



10. Knowing and acknowledging trauma – psychoanalysis, phenomenology, and the lived body

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Abstract The experience of trauma and of dissociation of traumatic experience raises important questions concerning the phenomenology of the self. What are the conditions for us humans to be vulnerable to trauma? Drawing upon the analysis by Merleau-Ponty, it is argued that trauma and the bodily structuration of traumatic experiences need to be thought of as the result of broken patterns of bodily sense-making coupled with the bodies of others. Traumatic symptoms are conceived as forms of disrupted implicit relational knowing.

Keywords PTSD | trauma | psychoanalysis | phenomenology of the body | implicit relational knowing | imitation

1. INTRODUCTION

Trauma refers to a singular event in a person's life or in a collective biography, or, in some cases, to the cumulative repercussions of smaller break-downs within the developmental trajectory of an individual.¹ However, trauma has no clear boundaries and is in clinical terms not distinguishable from the entire complex, commonly designated as posttraumatic stress disorder (PTSD). Victims of abuse, of war-crimes or torture, of catastrophic accidents, or of systematic social deprivation and misrecognition live their traumas in their sleeplessness, in recurring violent phantasies or dissociative and multiple personality-organization, in their anxieties over engaging in intimate relations with others, manifest in their posture, movement, and overall bodily language. Trauma is something that invades

1 M. Masud R. Khan, "The Concept of Cumulative Trauma," *Psychoanalytic Study of the Child* 18, no. 1 (1963).

and shatters one's personal existence, one's very sense of everyday continuity and one's bodily integrity. As Judith Herman states in her classic work on trauma: "Traumatic events violate [...] the person at the level of basic bodily integrity. The body is invaded, injured, defiled"²

Yet, what are the conditions for us humans to be vulnerable to trauma? In what ways are we susceptible to events so as to suffer traumatization? Moreover, how can trauma be made sense of? How do we *know* trauma?

In approaching these questions, I shall consider psychoanalytic as well as phenomenological perspectives, and rather than seeing them as mutually exclusive, as is often the case, I shall follow the French phenomenologist Maurice Merleau-Ponty in looking at them as mutually enlightening.³ Thinking about trauma, I want to suggest, needs to begin by thinking about our general "bodily passivity" as part of our sense-making capacity.⁴ The role of passivity was already crucial to the early Freud's understanding of the formation of desire and of psychopathological development⁵ and was given a more general formulation by the French psychoanalyst Jean Laplanche.⁶ The contribution that is made by the phenomenology of the body consists in recovering passivity beyond the context of the psychoanalytic approach to sexuality, working towards a more comprehensive understanding of its role in the formation and development of the self. In phenomenological terms, trauma is an injury and manifestation of the *lived body*.⁷ Trauma afflicts a sense-making and symbolic body engaged in the world and in others.⁸

2 Judith Herman, *Trauma and Recovery* (New York: Basic Books, 2015), 52–53.

3 Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Donald A. Landes (New York: Routledge, 2014), 160–161. See also Ståle Finke, "Perceiving the Vulnerable Body: Merleau-Ponty's Contribution to Psychoanalyses," in *Phenomenology of the Broken Body* (London: Routledge, 2019); James Phillips, "Merleau-Ponty's Non-Verbal Unconsciousness," in *Phenomenology and Psychoanalysis (Contributions to Phenomenology 88)*, ed. Dorothee Legrand and Dylan Trigg (Cham: Springer Verlag, 2017); D. Romanyshyn, "Phenomenology and Psychoanalysis," *Psychoanalytic Review* 64 (1977); E. Simms, "The Infant's Experience of the World: Stern, Merleau-Ponty and the Phenomenology of the Preverbal Self," *The Humanistic Psychologist* 21 (1993); Giuseppe Civitarese, "Between 'Other' and 'Other': Merleau-Ponty as a Precursor of the Analytic Field," *Fort Da* 20, no. 1 (2014); Patricia Moya and Maria Elena Larrain, "Sexuality and Meaning in Freud and Merleau-Ponty," *The International Journal of Psychoanalysis* 97, no. 3 (2016).

4 Merleau-Ponty, *Phenomenology of Perception*, 191.

5 Sigmund Freud, *Aus Den Anfängen Der Psychoanalyse* (London: Imago Publishing Company, 1950).

6 Jean Laplanche and David Macey, *New Foundations for Psychoanalysis* (Oxford: Basil Blackwell, 1989).

7 J. P. Sartre, "Being and Nothingness," trans. H. Barnes (London: Routledge, 1943), 348ff.

8 Ezequiel A Di Paolo, Elena Clare Cuffari, and Hanne De Jaegher, *Linguistic Bodies: The Continuity between Life and Language* (Cambridge, Massachusetts: MIT Press, 2018). I thus see

This perspective is critical to certain current trends in the literature on trauma. As often argued, in being traumatized, the language of the body is dissociated from the language of ordinary mutual understanding, retreating to bodily responses at the level of mere automatized modes of coping exposed to intolerable threats.⁹ Although, not as such entirely wrong, I shall argue, this account fails to take the lived and symbolic body into account, that is, how procedural levels of enactment are also symbolic, embedded in what I want to call an *original situation of communication*. The traumatized has a body that *knows* and that expresses, in posture, movement, and affective arousal, a contorted or disrupted sense-making relation to others. The question of how to come to know trauma, clinically and otherwise, then, reflects on this bond of implicit knowing and sense-making that the body still exhibits, and the possibility to enter it in favour of a mode of communication that is genuinely participatory and capable of renewing bodily trust. As we shall see from the clinical literature, knowing trauma is not knowing in terms of interpreting a patient's affective state or even this patient's mind or history so to speak top-down, yet it is also not merely the working on ground-floor coping-responses but, crucially, an integrated participatory *acknowledging* that is procedural as well as symbolic all the way through. Addressing the contorted language of the body, as well as providing bodily safety, is as important as implying oneself in the experience and enactment of the intolerable, making oneself a witness, personally and culturally, sharing and modifying what the patient implicitly knows and fears by engaging in mutual sense-making and symbolic reconstruction.¹⁰ As I shall conclude, this clinical perspective also carries ethical implications, drawing attention to the moral fact of our human vulnerability, beyond principles of moral reasoning.

2. THE SCENE OF SEDUCTION AND THE COMMUNICATIVE BODY

The role of passivity in interpersonal human relations was for the early Freud the very basis for the development of neurotic psychic pathologies. As Freud writes in an early manuscript posted to Wilhelm Fliess on 1 January 1896: "In all my

the following discussion as a contribution to what might be called a broad *enactivist* approach to trauma specifically and to psychopathology more generally. See, e.g., Giovanna Colombetti, "Psychopathology and the Enactive Mind" (2013).

9 See, e.g., Pat Ogden, "The Different Impact of Trauma and Relational Stress on Physiology, Posture, and Movement: Implications for Treatment," *European Journal of Trauma & Dissociation* 5, no. 4 (2021).

10 Samuel Gerson, "When the Third Is Dead: Memory, Mourning, and Witnessing in the Aftermath of the Holocaust," *International Journal of Psychoanalysis* 90 (2009).

cases of compulsive neurosis, a *purely passive* experience had taken place, something that is hardly accidental".¹¹ The primary psychopathological phenomenon has a traumatic origin in the child's early experience of the other's sexuality. Due to passivity, according to Freud, we are critically vulnerable to sexual seduction; it is the excessive nature of the adult's sexual communication that prompts neurotic reaction-formations.

