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# Work in Progress

## Exiled Voices: Dissociation and the “Return of the Repressed” in Women’s Narratives

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# Exiled Voices: Dissociation and the “Return of the Repressed” in Women’s Narratives

Annie G. Rogers, Ph.D.

## *About the Author*

Annie Rogers, Ph.D., is an Assistant Professor in the Human Development and Psychology Program at the Harvard Graduate School of Education. She is a founding member of the Harvard Project on Women’s Psychology and Girls’ Development. She has co-edited the book, *Women, Girls and Psychotherapy: Reframing Resistance* (1991, Haworth Press). Dr. Rogers is also a published poet and an artist.

## *Abstract*

*What happens when women feel compelled to send their knowledge of relationships and reality into psychological exile? For over a century psychologists have documented the elusive phenomena of psychologically driven forgetting: repression and dissociation. Interested in the ways women attempt to narrate a life story when their voices have been exiled through processes of repression and dissociation, leaving significant gaps in memory, I interviewed a small sample of women. I found that these narratives were affected by two broad forms of oppression: cultural denial and lies, and physical and sexual assault. I traced a dialectic of voices in these narratives: voices of dissociation and knowing, and voices of disavowal and self-preservation. In this paper, I present the ways I heard each of these voices, and how women both concealed and revealed clinical prohibitions and possibilities.*

I want to thank the women of the Stone Center—Jean Baker Miller, Irene Stiver, Jan Surrey, and Judy Jordan—for inviting me to speak. Their voices, singly and together, have become a small chorus in my mind, creating a context for women to voice what is most difficult or problematic in the psychotherapy framework and relationship. I am deeply grateful to them for all those years of brave collaboration that led

to the formulation of a relational understanding of psychotherapy.

I also want to thank Wendy Rosen and Linda Powell for responding to my paper. I want to acknowledge and thank Kathryn Geismar for her inspiring work on the strengths of women trauma survivors. I am also deeply indebted to Carol Gilligan as a mentor, colleague, and friend. Most of all, I want to thank Rachael, Jane, Elizabeth, and Emily for their voices in this paper.

## **I. Exiled voices**

Susan Griffin, in her book, *A Chorus of Stones* (1992), joins two worlds that are usually kept separate: the world of private suffering and the world of public tragedy. She creates an aesthetic of memory by carefully documenting records of personal and public horror, then imaginatively invokes the process of coming to know what has been historically denied. In the following passage, Griffin imagines a woman she has heard about but does not know, and this woman’s father, and then her mother:

Shall I call her Nelle, the woman whose name I cannot tell you? I name her after my great-aunt, who was born in Southern Illinois. . . . When I imagine her father forcing himself up a hill and into the mines, I imagine his hands trembling, as my own hands have trembled when I am overtired. And I can imagine Nelle trembling too, after her father had forced himself upon her, trembling and not knowing where to take this trembling. . . . I think right away of Nelle’s mother. When her first daughter was raped, two others had already been born. I try to become her and immediately I have a feeling for the event. I find myself gripping the edge of my desk as if the ground were shaking violently. And, as the

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violence of my imagination stops, there is a kind of numbness and a kind of confusion. Things somehow have got to go on, I say to myself. And, over time, I forget why I do not let my oldest daughter come home until I am home . . . but nightmares recur. There are other daughters (pp. 36-37).

Griffin imagines the terrible interlocking of denial with the physical trembling of a single family's violence and despair. This is the real devastation of trauma: It isn't so much the rush into dissociation, or the physical violence in itself, however brutal, but the human ways we try to protect ourselves from what is so terrible to know, to imagine really. Those lies that cover over the trembling of real violence, that trembling that goes on and on, those denials that are acts of gaslighting, are deeply devastating. And the exile of knowledge and of voice, that peculiarly human capacity for complicity in denial, reaches us everywhere: in our personal suffering, in our relationships, and in our conception and practice of psychotherapy.

Women may be particularly capable of recognizing or imagining exiled voices because women's voices have been silenced privately and publicly, for so long historically. As a developmental psychologist and a clinician, I have been asking women and girls to tell me about their lives. The process of listening and responding raises questions about voices in exile, lost time and memories, voices coming to life as memories return, the sound and sense of memory in the aftermath of trauma. What happens, I wondered, when women feel compelled to send their knowledge of relationships and reality into psychological exile? How do women remember and begin to tell a life story when there are significant gaps in memory?

I am not the first person to raise these questions. For over a century clinicians have been speculating about the elusive complexity of psychologically-driven forgetting (Janet, 1890; Breuer and Freud, 1895/1955; Freud, 1905/1962; Horney, 1926; Deutsch, 1944; West, 1967; Ellenburger, 1970; Crabtree, 1986; Putnam, 1989). These discussions have focused primarily on women's symptoms and women's psychological development. When Freud renounced his seduction theory of hysteria and recast the traumatic memories of women as fantasies or wishes, he began to consider women's psychological development as an unsolvable riddle. He noticed that during adolescence girls appear to undergo "a fresh wave of repression" (Freud, 1905/1962) and to become less curious and lively than they were as children. Freud considered this wave of repression and the subsequent "passivity" of women a

natural part of maturation, an odd train of thought for a man who was so curious about "forgetting that is suspect." Freud's observation of repression in women was taken up and explored in greater detail by Karen Horney (1926) and Helene Deutsch (1944), among others. Over the course of a century, repression came to be the explanation for various psychological symptoms that were originally understood as manifestations of forgotten trauma. Although psychoanalysis arose historically as a response to "hysterical" women whose condition was emblematic of a collective malaise of women in late 19th century society and culture, in the 20th century the "talking cure" became a powerful and effective system for denying women's memories of trauma, in effect, exiling women's voices.

