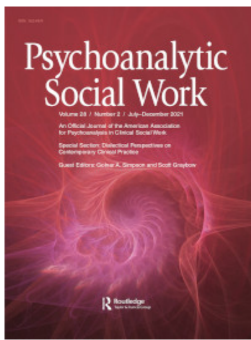

Psychoanalytic Social Work

Routledge
Taylor & Francis Group

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wpsw20

# Dialectics and Developmental Trauma: How Toxic Introjects Affect Attachment

Jon Mills

**To cite this article:** Jon Mills (2021) Dialectics and Developmental Trauma: How Toxic Introjects Affect Attachment, Psychoanalytic Social Work, 28:2, 115-133, DOI: 10.1080/15228878.2021.1943468

**To link to this article:** https://doi.org/10.1080/15228878.2021.1943468

Published online: 23 Nov 2021.

Submit your article to this journal

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=wpsw20

PSYCHOANALYTIC SOCIAL WORK
2021, VOL. 28, NO. 2, 115–133
https://doi.org/10.1080/15228878.2021.1943468

DIALECTICAL PERSPECTIVES ON CONTEMPORARY CLINICAL PRACTICE

# Dialectics and Developmental Trauma: How Toxic Introjects Affect Attachment

Jon Mills[a,b]

[a]Gordon F. Derner School of Psychology, Adelphi University, Garden City, New York, USA; [b]Department of Psychosocial and Psychoanalytic Studies, University of Essex, Colchester, UK

**ABSTRACT**
Psychic reality is dialectically mediated. Just as individual psychology is prefaced on social ontology, we can never elude the fact that we participate in greater parameters of being that dialectically constitute our psyworld. In this essay, I will outline an adumbrated theory of psychoanalytic dialectics as it is applied to psychosocial processes with a particular emphasis on how attachment and trauma condition the subject's being in the world. Here I am particularly interested in advancing the thesis that attachment pathology is largely organized on borderline levels of functioning that derive from toxic introjects and disorganized self-states resulting from developmental trauma. Attachment pathology results in deficit unconscious organizational processes within self-structure and predisposes patients toward developing disorders of the self with many overdetermined, polysymptomatic profiles. Thinking dialectically about the interdependency between attachment, trauma, and character structure has direct bearing on our clinical work and understanding society as a whole.

**KEYWORDS**
Dialectic; developmental trauma; attachment theory; introjection; toxic introjects; psychoanalysis

## Thinking dialectically

Although the term "dialectic" (διαλεχτχή) has a rich philosophical history, its use and application in psychoanalysis is murky at best. The term is thrown around in contemporary writings seemingly without definition, let alone precision, to the point that it loses its technical meaning. Dialectics may refer to a way of conceiving of identity and difference, negation and antithesis, tension and harmony, or as an interplay of opposites that mutually engage one another in symmetrical or asymmetrical relations. It is through Hegel's (1812) *Logic* that dialectics shows its sophistication,[1] and we can readily see how dialectical methodology has applied value for psychoanalytic inquiry.

**CONTACT** Jon Mills psychologist@sympatico.ca Gordon F. Derner School of Psychology, Adelphi University, Garden City, NY 11530-4801, USA.
© 2021 Taylor & Francis Group, LLC

In adopting a dialectical approach to psychology (Mills, 1996, 1998), I coined the term "dialectical psychoanalysis" or "process psychology" (Mills, 2000a, 2002, 2005a) and went on to offer a formal, systematic psychoanalytic metaphysics based on neo-Freudian and neo-Hegelian principles (Mills, 2010),[2] hence attempting to account for an unconscious ontology that structures, saturates, and conditions individual consciousness, intersubjectivity, and collective society alike. In other words, the dialectic is the foundation of psychic life: if it were to disappear, psyche and society would vanish. Let me explain.

One does not have to adopt Hegel's entire philosophical system, which is neither necessary nor desirable, in order to appreciate how mind and our communal arrangements within social collectives are constituted. The nature of mind and social reality is comprised of a series of opposing forces that are in conflict with one another yet are dialectically constituted, mutually, implicative, and undergo relational exchange as a process-oriented system. Identity is always defined in opposition to difference. Yet identity and difference must ontically relate, necessarily so, or we would have no separation between the two perspectives: they would remain identical without difference.[3] But that is not how we experience reality. We always experience our self-in-relation to otherness, internality and externality, the individual and the collective as an inner-outer spectrum or divide. It is here that we are constantly having to mediate our unique self-experience from our encounters with others and other objects in our environs and the greater systemic processes that define our concrete lives and social realities.

Dialectics are everywhere and happening all the time, yet they remain largely operative on unconscious levels. As tensions and conflicts emerge in our confrontation with difference and otherness, we are forced to acknowledge and mediate such differences in order to attempt to comprehend, accommodate, and reconcile our variances in some manner. Whether this lies in acknowledging the otherness of parent and child, the one and the many, individual and group identity, differences in race, ethnicity, language, culture, and so on, psyche and society are interdependently conjoined in dialectical relations. Here psyche becomes a cacophony of competing internal dramas based on an interplay and dialogue of opposites.

When cognition dialectically encounters an object of experience, Hegel shows how it must mediate the object of thought as an opposition or contradiction to itself. In doing so, opposition must be overcome by apprehending and subsuming this otherness within its own interiority that at once is annulled but preserved, integrated, and elevated. Hegel understands this process as a developmental progression capable of achieving

greater forms of complexity in and self-awareness of its own nature as *Geist*, or what we may call the psyche. This process of the dialectic underlies all operations of mind and is seen as the thrust behind world history and culture.