However, in the famous letter to Fliess from 21 September 1897 Freud expresses doubts about his clinical findings and the patients' recovered memories of traumatic scenes. This doubt indicates the shift in thought that one usually takes to constitute the beginning of Freud's meta-psychology: instead of focusing on the child's vulnerability to seduction, psychopathology reflects the *repression* of libidinal impulses that are conceived as *constitutive* from the very beginning, expressed in only *wishful* phantasies.¹²

For the French psychoanalyst Jean Laplanche, Freud's initial ideas concerning passivity and seduction should be generalized rather than abandoned in favour of the later meta-psychology. As a consequence, passivity should not be seen as limited to scenes of sexual seduction but encompassing the very bodily nature of being dependent upon the other in care, handling, and affective support. We are passive bodies, *de-centred*.¹³ The primary relation of the child to the adult is thus not that of a libidinal desire that finds its gratification in an object, however diverse, but of a bodily and affective dependency upon the other.¹⁴ This, of course, turns the mature Freud's theory of drives on its head: libidinal phantasies and desires are not to be conceived as primarily belonging to the infra-structure of the infant, but are first *awakened* in the scene of seduction, involving the rupturing of the basic and prosaic trust of ordinary care and affective support: "[P]rocesses in which an individual takes an active part are all secondary in relation to the original moment, which is that of passivity: that of seduction".¹⁵

11 Freud, *Aus Den Anfängen Der Psychoanalyse*, 160.

12 J. Laplanche and J.-B. Pontalis, *The Language of Psycho-Analysis* (New York: W. W. Norton and Co., 1973), 363. For a balanced account of Freud's abandonment of the seduction-theory, which also meant downplaying environmental deficiencies and traumas in psycho-sexual development, see Joel Whitebook, *Freud – an Intellectual Biography* (Cambridge: Cambridge University Press, 2017), 220ff. See also the account in Herman, *Trauma and Recovery*, 10ff., and Jody M. Davies and Mary G. Frawley, "Dissociative Process and Transference-Countertransference Paradigms in the Psychoanalytically Oriented Treatment of the Adult," *Psychoanalytic Dialogues* (1992): 8ff.

13 Jean Laplanche, *Essays on Otherness* (London: Routledge, 1999), 52ff.

14 Jean Laplanche, "Sexuality and Attachment in Metapsychology," in *Infantile Sexuality and Attachment* (London: Routledge, 2018).

15 *Essays on Otherness*, 135.

This is interesting to our understanding of trauma, as it places the child in a vulnerable situation in which it is anthropologically susceptible to trauma. Interestingly, as Laplanche goes on to explain seduction, this is due to a general bodily passivity that implies not only our basic needs but the very sense-making significations of the body. The infant is already taking part in “a world of signification and communication”, in which “any gesture, mimicry function as a signifier”.¹⁶ Bodily passivity towards the other is thus a primary phenomenon of lived and *meaningful* experience; through the body, the infant receives and adopts the significations inherent in the other’s behaviour. It is placed in an original situation of communication that relies entirely upon bodily capacities of sense-making. Although Laplanche never develops his thought on infant sexuality on the basis of a phenomenology of the body, it is clear that he might have drawn from Merleau-Ponty’s lectures on this point: what Laplanche refers to is the *lived body* that is ambiguous in its significations and not the objective or functional body of medical statistical analysis. Moreover, bodily passivity is in this context no longer merely referring to sexual seduction, but discloses our very ways of being bodily dependent beings and how our bodies are coupled in sense-making relations. Surely, Laplanche’s focus here is still the realm of sexuality and erotic bodily significations, trying to address how this realm of human experience is potentially traumatic and dissociative.¹⁷ Due to the infant’s symbolic incapacity to match the adult’s behaviour, the significations of the other’s sexual body become *excessive* and *enigmatic* – marking a rupture of the child’s perception of the other.¹⁸ The study of infant sexuality and its interpersonal origin thus circumscribes a general situation of being a body for an Other under the pressure of an intolerable excess that is due to the sexual body. Trauma is thereby inherently a possibility within ordinary relations of care, because the adult’s behaviour always carries ambiguous and excessive significations related to bodily pleasure, such as the suckling of the breast and so on – experiences the child is incapable of fully integrating and making sense of.

However, although it offers us an approach to trauma that takes the symbolic body and coupled sense-making as its context of analysis, we need to expand the analyses beyond Laplanche’s limited context of infant sexuality. In more general terms, trauma signifies the experience of events that are no longer capable of being integrated, repaired, and modulated within the affective bonds of attachment and

16 Ibid., 126.

17 Jean Laplanche and David Macey. *New Foundations for Psychoanalysis* (London: Basil Blackwell, 1989), 121ff.

18 Ruth Stein, “The Otherness of Sexuality: Excess,” *Journal of American Psychoanalytic Association* 56 (2008): 47.

mutual sense-making that a person relies upon or has access to.¹⁹ In thus evading the symbolic level of bodily communication, traumatic significance becomes discontinuous with reflexive forms of explicit knowing and retreats to the pre-reflective language of the body; it evades the efforts of reflexive communicable speech and narrative. Thus, my contention is that as much as one might speak of traumatic events, these events are *always* of intersubjective and relational significance – reflecting the ways in which a person is left on their own when they lack access to reliable others for modulation, repair, and meaningful reconstruction. A traumatic experience shutters basic bodily *trust* in the other at a communicative level – shaking the very grounds for meaningful communication; in trauma the original communication-situation with others is distorted or breaks down. The body thus turns to forms of distorted communication. However, to be clearer about these suggestions and their clinical implications, we need first to recover, in somewhat more detail, the implicit phenomenology of our observations thus far.

3. THE PHENOMENOLOGY OF THE PASSIVE BODY

One might ask whether it is at all possible to reconcile phenomenological analysis with the current understanding of the role of the body in trauma found in much of the contemporary literature. Bodily passivity and the responses to intolerable threats – such as freezing and feigned death – seem to be best described as automatized coping-styles in the face of threats to survival, naturally developed. As Pat Ogden makes clear: “Because trauma threatens survival, patterns ensue that pertain to instinctive survival responses”.²⁰ Yet, I shall argue, bodily passivity and its responses are not only responses of a “living body” adapted to the environment, but it also reflects the *symbolic environment*, that is the body’s place and contributions to a symbolically structured life-world. This argument, though, depends upon a plausible integration of passivity within the scope of a phenomenology of the sense-making body.

The contribution of phenomenology might initially come out as somewhat limited as long as it remains preoccupied mostly with first-person experience. The body I *am* is in this view opposed to the body I *have*, the body that might become an obstacle to me, such as when making itself felt in illness. As Merleau-Ponty also

19 Jessica Benjamin, *Beyond Doer and Done To: Recognition Theory, Intersubjectivity and the Third* (London: Routledge, 2018), 181ff.

20 Ogden, “The Different Impact of Trauma and Relational Stress on Physiology, Posture, and Movement: Implications for Treatment,” 6.

writes: “I am not in front of my body, I am in my body, or rather I am my body”.²¹ On a closer look, however, the phenomenology of the body need not only be concerned with the lived experience of the body in its *active* mode, but also reflects inherent passivity in so far as it is also a *living* body. As according to Merleau-Ponty: “We are not, in some incomprehensible way, an activity tied to passivity, a machine surmounted by a will [...] rather, we are entirely active and entirely passive”.²² Even in the simplest perception of the world, I rely upon the resources of passivity. I perceive, say, the presence of the chair in front of me in accordance with the way in which this chair presents itself by its shape – inviting my body to take a certain hold of it, finding support in it for a sitting posture. The perceiving body adjusts itself spontaneously – it *inhabits* the world prior to taking a grip upon things. Lived experience is thus ambiguous; it is first-person experience situated in the world in virtue of a body that exceeds merely the personal level of awareness.