What happens when women feel compelled to send their knowledge of relationships and reality into psychological exile? This question can also be approached by listening to girls as they enter adolescence. My colleagues and I at the Harvard Project on Women's Psychology and Girls' Development have found evidence of repression among contemporary adolescent girls. Following girls between the ages of eleven and fifteen in longitudinal interview studies (Brown, 1989; Brown and Gilligan, 1992; Debold and Brown, 1991; Gilligan, 1990; Gilligan, Brown, and Rogers, 1990; Rogers and Gilligan, 1988; Rogers, 1993), we observed girls move from a rich relational world of childhood in which it was possible to express the full range of human feelings into a repressive time in their development. Girls then begin to feel deeply the constraining conventions of femininity that would have them narrow their feelings and modulate their voices. Preadolescent girls tell psychologically astute stories of human relationships, rendering their connections with themselves and with others in exquisite detail. A struggle breaks out in adolescence, however, when these same girls are encouraged to disconnect from their knowledge and the full range of their feelings. What girls knew in childhood seems as if it cannot be known, and what girls want to say suddenly seems unspeakable. Facing into this crisis, girls struggle to remain connected to their childhood knowledge, actively resisting repressive conventions of femininity and fighting openly for authentic relationships. During adolescence, girls also begin to actively silence themselves to protect themselves from being dismissed, denigrated, or ostracized. Their interview narratives become infused with the phrases, "I don't know" and "I can't say," the markers of an active process of repression. When their self-silencing

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becomes less conscious and more habitual, girls enter a malaise of debilitating self-doubt, questioning the validity of what they are actually experiencing and seeing (Brown and Gilligan, 1992; Gilligan, 1990; Rogers, 1993). Our colleague Lori Stern calls this process, "disavowing the self" (Stern) and I will refer to her phrase as a shorthand for repression throughout the rest of this paper. It is a particularly apt description of what girls and women actually do as they deny or dismiss their own often astute feelings and judgments.

The girls and women I have seen for the past six years in a small psychotherapy practice told stories of their lives that sometimes mirrored the process of repression and dizzying confusion in adolescence. But sometimes this process was replaced by another version of confusion: a sense of time lost and confusion about how events happened in time, so that they experienced difficulty in the very telling of their lives. In these clinical relationships, I listened to a grueling process of coming to know and feel events that were terrifying. These women seemed to be affected differently by two broad forms of oppression: 1. cultural denials and lies, leading to repression; and 2. physical and sexual assault, leading to dissociation. These two forms of oppression often overlapped in reality. Yet, after listening closely to girls and women in a clinical context, I came to see that repression is distinct from dissociation in narratives of trauma. Although both repression and dissociation involve forgetting and contain an effort to remember, the possibility of recovering a sense of wholeness in the process of recalling memories is different. Memories that have been repressed lie just under the surface, and however long they have been put aside, they can sometimes be triggered by perceptual cues and remembered as whole sequences—particularly when someone listens skillfully without undue interference (*also see* Terr, 1994). On the other hand, memories that have been dissociated are recalled with great difficulty, leaving gaps in the narrative, fragments of a memory sequence.

Listening and wondering how to respond when women told stories of gaps in memory or could not narrate a coherent story, when they needed to know how and whether they could author and understand their own lives, I began to think more carefully about dissociation itself. Dissociation is a brilliantly creative solution to living through trauma and coming to terms with traumatic memories. This I knew from listening to girls and women, as well as from my own life—I share a history of trauma with many of my patients. But I did not know how dissociation and repression

occur together in narratives of trauma, nor precisely how women create life stories out of significant gaps in memory. I decided to interview women who were not in a clinical relationship with me about their experiences of memory to learn from them about voices in exile.

## II. Listening to voices in exile

I sought a small sample of women who identified themselves as having experienced trauma in childhood and who were currently in a therapeutic relationship—as a patient, as a therapist, or both. I interviewed each of four women for at least two hours, one hour on each of two occasions, using open-ended clinical interviews (Seidman, 1991). Two women were interviewed together as patient and therapist. The young woman who is the patient in this pair enthusiastically volunteered to participate in this study, but requested that her therapist be allowed to join her for the interviews. After we discussed her reasons for this, I agreed. The other two interviews were conducted individually. During the interviews, I asked three broad questions:

Have you ever noticed any gaps in time or unusual lapses in memory? If so, *how* did you come to notice them?

*How* do you remember the events of your childhood and adolescence?

What helped and hindered the process of constructing your memories?

I explored each of these questions in depth, following the direction and pacing of each woman. For example, while exploring the third question, I inquired about a woman's experiences as a patient in therapy, or as a therapist working with her own patients or clients. If she were engaged in the arts, I asked about how that work helped or hindered the process of remembering her life.

The interviews were extraordinary experiences. I was moved and felt deeply connected to these stories and these women. In considering what I could learn from their interviews, how I would listen to them, I felt fiercely protective of the integrity and wisdom of their voices. The interview tapes were transcribed verbatim, including silences and hesitations. I spent many hours listening to the tapes, getting familiar with the layers of each story, the nuances of speech and silence in each interview.

I listened to the interviews using a "voice-centered" method, a *Listener's Guide* which involves multiple readings or listenings to an interview, (*see* Brown and others, 1988; Gilligan, Brown, and Rogers, 1990). Using colored pencils, I literally traced four

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different voices in the interviews: a voice of dissociation, a voice of recognition, a voice of disavowal, and a voice of self-preservation.<sup>1</sup>

### III. One telling of three stories

Rachael:

Afterward

I found under my left shoulder  
the most curious wound.

As though I had leaned against  
some whirring thing,  
it bleeds secretly.

Nobody knows its name.

—Mary Oliver

I dash from my car in the November rain, carrying briefcase, tape recorder, and a bag lunch, and then race up a flight of stairs to Rachael's office. I have not been here before. I have met with Rachael only twice before—and it was she who sought me out initially, after hearing me speak. Now I want to learn more about her story, to understand her struggle to know about her own life. I am also eager to hear her thoughts about clinical practice. The waiting room at the top of the stairs is dark. I turn on a lamp, and there she is, coming up the stairs, not so breathless as I. "The benefits of dancing," I think. We settle into her office, a cozy but not too small room, softly lit, with sofa, soft chairs, a table in the corner. During the hour we meet that day, and during a second hour a couple of weeks later, Rachel tells me a powerful and familiar story, a story of not-knowing, of gaps and lingering questions about her childhood, and a story of coming to know what is unthinkable—a story of entrapment, abuse, bleeding, unbearable pain, incest—and a struggle to name the unthinkable in the face of denials and dismissals by both her mother and her husband. Rachael describes each point of recognition as a "punctuation point." These punctuation points include a terribly painful pregnancy, acute anxiety about leaving her young daughters, not being able to recall visits with her mother, and dissociated fragments of memory that come to her at unexpected times—in the dentist's office, while dancing, or with her own clients. Rachael tells me that for a long time, "I had no sentences, . . . just these little punctuation points in my life," and, she muses, "I spent a lot of time under the covers, only really half-conscious."

