event can push the body to remember the unbearable pain of the past. A provocative image, highly contradictory to the perfectionistic “good girl” sensibility Chloe evokes, captures the mutative power of bodily emotion when in the service of development.

During one of her sessions in which she was anguishing over her daughter’s less than perfect performance, the musculature of her face seemed to be telling a different story from the one she was conveying. Rather than responding to the meanings of her detailed account, I responded to what I saw—an extreme form of sadness on her face and an annihilating emptiness in her eyes. In response to my sharing with her that the depth of sadness emanating from her face seemed to be incongruent with her words, she was overtaken by an image that suddenly came to her. Abruptly ending her narrative, she began to describe the image—one in which she saw herself, approximately the same age as her daughter, sitting on her childhood bed holding a gun. When I inquired into the meaning, she said that if she could have killed her mother, she would have averted the arbitrary onslaughts that kept her in fear of being hurt. She later revealed that the image came to her often when she was young, but she never allowed it to go very far.

¹⁰Beebe and Lachmann (2002) refer to this form of “interactivity” as an “implicit mode of processing” (p. 215).

¹¹The “telling” of traumatic memory generates feelings of shame that need to be recognized and addressed.

¹²Reference to Harry Potter, in which a “portkey” is an object enchanted to instantly bring anyone touching it back to a particular destination.

In part, the traumatic memory provided the missing language to describe a silent past that has been savaging her existence with an unremitting protective perfectionism. Something compelling changed in our relationship at that point. It was as if a palpable relational pull existed between us. Over the course of treatment, uncovering other such traumatic memories has helped her to understand that her fear of “fading into oblivion” (Chloe’s own words) is being recast onto her daughter’s daily life, with the delusional hope that, by guaranteeing her daughter’s “stardom,” she will find relief from her intolerable painful affect. The persisting perfectionism that tortures her daily existence, in Chloe’s words, stems from the idea that “If I’m not everything, then I’m nothing.”

Despite the fact that her fear of extinction continues to be “unbearable,” at the very least, it is now “sayable.” Because the unfolding of her truth resonates, in part, with aspects of my own, I am able to enter into a mutual exchange—a joint narrative for unearthing the frozen ground within which her bodily memory has been sealed. While she needs me to contain and partner with her to articulate the pain, at the same time, she also needs me to understand, with unequivocal acceptance, the absolute necessity to control her daughter’s performance as the sole means of finding relief from that pain.

The analytic work has moved into a potentially productive dialectic. A shifting figure/ground configuration—between those instances that necessitate her employing disembodied cognitization and those instances that provide openings for exploring the living hell that emerges with affect—has moved the transference onto safer ground.

The deepening sense of safety through a kinesthetic resonance within the transference has opened into linguisticity. Rather than enacting her hypervigilance of impending danger through obsessive control of her daughter’s every action, Chloe is now able to put into words the nightmare scenario she experiences in relation to her daughter: “If she is not doing her job as my proxy—being everything I need her to be so I don’t have to feel like I don’t exist—then who needs her”; or, “What’s the point of having a child if she is not going to be in the top two percent. Just when I’m out of the living hell of feeling like I’m nothing, one trigger or a compilation of triggers brings it on again—the gut-wrenching feeling of being nothing.”

An increasing process of change has begun with the *articulation* of how strong feelings in the present relate to the traumatic past. For example, Chloe is able to imagine, on the basis of specific reactions to her daughter’s performance, what she may have felt given the experience of a similar situation when she was her daughter’s age. She confided to me that any sign that her daughter is not like other kids brings back the horrific, pervasive sense of not belonging. The sense of not belonging silently and unknowingly persisted until, as she related with joyous excitement, she joined the drama club in high school and shared a “goofy” sense of fun with several other drama club members. By identifying her own traumatic memories, she is able to consider the possibility that she cannot do anything to affect her daughter’s life. Her comment, “I don’t have control over her life, her school work and her relationship with her friends,” identifies the shift in her perspective toward her daughter.