Also, my body situates me in relation to the other. The other exists alongside my body, bearing the very significance of my own passivity, of my body being perceived, addressed. Like Laplanche’s child of seduction, I am awakening to the other. Hence, I am not the translucent subjectivity that stretches out to the world and to others. The opaqueness of others to me reflects the opaqueness of my own body to myself. As Merleau-Ponty writes: “Others can be evident because I am not transparent to myself, and because my subjectivity draws its body along behind itself”.²³ I am inhabiting a world *with* others, my being is a “being-with”.²⁴ Thus, shame or guilt are due to the suffering of bodily passivity, of being delivered to others, being looked upon, being available for their judgement, for their rejection or affirmation, beyond their sexual connotations, yet with an intrinsic symbolic and social meaning: “Insofar as I have a body, I can be reduced to an object beneath the gaze of another person and no longer count for him as a person”.²⁵ Because I have a body, I am helpless, delivered, exposed; yet, in my helplessness I am vulnerable to suffer the loss of sense, of meaning. If the other person is a person I depend upon or love, as a child loves their primary caretakers, my sense of being a body for an other truly affects my sense of being a self. Indeed, it is because I *have* a body, a passive and responsive body, that I *am* a body that can be invaded, denied, or even abused by others.²⁶ Despite the intellectualism of the modern philosopher’s notion

21 Merleau-Ponty, *Phenomenology of Perception*, 151.

22 Merleau-Ponty, *Phenomenology of Perception*, 452.

23 Merleau-Ponty, *Phenomenology of Perception*, 368.

24 Merleau-Ponty, *Phenomenology of Perception*, 361ff.

25 Merleau-Ponty, *Phenomenology of Perception*, 170.

26 Cf. Judith Butler, *Precarious Life* (London: Verso, 2006). See also the discussion in Jay M. Bernstein, *Torture and Dignity – an Essay on Moral Injury* (Chicago: University of Chicago

of the invulnerable self, I can be in the grip of an other, an aggressor, a traumatic situation, because I am a passive body beyond reflection, beyond my wilfulness. On the phenomenological analysis, we can be traumatized because we are helpless and ambiguous bodies and because certain situations put us back into a state of passivity and helplessness. Crucially, these situations are to the phenomenologist also communicative and symbolic situations, reflecting distorted modes of bodily sense-making. Our behaviour in such situations is therefore, at least tentatively, sense-making behaviour – having withdrawn to the confinements of a passivity that has disrupted its continuities with the active body and its trust in a familiar environment of relational support and sense.

4. IMITATION, SYMBOLIZATION, AND THE ENACTMENT OF TRAUMA

Being exposed to trauma makes it clear that sense might break down, that our bodies might become dissociated from normal patterns of sense-making. We become contorted symbolic bodies. Trauma refers to events in a person's relational biography that installs or institutes gaps in our ability to make sense with our bodies, it leaves us, as Merleau-Ponty writes, with "a region of non-sense in our experience".²⁷ However, this does not mean that our bodily responses to trauma are simply ground-floor or automatic coping-responses as maintained in much of the current literature. Rather, I want to claim, in trauma-behaviour, the paths to sense-making and communicative trust have broken down, leaving us with a broken symbolic body. A body bereft of normal and fluent symbolic capacities is not the same thing as a natural body thought independently of such capacities in the first place.

This poses the following problems: how do sense-making bodies express something that fails to make sense? And how might sense eventually be recovered? In turning to these questions, we cannot stay with phenomenological analysis alone,

Press, 2015), 198ff. This is also the reason why one should avoid, as some phenomenologist do, to define the lived body in terms of its active accomplishments, that is, the body *I am*, and then consider the passive body, and my awareness of bodily boundaries, the *having* of a body, as belonging to the physical body. See, e.g., Fredrik Svenaeus, "What Is Phenomenology of Medicine? Embodiment, Illness and Being-in-the-World," *Health, Illness and Disease: Philosophical Essays* (2013); Thomas Fuchs, "Phenomenology and Psychopathology," in *Handbook of Phenomenology and Cognitive Science*, ed. D. Schmicking and S. Gallagher (Berlin: Springer Verlag, 2010), 551.

27 Merleau-Ponty, *Phenomenology of Perception*, 148.

but need to consult developmental studies and clinical observations that might support the idea of the symbolic body as a primary phenomenon.

In recent decades, the child's initial communicative relation to their caretakers is conceived in terms of what is called *primary imitation*.²⁸ Merleau-Ponty also relied heavily upon contemporary studies of imitative behaviour, that came to some interesting results, even if the empirical material was limited compared to present-day studies.²⁹ The infant's imitative capacity is crucial to its ways of perceiving the other as a sense-making body correlated to their own, matching and accommodating to the moods, expression, and affective significance of the other's behaviour.³⁰ In spontaneous imitation, the infant finds themselves in an original situation of communication with a significant other. Through imitation, the infant stands in a pre-verbal and perceptive relation to the other, that perceives sense by adopting and enacting the gestures, postures, and movements of others. Imitation is thus a basic natural and procedural capacity that allows the child's entry into the symbolically structured life-world.

Simultaneously, it is through these inter-corporeal couplings with others that the infant also modulates and regulates their own states by accommodating to the adult. Imitative couplings are thus of major significance in creating affective bonds of attachment to primary caretakers and express a major pull between child and adult caretaker from the very beginning.³¹

Mutual imitative behaviour couples the infant to its environment in creative ways such as in play, but also through the typical patterns of soothing and emotional stabilization.³² Coupled imitative behaviour is symbolic behaviour at a

28 Colwyn Trevarthen, "Play with Infants: The Impulse for Human Story-Telling," in *The Routledge International Handbook of Play in Early Childhood*, ed. Pantti Hakkarainen and Milda Bredikyte Tina Bruce (London: Routledge, 2017).

29 Among others, Paul Guillaume, *Imitation in Children*, trans. Elaine P. Halperine (Chicago: Chicago University Press, 1968).

30 Maurice Merleau-Ponty, *Child Psychology and Pedagogy – the Sorbonne Lectures 1949–1952* (Evanston: Northwestern University Press, 2010), 20ff.

31 Cf. Louis W. Sander, "Thinking Differently — Principles of Process in Living Systems and the Specificity of Being Known," *Psychoanalytic Dialogues* 12, no. 1 (2002).

32 Cf. Daniel N. Stern, *Forms of Vitality – Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development* (Oxford: Oxford University Press, 2010), 106ff; Colwyn and Delafield-Butt Trevarthen, Jonathan, "The Infants Creative Vitality, in Projects of Self-Discovery and Shared Meaning: How They Anticipate School and Make It Fruitful," in *Routledge International Handbook of Young Children's Thinking and Understanding*, ed. Sue Robson and Suzanne Flannery Quinn (London: Routledge, 2014). For a discussion of this literature in view of Merleau-Ponty, see Shaun Gallagher, *How the Body Shapes the Mind* (Oxford: Oxford University Press, 2005), 65ff. See also Trevarthen, "Play with Infants: The Impulse for Human Story-Telling," 5.

pre-verbal level. Through the to-and-fro movement between child and caretaker, a mutual sense-making is already taking place by means of gestures and vocalizations, where both parties are mirroring one another. As the psychoanalyst Jessica Benjamin also makes clear, patterns of soothing and comforting are never just matching the infant's behaviour and mood, but re-establishes trust at the level of a mutually enacted pattern achieved in common for the sake of repair and relief.³³ This point is underscored by empirical observations of mother-infant interaction: the creative effort on both sides to overcome imbalances, anomalies, accidents, and break-downs creates patterns of mutual sense upon which bonds of reliable trust can be invoked in accommodation with an overall rhythm of interaction.³⁴ In general terms, such mutual bodily sense-making is what Di Paolo et al. captures more generally as "the practice of coordinating sensorimotor schemes together, navigating breakdowns, and it belongs to the system the participants bring forth together: the dyad, the group, the family, the community, and so on".³⁵

The Boston research group on the process of change and development (*Process of Change Study Group*) has coined the relational competence that pertains to the infant within such dyadic systems *implicit relational knowing*.³⁶ This relational competence is the infant's skill and procedural ability to invoke and enact intersubjective patterns of affective modulation and sense. Being an implicit and procedural form of knowing, this knowing of the Other is not a form of top-level cognitive achievement, in terms of what Peter Fonagy among others has called *mentalization*,³⁷ that is, the ability to interpret the other's mind or reflexively attend to the other's intentions; indeed, it is procedural all the way through, acting out a mutual pattern of imitative matching, accommodation, and repair.³⁸ Referred to as a *shared* and *implicit relational knowing*, this form of knowing is what grants the

33 Jessica Benjamin, *Beyond Doer and Done To – Recognition Theory, Intersubjectivity and the Third* (London: Routledge, 2018), 86.

