

The Abject Self: Self States of Relentless Despair

Kathleen Adams, PhD

Sarah drags in 30 minutes late for group. She freezes outside the group perimeter, hovering anxiously as if to beseech the group's permission to enter. Her arms are wrapped around an enormous tote bag. She imagines herself as a hermit crab, toting her security around with her. She has been repeatedly late to group recently. The group knows she is being harassed by her boss and dares not leave the office with work unfinished if her boss is waiting for it. Still, her hovering is annoying. She is a seasoned group member and knows the ropes of group protocol. I bite back two competing urges: to snap at her to sit down already, and to smile and welcome her in. Doing neither, I ignore her, until someone else growls in exasperation: "For God's sake sit down." Sarah flinches and whines piteously that she hadn't wanted to interrupt what was obviously an important conversation. She adds that she wasn't sure whether she should come in or slip away. As she creeps into her seat she whispers, "Please don't look at me, I'm trying to be invisible." Someone quips "You couldn't have found a more effective way to bring everything to a halt than to make a big scene." Sinking more deeply into a slump, she murmurs, "I was so looking forward to being here, I'm really sorry." Within a few moments, Sarah had recovered her aplomb and launched enthusiastically into the back-and-forth of the group process, seamlessly inserting herself into the fray. She is a high-functioning attorney and most of the time presents with a beguiling smile, a rapier wit and wicked repartee. Her alter-ego resembles a timid, confused young girl who expects to be rejected, speaks in a mumbling whisper and inspires contempt. The group has just witnessed Sarah in a moment of self-abjection, a form of diffuse, unformulated enactment of traumatic affects.



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Sarah is not particularly masochistic, borderline, or manipulative. She is aware of other's needs and is emotionally responsive to them. She is not plagued with abandonment anxieties nor filled with sadistic rage towards herself or others. Rather, like many others in this paper she regresses to a wordless domain filled with the preverbal certainty of catastrophic annihilation. The patient in an abject state writhes outside the perimeter of safety in affects of horror, isolation, and dread that are fully embodied (Chefetz & Bromberg, 2004). At such moments, no safe base exists.

When the abject self is present, the patient simultaneously pleads for connection yet abrogates intimacy; all that is life-enhancing is perceived to be in the Other, for the abject self was overwhelmed or emptied out, by active violations or terrorization early in life (Bollas, 1987). Like the toddler with disorganized attachment who twirls, freezes in place or falls to the floor upon reunion with a frightening mother, the patient's abject self stills in apprehension and falls into silent misery, oscillating between staring with longing at the unattainable object of safety and turning away, gazing off /or down. The patient's acute vulnerability and dependency may trigger idiopathic reactions in the therapist based on the therapist's comfort with primitive material. The patient (via the abject self-state) is left holding an unbearable affect for which there is seemingly no resolution. In attachment terms these affects represent "fright without solution" (Hesse & Main 1999, p. 484), a form of attachment disorganization characteristic of people who experienced misattuned unpredictable, and frightening or frightened parenting, along with little or no emotional repair of distress. The abject enactment therefore constitutes "psychological performance art, complete with absorbing sensorial reality" (Chefetz, 2008, p. 23), a performance art that powerfully conveys the patient's insecure attachment status.

Abject States: Fright Without Solution

In her opus on the powers of horror, Kristeva (1982) delineates a realm of preverbal experience permeated by affects of meaninglessness, dread, and horror. Her constructs of abject states and self-abjection are complex amalgams of identity, attachment disorganization, affect, and enactment. Although Kristeva's conceptualizations are no doubt highly relevant to the treatment of borderline spectrum patients, in this article I hope to facilitate the recognition, understanding, and management of abject self-states as they manifest in high functioning individuals who bring this complex material into their group and individual psychotherapy settings. Self-abjection in these individuals only superficially resembles the behavior of the masochistic character. Whereas the masochist suffers to gain nurturance, the abject self suffers in the certain knowledge that they are beyond help.

Individuals like Sarah who grew up under conditions of intermittent chaos and intrusion develop attachment strategies that disorganize under stress. The younger a person is when flooded with disintegrative affects, the more likely he/she will fail to integrate attachment strategies (Liotti, 2004) and will manifest dissociative features. The more a young child is unable to forge a meaningful and consistent bond with his or her parents the more desperate, alienated, bereft and *abject* he or she is likely to feel.

