

Review of: "Viewing trauma as a developmental process emerging from chronic repeated experience and reiterated meaning-making mental processes"

Ricky Emanuel¹

¹ The Tavistock and Portman NHS Foundation Trust

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This is a very worthwhile paper written in an accessible conversational style. Clearly their long clinical and theoretical experience from a range of modalities is displayed in the paper.

I have a few comments. The authors seem to imply at the beginning of the paper that there are no "one off" traumas. Only much later in the paper is this explained in terms of acknowledging the existence of such traumas eg Witnessing a murder, car accident involvement etc which I think makes the first statement hang there in the paper without explanation and certainly I found it made me disagree with them. Only when they describe how the meaning made of the trauma changes over time and with the developmental process does this original statement make sense. I think this could be rectified in the beginning of the paper. The psychoanalytic idea of working through is relevant here as the idea of abreaction was found to be clinically unhelpful and the person has to work through over the life cycle the meaning of experiences.

I also found the example of the child being fondled an unhelpful and potentially dangerous one. It could give licence to some abusers particularly intrafamilial abuse the idea that it is not necessarily harmful for a child. Is some inappropriate genital touching ok ?? Clearly not and they again they clarify this later but I would strongly suggest this type of example is removed from the paper.

I really appreciated the centrality of meaning making and the importance of meaning making which is contingent on parental responses. Psychoanalysts influenced by the work of Wilfred Bion use this ideas as the central plank in the theory of Containment. Meaning is made in interaction with caregiver and again I think this could be underlined. The child's meaning making later on than infancy depends on the meanings that have been acquired from early experience. Feldman Barrett's ideas about concept formation theory is helpful in her descriptions about how emotions are made. These concepts which are culturally determined will determine the way experiences are made sense of and hence meaning attributed to them. The author's emphasis on prediction and prediction errors would benefit from the addition of the idea of concept formation and it is these concepts which give rise to predictions. Feldman Barrett's work on the interoceptive network including the Salience network could help tighten the idea of meaning making. Restricted concept development is an inevitable consequence of trauma and thus gives body to the idea of the restricted meaning of experiences of traumatised people. The change over time where if possible prediction errors can lead to the development

of concepts can demonstrate how meaning changes over time and the developmental cycle. The impact of the over active salience system will restrict this learning from experience as the authors imply.

Information can be also be negative information. Neglect is not just the absence of relational information but gives a different message about worthiness.

In utero experiences are not necessarily good. Stress is communicated to the foetus eg through the use of drugs. The authors only later acknowledge this about stressed fetuses but imply earlier that life in womb is safe and blissful .

Melanie Klein's idea about "Memory of feeling" is like the author's "unremembered but known experiences". The idea of unconscious phantasy which is a central plank of Kleinian and post Kleinian thought is crucial to this ever present meaning making activity in the mind. Dream life, both unconscious day dreaming and night dreaming is a continuous part of meaning making.

I really liked the the part of the paper addressing the therapeutic implications of the ideas expressed in the paper particularly the importance of addressing body states to access neuro-somatic experience. Also the idea that the person should be given

opportunities and expectations with another which are neither too familiar or simple nor too unfamiliar and complex. It is congruent with the idea of the need for safety but not too safe therapeutic settings. The concept of the "Window of tolerance " is relevant here. The ideas of the authors helpful challenge the Implications for classical therapy models. Still faced coldness still practiced in some analytic settings clearly will be unhelpful at best and retraumatizing at worse. This is such an important message. Also the importance of accessing body states is crucial but not at the cost of higher level interventions to deal with the meanings made at those levels. They stress the need for multiple systems operating simultaneously which is "messy". The importance of the need for higher and lower level interventions. Or the use of top down or bottom up approaches used in Multimodal therapies is essential. No one therapy on its own is enough. I could not agree more.