What is important for process psychology, however, is understanding the essential structure of the dialectic as sublation (*Aufhebung*) denoted by these three simultaneous movements: at once they cancel or annul, transcend or surpass, retain or preserve—aspects of every transmutation.[4] Not only does the psyche destroy opposition, but it subsumes and preserves it within its interior. As each valence is highlighted in its immediacy or lived-experiential quality, it is merely one appearance among many appearances in the overall process of its own becoming.

In offering amendments to Hegel's dialectic, I have argued that mind also has a dual tendency to fixate on earlier developmental experiences, dialectically regress or withdraw back to previous states of disposition and comportment, and become mired in neurosis, psychopathology, and trauma it cannot transcend in its natural progressive drive toward individuation and wholeness. This ensures that the presence of negativity will play a central feature in the dialectic and will come to condition the personal lives of all people and the social structures we participate in as our being in the world, or what I have come to call our psyworld (Mills, 2020). What this means is that self and society must necessarily face the role of the negative in all its manifestations, in our attachments and relatedness to others, psychosocial development, communal affairs, socio-political institutions, and in our traumatic relations to life—from the cradle to the grave.

## Working dialectically

In the consulting room, I work as a dialectician, confronting and juxtaposing opposition to the patient's immediate subjective reality with the aim of directing the client toward a meaningful understanding and integration of competing, antithetical processes. I do not know what the end process will assimilate nor entail, nor do I pretend to know what it should be for each individual. Only the process borne of the lived intersubjective encounter will dictate the teleological progression of therapy; and my responsiveness and presence is as much contingent upon the contexts of that process as is the patient's unique subjectivity, personality traits, unconscious dynamics, and life history.

The clinical utility of the dialectic becomes apparent in the consulting room when patients present with countless adversative, negating, and competing wishes, desires, and/or intentions that stand in sharp contrast

to their respective opposites, namely, their counter-wishes, fantasies, and defenses that oppose certain tendencies in the mind that come under attack by the rigid antipode that is established in the patient's psyche as inner contradiction (Mills, 2019).[5] In terms of technique, working dialectically involves highlighting a specific piece of subjective reality in the patient within the immediacy of the therapeutic moment and exploring it (conceptually, imagisticly, affectively, symbolically, defensively, transferentially, etc.) in relation to that which is not consciously spoken of or acknowledged as such. Each psychic event contains its opposite, thereby being and nothing, identity and difference, are mutually implicative. Following the logic of the dialectic, there is presumed to be the opposite of what the patient articulates or discloses contained within the very nature of such disclosure itself (albeit in cryptic or disguised forms), ever present but hidden: it becomes the task of the analyst to listen for the hidden narrative, ferret out such opposition, and bring it into dialogue with the particular piece of subjectivity that is currently overshadowing the patient's attention or dominating one's life narrative.

Splitting, opposition, and impasse set up conflict and tension in the mind and lived experiential reality. Each process, self-state, or mode of subjectivity is radically misaligned when juxtaposed to others based on the simple quality of difference (each side of difference valuing competing loyalties), and this can apply to specific mental content, affect, impulses, defenses, fantasies, or self-states that form certain allegiances that combat other self-states or competing parts of psychic organization. This inevitably trickles into the interpersonal medium of therapy, thus acquiring new forms of opposition and conflict that extend and magnify specific dialectical tensions that are intrapsychically realized by each subject (both the patient and the analyst). In Freud and Jung's early pivotal work, we can readily observe the dialectical tensions that populate the mind and fuel symptom substitution as failed compromise formations. Symptom formation is failed compromise by virtue of the fact that symptoms do not offer a sublated (*aufgehoben*) form of dialectical progression or unification, yet they are dialectical manifestations of opposing wishes, conflicts, and complexes that have transmogrified in maladaptive forms.

What becomes important in working dialectically with patients is to uncover opposition *within* the presentational immediacy of experience and attempt to bring those opposing forces to bear on one another in an effort to find some resolution through negotiation, compromise, and integration into a more comprehensive unity within the patient's dynamic organizing principles. Thus, the integration of the complex, split-off, compartmentalized, and segregated systems of mental operations and defenses into a more meaningful whole becomes a central element of therapy, and this

ultimately requires the enlistment of insight and reason for a full comprehension of the competing and conflictual processes under question. This is why therapy is a liberation struggle to transcend that which is unknown and operative within us via actualizing higher levels of self-conscious realization in thought and action.

There is opposition contained in every psychic experience, and often this undisclosed, unspoken antithesis is an unconscious dynamic that informs the patient's immediate experience. Here we may observe the universal dictum: *every fear is also a wish*. Every fear contains its counterpart within its dialectical structure because each fear may only be experienced and defined in relation to what it is not. Therefore, it is not uncommon that when a patient fears the occurrence of a particular event, let's say the fear that her father will be in a car accident, we may also suspect a particular death wish directed toward her father that is fueling the anxiety that signals the ego to be fearful to begin with, anxiety associated with her re-introjected hatred for her father that is unconsciously harbored. That which troubles the patient is largely because it stands in opposition and difference to another competing aspect of the patient's psyche that needs to be clarified and given a particular voice. The collocation of these dualistic, ambitendent desires creates distress when they are confronted and forced to face one another directly, hence bringing about a dialectical confrontation that must be mediated by the subjective mind. This is so by the simple fact that every conscious thought and intention has its opposite contained (albeit concealed) within the very premise or proposition of the patient's stated experience, which stands in competition with other dynamic aspects of the psyche that clamor for release and expression.