34 Cf. Trevarthen, "Play with Infants: The Impulse for Human Story-Telling," 5; Edward Z Tronick, "Emotions and Emotional Communication in Infants," *Parent-Infant Psychodynamics* (2018).

35 Di Paolo, Cuffari, and De Jaegher, *Linguistic Bodies: The Continuity between Life and Language*, 75.

36 Karlen Lyons-Ruth et al., "Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment," *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health*, 19, no. 3 (1998): 282–289.

37 Peter Fonagy, "Infantile Sexuality as a Creative Process," in *Infantile Sexuality and Attachment* (Routledge, 2018), 59.

38 Tronick, "Emotions and Emotional Communication in Infants"; Thomas Fuchs and Hanne De Jaegher, "Enactive Intersubjectivity: Participatory Sense-Making and Mutual Incorporation," *Phenomenology and the Cognitive Sciences* 8, no. 4 (2009).

child's access to the inter-corporeal couplings with others that supports its own development.³⁹

To this extent, the child's bodily know-how is at the most basic level a developmental knowledge – a knowing of *how* to bring out change and integrate this within an open-ended relational pattern of sense that needs to be constantly invoked and re-enforced. Important to our concern here with the symbolic body is that the patterns of matching and repair, providing affective regulation, are the very patterns that support the entry into symbolic language and shared linguistic expression. As Fuchs et al. make clear: “Meanings and intentions [...] arise through participatory sense-making. They are emergent products of interaction [...] they can be viewed as distributed phenomena rather than as individual, private mental acts or properties.”⁴⁰ In other words, meaning, and in the end linguistic meaning, emerges on the background of procedural imitative and affective couplings. At a procedural level, the body is already a sense-making body, a body that grasps sense by incorporating and enacting the sense-making gestures of the body of an Other. Inter-corporal couplings and dependencies are crucially symbolically distributed, enacted forms of mutual sense.

Taking this as our background to understand trauma and trauma-behaviour, we need to reflect upon how trauma distorts sense, how it places the victim in an original situation of communication that fails. In the small everyday traumas that fall within the scope of normality, for instance when the child hurts themselves, the caretaker is, if emotionally capable, able to repair and provide relief by invoking established patterns of soothing and recognition. The know-how that the child acquires through the enactment of mutual patterns of soothing is thus re-established, is confirmed, and becomes elaborated through the overcoming of small accidents, helping and strengthening the child's ability to modulate their own distress and gain access to others, personally and culturally. Traumas that are unspeakable, that is, are *excessive* to established patterns of affective sense-making, are destructive to these patterns and thus to the very implicit relational knowing of the child that grants access to reliable inter-corporeal couplings with others. Traumas thus leave scars in the form of anxieties, phobias, and dissociative self-experience – even in freezing and the feigning of death – and they thereby afflict a

39 Karlen Lyons-Ruth et al., “Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment,” *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health* 19, no. 3 (1998): 284; Stern, *Forms of Vitality – Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development* 111.

40 Fuchs and De Jaeger, “Enactive Intersubjectivity: Participatory Sense-Making and Mutual Incorporation.”

person's basic or core relational competence and the procedural structure of normal patterns of relational knowing.

Our susceptibility to trauma thus shows that we as human beings might suffer a destruction and disintegration of sense, due to the break-down of our original bodily trust in communicatively structured interactions. Sense-making bodies are precarious bodies vulnerable to the loss of sense through a certain violence inflicted upon the body in a state of helplessness – a state that brings us back to our “core-self” as symbolic bodies.⁴¹ Thus, trauma-behaviour becomes the *contorted language* of sense-making bodies, a language that is not understood by either the victim or a sympathetic other. As pointed out above, the excess of trauma is thus indistinguishable not only from how it afflicts implicit relational and procedural responses and behaviour, but from its specific paradoxical ways of manifestation in a contorted body-language. Trauma refers to something in experience being uncontained within reliable patterns of inter-corporeal sense-making manifest as the delayed inscription of a disruptive and contorted sense of bodily selfhood.

In being excessive to the established patterns of affective sense-making, a traumatic event becomes unbearable and impossible to integrate or make sense of.⁴² What I have called the original communication-situation breaks down, and the body finds alternative pathways to symbolic bodily expression. Trauma is due to the break-down of a total situation and, most significantly, the failure of the environment to modulate, contain, and facilitate symbolic repair and integration. In being thus dissociated from sense, trauma installs itself or institutes its own modes of bodily signification, taking hold of a symbolically contorted realm of the body, experienced as a zone of danger and a threat to survival. Thus, as Merleau-Ponty writes in *The Structure of Behavior*: “A situation which could not be mastered at the time of an initial experience and which gave rise to the anguish [...] is no longer experienced directly; the subject experiences it only through the physiognomy that it assumed at the time of the traumatic experience”.⁴³ Trauma thus inserts a *dissociation* of pre-reflective bodily experience from the normal patterns of sense-making that make up intimate relations, communities, institutions, and the wider culture. The traumatized carries the burden of *knowing* excess, implicitly knowing it with their own body. Hence, trauma institutes its own contorted implicit relational knowing that the body keeps as a secret to itself and which protects it from the world, to exposure. In this way, it is not strange that one comes to

41 Daniel N. Stern, *The Interpersonal World of The Infant* (London: Karnac, 1985), pp. 70ff.

42 Stein, “The Otherness of Sexuality: Excess,” 67.

43 Maurice Merleau-Ponty, *The Structure of Behavior*, trans. Alden L. Fisher (Pittsburg: Duquesne University Press, 2008), 178.

the conclusion that trauma prompts a recourse to natural coping-responses, since a victim's behavior is bodily, pre-verbal, and dissociated from symbolic forms of affective sense-making and repair. Yet, if we conceive of the body as symbolic all the way to its most natural responses, we need to see even these as signifying events, placed in a communication-situation with the environment, being responsive to the break-down of reliable sense-making patterns. The withdrawal from sense-making is still sense-making, yet not manifest in the verbal language understood in a fluent communicative environment, but only in the encrypted pre-verbal language of a contorted body.

Thus, the bodily responses highlighted by Pat Ogden above should be conceived as communicative, aimed at and responding to an addressee; coping responses are not merely just blind coping but express a communicative relation of distorted coupled sense-making, a relation maintained to an Other. Jay Bernstein has emphasised this point in his analysis of victims of torture: “[T]hrough the systematic infliction of pain under conditions of helplessness, the victim's voluntary body [i.e., active body] is severed from his involuntary body [...] In torture, I discover myself as always already betrayed, always in the grip of another”.⁴⁴ Being traumatized is thus always *relational*; it means being in the grip of the Other in some way or another. This is perhaps most perspicuous in cases of torture and abuse, but trauma is as such relational, implying procedural knowing and a relation to others, minimally to the failing social environment of facilitating others. The other who fails to make sense of the events, the failing other who is unable to contain the traumatic experience, often a primary person or care-taker, is implied in the traumatic situation, constituting the bond of implicit knowing that the body maintains. Trauma is essentially the break-down of a world of others, a disruption of the normal interpersonal world of implicit relational knowing.