Several themes within the analytic relationship are developing in layers. For example, conveying to me how others respond to what essentially is her “goodness” perhaps coexists with a developmental enactment of an antidotal function—one that counteracts

her experience of an inherent “badness.” The feeling of “badness,” which is less communicated, may result from the “shame of being” and the shame that the “telling” of painful experience generates. Another layer of meaning may come from the nascent emergence of murderous rage toward her mother for annihilating her. Yet to be explored is the murderous rage toward her daughter when she is not doing “what she is supposed to do.” These and other themes are being explored (or yet to be explored) over and over, but differently each time, more deeply.

As exemplified by Chloe’s treatment, the safety of the transference makes possible an exploration of the painful present as a retraumatization of the silent traumatic past. As Bromberg (2011) reminds us, “The goal is to provide sufficient safety so that the patient can make it back from the edge of the abyss and be aware of having done so” (p. 190).

SHAME AS THE SHAME OF BEING

Shame is the default setting for insidious emotional trauma. The literature consists of many meanings of shame (e.g., the wish to hide, disappear, or die; Lewis, 1992), an experience of concealment out of fear of rendering the self unacceptable (Morrison, 1989), and that of “an inherent flawedness” dooming one to a life of “eternal isolating valuelessness” (Stolorow, 2011). In my view, what best captures shame in insidious trauma is essentially the *shame of being*.

Bromberg (2011) insightfully alludes to the role shame plays in trauma as the signal that the self is or is about to be violated and demands emergency action. He quotes Helen Lynd (1958), who spells out how shame can be construed as the *shame of being*:

What is exposed is shame of oneself. I am ashamed of what I *am*. Because of this overall character, *an experience of shame can be altered or transcended only in so far as there is some change in the whole self*. . . . It is pervasive as anxiety; its focus, [however], is not a separate act, but revelation of the whole self. The thing that has been exposed is what I am. (Bromberg, 2011, p. 190, italics added)

Such an overriding sense of shame exists especially for those individuals who, despite the dissociative and disavowed pathways that have replaced the *lived* experience of emotion, are haunted by the depth of their palpable emotionality. The following is an example of an individual who exhibits what I am calling the *shame of being*.

SUSAN

Throughout a rather distinguished career, Susan was able to rely on a defensive use of grandiosity as a protective shield to keep at bay the dreaded, unacknowledged shame that manifests in hand tremors. Because she no longer is employed in a high-profile career with the accompanying substantial salary, the protective grandness has been replaced with a need to withdraw from any situation that might expose her shame not only to

others but also to herself. Being a highly creative individual with many intellectual interests, she has cobbled together a world that allows her to experience her emotionality at a distance through ideas, film, books, and theatre, separating out personal language and self-meaning from those experiences.

As others have noted (e.g., Morrison, 1989; Lewis, 1992), shame is rarely expressed as shame, but more often than not, as rage or contempt. Given Susan's unrelenting shame, what is most apparent is her anger and devaluation of others, which overlays the enormity of her sadness. When she is devaluing herself, she feels hopeless and paralyzed. When devaluing others, she exhibits outrage and contempt. She is often angry with me for what she experiences as my endless interruption of her thoughts—thoughts that are part of rapidly-shifting explanations of what she professes to feel.

Because shame is present before she walks through the office door, it quickly appears in the form of tremors and weeping. Her words say one thing and her body another. She experiences her body sensations as perplexing and something of my making. Putting the responsibility for its (the shame) emergence on me exonerates her from having to bear its ownership. I often experience difficulty in listening to her shifting analytic dialogue while her bodily sensations of tears and tremors say something else. Any attempt on my part to interject is met with disparaging anger.

As Jaenicke (2011) contends, if change is to occur, both parties in the therapeutic dyad need to change. Initially, I did not understand that the rapidity with which she shifted from one idea to another is an essential protective strategy that enables her to keep from being flooded by shame. Being less interpretive and more relationally present, which enabled me to recognize the shifting states as a smokescreen, has led to more tolerance on my part and has turned the tide in our work together.