When rigid dichotomies are brought in juxtaposition and dialogue with one another, there is an emergent process of unconcealment in the very act of such confrontation, which may now enter into the initial stages of seeking more integration and holistic comprehension. One task of therapy is to draw out such polarities and show how this fundamental clash creates a stalemate in the mind that further sustains emotional pain and symptomatic dominance. When executed successfully, the co-defining opposites that constitute this mutual relation are brought into confrontation so that each side may execute a dialogue with the other in order to bring about shifts in psychic organization and structure, what Pizer (1998) calls negotiations of paradox. While the abridgment of the rigid bifurcation that informs various experiential self-states are viable therapeutic tasks, shifts in maladaptive structure leading to fortification and reparation are ultimately desired aims.

Although an interpretative praxis is often facilitated when hidden narratives are exposed as the tension of opposites are highlighted, patients

of mine often tell me that what seems to be of most help in their process of self-analysis (which goes on both in and outside of the office) is my systematic use of non-judgmental questions. Asking pointed and probing open-ended questions allows patients themselves to think about their own competing thoughts, beliefs, desires, and so forth without foisting premature interpretations onto them, which they readily resist. What is more experientially meaningful for analysands are when they themselves arrive at insight via self-reflection and self-interpretation through the critical reassessments and questioning of their own premises and competing desires that clash with others. Dialectical questioning facilitates a process of unconcealment or disclosedness that the patient undergoes by directing them to uncover and examine their experiences in the moment by joining or aligning with the value of identifying and articulating competing, adversative processes.

Working dialectically does not necessarily mean that one should emulate the Socratic method because the systematic dialectical questioning Socrates practiced was ultimately designed to produce a state of crisis in the interlocutor by exposing fallacious propositions or illogical beliefs through a form of cross-examination (*elenchus*), which serves to debilitate one's argument or mode of justification. These strategies may appear aggressive and experienced by the patient as though she is being subjected to a ruthless interrogation. In the end, patients often feel ashamed, debased, and demoralized, which further evokes earlier feelings of discomfort associated with faulty or unsavory attachment experiences. The Socratic dialectic resists finalization, whereas with a process approach to therapy, integration, unification, compromise, and resolve are desired goals. Instead, dialectical questioning is designed to highlight contradiction, opposition, and competing processes that are often rigidly segregated and held at bay from one another in order for clarity, dialogue, negotiation, and cohesion to occur.

## Attachment, introjection, and developmental trauma

Dialectical processes transpire at birth upon the infant's thrownness into the attachment system, first as an undifferentiated unity with the (maternal) world, only to later differentiate self from others. I use the term *attachment pathology* to characterize the breadth of attachment related disturbances that inform abnormal development, clinical symptomatology, and disorders of the self (Mills, 2005b). It may be useful to distinguish between what we mean by (a) attachment disorders, (b) attachment deficits, and (c) attachment vulnerability, for there is potentially a great deal of overlap and specificity depending on how we define our terms. *Attachment*

*disorders*, as I conceptualize them, largely denote a delineated range of clinical symptomatology due to compromised object relations development resulting in structural pathology of the self. *Attachment deficits* refer to structural limitations or deficiencies within personality formation that interfere with actualizing various attachment related capacities instantiated on a continuum of functional health and maladjustment. *Attachment vulnerabilities* are typically normative processes that all people possess, yet they may inform structural deficits of the self. In turn, deficits in self-structure always prefigure attachment pathology.

Although attachment motivation based in biological processes informed by evolutionary currents is a *necessary* condition directing attachment related behaviors, it is far from a *sufficient* condition for capturing the unconscious complexifications and conscious motivations governing interpersonal relations and intrapsychic dynamics. In addition to ignoring the primordial role of the unconscious, what is further under-emphasized in the attachment literature is the *emotional process* of attachment based on our primary identifications with our caregivers. It would be a reductive, naturalistic fallacy to boil everything down to biology or neuroscience: identification therefore becomes an indispensable process of relationality. Extending this notion to the clinical milieu, it is often the case that identification with the therapist leads to positive internalized representations, which in turn produce positive therapeutic effects by rehabilitating or filling voids in self-structure.

Although I realize that attachment theory and research have become quite prominent in the recent past, I hope to offer a different perspective that does not reiterate what we are already familiar with, such as advances in systems or field theory, affect regulation, mentalization, or devolve into brain lateralization specificity and neuroscience, or is simply just banal. Rather, I view attachment as a central ontological process dialectically informing the development of personality organization and unconscious structure. Attachment is the most fundamental organizing principle of the nascent psyche that concomitantly influences subsequent future psychic development. It becomes necessary to view attachment as a broad theoretical construct potentially expatiating myriad forms of normative and pathological processes for the simple fact that early attachment experiences become the bedrock of the emergent self, which furthermore conditions unconscious organization, ego development, object relations or relationality, adaptation and defense, fantasy formation, the experiential processes of identification, internalization, and representation, self-identity, and the overall evolution of personality structure. We should not assume that attachment begins and ends in childhood, but rather is a contiguous developmental trajectory that informs adolescent and adult relations

throughout the lifecycle. This is why so many patients who present with complex and variegated clinical profiles, adjustment difficulties, and symptomatology have fundamental deficits in the capacity to form and sustain healthy relationships with others. Therefore, attachment related pathologies constitute a disorder of the self in response to deficient, faulty, or failed attachments with significant caregivers early in life.

