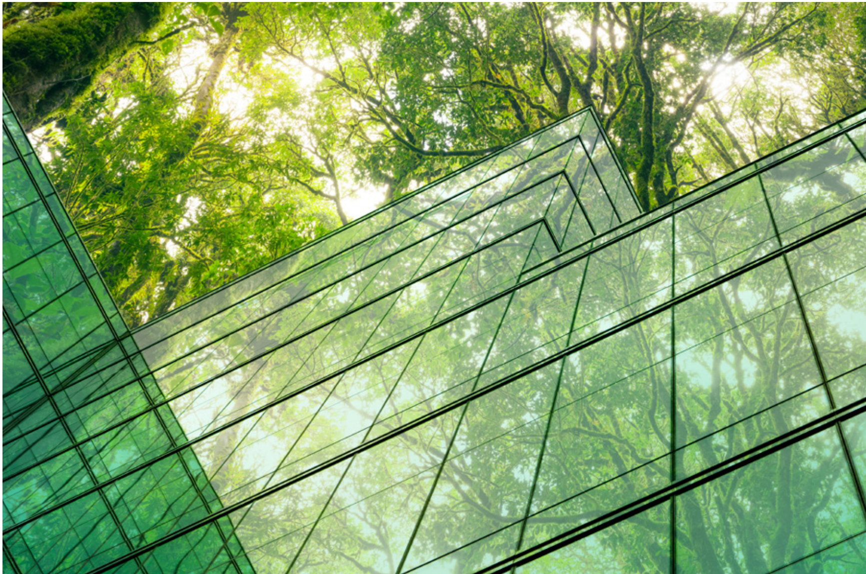
Practitioner Perspective

Occlusions, omissions, and lacunae

How gaps contribute to adverse childhood experiences and impact in later life

By Dr. Coleen Jones



This paper explores the impact in adult life when information is withheld from the growing child, whether deliberately or by a simple "act of omission." The impact can include occlusions that are interpersonally confusing. This paper gives examples of how adverse childhood experiences (ACE) negatively affect the fragile architecture of the child's developing brain, often leading to future attachment difficulties in relationships.

Introduction

Gestalt therapy rests primarily on the premise of explicating the "field" which is made up of what is "figural" - that which is existentially significant and urgent, whilst other information recedes into the back-"ground" and is regarded as insignificant, unborn, unknown and unconscious and possibly less urgent. It may be represented by an equation: "field = figure + ground." In the same way we are familiar with "synthesis = thesis + antithesis."

It was Freud who initially drew people's attention to the fact that there were unknown beliefs, emotions and attitudes hidden in the background in what he called the unconscious. These attitudes, values and behaviours, since they are unconscious, are unknown to the individual. We might ask, how do we get to know what we don't know? Usually, these factors will emerge in symptoms, dreams or "Freudian slips." There is an additional complexity when some of the unknown factors and issues are transgenerational, passing down from parent to child. This means that they bypass the scrutiny of the mind, the body and the emotions.

In jurisprudence, we have the legal statutes that classify crimes into acts of commission together with acts of omission. The former includes theft, rape and assault while an "act of omission" describes an action that should have been performed under the requirement of the law, which failed to happen – the action is omitted. Examples are tax evasion or child protection issues where children have not received adequate care and protection. Our interest in this paper is in relation to what is hidden from the individual that impacts on them in childhood and may continue to affect them into adulthood. Therapists are usually concerned with what traumatic incidents may have happened to the patient in childhood (acts of commission) but may not fully take account of what should have taken place, but never happened or what should have been known but remained occluded as acts of omission.

Clinical considerations

Under "acts of commission," we can list a vast range of "bad"

things perpetrated against clients which present in therapy. In certain instances, because of the seriousness of the injury, the trauma may be repressed, and the client temporarily dissociated from the experience. It is clear from the work of neuroscientists and trauma experts such as Babette Rothschild, and Bessel van der Kolk, that clients initially need support to establish a secure therapeutic base from which to explore details of the injury or trauma. We know that with safety, a secure base, a good working alliance with the therapist, and sufficient "slow" time, that the client may begin to explore what happened and begin to understand what might have been repressed. Bringing the client into the "presentness" of time is efficacious. This might be referred to as "present remembering" which facilitates healing and may hopefully bring clarity and ease in relation to past traumatic experiences.