Neural Networks of Suffering and Horror

Kristeva (1982) developed the constructs of abjection, abject states, affects and experience, and self-abjection in her essays about the impacts of horror and suffering in the self and other. Abject states are not easy to sit with. "The presence of the 'abject' causes us to flinch away, recoil and reject; it is the black hole, the abyss, the place in which all meaning collapses" (Adams, 2007, p. 410). In the grip of abject feelings one feels unworthy, unlovable, and in utter despair about the situation ever changing. Implicit memories of helplessness, dread, horror, and rejection are activated neurologically and communicated to others in our posture, voice and our words. Abjection is a powerful neural network combining cognitive and behavioral components, sensory images of past experience, and recollection of strong aversive emotions and over-arousal (Folensbee, 2008).

Self-abjection is an interpersonal communication, an enactment of impossible need. Whereas projective identification can partially control unbearable affects by placing them into someone else, self-abjection conveys and preserves unbearable affects in complex enactments without achieving relief. Self-abjection represents a simultaneous enactment of need, rejection,

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horror, impossibility and worthlessness that is closer to notions about the basic fault, hostile dependency, and the black hole, than to pure object hunger. Abjection of the self constitutes an enactment of early desperation, devaluation, and nightmare, leaving the sufferer striving simply to survive (Kristeva, 1982).

The underlying world-view of abject self-states is based upon the realization that one's being was formed in the face of the impossible, the unnatural, the unthinkable, and the unspeakable. Abjection of the self repels the other as ardently, and adamantly, as it simultaneously seeks proximity and connection; the abject individual defines himself by his certainty of unbridgeable space between himself and an unattainable object. During enactments the object of attachment is perceived only as a movement of rejection/dejection through the self, "like the wind through trees... the intangible ghost of a profoundly familiar [rejecting] other who inhabits the self and becomes indistinguishable from it" (Bollas, 1999, pp. 128-134). Past blurs with present as helpless yearning and embodied recoil from old rejections oscillate in a rhythm of doom. Implicit memories of abject, desperately insecure attachment are unanchored in time and lived out in the body, along with early working models of how life works that predict catastrophic rejection: "[t]he abject has only one quality of the object – that of being opposed to [the] I it is a brutish suffering that 'I' puts up with...for 'I' imagines that such is the desire of the other"(Kristeva, 1982, p. 2).

Relentless Despair: Barrier to Relatedness

At its simplest, abjection is a fractal of failed dependency, an unbearable preverbal state akin to early childhood in which only need exists, along with an active sense of being "jettisoned, repelled, and repellent" (Kristeva, 1982, p. 1). Because abject enactments condense yearning and rejection, the state of abjection is embodied in cringing postures and enactments of *ambitendence* (rapid cycling or simultaneous movement toward and away, like the "pick me up-put me down" cries of the toddler in rapprochement): beseeching and disintegrating; desperation and recoil; raging against and pleading for understanding; worthlessness and demand. To feel abject is to plunge relentlessly into the horror of the black hole, of meaninglessness, of non-existence: "an awesome force of powerlessness, of defect, of nothingness, of "zero-ness" expressed, not just as a static emptiness but as an implosive, centripetal pull into the void"(Grotstein, 1990, p. 257). The black hole of abjection embodies 'relentless despair' about the possibility of hope for change. Since abject experience tends to be a closed loop, reiterative and autonomous from actual positive experiences, the challenge becomes timing and creation of a pathway inside. The therapist must find a way to penetrate through the despair to the dead self.

The Abject Self in Life Metaphors

Although metaphor can sometimes be as difficult to follow as poetry (a right brain communication), metaphor can also capture and convey the essence of a dilemma in a way that straight discourse might evade. "I long for a time when clinicians routinely consider the potential for the existence of unspoken words, images, sensations, and more, that are the

unwanted property of people rendered speechless by inescapable painful experience (Chefet, 2008, p. 38). Life metaphors, which condense the thematic narratives of a life into poetic symbolism or concretize visceral implicit memory, poignantly articulate nonverbal experience. Life metaphors abound in personal narratives, but could easily be overlooked if the therapist is not alert. Metaphors describing abject experience typically involve a level of preverbal fear, alienation, and/or deprivation for which there is no coherent language available (Chefet, 2008). Some life metaphors are quite straightforward: Marilyn talked of loving to read books and watch movies about survival after shipwrecks or other catastrophe, like Robinson Crusoe. Other life metaphors are difficult to decipher at first. Because of the tangles and gaps extant in incoherent narrative, metaphorically rich language can appear psychotic or grossly disorganized when it actually may signify abrupt changes in self-states and/or the underlying presence of dissociative processes (ibid).