Attachment pathology is a disorder of the self by virtue of the fact that psychic structure is replete with developmental deficits and intrapsychic lacunae that continue to go unabated and hence spill over into sundry forms of clinical disorders, syndromes, and the intersubjective milieu that defines psychosocial life. In this sense, attachment pathology is fundamentally rooted in early disturbances in intersubjective relations within the parent-child interpersonal matrix, thus leading to structural deficits that constitute disorders of personality realized on a continuum of functional health and maladjustment. Just as the infant-parental relationship is conditioned on previous parental interpersonal attachment patterns and developmental traumas during childhood, we must assume that the psychosocial milieu of every parent within their early collective social body unconsciously conditions their attachment capacities and interactions with their children. Here we may readily observe how the transgenerational transmission of attachment pathology makes its way into the clinic.

There is an intimate relationship between attachment, trauma, and character structure. Here I am particularly interested in advancing the thesis that attachment pathology is largely organized on borderline levels of functioning that derive from disorganized self-states resulting from developmental trauma. Attachment pathology results in deficit unconscious organizational processes within self-structure and predisposes patients toward developing character or self disorders with many overdetermined, polysymptomatic profiles. Attachment difficulties are both (1) *structurally* manifested, that is in terms of their penetrable impact on the unconscious ontology of psychic organization, and (2) *phenomenologically* realized, hence marked by their qualitative, behavioral, epistemological, and experiential valences that saturate conscious subjective existence.

Attachment pathology largely results in structural deficits of the self due to the incorporation, amalgamation, and build-up over time of *toxic introjects*, negatively internalized objects, and resultant disturbances in self-representation that are unconsciously organized and form in direct response to developmental failures in parental attachment. Such attachment disruptions impinge on self-integrity and the formation of secure object relationships, thereby leaving incoherent self-states and unabated unconscious conflicts that perpetuate structural disfiguration. Various defenses

are mobilized during attachment disturbances and often lead to dissociated inner experiences that become encoded and organized on (a) *somatic* and (b) *sub-symbolic* levels of representation dominated by (c) *emotional schemas* and (d) *unconscious fantasy systems* that are recalcitrant to linguistic mediation or transmuting internalizations. Because attachment pathology materializes out of myriad and profound developmental traumas, self-structure is constantly assailed by disruptions in affect regulation that often lead to deficits in self-reflexivity and in functional capacities for developing an observing ego, thereby generally predisposing patients toward borderline levels of adaptation. Given the dialectic is fundamentally involved in the dynamics of splitting and projective identification (Mills, 2000b), this can naturally lead to pathological instantiations.

Attachment pathology is a disorder of the self based on the simple deduction that personality development is predicated on human relatedness, without which the self would not exist. And just as the self cannot exist in isolation from otherness, the disordered self always stands in juxtaposition to disturbances in interpersonal functioning. As I will argue, disruptions in acquiring healthy capacities for attachment and self-regulation are often due to real or perceived developmental traumas. Whether discrete, acute, or cumulative, they may be as overt as surviving early childhood sexual molestation, abandonment, parental neglect in caregiving abilities, parental loss, tenuous foster care placements, and split or blended home environments, to moderate forms of prolonged emotional abuse and cumulative psychic injuries, such as repeated rejection, invalidation, and failed responsiveness from a parent. Furthermore, and perhaps equally insidious, developmental trauma is often *cryptic* and *secretive*—confined to the privatization of lived subjective reality—such as the experiential presence of relational privation, absence, and lack. Developmental traumas leave an affective aftermath—an unconscious *après-coup*—that often escapes linguistic mediation and conceptual understanding: because they are particularly susceptible during *preverbal* experience prior to the formal acquisition of language, these traumas are translinguistic and ontologically imprinted on the deep structural configurations of the psyche. As a result, they largely persist as unconscious emotional resonance states, affective schemas, fantasy systems, and representations of embodiment that vacillate between moments of unrecognizable conflict, thus affecting mood and coping strategies, to internal somatic disruptions that cannot be consciously accessed or articulated by the subject. Such traumas are typically ineffable and tarry through pronounced fixations to psychic pain.

Developmental trauma is largely informed by *toxic introjects*, which are highly selected and specified experiences of psychic reality that are (a) emotionally charged, (b) mnemonically encoded, (c) unconsciously