Part of the devastation that is trauma is the break-down of normality and the fear of having been contaminated by the violence. Victims thus often describe their own alienation and guilt, fearing they are even themselves responsible or partaking in the very violence they have been exposed to.⁴⁵ Such victims are no longer able to gain access to normal sense-making environments, since they are afflicted by a bond of knowing shared with the aggressor. Or, in cases without an aggressor, victims simply feel excessive to their environment. Part of the traumatic complex of dissociation is thus due to the implied relational knowing that upholds the bond

44 Bernstein, *Torture and Dignity – an Essay on Moral Injury*, 169.

45 Martha Bragin, “Knowing Terrible Things: Engaging Survivors of Extreme Violence in Treatment,” *Clinical Social Work Journal* 35, no. 4 (2007).

to a perpetrator, or the broken bond to “normal” others, most often accompanied with a sense of implication and guilt, of being too much for the environment.

No wonder survivors describe their efforts at escaping the body. Susan J. Brison, who survived rape and total devastation and was left to die, describes her own relation to her body as being entirely shattered in the aftermath of the event: “My body was now perceived as an enemy, having betrayed my new-found trust and interest in it, and as a site of increased vulnerability”.⁴⁶ In being traumatized one feels betrayed by one’s own body as if it was acting on its own behalf. Yet, as I have argued, this sense of a body that responds, so to speak, by taking over the situation by its own means should not be conceived as based on a default modus of a coping body but as a dissociation of bodily sense-making from fluent communicative interaction. Indeed, manifest in the typical symptoms of PTSD such as dissociation and multiple personality-organization is an augmented and enhanced intellectualist awareness of the body, often preoccupied with surveying bodily passivity, and its critical openness towards others. Trauma introduces the split of body and mind as a pathological state, not because this split is already naturally there, but because of a catastrophic reaction to symbolic and affective break-down. The traumatized body is a body that is muted.⁴⁷

5. TRAUMA AND RECOVERY

Being afflicted by trauma means bearing the burden of unspeakable knowing, outside the patterns of what is tolerable, what familiar and significant others can bear and acknowledge. Yet, even if secret, even if dissociated, the language of the traumatized body still *aims* at sense, aims to be *understood*. Part of being traumatized, however, is the inability to be able to find paths to the normal reflective sense-making and linguistic articulation that characterizes normal human discourse and understanding – without the sense and feeling of compromising oneself, of betraying one’s implication in the events.

46 Susan J. Brison, *Aftermath: Violence and the Remaking of a Self* (New Jersey: Princeton University Press, 2002), 44. Quoted in Bernstein, *Torture and Dignity – an Essay on Moral Injury*, 119.

47 By contrast, as Donald Winnicott made clear, a healthy or normal development presupposes a continuity of one’s lived body with a trusting relation to an other: “The things go together [...] in healthy development: the sense of security in a relationship [...] and [...] the matter of in-dwelling or the inhabitation of the body and the body functioning”. D. W. Winnicott, “On the Basis for Self in Body (1970),” in *Psychoanalytic Explorations*, ed. Clare Winnicott et al. (New York: Routledge, 2018), 261–62. See also Louis Sass, “Explanation and Description in Phenomenological Psychopathology,” *Journal of Psychopathology* 20, no. 4 (2014).

This is particularly relevant to clinical considerations aimed at not only revealing the traumatic scene or situation behind symptoms, but where the very process of reconstruction and mutual sense-making is also the path to recovery. Recovery thus must presuppose that one is clinically able to bridge the gap between the contorted language of the victim's body and the normality that the therapist represents. As Martha Bragin highlights from her own clinical experience, for trauma-victims, normality is often experienced as estrangement, raising fears about what the therapist might be able to tolerate, what secret she will be able to recognize as humanly possible.⁴⁸ Only through achieving a common "moment of meeting",⁴⁹ and thus initiating a dialogue of *thirdness* overcoming the split or dissociation between the body of trauma and the mind of normal significations, will modifications of implicit bonds of knowing be altered.⁵⁰ Accordingly, the clinical aim is thus to open possibilities for translating the contorted language of the body into the terms of relational knowing that facilitates shared forms of acknowledgement and recognition, trust and intersubjective significance. In therapy, one might say, the aim is to provide repair and reconstruct an original communication-situation for the body that is safe. This requires an other that is neither the aggressor nor the other under the constraints and perhaps even prejudice of normality. The other that is there to know is an other that not only takes notice but is able to share and acknowledge the human possibility of being afflicted by the excessive. Trauma might be known insofar as the other who knows is capable of sharing in her knowing of terrible things.

This sharing implies the sharing and accommodation of symbolic bodies. Working clinically with young victims, Theodor Gaensbauer has retrieved astonishing material. Even months and years after an incidence, children re-enact traumatic situations in gestures and bodily postures, clinically referred to as *deferred imitation*.⁵¹ In view of the discussion above, one might see deferred imitation as the repercussions of an imitative and bodily figuration of an accident or breakdown, where the normal patterns of affective sense-making have broken down, often marked by the absence or loss of a significant other. A girl that witnessed her mother being killed by a letter bomb at the age of 12 months was figuratively

48 Bragin, "Knowing Terrible Things: Engaging Survivors of Extreme Violence in Treatment."

49 Lyons-Ruth et al., "Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment," 286.

50 Lewis Aron, "Analytic Impasse and the Third: Clinical Implications of Intersubjectivity Theory," *International Journal of Psycho-Analysis* 87 (2006).

51 Cf. Theodore Gaensbauer, "Representations of Trauma in Infancy: Clinical and Theoretical Implications for the Understanding of Early Memory," *Infant Mental Health Journal* 23, no. 3 (2002).

exhibiting the situation to the therapist during a session at the age of four and a half. As Gaensbauer writes: “When asked how her mother had died, she suddenly dropped to the floor and thrashes about in a frenzied way. Later she abruptly brought her hand across a play scene that recreated the situation, immediately prior to the detonation, knocking dolls and furniture asunder in a gesture that captures the essential qualities of the explosion”.⁵² Even where the traumatic event as such is entirely a natural contingency, an illness or accident, and not the result of violence directly inflicted by an other person, the intersubjective, or we should say, inter-corporeal, structure of the event is retained. In deferred imitation, the traumatized bodily self exhibits its symbolic capacities; it is the natural and spontaneous ability to be involved in imitative sense-making that enacts the traumatic situation in front of the analyst. Yet, the imitative behaviour is no longer communicatively fluent; the very communication-situation is distorted as well as the language of the body. But, importantly, the lived bodily significance of trauma still carries a ciphered or encrypted sense that is not captured by referring us back to automatized coping-responses. In deferred imitation the body maintains an original communicative aim, an aim to be understood.