One day Susan came in with an image that shifted the treatment process toward more bi-directionality, making me a sometime partner. The image led to an opening of her feelings and the realization that, since childhood, she has been hiding behind what she calls the "good face" as a means of concealing her distress. Her necessity to hide her distress corresponds to the extent to which she attributes doom and unhappiness to such feelings. By acknowledging the meanings behind the "good face," she was able to connect to the experience of her remote mother, who died when Susan was 10. As a way of holding onto the sense of having had a mother, she characterizes her as graceful and elegant, which I believe is "code" for her mother lacking the ability to be nurturing. She rationalizes that as a clumsy, awkward child, she was a bad fit for her mother. Rather than understanding that her emotionality may have been responded to by her mother as an unwanted mess, she perceives herself as the mess.

Despite her sometime connection to her feelings, she intermittently continues to experience her present mother/therapist as shaming her for her emotionality. When she is critical of the treatment process, the contemptuous tone and the staccato rhythm of her delivery, such as "this therapy is not helping me because nothing has changed in my life," are unsettling to me, in part, because so much has changed in her life. As a result of the treatment process, she no longer relates to others with contempt as a means of "relocating" her shame to others. Being more thoughtful with others has shifted her relationship with family and friends from one of alienation to one of inclusion. I have to

remind myself that when her shame is unbearable, it gets covered over with defensive aggression. Yet, there are those rare moments in which she feels touched by my valuing her emotionality. There are also those rare moments when she reflects on her corrosive form of shame, using language that glosses over a direct reference to it.

Bromberg (2011) noted that for such individuals, whose propensity for shame is pervasive, the continuity of selfhood is at stake and a dissociated structure preserves and protects the adaptive patterns of thinking from the unassimilable shame.

DISSOCIATION: A FLIGHT FROM TRAUMATIC EMOTIONAL VULNERABILITY

The term *dissociation* originated with Pierre Janet's explorations of hysteria. In contemporary psychoanalytic theory and practice, dissociation has taken on different meanings and usages. For example, Donnel Stern (2010) describes dissociation as "a constraint on the freedom of thought . . . [and] just as significantly the freedom to feel. In a larger sense . . . dissociation is a failure to allow one's imagination free play" (p. 64). Stern's idea of a "constraint" of the various freedoms associated with human aliveness is similar to my interpretation of dissociation as a "constraint on the freedom" to be fully rooted in emotional vitality. I demonstrate through the vignette below how a lifetime of dissociated emotional vulnerability is experienced by the patient as a stretch of time within which he experiences his life as being "*unlived*."

Bromberg (2011) describes the process of dissociation as a "defense against trauma by *disconnecting* [my emphasis] the mind from its capacity to perceive what is too much for selfhood and sometimes sanity to bear" (p. 178). Though in complete agreement with Bromberg's idea of dissociation as a defense against trauma and as "the shadow of the abyss and its threat to selfhood" (p. 92), I disagree with his suggestion of dissociation in terms of "*disconnecting* the mind" from what is perceived as too much to bear. From a clinical perspective of bodily emotion, dissociation is viewed as a *flight* to eviscerated feeling—disconnecting not the mind but the feelings of danger residing in the body. Moreover, dissociation from unbearable traumatic vulnerability¹³ is also dissociation from the emotional core that imbues life with vitality.

Not unlike a two-faced Janus, traumatic emotional vulnerability, when dissociated, is the turning away from unbearable feelings of pain. Alternatively, *lived* emotional vulnerability is the full immersion into ones' feelings. While it is difficult to be vulnerable in a situation devoid of a sense of safety, the experience of vulnerability often contains a felt-sense of love. Despite the fact that emotional vulnerability is closely associated with a sense of finitude and loss, I have observed how those who open their hearts to the presence of emotional vulnerability are also able to mend the loss or absence of loving and being loved.