organized, and dominated by the (d) fixed presentation of negativity in the mind that sullies self and object representation. Toxic introjects are taken in at a very early age and form the cumulative bedrock of self-structure under the constant press of unconsciously enlisted variants. Because an infant or small toddler is highly susceptible to the malignant effects of toxic and parasitic introjects that transpire during the sensory-motor and preoperational stages of cognitive development, they are likely to be registered and organized through sensory-somatic processes or bodily representations that cluster into affective schemas that typically occur before the acquisition of language, and are therefore largely segregated from linguistic intervention (Mills, 2005b, 2010). Because toxic introjects are incorporated during the emotional immediacy of interpersonal conflict or fear, they acquire an affective significance or pre-reflective semiotic meaning that is imbued within the introject itself as it is related to self-representation. In fact, these introjects fall under the spell of chaos and negative contagion ruled by unconscious fantasy systems that inform structuralization processes. Moreover, the content of such introjects are often naively, concretely, and uncritically absorbed as unadulterated truth, thus callow and vulnerably registered as inexpressible, pre-formulated trauma that is not acknowledged as such because it becomes sensuously dissociated, affectively filtered, and somatically converted on unconscious symbolic levels subjected to fantasy formations that are foreclosed from linguistically intervening semantic processes. Developmental traumas are therefore pathognomonic occasions delivered by the hands of attachment figures that are often not subject to self-reflective, self-conscious awareness at the time of their occurrence because they are early formative acquisitions. As a result, they tarry in agitated unconscious self-states of inarticulate and unarticulated trauma imbibed with emotional significance, manipulated by fantasy, and sequestered from conscious awareness, for they linger as unformulated unconscious experience yet materialize through various forms of psychopathology.

## On internalization

Here I wish to distinguish between *introjection*, which is the immediacy of incorporating a presentation (*Vorstellung*) or highly specific piece of subjective reality, and that of *internalization*, which is a complex intrapsychic process of integration and transformation of self and object representations that take place over maturation. Introjections in many ways provide incremental, architectonic functions for building psychic structure: they are the substance of what is immediately incorporated, rejected, or disavowed from psychic absorption. The amount, frequency, and quality

of introjects are received by the psychic register, gathered together by the unconscious ego, and form deposits or clusters of associational representations—each standing in dialectical relation to the subject's self-representations—which may become objects of pleasure, fixation, affection, horror, and so forth. The accumulation of introjects are furthermore emotionally imbued with qualitative significance and self-reference. Taken over time, introjections are affectively charged, mnemonically imprinted, somatically organized, semiotically arranged, and related to the tableau of self and object representations that define psychic structure constantly under the influence and dialectical flux of unconsciously enlisted variants.

Internalization is always a process of transmutation over time: it involves a more totalistic, synthetic holistic appraisal of the qualities, attributes, properties, behaviors, ideals, and limitations that define self and others. If the overall preponderance of introjects over early childhood development are positive, let's say, then self and object representations may be said to correspond to more cohesive, integrative, and realistic attributions regulating self-structure. If introjections are mainly negative, however, then appraisals of self and others will be mired in negation and conflict, thus deleteriously impacting on regulatory capacities that function to integrate part into whole self and object representations that serve to form a cohesive unit.

Furthermore, internalization draws on evocative memory for regulating psychic structure, quells eruptions from unruly affect, modulates internal panic and anxiety states, and provides holding-soothing functions that lend containment and cohesiveness to the self. I was once treating a patient who was deprived of consistent maternal responsiveness and was emotionally abandoned by his father as a child, which resulted in profound problems in internalization. He could not remember much of his childhood, including what his parents looked like, nor how they treated him during his toddler and elementary school years. He was prone to panic whenever he was reminded that he was alone, which opened into a gulf of unremitting frenzy and internal emptiness. It was as though he had very few internalized objects or soothing resources to draw upon for comfort during times of distress. After many months of treatment he told me that when he grew upset, he would think of me and pretend to have conversations as though we were in session, which helped him process and ameliorate his discomfort. He also told me in his own way that I had become a positive introject he could draw on from his fund of memory, and that instead of carrying on a dialogue with himself in his head, he would often think of my face or imagine talking with me during nights when he could not fall asleep in order to allay his anxieties. This is an

example of how internalization becomes an evoking-sustaining-soothing selfobject function that lends cohesion to the ego and fortifies self-structure, what we may literally see as a substitute for a child's transitional object, but performing a much more needed symbol of psychic presence: I was an internalized *subject*.

To safeguard itself against the intrusion of bad objects or negative introjects, the ego bulwarks its defenses in order to tame the austere nature of internalization. The powerful exertion of bad objects cannot be rejected because, despite their imposition, the child needs them. Through internalization, children attempt to control such negativity, but as a general rule, their dint converts them into persecutory spirits that possess them. Bad objects have a hold on us we are unwilling to release. In other words, we cannot give them up. In fact, Fairbairn (1941) saw various forms of the psychoneuroses (e.g., phobias, hysteria, obsessionality, paranoia) as *techniques* of attempting to rid the psyche of bad objects without really having to lose them. Here we may be also reminded of Lacan (1977): some patients love their symptoms too much, because they provide familiarity and meaning, to the point that they are not willing to relinquish their *jouissance*—their destructiveness, hence their pathology. To resist internalizing one's parents is to risk psychic impoverishment, so we assume the onus of their inherent negativity, which we turn onto ourselves in order to ensure that we have a reasonably good (albeit illusory) interpersonal environment. The implications of this line of thinking have even farther reaching consequences: *internalization begins with negative introjects*. We are attracted to the negative, to trauma. There is a perverse appeal to pain, a primal destructiveness experienced as sado-masochistic inwardness. Developmental traumas leave lasting impressions. This is why it is often the case that we remember clearly and poignantly negative experiences—perhaps even more so over positive ones—in recollecting our earliest memories. We are drawn to our traumas, even fascinated by them, refusing to let them go: traumatic fixation is a compulsion the psyche is impelled to perpetuate, an unconscious tarrying with the negative.