Certainly, considering bodily responses and sedimented behaviour as critical to the understanding of trauma is adequate to the phenomenon. Yet, this body is not simply the reified body of natural coping responses but the lived body, the body of symbolic sense-making. When isolating ground-floor bodily coping from the achievements of the symbolic body, one risks to miss just how ground-floor bodily coping is continuous with symbolic expression, being the result of the participatory sense-making of inter-corporally coupled bodies. Thus when Pat Ogden conceives the cry for help in a traumatic scene as a ground-floor reaction of the organism, akin to “first instinct of an infant [...] also called the ‘separation-cry’”,⁵³ this not only fails to grasp the communicative signification of the traumatic cry; in its likening to the first human expression after birth, it also misconstrues how the infant’s cry is already invoking and responding to the presence of others, how it is expressed by a body that sketches or outlines a certain meaning that is first accomplished by the response of the other, her acknowledgement. To place the cry within a closed circuit of automatic coping behaviour fails to see its sense-making signification, how the cry carves out a relational meaning only fulfilled or accomplished in the other’s responsiveness or lack of it. The cry thus belongs to an ambiguous field of symbolic sense-making, where what is expressed only attains to meaning

52 Ibid., 265–266.

53 Ogden, “The Different Impact of Trauma and Relational Stress on Physiology, Posture, and Movement: Implications for Treatment,” 4.

by virtue of entering a mutual pattern of open signification – placing it in the open circuit of an original situation of communication. It is an example of what Johnsen and Sulkin refer to as the human ability to “recruit” motor, affective, and perceptual resources for sense-making behaviour, adapted to the novel circumstances of linguistic surroundings.⁵⁴ Perhaps the problem here is the idea that the natural body is somehow alien to the symbolic realm. But this is indeed overly simplistic. In humans, the symbolic realm is enacted on the basis of natural capacities and is continuous with the natural body.⁵⁵

The contribution of Merleau-Ponty’s phenomenological analysis of the lived body is exactly to make us aware of this point, that bodily human reactions attain to a language; that posture, movement, and gesture sketch or carve out a signification, opening up to a field of mutual and intersubjective sense-making, beyond the closed circuits of instinctive adapted behaviour. As Merleau-Ponty writes: “[F]rom the beginning the sonorous phenomena [...] will be integrated into the structure: expression-expressed; the face – whether I touch my own or see that of another – will be integrated into the structure: alter-ego”.⁵⁶ The infant’s cry thus sketches out what the signification of help and relief will *mean*, relating it to another bodily self that has the capacity of knowing and relieving the situation, acknowledging pain and modulating it. The cry is thus an expression of the gestural body that is imitatively coupled with others at the very outset – and that progressively finds itself in a symbolically structured environment of bodily sense-making.

In the traumatic cry, or its inversion, in the feigning of death, the body is confirmed in its utter helplessness, the bodily self is left to its own efforts at symbolization cut off from any concrete addressee. Gaensbauer’s patient lost her mother in the explosion. Thus, one might, as Gaensbauer does, conceive the traumatic event as procedurally figured by the imitative body, retaining a sketch of the trauma-situation in a bodily contrived form. In posture, movement, and bodily language, the event has retained sense, pointing to the ways in which the bodily self is always beyond mere coping, reflecting the ambiguities of making sense, and being made sense of. Clinical material like this points to the very ambiguity of the symbolic body, that procedural bodily behaviour and symbolic articulation are entirely interwoven in human experience and practice. Even in trauma the body is not entirely dissociated from symbolic experience. By the same token, there is no split between what is merely affective or mental, and thus top-floor, from ground-floor

54 Cf. Mark L. Johnson and Jay Schulkin, *Mind in Nature: John Dewey, Cognitive Science, and a Naturalistic Philosophy for Living* (Cambridge, MA: MIT Press, 2023), 70ff.

55 Di Paolo, Cuffari, and De Jaegher, *Linguistic Bodies: The Continuity between Life and Language*, chapter 2.

56 Merleau-Ponty, *The Structure of Behavior*, 171.

bodily enactment. A body entirely left to its own responsive coping is not our default mode of bodily being in the world.

In the clinical setting, the process of recovery is not concerned with simply remembering, which is surely not an intellectual effort. Two symbolic bodies meet and are implied in one another and aim at finding a common basis, something that requires the therapist to accommodate her body to the patient's implications with the terrible. There are no clinical measures that merely address the body.⁵⁷ The therapist must be present to the other with her own body, relying upon the resources of her bodily passivity to accommodate, and take part in, the body-language of the patient, searching for a "moment of meeting" that will enable the crossing and translation of conflicting procedural relational know-how. The accomplishment of such a moment, and the very possibility of recovery, and of sense, will have to begin by providing sufficient bodily trust. As Judith Herman writes: "Safety always begins with the body. If a person does not feel safe in her body, she does not feel safe anywhere."⁵⁸ Beginning from regained bodily trust, recovery might proceed through enabling continuity between the dissociated and pre-reflexive language of the body and that of linguistic and narrative remembering within a framework of mutual understanding, reconstruction, and repair. The traumatized body aims at being known, being recognized in her implication in terrible things. Knowing amounts to acknowledging.

A bridge to the patient is, however, not established by mere bodily presence and sympathy. Learning that they are a victim, and that what has taken place is not at all their fault or responsibility, might be as alienating as reassuring. As noted, in many cases the survivor expresses deep concern over their own partaking in the terrible events and blames themselves, carrying the feeling of sharing violent and aggressive phantasies with the aggressor. This might surely best be seen as a defence enabling them to survive the horror, but it leaves a sense of otherness or excess in the victim which is often experienced as an intimate and shared bond to perpetrators. In order not to enforce the patient's sense of estrangement in the clinical setting, the clinicians often thus need to not just show their sympathy and understanding but share a knowing of aggressive and violent phantasies. Otherwise there will be no bridging of the gap between the separate personal life-worlds of victim and therapist, no symbolic bond to be worked on. As Martha

57 For instance, when Pat Ogden depicts the therapeutic measures of sensorimotor psychotherapy, this is within a context of exploring the resonance of relational and gestural sense in postures, movements and bodily feelings that take on a certain socially embedded meaning. Ogden, "The Different Impact of Trauma and Relational Stress on Physiology, Posture, and Movement: Implications for Treatment," 7ff.

58 Herman, *Trauma and Recovery*, 269.

Bragin writes: “It is this state of implicit knowing that the clinician must enter to begin to understand the state of mind of the survivor [...] [T]he therapist must convey the capacity to understand and tolerate the awareness of terrible, unacceptable events in the world and as well as parts of the psyche”⁵⁹

Due to the traumatic event, the very implicit relational knowing of the patient, manifest in body-language and the anxieties and defences that ensue, is still embedded in the scene of excess, more specifically, in the procedural knowing that constitutes the intimate sharing between victim and aggressor. In order to break this spell, and the spell the aggressor still has over the victim, the therapist must relieve the patient of this bond of implicit knowing and enter it themselves, replacing the aggressor. Only thereby might the clinician be included in the relational sense-making of the patient’s body, no longer exclusively gravitating towards the unspeakable in grip of the perpetrator. In short, the therapist must show that the perpetrator is not the only one who knows, enabling the patient to open up and embrace the life-world of the therapist.⁶⁰ Again, what is critical here is that this requires indeed a shared implication and understanding for the victim’s guilt and sense of being implied or affected by the horror. As Robert D. Stolorow writes: “Our existential kinship-in-the-same-darkness is the condition for the possibility both of the profound contextuality of emotional trauma and of the mutative power of human understanding”⁶¹

The severe cases of collective trauma such as genocide or deportation seem to call for similar considerations.⁶² In many survivors’ accounts, one is reminded of the importance of witnessing and for the need to be acknowledged and not be alienated by what one has gone through.⁶³ Trauma needs to be shared in order

59 Bragin, “Knowing Terrible Things: Engaging Survivors of Extreme Violence in Treatment,” 232.

60 The presence and knowing of the therapist is thus not the kind of knowing as Freud initially depicted this, limited to mirror the patient in neutrality, but has herself to be taking part in the *lived significance* of trauma, enduring and responding to its horror. As Freud recommended: “The doctor should be opaque to his patients, and, like a mirror, should show them nothing but what is shown to him.” Sigmund Freud, “Recommendations to Physicians practicing Psycho-Analysis” (1912), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud XII*, ed. James Strachey (London: Vintage Books, 1999), 114.