Under "acts of omission," clients falling into this category are referred to therapy for non-specific symptoms. They may present with difficulties in interpersonal relationships, an inability to sustain relationships, often with a history of going from therapist to therapist in an attempt to try different approaches. I use the term "therapist" to include a wide range of mental health practitioners. These clients are frustrated because of not getting to the nub of the issue, confused because they do not seem to know what is wrong with them and puzzled because their siblings may all be doing well, with parents who may be elderly and kind. They cannot seem to remember anything really "bad" or traumatic happening to them as children. They often worry reactively that they may have been sexually abused or have experienced some other trauma when they were young, without having any clear recall in the present. The workplace and their intimate relationships seem to be the areas where their difficulties play out and where they experience a great deal of turbulence. These clients may go from job to job, relationship to relationship and therapist to therapist, still unable to manage the demands of relationships.

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They often feel disgruntled with therapists and may be referred to as "borderline." This leads them to question "What is wrong with me?" They consequently believe that they are "defective" or "lacking" in some undefinable way. This undermines their confidence. They lose faith in themselves and others, especially therapists. It causes them great distress and fear. They may feel misunderstood and in turn respond aggressively. They are left wondering and perplexed, why other people are so disagreeable when "they," the clients, are after all, so "pleasant and considerate."

It may lead them to the question "what is wrong with others"? Either way there is a confusing conundrum facing the client, who is suffering, is fearful, is feeling alienated from others and is despairing. The client is mystified and left feeling frustrated. There is a negative progression of their symptoms and experiences, as they feel worse and worse mostly disgruntled and disappointed with family members and a swathe of health professionals who they believe are incapable of pinpointing the problem. They may resort to medication which might add another "fuzzy" layer to the depth of the confusion. As one woman said in therapy "I am not anxious nor am I depressed, either way medication is not going to help." She feels confused and anxious realising "she does not know what she does not know" but knows that something is amiss. Health professionals, psychiatrists, counsellors along with psychologists and psychotherapists might pause to question themselves – "how do we get to know what we do not know?" In the book *The Little Prince*, de Saint-Exupery suggests that to "know yourself" is to be known by another and that living is about being born...slowly! This process of discovery relies on a level of intuition on the part of the therapist who is willing to explore the client's history intuitively and carefully using inductive reasoning appended to what I call "whispers" that the client might bring in the form of dream images, associations, mistakes, parapraxes (Freud) and projections. These usually point to some or other omission or occlusion where something has been left out of awareness.

Vignette 1

The author, drawing from her own clinical experiences presents a melee of vignettes creatively woven together in order to maintain client confidentiality which illustrate some of the gaps that might cause confusion and distress. Mary, a new client, begins her first session by telling the therapist that she had a dream about her, the therapist, the previous night. Mary laughs as she shares her dream in which she recounts seeing the therapist in her car which had a registration plate numbering 1984. The therapist waits judiciously before asking Mary what had happened that was significant to her in the year 1984. Mary is surprised, becomes tearful in the session, and then relates how in 1984 she had found herself struggling to cope when her eldest sister, who was put out for adoption as an infant - and who was never mentioned or spoken about - contacted her mother and asked to connect with Mary and her brother.

If we think of therapy in relation

to "acts of omission," we find that some or other significant fact, event, experience or person has been omitted from the client's awareness. In the case cited above, Mary was not aware of having an older sister. She was not able to understand why her mother was always detached and distant from her during her childhood. As a child, she assumed that it must be her, Mary, who was unlovable or deficient in some or other way. In time, the full picture unfolded to reveal that, during Mary's childhood, her mother was grieving the loss of her first-born daughter and hiding her shame at conceiving out of wedlock. Consequently, Mary grew up with the belief that *she, Mary* was deficient and unable to draw or hold love to her. When someone is left out of conscious awareness, it affects the entire family system. The system needs to RE-MEMBER - needs to bring into consciousness the missing person, the family member or missing facts. It needs to bring what has been omitted back into conscious awareness in order to fully understand the emotional turmoil, influences and misunderstandings which over the years have caused such confusion. Good secure attachment is never established in the mystery and fog of omissions. The client, initially as a child, then as an adult, is puzzled, feels abandoned and believes themselves to be unlovable and to be the problem. This psychically shaky ground sets the whole corrosive and erosive process in motion.

> *"The patient says that he feels there is a fault within him, a fault that must be put right. And it is felt to be a fault, not a complex, not a conflict, not a situation…. There is a feeling that the cause of this fault is that someone has either failed the patient or defaulted on him; and…a great anxiety invariably surrounds the area, usually expressed as a desperate demand that this time the analyst should not – in fact must not – fail him."* (Balint, 1968, p21).