In other words, we take in bad shit—that which terrifies us, desecrates us, *deracinates* us—in order to rework our traumas and make them more docile. And we hope—we pine—for reprieve, for mastery and control over that which controls us. Even when we transcend our traumas, they never leave us. There is always the affective residue that creeps into consciousness from time to time bringing forth its poisonous effect, reminding us of our inner being—our past, unabated and envenomed. Negative internalizations never completely go away: they are superimposed on all other forms of representation.

## Case illustration

Brigit was a successful director of a large corporate financial institution when she began to develop acute panic attacks and somatic symptoms after she was reproached by a newly appointed female vice president who became her boss. Her panic disorder intensified over the months and she was forced to go on disability due to the unmanageable nature of her symptoms. The interpersonal conflict with her new boss further opened up various transference gates which transported her back to experiences in her past of feeling unloved, stupid, deprived, and neglected by her mother who was a constant source of disparagement, rejection, and critical judgment. Rather than having succumbed to her mother's dismal assessment of her capabilities, Brigit developed many obsessional neurotic trends designed to help her excel in her endeavors and gain praise from authority figures despite her mother's lack of recognition. As a result, she became a workaholic and was rigidly obsessed about performing her job as optimally and successfully as possible without having any understanding of her unconscious motives driving her professional ambition.

Working dialectically with verbal associations in session often brings oppositions and buried material to light that readily expose unconscious patterns of repetition, which are ripe for interpretation. In noticing such a pattern during the second session, the patient instantly developed a panic attack in my office after I had empathically interpreted that her obsessional need to succeed and be perfect was in the service of gaining recognition from her mother who has never acknowledged her. Naturally, the stress of her corporate environment and the negative relations with her female boss were dredging up inner experiences of her mother's negative judgment and invalidation. These revelations precipitated a crisis in her psychic economy that had shattered her defenses and threatened her perceived sense of stability and personal identity. All the years she had worked so hard in her company in order to get the next raise, job title, respect, and position of authority were suddenly rendered valueless: she hated her job and everything it stood for because she realized that it was ultimately motivated out of the need to prove to her mother that she was worth something.

Brigit lost her father at a very young age and her mother raised two daughters virtually alone. Her father was a salesman who traveled frequently, was never home, and consequently, Brigit's relationship with him was virtually non-existent. Brigit described her mother as cold, bitter, affectionless, strict, punitive, and judgmental, and she had always felt unloved and inferior in comparison to her sister who had excelled scholastically and was perceived to be more attractive. The patient had been morbidly obese since childhood and reported that she would frequently

binge on food as a means to cope with her mother's extreme rejection, cruel remarks about her weight and poor school performance, and overall debasement. She was literally starving for positive attention.

By the third session the patient reported feeling energetic, had no panic symptoms since the previous session, had started to exercise and diet, was less self-deprecatory, and had new insight into her self-worth, freedom, and past conflicts. Of course, this had all the makings of a transference cure but, as she herself described, the mere fact that she felt validated in examining her chronic invalidation illustrated was she able to make use of her new insights. She claimed she no longer wanted to be so driven to feel validated and recognized by her job, remarking she could receive validation through her husband and children, and that she valued love and attachment to her family more than money or a job title. Unlike her childhood, she wanted to fill her "house with beauty" and began devoting much attention to her own personal enjoyment and self-fulfillment.

During the course of our work together, Brigit decided to leave her company and began her own business as a private contractor. She began to realize and fulfill many possibilities she had denied in herself due to the internalized oppression and devaluation she experienced from her mother. Much of our work centered around coming to terms with her competing desires and conflicts that tended to cancel each other out, thus leading to impasse, rather than finding cohesive integration in her understanding through affective transformation. The parts of herself that felt damaged, inadequate, weak, stupid, ugly, and not worthy of love or success were brought into dialogue with the more confident, autonomous, and secure elements of her self-esteem fighting the dominance of toxic introjects she had identified with and incorporated into her psychic structure. Certain self-states would often oppose ominous parasitic self-states in reaction to certain intrapsychic threats that were evoked in relation to her ambivalent feelings about her mother. During this process of dialectical revamping and striving for meaning and unification, she tarried with the emotional significance and rage of never being shown love or validation. At a particular point in session, immediately after focusing on her mother's lack of attunement, she associated to how she hated her husband's ex-wife for the devaluing way in which she treated my patient's step-children, and how she could identify with their suffering in relation to her own. This led to the following dialogue:

*Patient*: I see red when I think of her, I hate her so much. I was so upset. I had this dream of being in my mother's house confronting her [husband's ex-wife] in the kitchen. I don't know why she would be there, though. Weird, eh? I wanted to make her feel the same way she made Candice [step-daughter] feel.

*Therapist*: Perhaps it is really your mother you want to confront.
*Patient*: No, I couldn't do that. It would kill her. [*a period of silence ensued*] When I was a teenager, I was suicidal. I just felt so unwanted by her.
*Therapist*: Perhaps a part of you wanted her to die.
*Patient*: [*face becomes frozen*]
*Therapist*: What's the look all about?
*Patient*: I don't want to discuss how she screwed me up anymore—it's not fair to her. I don't want to blame her. She's a good person deep down. She does all sorts of volunteer work—she's even won awards for how she's helped others.
*Therapist*: It sounds like you're protecting her.
*Patient*: I don't want to say: "You fucked me up."
*Therapist*: But you feel she did.
*Patient*: I couldn't let her know that, it would crush her—she's 83.
*Therapist*: You're being very thoughtful toward her feelings, when the other part of you can't stand her.
*Patient*: She didn't accept me for who I was. I didn't want to wear those damn dresses. It was like she was saying:
*Therapist*: "Be this way or I won't love you."
*Patient*: No! Never! We never discussed love. Maybe that's why it hurts to hear nice things from you—why it hurts when Sue [ex-wife] tells them that she won't love them if they don't mind.