Stolorow (2007, 2011), not wavering from his phenomenological contextualist perspective, reexamines the concept of dissociation. By locating a corresponding significance

¹³Traumatic emotional vulnerability, a dimension of emotional vulnerability, is viewed as a source of unbearable feelings of danger—whereas vulnerability, in general, as *lived* emotionality built into the constitution of human experience, is full immersion into ones' feelings.

to traumatic temporality, he integrates both the collapse of the unity of time and the primary role of affect into his understanding. Traumatic temporality refers to “the breakdown of a cohesive and dynamic sense of the ‘stretch’ of one’s life (past, present, and future) at the hands of trauma” (Cates, 2010, p. 62). Traumatic temporality may also be understood as the absence of *felt thinking*¹⁴ (Cates, 2011)—that is, the absence of a unity of experience that imbues one’s existence with a sense that life is being lived. Dissociation, then, is not only the numbing of unbearable emotional vulnerability, but the foundation on which traumatic temporality thrives. The following vignette demonstrates how dissociation and traumatic temporality are rooted in a sense of deadness—that is, the sense of one’s life as *not* being live.

JOEL

Joel, a tall, immaculately attired businessman, cordial and polite, views himself as the voice of reason. When he entered treatment, he was disconnected from the experience of his feelings, so his body did the “talking” for him and continues to do so. The somatization of his unrelenting pain had become the bane of his existence. When the silent, nameless feelings become acute, he develops a mild case of vertigo. At those times, he feels emotionally ungrounded. It was through his body speaking that he was ultimately able to acknowledge the disavowal of emotional pain.

Although it was apparent to me that his self-defined “big shot” poseur concealed a highly creative and emotionally vulnerable individual, to Joel, the experience of emotional vulnerability was one and the same as being weak—a feeling that had plagued him since childhood. Once his feelings of weakness became “sayable,” we were able to explore how they were tied to the somatization of his pain. When he felt safe enough with me so that the fear of being shamed diminished, he revisited an experience he had reported earlier. This time, as he reconstructed the experience, he recounted it with emotional meaning that provided a link to a present sense of his unacknowledged emotionality.

The experience, in the form of an image, is of Joel as a young boy alone in a barber-shop crying for his mother, who had not as yet returned to pick him up, while the adult men chided him. As the treatment progressed, he acknowledged, in his own words: “I can never be happy or at peace with myself because I’m always fighting against living in the place that is me,” a veiled reference to deeply felt emotionality. His dreams, affirming his assessment, are indicative of his sense of emptiness and emotional numbness. In his dream world, he is either lost or separated from others, while the others are fully animated with each other and on their way to a destination without him.

The tide in the treatment process turned when I began to self-disclose aspects of my own emotional trauma. As an example, I would commiserate with him on how difficult it is to know what one feels when the caregivers in our early environment did not

¹⁴*Felt thinking* is another way of referring to affect and cognition as a unity of experience. In a prior work, I explained, “the conflation of ‘thought about feeling’ with ‘feeling about thought’ pinpoints how cognitive reflection about feeling abrogates the aliveness of bodily emotional experience” (Cates, 2011, p. 52).

respond to our feelings with words. I also joined him in the troubling experience of having a contentious older sibling by disclosing my own hurt and sadness, similar to his, over my sibling. As a result of self-disclosure, a sense of camaraderie developed between us. It further diminished his experience of shame and enabled him to expose feelings of loss, confusion, and the extent to which distressing feelings threaten his existence. With the consolidation of a sense of safety within the transference, the experience of discomfort in coming to a session changed to one of eager anticipation. He expressed that when he is in my office, he feels (in his words) he is “being in the place that is me.” The exposure of my own enduring trauma, by extension, has helped him to consider (in his words) “feelings of emotional vulnerability as a grounding experience rather than one of weakness.” Although a shift has occurred in the treatment process, with others, when overwhelmed by unbearable sadness, he loses a connection to his feelings of vulnerability—an experience he is now openly exploring. He is also considering how restricted his body becomes when he is unsettled, which leads to the fear of being seen as weak. As an example, he refers to his body tightening up when playing golf with others: “When I’m alone on the course I’m fine. When others join me, my body immediately freezes up, and I don’t play as well.” As a result of openly exploring his emotionality, such as bodily manifestations of shame, narcissistic wounding and his abject sense of aloneness, Joel is realizing, for the first time, a sense of emotional aliveness.