Vignette 2

Jane came to therapy because of interpersonal difficulties with her sister. She felt defective, fragile and weak. Gentle work led her to explore her childhood, not as a confused frightened child looking into the chaos, but as a smart woman wondering why her father, a very esteemed medic, seemed to be absent for such long periods of time from the family home, and living abroad. Why was it that her mother collapsed and was taken away, leaving a huddle of frightened children clinging to one another for comfort and acting out sometimes inappropriately? As she explored and remembered how she used to move furniture around her bedroom, to reconstitute reality, she came to realise that there were huge gaps in her narrative. These "holes" were absences, lacunae and spaces that led her to feel insubstantial and unreal. The over-arching and obscuring issue that papered over the holes was the idealisation of the father, the father that she knew others adored. She experienced, on the other hand, day to day as a child, his raw frustration and violence with the children, one could say, "like a house devil and a street angel." Jane was living in a family that colluded in hiding the truth yet prided itself on being devoted to the wellbeing of the five children. As an adult in therapy the obscuration cleared sufficiently for her to realise that her father was living a dual life having a lovechild abroad, unbeknown to her and the family. It explained why her unconscious kept driving her to move the furniture around in her bedroom in order to complete the gestalt, to seek some coherence to her implicit knowing and to finally bring clarity, ease and explicit knowing. According to Christopher Bollas (1987, in Daniel Stern, 2004, p116),

> *"Implicit knowledge is transposable into words… [he] has coined the term 'the unthought known' as a major clinical reality."*

Attachment

From a neurological perspective, we know that the basic architecture of the brain is laid down in utero. Later development of the infant may be hampered by what does not happen; what is omitted in the early months. As a result of Adverse Childhood Experiences (ACE) the dyadic interactions between mother and baby may not be secure. Consequently, there is an absence of soothing and attunement, which would normally lay down the neural circuitry for secure attachment. Templates for contactful relationships are thus left out of the equation, they are not imprinted in the early months. The baby is unable by inference to adequately embody empathy, unable to attune or connect bodily processes with felt affective turbulence. When this baby becomes a mother, these omissions and deficits may surface in the form of post-natal depression. John Bowlby's work on Attachment Theory in the 1950s is a psychological, evolutionary and ethological theory that provides a descriptive and explanatory framework for understanding interpersonal relationships between human beings. It shows that maternal disturbances negatively influence the attachment behaviour trajectory of a child's life. The new mother's lack of her own secure attachment and imprinting as a child may be a major factor in her incapacity to nurture her own infant. Fathers and partners may be similarly affected. The maturation of the infant's brain is experience dependent, and these experiences are embedded in the attachment relationship (Schore, 1994, 2001).

> *"Research carried out with Romanian orphans has shown that those poor children who were*

deprived of loving and responsive contact, left in their cots all day, suffered not only mentally but also physiologically, having a "virtual black hole" where their orbitofrontal cortex should be." (Gerhardt 2004, p38 quoted in Watson 2008, p25).

Vignette 3

Michael and his wife Liz came to couple's therapy because Michael had suddenly begun over-indulging in gay porn soon after the birth of their first child. This fact alarmed both of them. Over time in therapy, he remembered as a little boy running around naked when the family had visitors. In therapy he considered and then said that if he had been the parent in that situation, he would have taken that little boy and comforted him and held him lovingly. This encouraged Michael to talk to his elderly father and enquire as to his behaviour as a youngster. His father revealed that before Michael was born, his sister, just older than him, had tripped over a stone garden fence (placed there by himself, the father) and had died of serious head injuries. Both parents in their horrific grief never mentioned the sister. Mother immediately became pregnant with Michael as a way of avoiding her sorrow. This meant that he was born into a dark, grieving family. In this grief-stricken family constellation, he was unconsciously drawn to replace the sister who had been lost. This fact, which he was later to mourn, was not known to Michael until he came to therapy. A tragic act of omission contributed to massive confusion.

Some clients just give up because they never find true understanding. This results in them being dispatched to a category usually with a diagnosis of a non-specific personality disorder. Healing requires that the therapist stay close to his/her intuitive wisdom, being almost "sleuth-like" knowing that there must be something; searching for some fact that has not been brought fully into the light of consciousness. Reparative work requires that the therapist first establish a good working alliance, then adopt a stance and proceed to work with "clinical precision and creative indifference" (Bion, 1970, p42). It behoves the therapist to stay like a stylus in the groove of a vinyl record. This in time plays out and reveals the full story. It brings coherence such that the client can then establish "narrative competency" and begin emotionally relating to their own story. This brings fluidity, it fills in the occlusions, it brings coherence and hence a clearer understanding. The client's life story previously had gaps, unbeknownst to him/her. There was an absence of connection relating to relationships. What should have been switched on, love and tenderness did not happen in their early years. Prior to therapy Michael was not fully awake or born as a beloved son.