What stood out for me in the course of working with this patient is how she struggled with explicating then integrating her various dichotomous self-states into a meaningful whole. The rigid bifurcation, compartmentalization, and splitting of competing, oppositional forces is never an easy process to overcome nor is it ever fully completed. Pure synthesis or unification is only possible conceptually. Experientially, absolute synthesis or pure self-consciousness is never attained by the simple fact that opposition is always preserved, even when canceled or surpassed, and thus will inevitably resurface at times when various antithetical self-states, unconscious intentions, and interpersonal tensions create new polarities the mind will be forced to reevaluate and resolve. The acclivity of the dialectic in the service of individuation and liberation from oppressive internalized pressures is oriented toward achieving greater degrees of freedom and wholeness, albeit imperfectly realized. It is equally subject to regression and retrograde withdrawal under the influence of *pathos*. The progressive drive toward repair or teleological direction toward renewal is a process of its own becoming, and this process is never a predetermined end-state, but rather a process forged by the unique contingencies and capacities within the subject's own internal psychical world in relation to the

intersubjective context of therapy. During the termination of our work together, Brigit told me: "I like who I've become." She no longer felt ossified in black and white dichotomies, was more capable of seeing how her competing self-states were interconnected, and how her maladaptive unconscious repetitions were no longer making decisions for her. She was now "working to live rather than living to work," had become more spontaneous in her personal affairs and relationships rather than following a rigid plan or protocol, had continued to lose weight and maintain healthy lifestyle changes, and had decided to pursue activities that had been previously forbidden during her youth by her mother. To celebrate her newly acquired state of transformation and independence, she had gotten a tattoo of a sun and told me that it was to represent her new life based on "personal illumination" as well as to signify the "brightness" and "warmth" she now feels she has, unlike the coldness she experienced as a child. In the end, she averred: "I feel alive."

## Concluding reflections

Throughout this essay, I have attempted to show the value in adopting a dialectical framework for conceptual thought, clinical praxis, and how it relates to developmental trauma and deficits in attachment. Because attachment processes heavily inform the most basic ontological levels of psychic organization including unconscious morphology, the process of internalization, introjection, representation, fantasy, the institution of defense, self-structure, and relational desires and motivations toward others, attachment pathology may be seen as constituting a disorder of the self realized on a continuum of competing mental phenomena. Adopting a process psychology approach to thinking and working dialectically has applied value in the way we come to conceive of the overdetermined factors constituting self and society.

Stephen Miller (2003) tells us that: "The greatest fears of our lives are based on our childhood anxieties, underscored by childhood disappointments and traumas, embellished by our own rage and desires" (p. 15). This is a fitting characterization of how psychic pain dates back to early experiences with others; and nowhere do we encounter this so forcefully than with our parents. Even with the healthiest of individuals, there is never a pristine world of inner bliss. Just as pathology stems from the germ of conflict in relation to others, health and normativity is forged through suffering with qualitative differences in scope and magnitude. To live is to want, and to want is to suffer—a dialectical tension between the inner and outer, self and other. For those of us who have been fortunate enough to have had acquired adequately secure

attachments and were raised in loving homes with interpersonal warmth and availability from our parents, we can never completely elude the fact that infantile and archaic experiences belonging to our developmental histories still unconsciously moan for fulfillment and resolve. Whether this involves having to mourn the loss of childhood wishes for love, recognition, validation, acceptance, and idealization, to having to relinquish our most cherished or unsavory desires, we are still left with the deposits and derivatives of unconscious experience—for a wish never dies.

## Notes

1. Nowhere do we find a more comprehensive logic of the dialectic than in Hegel's (1812) philosophical system outlined in his *Science of Logic*. Hegel's dialectical logic has been grossly misunderstood by the humanities and social sciences largely due to historical misinterpretations dating back to Heinrich Moritz Chalybäus, an earlier Hegel expositor, and unfortunately perpetuated by current mythology surrounding Hegel's system. As a result, Hegel's dialectic is inaccurately conceived of as a three-step movement involving the generation of a proposition or "thesis" followed by an "antithesis," then resulting in a "synthesis" of their prior movements, thus giving rise to the popularized yet bastardized phrase: *thesis-antithesis-synthesis*. This is not Hegel's dialectic: he never used those words in any of his writings. Rather, it is Fichte's (1794) depiction of the transcendental acts of consciousness which he describes as the fundamental principles (*Grundsatz*) of thought and judgment. Yet this phrase itself is a crude and mechanical rendition of Fichte's logic and does not even properly convey his project. Unlike Fichte's (1794) meaning of the verb *aufheben*, defined as: to eliminate, annihilate, abolish, or destroy, Hegel's designation signifies a threefold activity by which mental operations at once cancel or annul opposition, preserve or retain it, and surpass or elevate its previous shape to a higher developmental structure.
2. My book, *Origins: On the Genesis of Psychic Reality*, won a Gravida Award for Best Book in 2011 given by the National Association for the Advancement of Psychoanalysis (NAAP) in New York City.
3. Identity is identified only as a dialectical moment conditioned by difference, for that which is not identical to itself is excluded from its immediate reflection. Following Hegel (1812, pp. 407–416), reflective consciousness or speculative reason identifies difference as a moment in the constitution of identity, which possesses an essential feature in the meaning of its distinctiveness. Therefore, to think about identity necessarily requires reflection on what differentiates it from what it is not: in this moment or act of positing difference is at the same time to give it a paradoxical yet self-identical character. In other words, the essence of identity is difference, for one cannot *be* without mediating what it is *not*. What it is not—the moment of pure difference—is also intertwined in what it is as an essential determination of its meaning and being. For Hegel, "it is identity as difference that is identical with itself" (p. 413). Identity by definition eludes difference while relying on difference to differentiate, hence define, its self-relation. Identity affirms itself only by negating otherness, so it requires difference in order to confer its own being and give itself meaning. Identity *in* difference may be a more proper characterization of how we theorize about otherness and our relation to the collective.