As I listen to Rachael, I am stunned by her persistence and her sheer courage, in the face of

denials and evasions, in putting together the story of her childhood, to preserve herself, to be fully alive. Rachael tells me what sustained her, what kept her alive, was reading "voraciously" as a child, watercolor painting, writing, dance. In turn, she'd given up each one—then turned back to dance and to writing. Near the end of the second hour of conversation, Rachael spoke about her search for a clinical community, for a context where she could speak about her work as a therapist with other therapists who share a history of abuse—of dead ends, silences, the distancing of colleagues, the whispered warnings not to speak. So far, she's heeded them, but now she spoke of her determination to create, for herself and for me, "a group of like-spirited women."

Jane and Elizabeth.

We have returned so far  
that the house of childhood seems absurd  
its secrets a fallen hair, a grain of dust  
on the photographic plate

we are eternally exposing to the universe  
I call you from another planet

to tell a dream;  
Light years away, you weep with me. .

—Adrienne Rich

When Jane discovered I wanted to speak with patients who remembered abuse, she immediately asked her therapist, Elizabeth, if she would join her for an interview. Jane then called me and set up the interview. We settled in on Elizabeth's soft blue and white striped chairs for a one hour interview just a few days later, and repeated the process again within a week. Jane is nineteen years old, a young woman with long red hair and a peaked little face; she appears both anxious and excited about the interview. Elizabeth, a middle-aged woman with dark hair and glasses, is quiet through most of the first hour, but not unresponsive—she nods, laughs, leans in to listen. The quality of her attention is extraordinarily respectful.

Jane began seeing Elizabeth when she was seventeen and a freshman at college, after a suicide attempt. Sitting with the lamplight shining on her impossibly red hair, Jane states unequivocally, "We did not hit it off at first. We did not! Can you imagine finding yourself with a psychiatrist who actually says things like, 'Can you tell me more about that?' and

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'How did you feel about that?'" Jane screws up her face and both laugh together. Then she tells me a remarkable story of her relationship with her therapist—a story of testing, giving up, and finally "getting through"—that has changed her life.

In this interview, stories unfold as little paper boxes nested in boxes. In the course of telling me about her changing relationship with Elizabeth, Jane also told me about years of being abused by an uncle, her awareness that her little sister was in danger, and her realization that her own abuse may have begun earlier than she'd known at first. She spoke in an animated way about the crucial importance of her acting all through high school and her first two years of college, and described ways that her dissociation actually helped her acting. When I remarked how alive and vibrant she seemed to me, Jane spoke about the ways she felt undermined and nearly "wiped out" by her mother, father, and uncle. But in the second interview, she spoke about "coming alive" when she began to "fight, go all out and really fight" with her therapist.

Elizabeth, invited by Jane, then spoke about her side of this relationship, including her painstaking decision to change her supervision when Jane was ready to quit. Elizabeth told this story as much to Jane as to me.

Emily

Under the lashes  
of my own eyes, I thought  
I am so many!  
What is my name?

What is the name  
of the deep breath I would take  
over and over  
for all of us?

—Mary Oliver

When I asked a colleague and friend if she knew articulate women I might interview about memories of trauma, she immediately suggested I speak with Emily. I had read Emily's writing and recognized her, wordlessly and clearly, as a truth-teller. I now learned that she had given up her studies as a graduate student to become a full-time writer, and thought she would be interesting to interview.

We meet in my apartment, at the dining room table, over chocolate cake and hot tea. After I explain my project to her, I turn on my tape recorder and we

talk, while the snow flies in the late afternoon light. I ask Emily if she'd ever been aware of gaps in her memory. "Oh, that's an easy question," she says, "I dream in a language I don't know. I dream in French a lot." She tells me that until fairly recently she remembered nothing at all between ages five and fourteen, and she noticed this for the first time when she was in college. She is twenty-four now, so that was not so very long ago, I realize.

But it is nearly impossible to tell you the *story* Emily told me without saying *how* she spoke to me. For Emily distrusts words, and she uses a phrase from Toni Morrison to describe what she can trust, "truth in timbre"—the sound of words, the silences between words, the emotional resonances of the human voice. So, as we speak, I discover myself listening in this way, finding our connection in a tilt of her head, the meeting of our eyes, the changing timbre of feelings in her voice and in mine.

Emily tells me a story of multiple abandonments in early childhood, beginning with the loss of her mother at nine months of age, then living with her grandmother and leaving her grandmother at four and a half and coming to the United States. That story of repeated loss was the context of her older brother's sexual abuse of her, and his abuse included ties to a Satanic cult . . . a story that Emily alludes to but leaves in silence. She is remarkably aware of experiences of dissociation and the presence of her alters, but it is her repeated recognition of cultural denials and lies, the abuse of power all around her, that stands out for me as I listen to her. For example, she speaks of her loss of her mother and the lie that was told to cover the fact that her mother was alive and living in an institution, something she learned at fourteen. "I'd always been led to believe that my mother had a brain tumor and had just probably died, because in [my family] you don't talk about mental illness, um. Since then I've understood that schizophrenia is certainly not the diagnosis . . . I have her paintings and I have pictures and I have letters . . . at the time it was a label, a way of just saying, she's crazy." It is this capacity to speak in circles of recognition, breathing life and feeling into her seeing, carefully tracking lies and abuses of power, that allows Emily to stay with herself and to hold fast to her own knowledge.

#### IV. "I didn't know, but there were things reminding me": Voices of dissociation and recognition

When I first began to listen to various voices in the interviews, I could not hear very well. I sat on my

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living room floor with over 120 pages of interview transcripts and my four colored pencils, and kept trying to listen for one voice at a time, the proper way to use the *Listener's Guide* method. But I couldn't do it; as soon as I began to read for the voice of dissociation, I began to hear a dialectic of dissociation with a voice of knowing or recognition. This was the case in all three sets of interviews.