CLOSING DISCUSSION

So how does psychotherapeutic transformation come about in the treatment of insidious emotional trauma? The primary transformative experience originates from *bodily emotion*, the “ecosystem” within which traumatic emotional memory is embedded. Grotowski’s (1968) innovative acting technique, which gives primacy to the role of bodily emotion, parallels the treatment approach presented in this article. His claim: “Everything comes from and through the body,” together with “If you think, you must think with your body” (p. 204), evokes my suggestion of *felt thinking* (Cates, 2011).

The transformative centerpiece in the treatment of insidious emotional trauma begins with the consolidation of a *sense of safety* shaped through the affective bond. An “invitation” to unmask traumatic emotional vulnerability, tacitly generated by the analyst’s own experience, strengthens that sense of safety. Within the haven of the relational home, a *kinesthetic conversation*, over time, can be transmuted into the naming of feelings the body already knows.

Grotowski (1968) defined mutual influence between actor and spectator as a “perceptual, direct, ‘live’ communion.” He proposed that “the actor must be guided and inspired by someone who is whole-hearted in his creative activity,” and “the producer while guiding and inspiring the actor must at the same time allow himself to be guided and inspired by him [the actor]” (p. 258).

In a parallel configuration to Grotowski’s (1968) advice to his actors that “everyone must search in his own fashion,” the patients in the clinical vignettes find their own path for discovering and recovering personal meaning within the analytic relationship. As an example, Susan, who still resists knowing what her body seeks to say, continues to

define herself as the “mess.” Yet, she attempts to grasp the meanings of shame’s impact. Joel, who feels the tap on his shoulder to remember what he would rather forget, has come to understand how disavowing his traumatic emotional vulnerability distances him from himself and others. And Chloe, whose daughter’s less-than-perfect performance triggers her own painful childhood trauma, is trying to grapple with the horror of emerging feelings that contain the spectre of extinction. When she is able to connect with her traumatic past, she recognizes the impossibility of perfecting her daughter: “My mind knows it’s not about my daughter, but I’m playing it out as if it is.”

Although each individual’s journey evolves in its own idiosyncratic way, there are unifying elements. First and foremost, traumatic memory lives in the body, and when *upheaval* strikes, whether it is slow in coming or emerges through a sudden image, it serves as a portkey back to those terrible times. Being triggered back to one’s own distressing memories also applies to those who help the suffering other. In significant ways, the stories in the clinical vignettes, each capturing aspects of my own personal experience, evoke the memory of terrible times. Tolerating one’s own distressing memories is a vital part of creating a safe therapeutic milieu for those who seek our help. It is especially significant in the treatment of insidious emotional trauma.

So, how does healing this dimension of trauma become a reality? My suggestion is that the source of change stems from the mutative power of *lived* bodily emotion when in the service of development. And, the *kinesthetic conversation*, between analyst and patient, transferring the imagistic symbolic into the verbal symbolic, stems from bringing bodily emotion into the analytic process. Within the safety of the analytic bond, the sufferer, at the very least, is no longer shamed for having feelings.

Finally, I close with a personal traumatic memory that evokes how the promise of change continues throughout life. A bodily sensation came to me during the writing of this article. It triggered an image from the past that captured a memory of a brief time during my preteen years. I was able to connect the memory to a feeling of discomfort when in the presence of very young children.

Having such an odd reaction had always puzzled me. I mistakenly experienced the emotionally open gaze of very young children whose affect had not, as yet, been sufficiently “bleached” as the ability to see through me. I now understand that the unidentified bodily sensation was shame—unacknowledged shame over having feelings. Many transformative experiences helped me appreciate the extent to which *lived* emotional vulnerability refuses to be ignored—but that appreciation came as a result of a *heart-won* battle. Somatic affectivity, a way of knowing, which “keeps the score” (van der Kolk’s phrase), stands as a powerful signal that the body remembers.