61 Robert D Stolorow, “Intersubjective-Systems Theory: A Phenomenological-Contextualist Psychoanalytic Perspective,” *Psychoanalytic dialogues* 23, no. 4 (2013): 388.

62 Cf. Gerson, “When the Third Is Dead: Memory, Mourning, and Witnessing in the Aftermath of the Holocaust.”

63 I am thinking of the very style of prose in *If This Is a Man* by Primo Levi, reflecting the distinct voice of a human no longer capable of recognizing humanity, also in his fellow prisoners, accompanied by moments of human joy, say of spring, that are still shared under such circumstances. Thus remembering is already the acquisition of a voice and a certain mode of prose, reflecting its relation to a trauma, implying that false memory is already a matter of style. Thus

to become past, that is, a past that no longer has the present in its grip. Trauma-victims often report their guilt towards the aggressor and their inability to break this bond. In writing or telling, one is reclaiming a sense of *agency*, one might say an agency that recovers new forms of passivity, new forms of inhabiting the world together with a recognition of this agency as a matter of symbolic gesture. In the patterns of collective memory, in memorials and so on, there is thus not just acknowledgement of what has happened, but a voicing of a future obligation towards a culture, politically and ethically. In conceiving the traumatized body as originally sense-making, one becomes aware of the continuity between individual and collective trauma and their overlapping cultural demands of sense. There is nothing merely clinical, but the clinical situation is always situated within a culture, within a symbolic field.

This brings us back to our phenomenological considerations of the passive body. The suffering of the trauma is for the patient and victim related to its one-sided passivity, in being brought back, unwillingly, into a primary state of helplessness. Through trauma, passivity is bereaved of access to confluent sense-making agency, being in grip of the traumatic scene, and, as is often the case, an aggressor or perpetrator. The traumatized patient is haunted by the past, haunted by an aggressor who is still in grip of their body. The passive body thus enacts trauma – enacts the significance of the event and its contorted or perverted relations, against the conscious and reflective efforts at escaping from it. As Merleau-Ponty puts it, in trauma, “[t]he inaccessible installs itself as a norm and takes possession of our body”.⁶⁴ Yet, as I have argued, this does not mean that the language of the body, its procedural habits, merely confirms closed circuits of adaptive coping strategies, but it means that we as symbolic bodies, under certain circumstances, might speak and mean beyond ourselves.

However, the wounds left by trauma are never entirely healed. Working with trauma-victims of war, Judith Herman reminds us that the aim of therapeutic recovery can never be that of full restoration – as this cannot be achieved neither by means of justice or revenge nor by some form of compensation. There is no entirely therapeutic recovery in trauma, no complete healing of wounds. Yet, this is not an argument for the bodily-coping view as default mode. In mourning, loss is retained in its paradoxical nature: “Mourning is the only way to give due honour to

even a culture can be subject to a false memory, inadequately relating to its history of trauma, where both the victims as well as the aggressors might be remembering only pathologically, incapable of providing structures for acknowledging the excess of the events. See the discussion in *ibid.*, 1341–1357.

64 Maurice Merleau-Ponty, *Institutions and Passivity – Course Notes from the Collège De France (1954–1955)* (Evanston, IL: Northwestern University Press, 2010), 176.

loss; there is no adequate compensation”.⁶⁵ Mourning, eventually, unties the bonds to the events, to perpetrators, while preserving loss as part of one’s condition, not denying it. Mourning is in this sense a working-through which facilitates an integration of the trauma, and of non-sense, within mutual forms of sense-making and both implicit and explicit relational knowing. Our vulnerability to trauma is a manifestation of the ambiguity of sense that is the conditions of embodied beings. Symbolic bodies, as we have seen, as ambiguous bodies, in between sense and non-sense.

According to Herman, in its final stages, therapy enters into a stage of “reconnection” where victims become able to tell their story, to re-enact it narratively, without falling into habituated anxieties and defences. Thereby the survivor can also come to share their experiences and explore new possibilities of autobiography and recollection in open settings beyond the dyadic clinical relation: “Telling the same story to a group represents a transition towards the judicial, public aspect of testimony. The group helps each individual survivor to enlarge her story, releasing her from isolation with the perpetrator and readmitting the fullness of the larger world from which she has been alienated”.⁶⁶

In this way, the clinical considerations that pertain to trauma find meeting points not only between patient and analyst but also between the traumatized and the rest of culture.⁶⁷ Such considerations make the joint venture of psychoanalytical, developmental, and phenomenological approaches specifically acute, spelling out the personal and intersubjective life-worlds of traumatized individuals. As according to Merleau-Ponty, trauma prompts our general awareness of contingency, that is, “the junction of fact and meaning, of my body and myself, of self and other [...] of violence and truth”.⁶⁸ Trauma concerns our existential condition and the ethical implications of our vulnerability.⁶⁹ Being bodies we are gesturing and speaking beyond ourselves, showing beyond saying. Trauma makes this experience of being human acutely present, reminding us of our primary fragility and ambiguity, and the bodily boundaries of ethical obligations not based on principles, but on the concrete experiences of negativity and harm, and the promise of not trespassing. Yet, it also questions our perhaps too philosophically concerned sense

65 Herman, *Trauma and Recovery*, 190.

66 Ibid., 221–222.

67 Beginning with ways in which both parties in the clinical dialogue are situated within a community and culture, constituting what Baranger et al. calls a “dynamic field”. Madeleine Baranger and Willy Baranger, “The Analytic Situation as a Dynamic Field,” in *The Pioneers of Psychoanalysis in South America* (London: Routledge, 2014).

68 Merleau-Ponty, *Signs* (Evanston, IL: Northwestern University Press, 1964), 241.

69 Butler, *Precarious Life*.

of knowing – where certainty is aimed for at the price of distancing, petrified into method. Knowing trauma, clinically or otherwise, amounts to the question of coming to terms with the very condition of our human embodiment and finitude, implying that knowing is not a matter of passing judgements or forming claims, but of acknowledging the vulnerabilities of lived human sense-making bodies. Knowing in this sense amounts to acknowledging, being the very condition for our efforts at making sense to ourselves and the world.