Rachael, after talking about a period when she was "going under the covers" and was not able to remember visits from her mother, even just after her mother left, began to describe how she made sense of these experiences for herself:

And so, inside myself, this very very deep feeling and I didn't know, you know, but there were things reminding me, all these things that kept reminding, telling me, you know, just little punctuation marks in my life, and I knew there was something very wrong; I could feel it . . . yet I had no sentences, I mean I have some sentences now, but then, only these punctuation points.

Rachael's awareness of her dissociation was, in itself, a sign to her that "something was very wrong." Again and again, in her conversation with me, a voice of dissociation and a voice of knowing, recognizing, realizing, occurred in tandem, "I didn't know . . . and I knew . . . I could feel it."

As Jane begins to describe her dissociation, she is shy and self-conscious: "It's like looking through a fog, no, like *walking* through patches of fog. In some places you can see nothing, then something leaps out, sudden, suddenly, and it has no context, and then you are lost again." She pauses, pensive, "If I listen to myself, sometimes I sound like I don't know what I'm saying, but I do." Jane then goes on to tell me a complex story of confusion about what abuse happened to whom and when:

When I was first, first telling Elizabeth about my Uncle Henry, I mean the things he did to me when I was ten and eleven, and then how I had to stop him when he started in on my little sister, Katie, who was then only eight. I was talking about my little sister and how I first tried to tell my father, but as I was telling Elizabeth, I was seeing him, my uncle I mean, this is odd, as a tiger. He was pretending to eat her up, and he's telling her the parts to play, she, he's telling her the part she has to do, like she has to get out of all her clothes and jump on the tiger's stomach, and so she kind of listens, but she is only half-listening, because she really doesn't want to do this.

"How did you know that she was half-listening?" I interrupt to ask, curious about this. "Because her eyes were going over there," she says. "Only, I saw her as much younger, and all of a sudden, I knew that I used to play, I would play in the back yard, stalking and killing a tiger, by myself. So I didn't know if it was me or my little sister I was remembering, and if it was me, I must have been only four or five."

"Younger than you and Elizabeth had thought?" Jane nods, looks out the window. "How did you know if the little girl you saw was you or Katie?" I ask, wondering how Jane understands this now. "I don't know, for sure. It's just odd. It feels very real to me, but I don't know," she replies. "And after this, did you become aware of any gaps in time and memory?" I ask.

No, *during* it. When I was in it, but not in myself. Even now, when I am looking at that scene, I am not in myself. I am looking at a girl who is speaking to her therapist and sounding crazy, ["Crazy?" I ask.] . . . or at least really confused, and I am looking at the one who is listening to the uncle and only half-listening. She doesn't want the part he's telling her, but she doesn't say so. So she checks out instead. And, I, when she checks out, I check out . . . so even though I should not be able to know it, I know this happened to me.

In this layered story about remembering herself remembering and getting "really confused," the voice of dissociation—Jane's experience of looking and listening from outside herself—is entwined with a voice of discovery, of knowing: "I saw her as much younger, and all of a sudden, I knew that I used to play, I would play in the back yard stalking and killing a tiger . . . when she checks out I check out . . . so even though I should not be able to know it, I know this happened to me." Following the voice of "I" in this passage, we hear her dissociation and her knowledge together: "I saw her . . . I knew . . . I would play . . . I check out . . . I should not be able to know it. . . . I know this happened to me."

Emily also speaks about knowing or recognizing dissociation in her life in terms of knowing what she should not be able to know, coupled with her awareness of gigantic gaps in time:

I dream in a language I don't know, I dream in French a lot. I don't know how to speak it in my waking, so. So I know there's definitely something I'm not remembering. I've always known that I have very, very vivid memories of early childhood, but then up until six years ago, no memories . . . a gigantic gap, from about five

years old to fourteen.

I asked her, "When you were fourteen, can you describe some of what that awareness was?" Emily then described her confusion about events lived in time very vividly.

Very little, I mean little spotty things, tiny things but not, nothing, nothing clear. . . . When I looked back on the immediate past, there was nothing. It sounds weird, of course you would know, but I didn't know.

She glances down at the table and her long hair falls to cover her face. I say, "Oh no, no, it does not sound weird, I get this!" Emily looks up, we laugh together, saving us both from the shame of this familiar sense of unaccountably missing time. Rachael, Jane and Emily also described dissociation in terms of disjointed experiences—information, ideas, memories, coming to them "suddenly" or "as if from out of the blue." These experiences, in fact, were usually triggered by perceptual cues, such as pain, position, or an auditory or visual impression (*also see Terr, 1994*).

Rachael spoke about feelings of sudden inexplicable anxiety with the appearance of terribly painful varicose veins in her vagina, and during this time, "laying back in the dentist's chair, something about that position, . . . and all these children's songs going through my head." Then she laughs and adds, wryly, "You know, if I weren't a clinician, I would have locked myself away."

Jane's experiences of the inexplicable range from moments of forgetfulness, "I forget things all the time, my keys, my books, and sometimes it's really inconvenient," to very confusing experiences about who she is and is not. For example, when she is acting in a play, she sometimes feels, "much more like that character than myself, until I do not know who I am clearly." What was most stunning to me, as I listened to voices of dissociation and recognition together, was that each of these women recognized dissociation itself as valuable to them, as key to both survival and knowledge:

Emily, who named her journal, "Learning to float on the sea at the opening of memory," describes her writing in this way:

When I started to write, I started to remember all sorts of things, like my mother holding my feet; it's a very important memory for me. You know I have this rabbit I sleep with, and I call her Lou, and I always hold her feet when I'm carrying her around . . . and I remembered through my writing, that's um, what my mother did. And then I have a

photograph that I had enlarged. A teenie little weenie photograph that when it was enlarged it was so grainy, but you could see her holding me up and holding my feet . . . and then I started to remember all sorts of things, not just these horrible images that were violating in themselves to remember in isolation, but you know, things that could help me to build a life.

For Emily, writing became so central that she dropped out of graduate school to become a full-time writer. Her writing, precisely because it is dissociated at times, brings her "things that help me to build a life."