Some clients just give up because they never find true understanding.

"Memories that are not so much about something terrible happening but, in D.W. Winnicott's words, about 'nothing happening when something might profitably have happened.'" (Epstein, 1995, p 165).

Vignette 4

Ciara a mother in her forties came to therapy worried and heartbroken about her eldest son being distant from her and preferring her husband. In therapy, she revealed that after her son, the eldest child, was born, that she had experienced five miscarriages, the first at full term which was dreadfully traumatic. She had needed time to recover - away from the home, away from her toddler who was just fifteen months old at the time. This meant that her young son was predominantly and carefully cared for by his father. This eldest boy was totally unaware of the reasons for his mother's absence. Like Ciara he had no awareness of her emotional distance and the depths of grief. Ciara was grief stricken during her son's early years - as she lost baby after baby, a total of five before finally conceiving and producing a healthy daughter. As she became more aware and started healing, she was able to mourn, bring to mind the need for memorials for her babies and begin to fill in what had been omitted from consciousness. Her newly discovered understanding and compassion allowed her to talk to her eldest son, fill in the gaps and explain what was missing from his early years thereby drawing closer to him as they mourned and remembered.

According to Christopher Bollas (1987, in Daniel Stern, 2004, p116), "implicit knowledge is transposable into words… [he] has coined the term 'the unthought known' as a major clinical reality." When a client experiences some or other omission such as not knowing consciously about another sibling, or about a prior termination, or where a step-sibling is excluded from the second family, where cultural or religious divides exclude family members, clients are unconsciously affected by what they don't know. It interrupts the normal attachment process of belonging. Children who are deprived of their right to love, protection and respect (as in the case of a child being neglected by a stepparent after the death of their mother) may believe that they are unworthy. There might be misattributed paternity, or the ignorance of a parent being sent to prison. The omission is usually invisible to the child. But what is omitted often leads to insecure attachment, a psychical disorganisation which plays out in later years and affects most relationships. In the case of children who grow up with gaps, such as

being left in hospital for treatment for tuberculosis without visits from their parents that being the practice in the early part of the twentieth century – or left for months in a nursery awaiting adoptive parents, there is a mis-belief formed in the mind of that child, the client saying either, "I am defective," or "I am unworthy," or "I am unlovable" or "everyone else is at fault." This is problematic when attempting to form close, adult, enduring relationships. The therapeutic relationship is often quite challenging. It requires careful and steady holding by the therapist. Children who were raised by very demanding or critical parents are similarly deprived of compassion and softness. This omission leads them to drive either themselves or others in their remit or care to despair.

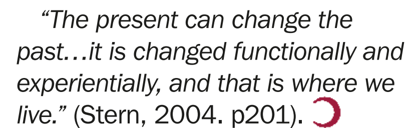
Omissions are usually invisible to the individual who although may be capable, well-educated and wealthy may at the same time be incapable of sustaining relationships and may be blind to what is missing, confusing and troubling. There are cases where a death occurs and the body is never found due to a drowning, a mishap at sea or political unrest and violence. All these gaps and omissions cause a great deal of pain as something essential is left out of the equation.

Conclusion

The work in therapy is relational and restorative. It works to develop a coherent narrative and to connect the dots. This allows clients to incorporate what is absent so that they can understand their younger selves and adjust their thinking around the information, in order to attain psychical cohesion. In time, they may establish a secure attachment to the therapist, ultimately to the self, and thereby facilitate intra-psychic repair. The transferential and reparative relationship with the therapist is what is facilitative.

This approach allows the client in the "present moment," to address the trauma from a wiser, safer perspective instead of struggling with past events, feeling like a vulnerable child, a naïve teenager, or a helpless victim at the mercy of discombobulating flashbacks and dreams. There is time enough in therapy, to deal with what has occurred or been omitted – overwriting the past in the present – filling in the occlusions. The adage "hasten slowly" is an appropriate imperative. In order to achieve "narrative competency" there are three steps:

- Firstly, the client relating the story about a past event.
- Secondly, the client becoming aware of the story being witnessed by another in the present.
- Thirdly, the client witnessing themself telling the story in the present moment.



"The present can change the past…it is changed functionally and experientially, and that is where we live." (Stern, 2004. p201).

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