BIBLIOGRAPHY

- Aron, Lewis. “Analytic Impasse and the Third: Clinical Implications of Intersubjectivity Theory.” *International Journal of Psycho-Analysis* 87 (2006): 349–368.
- Baranger, Madeleine, and Willy Baranger. “The Analytic Situation as a Dynamic Field.” In *The Pioneers of Psychoanalysis in South America*, edited by Nydia Lisman-Pieczanski and Alberto Pieczanski, 21–60. London: Routledge, 2014.
- Benjamin, Jessica. *Beyond Doer and Done To – Recognition Theory, Intersubjectivity and the Third*. London: Routledge, 2018.
- Bernstein, Jay M. *Torture and Dignity – an Essay on Moral Injury*. Chicago: University of Chicago Press, 2015.
- Bragin, Martha. “Knowing Terrible Things: Engaging Survivors of Extreme Violence in Treatment.” *Clinical Social Work Journal* 35, no. 4 (2007): 229–236.
- Brison, Susan J. *Aftermath: Violence and the Remaking of a Self*. Princeton University Press, 2002.
- Butler, Judith. *Precarious Life*. London: Verso, 2006.
- Civitarese, Giuseppe. “Between “Other” and “Other”: Merleau-Ponty as a Precursor of the Analytic Field.” *Fort Da* 20, no. 1 (2014): 9–29.
- Colombetti, Giovanna. “Psychopathology and the Enactive Mind”. In *The Oxford Handbook of Philosophy and Psychiatry*, edited by K. W. M. Fulford, M. Davies, R. G. T. Gipps, G. Graham, J. Z. Sadler, G. Stanghellini, and T. Thornton, 1083–1102. Oxford: Oxford University Press, 2013.
- Davies, Jody M., and Mary G. Frawley. “Dissociative Process and Transference-Countertransference Paradigms in the Psychoanalytically Oriented Treatment of the Adult.” *Psychoanalytic Dialogues* (1992): 5–36.
- Di Paolo, Ezequiel A., Elena Clare Cuffari, and Hanne De Jaegher. *Linguistic Bodies: The Continuity between Life and Language*. Cambridge, Massachusetts: MIT Press, 2018.
- Finke, Ståle. “Perceiving the Vulnerable Body: Merleau-Ponty’s Contribution to Psychoanalyses.” In *Phenomenology of the Broken Body*, 29–48. London: Routledge, 2019.
- Fonagy, Peter. “Infantile Sexuality as a Creative Process.” In *Infantile Sexuality and Attachment*, 55–64. London: Routledge, 2018.
- Freud, Sigmund. *Aus Den Anfängen Der Psychoanalyse*. London: Imago Publishing Company, 1950.
- , “Recommendations to Physicians Practicing Psycho-Analysis.” (1912) In *The Standard Edition of the Complete Psychological Works of Sigmund Freud XII*, edited by James Strachey. London: Vintage Books, 1999.

- Fuchs, Thomas. "Phenomenology and Psychopathology." In *Handbook of Phenomenology and Cognitive Science*, edited by D. Schmicking and S. Gallagher, 547–573. Berlin: Springer Verlag, 2010.
- Fuchs, Thomas, and Hanne De Jaegher. "Enactive Intersubjectivity: Participatory Sense-Making and Mutual Incorporation." *Phenomenology and the Cognitive Sciences* 8, no. 4 (2009): 465–486.
- Gaensbauer, Theodore. "Representations of Trauma in Infancy: Clinical and Theoretical Implications for the Understanding of Early Memory." *Infant Mental Health Journal* 23, no. 3 (2002): 259–277.
- Gallagher, Shaun. *How the Body Shapes the Mind*. Oxford: Oxford University Press, 2005.
- Gerson, Samuel. "When the Third Is Dead: Memory, Mourning, and Witnessing in the Aftermath of the Holocaust." *International Journal of Psychoanalysis* 90 (2009): 1341–1357.
- Guillaume, Paul. *Imitation in Children*. Translated by Elaine P. Halperine. Chicago: Chicago University Press, 1968.
- Herman, Judith. *Trauma and Recovery*. New York: Basic Books, 2015.
- Johnson, Mark L, and Jay Schulkin. *Mind in Nature: John Dewey, Cognitive Science, and a Naturalistic Philosophy for Living*. Cambridge, Massachusetts: MIT Press, 2023.
- Khan, M. Masud R. "The Concept of Cumulative Trauma." *Psychoanalytic Study of the Child* 18, no. 1 (1963): 286–306.
- Laplanche, Jean. *Essays on Otherness*. London: Routledge, 1999.
- . "Sexuality and Attachment in Metapsychology." In *Infantile Sexuality and Attachment*, edited by Daniel Widlöcher, 37–54. London: Routledge, 2018.
- Laplanche J. and Pontalis, J.-B. *The Language of Psycho-Analysis*. New York: W. W. Norton and Co., 1973.
- Laplanche, Jean, and David Macey. *New Foundations for Psychoanalysis*. London: Basil Blackwell, 1989.
- Lyons-Ruth, Karlen, Nadia Bruschiweiler-Stern, Alexandra M. Harrison, Alexander C Morgan, Jeremy P. Nahum, Louis Sander, Daniel N. Stern, and Edward Z. Tronick. "Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment." *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health* 19, no. 3 (1998): 282–289.
- Merleau-Ponty, Maurice. *Child Psychology and Pedagogy – the Sorbonne Lectures 1949–1952*. Evanston: Northwestern University Press, 2010.
- . *Institutions and Passivity – Course Notes from the Collège De France (1954–1955)*. Evanston: Northwestern University Press, 2010.
- . *Phenomenology of Perception*. Translated by Donald A. Landes. New York: Routledge, 2014.
- . *The Structure of Behavior*. Translated by Alden L. Fisher. Pittsburg: Duquesne University Press, 2008.
- . *Signs* Translated by Richard McCleary. Evanston: Northwestern University Press, 1964.
- Moya, Patricia, and Maria Elena Larrain. "Sexuality and Meaning in Freud and Merleau-Ponty." *The International Journal of Psychoanalysis* 97, no. 3 (2016): 737–757.

- Ogden, Pat. "The Different Impact of Trauma and Relational Stress on Physiology, Posture, and Movement: Implications for Treatment." *European Journal of Trauma & Dissociation* 5, no. 4 (2021): 100172.
- Phillips, James. "Merleau-Ponty's Non-Verbal Unconsciousness." In *Phenomenology and Psychoanalysis (Contributions to Phenomenology 88)*, edited by Dorothée Legrand and Dylan Trigg, 75–95. Cham: Springer Verlag, 2017.
- Romanyshyn, D. "Phenomenology and Psychoanalysis." *Psychoanalytic Review* 64 (1977): 211–223.
- Sander, Louis W. "Thinking Differently — Principles of Process in Living Systems and the Specificity of Being Known." *Psychoanalytic Dialogues* 12, no. 1 (2002): 11–42.
- Sartre, J. P. *Being and Nothingness*. Translated by H. Barnes. London: Routledge, 1943.
- Sass, Louis. "Explanation and Description in Phenomenological Psychopathology." *Journal of Psychopathology* 20, no. 4 (2014): 366–376.
- Simms, E. "The Infant's Experience of the World: Stern, Merleau-Ponty and the Phenomenology of the Preverbal Self." *Humanistic Psychologist* 21 (1993): 26–40.
- Stein, Ruth. "The Otherness of Sexuality: Excess." *Journal of American Psychoanalytic Association* 56 (2008): 43–71.
- Stern, Daniel N. *Forms of Vitality – Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development*. Oxford: Oxford University Press, 2010.
- Stolorow, Robert D. "Intersubjective-Systems Theory: A Phenomenological-Contextualist Psychoanalytic Perspective." *Psychoanalytic Dialogues* 23, no. 4 (2013): 383–389.
- Svenaesus, Fredrik. "What Is Phenomenology of Medicine? Embodiment, Illness and Being-in-the-World." *Health, Illness and Disease: Philosophical Essays* (2013): 97–111.
- Trevarthen, Colwyn. "Play with Infants: The Impulse for Human Story-Telling." In *The Routledge International Handbook of Play in Early Childhood*, edited by Pantti Hakkarainen and Milda Bredikyte Tina Bruce, chapter 15. London: Routledge, 2017.
- Trevarthen, Colwyn, and Delafield-Butt, Jonathan. "The Infants Creative Vitality, in Projects of Self-Discovery and Shared Meaning: How They Anticipate School and Make It Fruitful." In *Routledge International Handbook of Young Children's Thinking and Understanding*, edited by Sue Robson and Suzanne Flannery Quinn, 3–19. London: Routledge, 2014.
- Tronick, Edward Z. "Emotions and Emotional Communication in Infants." *Parent-Infant Psychodynamics* (2018): 35–53.
- Whitebook, Joel. *Freud – an Intellectual Biography*. Cambridge: Cambridge University Press, 2017.
- Winnicott, D. W. "On the Basis for Self in Body (1970)." In *Psychoanalytic Explorations*, edited by Clare Winnicott et al., 261–283. New York: Routledge, 2018.