Jane spoke about the value of dissociation in terms of feeling alive in her acting:

Acting was a way of feeling alive, sounding alive and being alive, when I couldn't feel that as myself really. . . . In sixth grade, when I first started, I didn't know I'd be any good at it. I was just desperately trying to find some kind of connection to myself (she laughs), and I remember thinking I was really bad, because I couldn't remember my lines. I'd have it all in my mind, and then nothing. Then, on stage, something would happen. You want to know how it happens, but you don't. And the words and feelings came so easily. Every character I ever played was so distinct, so real, so much a person, a voice inside me that was me. I think, actually, that what Elizabeth calls dissociation, it really helped me a lot in my acting.

"What would you call dissociation?" I ask.

"Being one character and then another, really being each one, it makes me feel so (two second pause) alive!"

Rachael describes her dancing in uncannily similar terms:

It always had a survival quality to it, a sense of being alive . . . breathing, dancing, you know, has always been a way of soothing my own body, of knowing it was mine . . . in order to really live my life, I had to dance.

Yet in the course of growing up, Rachael gave up reading, watercolor painting, the piano, writing . . . even her dancing, once, briefly, as an adult, when she was in a very treacherous relationship with a man. But to understand this process of giving up what has meant life and survival, something that each of the women did at some time in their lives, I have had to listen to another set of voices.

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## V. "I don't mean to distort this, I know this is true": Voices of disavowal and self-preservation

To listen for voices of disavowal and self-preservation in women's narratives of trauma, it is crucial to distinguish where the women themselves are aware of what they are doing, how they are hearing themselves, and where the process of listening to themselves becomes less fully conscious. In the interviews, when I heard two or more conflicting voices, at least one of them self-denigrating or dismissive, I identified this as an active psychological struggle that arose in response to cultural and familial denials and lies. Each of the women I interviewed told chilling stories of others' attempts to define or limit their knowledge of "reality," to censor vitally important activities, or to prohibit sustaining relationships—an interpersonal process I name as "psychological gaslighting."

The struggle to persist in finding out about childhood memories in the face of others' dismissals and vague answers was clearest in Rachael's interview. When she had terribly painful varicose veins and vaginal bleeding, Rachael's husband dismissed her fear and pain, saying, "There's nothing wrong; why don't you just calm down about this?" It was in the climate of this marriage that she began to wonder about her childhood, and to make active inquiries about what really happened, questioning her mother. Rachael described a memory that came to her two years ago while standing in the kitchen: "I don't mean to distort this; I know this is true. I remembered being in a doctor's office, I remembered the blood, the vaginal bleeding, and I suddenly realized I must have been seven years old, you know?" Listening to the voice of "I" in this passage, we can clearly hear an initial hedging followed by a struggle to believe herself: "I don't mean to distort this . . . I remembered . . . I remembered . . . I suddenly realized I must have been seven years old. . . ."

After Rachael recalled this, she turned to her mother, hoping to fill in the missing information: So, I went to the phone, called my mom, and said, 'Mom, I'm just really think, thinking about when I was little. I had vaginal bleeding. Did you take me to a doctor?' Well, my mom could only vaguely remem— 'Oh, oh, yeah,' she finally says, 'I remember taking you to the doctor for that.' 'Well, what did he say, Mom? What was that about?' 'Oh, I really don't know, I can't really remem—' 'Well, didn't you take me to a gynecologist?' Well, I grew up in a small town, she

said, 'and you know, we didn't have any gynecologists.' I mean, I was just taken to a GP who is long dead, and I tried to track down the missing records, but no luck. Um, anyway, she was no help, except to confirm she had taken me. . . .

Here Rachael's voice trails off. But what astonishes me, however, is her persistence. Twice she interrupts her mother's vague replies with specific questions, and failing to get specific answers from her mother, Rachael tries to track down the missing records by herself. As I listened to Rachael, I could not help but wonder where she gets the strength to resist her husband's continuing dismissals of her fright and pain, her mother's evasive answers to her own crucial questions, to actively continue to inquire into her past.

Jane spoke about the different ways her mother and father undermined her during her adolescence. "The wall between my father and me was getting bigger and bigger after I told him about Uncle Henry. He just dissed everything I said," she says, slipping into the idiom of her childhood. "I was eleven, and starting to change physically, so he just became terribly strict, distant and strict." "Your father?" I ask.

Yeah, and he started to tease me about wanting to bring boys home. It was weird because at the time I wasn't interested, I wanted to get away from that. One time he said, just sort of kidding, 'If you bring a boy home, they'll have to meet me, and I will make it hell for them, you know,' ['He said that?'] Something very close to that, yeah. There was this boy, Jeff. I met him in a play when I was twelve and we got to be good friends. I trusted him in a way that I couldn't feel with anyone else. I didn't bring him home, but my dad found out somehow, and insisted on meeting him. After I introduced Jeff, he had to stay for dinner. It was horrible. My dad called him, later, not to his face, he called him a 'faggot boy', because he was in the theater, you know, and said I would never see him again because I would never be in another play. I was terrified because the dream of being in the theater, it was my whole life.

Jane went on to explain that "When I said I would give up that friendship, but not theater, my dad settled down again." "And did you do that?" I asked. "Yes, I just refused to speak to Jeff, pretended that he was invisible, inaudible." She looks down and away, the signature of shame. "I don't remember crying about much of anything during that time in my life, but I cried and cried, in secret, about losing Jeff. So whenever I loved anyone or really took something seriously, I knew after that that my father could not

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know, or it could be taken away from me.”

Having been deeply undermined in relation to a boy whom she trusted deeply, in exchange continuing the most vital activity of her life, Jane began to notice that her mother could not support her either. “She didn’t believe me and she didn’t support me, not ever,” Jane’s voice drops, “and I don’t really blame her, because now I can see that she was afraid, . . . but I don’t trust her, and sometimes I blame myself that I don’t trust her, or anyone. Growing up I learned that the only person you can rely on is yourself, no one else is going to step in and help, and in the future, I can hear myself saying this to myself, ‘there is no one you can trust except yourself’; I am always going to know this, and I am always going to wish it weren’t so.”