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TRANSLATIONS OF ABSTRACT

Este artículo continúa mi recorrido alrededor de la utilidad clínica de la emoción corporal y amplía mi primera formulación de la *experiencia afectiva nuclear* (2011) a una consideración de lo que denomino *trauma emocional insidioso*, concepto que es definido como la demonización repetida de la emocionalidad durante el desarrollo y más allá del mismo. El tratamiento analítico se centra en la *emoción corporal* investigada fenomenológicamente como el cuerpo vivido. Las viñetas clínicas enfatizan los puntos teóricos más relevantes: (1) la influencia de la implicación mutua en la captura del momento emocional a partir del que se materializa la memoria traumática, (2) la *vergüenza de ser* como la más radical de las consecuencias adversas de la demonización emocional, y (3) la disociación como huida ante la vulnerabilidad emocional. La discusión final integra el artículo como un todo con la consideración del cambio terapéutico.

Dans cet article je poursuis mon exploration sur l'utilisation clinique de l'émotion corporelle et je raffine ma description antérieure de *l'expérience affective centrale* (2011) par la considération de ce que j'appelle le *traumatisme émotionnel insidieux*. Ce concept veut rendre compte de l'expérience d'une diabolisation répétée de l'émotionnel pendant le développement et au-delà. Le travail analytique se centre sur l'*émotion corporelle* explorée phénoménologiquement en tant que corps *vécu*. Des illustrations cliniques mettent en relief les points suivants : (1) le rôle de l'engagement mutuel dans la saisie du moment propice à ce que la mémoire traumatique se révèle ; (2) la *honte d'être*, comme effet le plus considérable et le plus blessant de la diabolisation émotionnelle ; et (3) la dissociation en tant que protection contre la vulnérabilité émotionnelle traumatique. La dernière partie de l'article revient sur le propos dans son ensemble en y intégrant la question du changement thérapeutique.

L'articolo è una continuazione del mio viaggio attraverso l'utilità clinica dell'emozione corporea ed estende la mia precedente formulazione dell'*esperienza affettiva nucleare* (2011) all'esame di ciò che chiamo il *trauma emotivo insidioso*, un concetto definito come la ripetuta demonizzazione dell'emotività sia in fase evolutiva che più tardi. Il trattamento analitico si concentra sull'*emozione corporea* investigata fenomeno logicamente come corpo vissuto. Le vignette cliniche illustrano i punti teorici salienti: (1) l'influenza del coinvolgimento reciproco ne catturare il momento emotivo a partire dal quale si materializza la memoria traumatica, (2) la *vergogna di essere* come la più radicale delle conseguenze nocive della demonizzazione emotiva e (3) la

dissociazione come fuga dalla traumatica vulnerabilità emotiva. La discussione conclusiva integra l'articolo in un unico insieme prendendo in considerazione il cambiamento terapeutico.

Dieser Artikel setzt meine Reise in die klinische Nützlichkeit körperlicher Emotionen fort und erweitert meine früheren Formulierungen bezüglich der *zentralen affektiven Erfahrungen* (2011) zu den Erwägungen dessen, was ich *heimtückisches emotionales Trauma* nenne – ein Konzept, das durch die wiederholte Dämonisierung der Emotionalität während der Entwicklung und darüber hinaus gekennzeichnet ist. Die analytische Behandlung zentriert sich um die *körperlichen Emotionen*, die phänomenologisch als *gelebter Körper* untersucht werden. Klinische Fallbeispiele unterstreichen die wichtigsten theoretischen Aspekte: 1) den Einfluss wechselseitiger Bemühungen, denjenigen emotionalen Moment zu greifen, aus dem sich traumatische Erinnerungen speisen, 2) die *Scham, überhaupt zu sein*, die die radikalste der verletzenden Folgen emotionaler Dämonisierung darstellt und 3) die Dissoziation als Flucht aus traumatischer emotionaler Verletzbarkeit. Die abschließende Diskussion integriert den Artikel als Ganzes mit Betrachtungen zu therapeutischen Veränderungen.