4. The dialectic as process is pure activity and unrest which acquires more robust organization through its capacities to negate, oppose, and destroy otherness; yet in its negation of opposition, it surpasses difference through a transmutational process of enveloping otherness within its own internal structure, and hence elevates itself to a higher plane. Death is incorporated, remembered, and felt as it breathes new life in the mind's ascendance toward higher shapes of psychic development: it retains the old as it transmogrifies the present, aimed toward a future existence it actively (not pre-determinately) forges along the way. This ensures that dialectical reality is always ensnared in the contingencies that inform its experiential immediacy. Despite the universality of the logic of the dialectic, mind is always contextually realized. Yet each movement, each shape of the dialectic, is merely one moment within its holistic teleology, differentiated only by form. The process as a whole constitutes the dialectic whereby each movement highlights a particular piece of psychic activity that is subject to its own particular contingencies.
5. Jung had a similar view about the clinical utility of the dialectic. In an early essay on the problem of opposites, Jung (1916) presages his more mature work on the conundrum and resolution of opposition exemplified in his preoccupation with the coincidence of opposites and their complexity, hence giving rise to complementarity, tensions, conflicts, compensation, and their conjunction, and therefore leading toward their union as balancing activities of the psyche teleologically oriented toward achieving a cultivated and integrated personality. Although we may question the possibility of a pure synthesis of internal opposition and unity, Jung always maintained that the individuation process was a singular journey that was oriented toward greater self-awareness and actualization peculiar to each person, an idiosyncratic process of inner liberation and meaning, never a preordained destination. Here he is in simpatico with Hegel.

## References


Fairbairn, W. R. D. (1941). A revised psychopathology of the psychoses and psychoneuroses. *International Journal of Psycho-Analysis*, *22*, 250–279.

Fichte, J. G. (1794). *The Science of Knowledge* (P. Heath and J. Lachs (Trans. & Eds.)). Cambridge: Cambridge University Press. (1993).

Hegel, G. W. F. (1812/1831). *Science of logic* (A. V. Miller (Trans.)). George Allen and Unwin Ltd. (1969).

Jung, C. G. (1916/1958). The transcendent function. In *The structure and dynamics of the psyche* (Vol. *8*, pp. 67–91). *Collected Works of C.G. Jung*; Bollingen Series, 20 vols. Eds. H. Read, M. Fordham, G. Adler; Trans. R.F.C. Hull. London: Routledge & Kegan Paul: Princeton: Princeton University Press.

Lacan, J. (1977). *Écrits: A selection* (A. Sheridan (Trans.)). Norton.

Miller, S. J. (2003). Analytic gains and anxiety tolerance: Punishment fantasies and the analysis of superego resistance revisited. *Psychoanalytic Psychology*, *20*(1), 4–17. https://doi.org/10.1037/0736-9735.20.1.4

Mills, J. (1996). Hegel on the unconscious abyss: Implications for psychoanalysis. *Owl of Minerva*, *28*(1), 59–75. https://doi.org/10.5840/owl199628119

Mills, J. (1998). Multiplicity, essentialism, and the dialectical nature of the soul. *Contemporary Psychoanalysis*, *34*(1), 157–169. https://doi.org/10.1080/00107530.1998.10746356

Mills, J. (2000a). Dialectical psychoanalysis: Toward process psychology. *Psychoanalysis and Contemporary Thought*, *23*(3), 20–54.

Mills, J. (2000b). Hegel on projective identification: Implications for Klein, Bion, and beyond. *Psychoanalytic Review*, *87*(6), 841–874.

Mills, J. (2002). *The unconscious abyss: Hegel's anticipation of psychoanalysis*. State University of New York Press.

Mills, J. (2005a). Process psychology. In J. Mills (Ed.), *Relational and intersubjective perspectives in psychoanalysis: A critique*. 279–308. Rowman & Littlefield.

Mills, J. (2005b). *Treating attachment pathology*. Rowman & Littlefield.

Mills, J. (2010). *Origins: On the Genesis of psychic reality*. McGill-Queens University Press.

Mills, J. (2019). Psyche as inner contradiction. *Continental Thought & Theory: A Journal of Intellectual Freedom*, *2*(4), 71–82.

Mills, J. (2020). Archetypal metaphysics and the psyworld. *International Journal of Jungian Studies*, 1–20. https://doi.org/10.1163/19409060-bja10007

Pizer, S. A. (1998). *Building bridges: The negotiation of paradox in psychoanalysis*. Analytic Press.