In the doubleness of her listening to herself in the present and in the future, I hear Jane actively struggling to know if she can trust anyone. I hear her fighting to sustain a vision of human goodness against an uncompromising and undermining inner voice that goes on saying, “There is no one you can trust except yourself.” Later in the interview, however, when Jane spoke about her relationship with Elizabeth, a much more complex story about trusting herself and others emerged.

Emily told me a story that was very familiar to me. Several years ago, when she was working at a therapeutic school for severely disturbed children, she became aware of “one little girl, and I used to put her on the school bus, and I used to always talk about looking into the window at her, and once I said, I slipped and said, ‘mirror.’” Emily recognized this as a warning sign and she asked her therapist to help her, “Watch me, just really watch me on these issues.” My heart breaks to think of her requesting this kind of scrutiny, rather than seeking a conversation, some real understanding. Emily goes on to say, “I was shocked, . . . what she said was, she didn’t know that I could do this work because every one of those children had a history of abuse . . . there was no way for me really, really there would be no way for me to work with them.” “How did you hear that?” I asked. “I heard it as, O.K. I’d better go back to school and figure out something else to do. I heard it very much as law. She had an enormous amount of power.” Emily pauses then, looking intensely at me, and goes on, speaking more softly, “She was my therapist, and if my own therapist thought that I didn’t have any business, I already thought I was doing grave damage every time I looked at a child, and if my own therapist was telling me, I just ended up quitting, just destroyed the whole thing, everything.” I persist, hoping to find a voice of

self-preservation in her, I suppose, “And now, in retrospect, what do you think?” She replied, “I think, honestly, I think the Dr. Stevens of the world should not be doing this work, or should do a very specific piece of work, but she doesn’t know what she did not know . . . so her word came down like law, directly translated into power.” Emily’s face is flushed with her anger. I tell her that I, too, was told that I could never work with abused children by my therapist, “And she was so wrong about that, so very wrong.” Our eyes meet and Emily holds a long look of resistance.

Although it was confusing, isolating, even terrifying sometimes for Rachael, Jane, and Emily to become aware of experiences of dissociation—to seek a life story from their disjointed voices, memories, selves—I did not hear, not even once, any of them doubt that they knew what they knew. The dialectic between dissociation and recognition was strongest when they were trying to describe remembering, as if they were reliving coming to know in the very telling of these memories.

The experience of trauma, it seems to me, creates a heightened need to know what is real and who one can actually trust. Questions about reality and relationships are also deeply questions about oneself as a trustworthy storyteller, as an interpreter, as an author of a life. The dilemmas these women experienced in response to cultural and familial evasions, distortions, prohibitions, and lies were searing dilemmas. If there were moments of giving up what was a vital activity or relationship, disavowing one’s own feelings and giving in to someone else’s version of reality, a choice to go underground to protect what might otherwise be lost forever, these choices must be seen against a backdrop of chronic abuse and psychological gaslighting, a potentially devastating combination, particularly during childhood and adolescence. Still, I see Rachael, Jane, and Emily as resisters—they see through distortions and lies; they protest the abuse of power; and they resist, perhaps most crucially, giving up the possibility of real love, real relationship. Nowhere was this more powerfully evident than in their descriptions of their relationships in psychotherapy.

## VI. “Can we walk into this space together?": Denials, lies, and love in psychotherapy

In the second interview, Elizabeth and Jane each spoke about their relationship. Jane glances at Elizabeth, a little half-grin on her face, and begins,

"We did not hit it off at first. We did not! Can you imagine finding yourself with a psychiatrist who actually *says* things like, 'Can you tell me more about that?'" and "How did you feel about that?" Jane screws up her face and both laugh together. Then she asks Elizabeth, "Wasn't it like that?" "Yes," Elizabeth confesses, still laughing, "But you were a little hooligan of resistances. You just sat there, slumped down and scowling, giving me one word answers or that awful shoulder-shrugging silence. I didn't know what to do with you. . . ." Jane smiles at the recounting of this, shrugs one shoulder as if to tease Elizabeth, and picks up her side of it, "That was my way of seeing if you were worth talking to, and I was ready to give up on you after the first year." "Yes, she was, she came in and announced she was leaving one day. All my training told me to sit tight, sit it out, but I knew in my heart this kid would actually leave, that we did not have a relationship she could hold onto. So, I went with my gut and invited her to arm wrestle me, there, on the edge of my desk." Jane giggles. "It was completely irresistible," Elizabeth says, "an angry kid who wants to fight, invited into a combat of strength. I won, of course." "No," Jane says, "You won physically, but I won really because after that we started to fight, verbally I mean (turning to me), and I knew I was finally getting through to you." Elizabeth nods, as if she had been the recalcitrant one. Jane goes on, "I started feeling better when she would go all out and really fight with me. I felt like almost like it was an expression of love or something, you know?" "I couldn't afford to lose you, and God, all that rage had to go somewhere!" "What did you fight about?" I interject. "Everything," Elizabeth laughs, "What I said, and what I did not say. My clothes and where I sat in the room. For months, about whether we could go out for ice cream during a session." I turn to Jane, "At first, she said the stupidest things to me, and she did, you did, wear the most uptight clothes, and she'd never sit on the floor, or sit beside me." "I needed a lot of reforming," Elizabeth laughs, "But nothing prepared me to take any of these demands seriously ... atmosphere suddenly changes as their eyes meet. Elizabeth turns back to me, "Then finally, I changed my supervision, and I began to really listen to Jane." "What changed for you?" I ask Jane. "She became more a real person. We went out for ice cream, for one thing, so it wasn't such a private, almost secret, relationship. I could finally talk to her, really talk. It wasn't such a weird, stiff relationship, you know?"

Elizabeth then spoke about her side of this relationship, and the ways she has changed "as a thera-

pist, as a mother, as a person, in every facet of my life" during the years she has known Jane. She described discoveries about her own childhood and adolescence. Elizabeth told this as much to Jane as to me.