Mariah. Mariah experienced frantic anxiety states that tended to alienate her peers. She used to make up stories about herself in an attempt to coerce empathy from others, such as describing a time she nearly died in a house fire. She came to understand her compulsive lying as abject enactments, attempts to bridge the gap between herself and others, to convey her life long suffering and horror. Even if the stories were not factually accurate, the underlying affects of desperation, terror, and horror conveyed in these metaphoric stories aptly captured the nature of Mariah's emotional existence. Her life metaphors reveal traumatic attachment. Professionally, she is a gifted pediatrician who has a knack with anxious parents and troubled children:

I am blindfolded, stumbling through a cactus forest. I am stabbed by needles no matter where I turn. I am in the ocean, choking on water and pummeled by waves, terrified I am going to drown. I can't catch my breath. Then, I find myself collapsed on a beach. I cling to the warmth and solidity of the beach, digging my fingers into the sand to reassure myself I can stay put. But then the waves come and drag me out into the water again... Birds are flapping around and screams are trapped in my head... I was making chicken soup and was overcome by horror when the backbone of the chicken disintegrated in my hands; what was holding me together, would I disintegrate like that?... When my husband and I fight everything just keeps getting worse, we're in a particle accelerator chamber going faster and faster until we are smashed like atoms and then I hear glass break inside my head and we shatter into shards.

Encased in Deadness

Psychic death is the shadow of abjection, haunting many individuals who have wrestled with horror. Psychic deadness presents clinically across a wide spectrum, ranging from characterological listlessness and anomie (Eigen, 1996) to the dissociated dead selves of individuals who have splintered under the pressure of unbearable childhood experience.

In her core, the trauma survivor remains solitary in the moment of her own extinction. No one knew her in the moment when she died without dying; no one knows her now, in her lived memory of annihilation. This place where she cannot be known is one of catastrophic loneliness...it is an area of deadness strangely infused with a yearning for life...Death has possessed her in its impenetrable solitude. But life makes her desire to be known in that solitude...(Grand, 1996, p. 4).

Boulanger (2007) introduces another dimension of the dead self: the collapsed self. Adult-onset trauma survivors, and children who endured repeated exposures to terror after they developed a sense of self, experience dissolution of the baseline sense of self, the psychobiological substrate that one normally takes for granted. The universe on which the self depends is obliterated, fractured into “before” and “after.” Whereas catastrophic psychic trauma in early childhood usually results in the dead self being cloaked and sequestered in shards of “Not-Me” dissociated self-states (Chefetz and Bromberg, 2004) leaving the rest of the personality relatively free from knowledge of trauma, in adult onset trauma it is the “Not-Me” living self that is dissociated from the parts of the self that are suffused in deadness. The self collapses rather than fractures. Memories of a non-traumatized self become blurry and unreachable. It is never clear that the trauma has been survived until the full impact of psychic annihilation has been witnessed and turned into narrative, by assembling all the bits and pieces of self experience and giving them meaning. It is “...the death that happened but was not experienced” (Winnicott, 1974, p. 106).

Fate Versus Destiny

Abject and dead self-states feel “fated” to be denied the joys of being human that others take for granted; hence when positive moments do occur, they may flinch away instead of embracing them. Fatedness (Bollas, 1991) comprises projections of past experience into the future, manifestations of relentless despair and fear of breakdown (Winnicott, 1974). The deep-rooted fatedness of the abject state precludes efforts to build a self and a life. Destiny (Bollas, 1991), on the other hand, entails developing a vision of whom one might ultimately become, along with pursuing an active strategy for moving towards this end. Self-abjection entails an enactment of fatedness and doom, an interpersonal role of relentless despair. Over the years I have observed the power of even a spark of the destiny drive to light up the darkness of abjection. Usually the trigger is some unexpected exposure to positive affect, a dimension of neural circuitry that is sadly underdeveloped in this population. Positive experiences have incredible power to awaken latent internal strengths. Sometimes the spark is kindled by a spontaneous musing on the possibility of innate potential that was smothered by indifferent or absent parenting: “I wonder what I would have been like had I been raised by different parents?” One woman with a history of severe abuse had her life turned upside down as she happened to gaze in the newborn nursery at a hospital while visiting a friend and was filled with awe. She realized that once, long ago, she had been innocent and full of potential like those babies. A patient with external success but internal poverty grudgingly took up a volunteer position at a children’s hospital and found himself opening to the possibilities of intimacy after being asked to soothe children in the recovery room. New parents sometimes forge a fresh beginning as they determine to do better by their children than was done for them. I have seen the acquisition of a kitten or puppy melt the heart of grim old codgers who were waiting to die. Attuned psychotherapy provides multiple opportunities for threads of destiny to interweave with fatedness to alter the tapestry of life experiences and choices for the abject self.

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Kathleen Adams, PhD, is a psychologist in private practice residing in Austin, Texas. She specializes in chronic shock and high functioning DDNOS, working in combined individual and group modalities. She is adjunct faculty at Seton Shoal Creek Hospital Child and Adult Residency programs and has worked extensively in inpatient settings with children and adolescents.

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Topher Collier, PsyD

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