Nowhere have I heard the transformations on both sides of the psychotherapy relationship spoken so clearly and powerfully. For Elizabeth, I learned later, this was a huge relief, to speak to a psychologist and a researcher about her work openly—against a backdrop of dizzying contradictions and distortions and of her psychiatric training. I wasn't surprised in the least that the catalyst for her seeing that the therapeutic relationship had to change was her relationship with a suicidal, abused teenage girl, whose most trustworthy "symptom" was perhaps her resistance to traditional clinical practice (*also see* Rogers, 1991, 1993; Gilligan, 1991). As Elizabeth put it, "If the whole relationship were in question, if she never knew what was and was not real in this relationship, how could she trust me, or come to trust herself?"

Rachael also spoke eloquently about her work as a therapist, extending her discussion to include relationships with colleagues and supervisors. She began to speak about her work as a therapist in her second interview, telling me what it was like when "things just started breaking loose, I would be sitting with someone and suddenly I was just somewhere else, in my own life. It took everything in me to stay in that chair." She pauses, lets out a great sigh. "And I just knew internally that I needed more supervision, so I went, I tried to talk in my peer supervision group about some of the processes that happen within us as therapists . . . and I did not find a very receptive group." Rachael spoons yogurt into her mouth and pauses, looks across the room, thoughtful, puzzled, then continues:

Well, people wanted to keep themselves out of the experience, no one was willing to say, 'When I did this, I really wondered what was going on in me,' . . . you know, allowing that vulner—and I came out shook up and upset, like dammit, you know, 'why am I so weird, why do I want to explore this and grapple with it and nobody else wants to?'

Questioning herself, Rachael drops this thread of our conversation, then returns to it later in the interview. She tells me about several efforts to open a conversation about clinical work with colleagues: "I felt like I could identify more of my own history and remember more, and I wanted to find more colleagues, that kind of support, and I've, I've been

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very disappointed with how some colleagues have pulled back from me like I must have, you know, leprosy, or something . . . and a couple of people I know have a history, they just pulled back 20 paces." We puzzle over this together, coming to the story of our own meeting. Rachael says, "It was through this search that I found you, and you, I thought, would know all these people, and where are they?" "They're really in the woodwork," we say together, and laugh. "But why is everyone in the woodwork?" Rachael asks, "It saddens me." We speak about the sense of being divided from our colleagues, and Rachael asks, "I mean, why do they have to divide us up, those of us with memories of abuse, versus everyone else?" Her questions are poignant, painful, without clear answers; yet they capture a climate of clinical practice.

Finally, much later, I come back to a nagging question, one I could not articulate earlier, "Was there, do you think there was something missing from your supervision, that you wanted to be able to talk about with peers or colleagues?" Rachael shakes her head, as if to waken herself, and says: "Luckily I've chosen supervisors who would talk about themselves a little bit, but, they, too, were, you know, keeping that distance. . . ." While she is quiet, I take up this line of her thinking, dropping my questions altogether, "And, in a way the supervisor-supervisee relationship mirrors, and is meant to in some way. . . ." Rachael finishes my thought, "Mirrors the doctor-patient relationship, right, absolutely." We speak together about what we decide must be a rather common dilemma: "You do not talk about your real internal struggles in supervision, not the details, and you don't talk about your clinical work with friends, and who do you turn to, to understand the meanings of these two very intricate overlapping patterns of relationship?" Rachael introjects, "See, well, that's why I'm looking for a little group of like-spirited women, where you know, all these things can mesh."

As I listen to this conversation now, it reminds me vividly of talking to friends who are therapists on Cape Cod—Karen, Marilyn, and Sondra. We met five summers ago at a seminar, and during our free time, walking along the coves or driving down Highway Six at night, we quickly discovered how many questions we never brought into supervision, how often we felt deeply silenced in our own clinical communities. I wonder, again, how common this experience is for women, and what happens to *these* exiled voices over time. Could women come to doubt their questions, dismissing the core of what worked in their practices? Could they learn to give credence to the process of

silencing itself, becoming what eleven-year-old girls have called "the thought police" by censoring their language in the clinical context?

Emily brought this possibility to life for me with a story of a relationship with a therapist who was both very helpful and in the end very destructive, because she spoke in terms that were "absolutely tyrannizing." This was the same therapist who had discouraged Emily's work with abused children. In a passage where Emily speaks about the quality of her own writing, "It has a sound to it, I can recognize it, that's where the real remembering comes, like the life, the me in there," she begins to speak about her relationship with her former therapist. "That's something I could never have done with Martha Stevens, never," she says for emphasis. "She abused language, really she abused power and she abused language . . . (pause) and I know that's a strong thing to say," Emily's voice goes from anger to almost inaudibility here, and I tell her, "I think I may really understand what you are saying in the sense that I would use almost the same phrases to tell you about a relationship I once had with a therapist, but I don't want to imagine my experience in place of yours, so please tell me more of what that means to you that 'she abused power and language.'"

*Emily:* She abused her power by not embodying it . . . she doesn't speak English, she doesn't, I guess that's kind of a mean thing to say . . . (her voice again becomes inaudible).

*Annie:* What did you mean by that? Because maybe you touched on something that was right.

*Emily:* Do you know about how Cixious talks about writing from the body? [*Annie:* Uh, huh.] Dr. Stevens doesn't talk from a body, well a lot of people don't, but to sit in a room with me and talk about intensely bodily experiences, profoundly violent bodily experiences, and not to speak with words that come from a body? It's unthinkable; how do you do that?

*Annie:* I don't really know, but how could you tell that her words were not from within her body, how could you tell?

*Emily:* She never loved me (eight second pause). That's the truth. I can't believe we've been sitting here for five years and you can't, you don't know me, you don't love me, you play peek-a-boo in my life, in my memory, but you don't know me, the person."

I quoted this passage at length, and my side of it, because the knowledge that Emily speaks is so fragile her voice becomes inaudible twice, and it matters to

me to hear her, to have her voice be in her world, her experience joined to mine, her words a living resistance to the various tyrannies of clinical language. Emily goes on to tell me numerous ways that her story of her life was reinterpreted, so that in the end, she felt she could not speak and be heard, in effect she had no voice in the dialogue. Her former therapist wrote articles on trauma, and one day, Emily told me, (a look of pure glee):

I wrote in magic marker all my complaints . . . big gigantic letters and I read it to her, I mean I wanted her to see that I hated it so much, that I overwrote her . . . and basically, please get this woman out of patients' lives, because it's like that Auden poem, you ask not to be dropped one more time, I mean, you get thrown into this room with this woman and you *will* be dropped, and if you're dropped enough, you shatter. . . . And she just said she was very committed to my recovery, and I said, 'I don't need your commitment to an illness, my recovery from what you see as pathology, you're not hearing me. Be committed to my life, to my writing, to my voice, but not my fucking recovery.' It was very frustrating, and my anger, it was re-interpreted as about something else altogether.

"How did you get the courage to leave that relationship?" I wonder aloud. "God, that's a hard one. I was really afraid, I knew I had to get out . . . and she gave me a list of people to see, but I already had someone." "Before you left?" I asked. "Yes," she replies. "Boy, was that smart," I can't help saying. Emily smiles. "That was sneaky, but I couldn't have left. And I couldn't stay, I couldn't write." I was beginning to hear a connection between being heard and having a real voice and being able to write. "Is there a difference in what you can voice, what you can write, now, with your current therapist?" I asked Emily. "Oh yes, with my current therapist, I'll call her Dr. Morrison, I'll call, um, to me, um, actually she's Bea, and with Bea it's completely different." Emily gives me the flavor of this connection in the following story, "We sat together side by side on a Saturday afternoon, a double session, putting together the fragments that have fallen away." Emily reads to me what she wrote to Bea: ". . . You searched for me in those photographs, and let out a little cry when you found me. We sat next to each other, side by side on the floor. Today you thought I might be overwhelmed by it, but I feel you touching me, holding me. . . ."

"You know, when I hear you, when I hear that description of you sitting, looking at the pictures, her

finding you in the pictures and that cry, there is the sense that she is a real mother to you," I tell Emily, and she confirms this, "Yeah."

Emily then describes to me how her writing has come to life in this relationship, and how, "in contrast to Dr. Stevens, Bea locates herself, again and again and again." I ask her to tell me what this means, how Bea does this, and Emily tells me a story that will stay with me for a long, long time, forever perhaps:

You know, she feels very bad about giving me the bill, and she says, she's always awkward, and she'll say, (Emily laughs), 'I can't do this, I don't want to talk about this, I just can't do this,' and it's that she brings it into the room, to speak about it, that makes it allowable. . . . And, one time, she was going away on vacation, and I said, you know, could you maybe, tell me where you'll be, but I won't have to, to know, but just in case . . . and she said, 'Sweetheart, in this room with us, your knowing can be known. You will always know where I am in this, in this world.' Um, she said, 'I could not have committed to work with you and put up that kind of restriction.' She said, 'You've never known where your mother is. How could I deprive you of knowing where I am?' [How extraordinary]. I mean, she tells me that she loves me, she says it, she calls me sweetheart, and she knows Helena, she teases Emily Dickenson, she told Sonya she could beat the shit out of her if she had to, she just takes enormous risks. I mean, one day, I felt shut out of the rest of her house, so she took me to the kitchen and made me a tuna fish sandwich, (Emily laughs), and we sat out in the garden, and I ate it. . . . [Emily pauses, thinking this over]. She's a different kind of person. When I walked into her office I knew, her eyes, I mean she was so different, Martha Stevens was always the expert, always the word, and Bea said to me, 'There are a lot of people who understand trauma more than me, and I thought, 'No, she knows other ways of seeing and knowing and being.' [Emily pauses again, and I say, 'You recognized her.'] Yeah, and she, when I had breast surgery, and it was a horrible experience, she came to my house every day, she held my head and helped me to vomit, she sat with me, she held me . . . all the time being tremendously respectful . . . real, she's careful, but she's real, and we can walk into this space together.

I sit in the stillness, let Emily's words come into that quiet, wash over me in that space Emily and Bea walk into together—"You searched for me in those

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photographs, and let out a little cry when you found me. . . . 'Sweetheart, in this room with us, your knowing can be known. You will always know where I am in this world.' . . . I felt shut out of the rest of her house, so she took me to the kitchen and made me a tuna fish sandwich, and we sat out in the garden, . . . She held me, all the time being tremendously respectful." I listen to these words and my own longing opens into the thought, "How extraordinary, this practice of psychotherapy that is *really* a practice of relationship, what should be so ordinary."

Toward the very end of our interview, after the late afternoon light faded to dusk and to darkness, Emily said, "So, you see, how for me, the writing, the memory, trauma, therapy, are all connected." Yes, I do see.

## VII. Epilogue: Real relationships and memory in psychotherapy

Take care when you speak to me  
I might listen

-Tess Gallagher

As I listened to the voices of Rachael, Jane, Elizabeth, and Emily, I had to keep steadying myself, listening into my own voice in exile—the denials and the trembling to know and to speak. What did I hear? First of all, that the experience of recognition, of knowing, is connected to dissociation. Secondly, that to pathologize dissociation or to continually question the veracity of women's stories of the past creates an "us" and a "them," which utterly undermines the voice of knowing. And finally, that experiences of physical trauma and psychological undermining heighten lifelong questions about what is and is not real, and about what makes a relationship worthy of being called love, giving these women an acute angle of vision into that peculiar and difficult practice of relationship we call psychotherapy.

As I read the interviews and listened to the tapes, my sleeping and eating were disrupted, my dreams became nightmares. Yet as I wrote I was filled with a sense of exhilaration, of coming to know something that has puzzled me for a long time. In a late-night discussion with Emily, I felt a sudden longing that every woman might hold the hope she now holds—of a deep and lasting relationship with a woman therapist, someone she truly loves, someone who is awkward at times, careful, skilled, and ultimately very "real" (*also see* Rogers, 1991; Gilligan, 1991). I do not mean to imply here that therapists should become

"friends" with their patients. These relationships are unequal. It is undoubtedly crucial to attend to the transference and countertransference layer of these relationships. What is often not acknowledged, however, is that it is critical to recognize that these relationships are real. In psychotherapy two human beings are deeply affected and are vulnerable to one another.

Trauma heightens the questions that many girls struggle with during adolescence: What is real and not real? Is it possible to be authentic, and therefore to really love someone and be deeply loved? Women who have experienced trauma cannot afford *not* to continue asking these questions. In fact, these questions become a life or death kind of issue in psychotherapy, because it is impossible to accept what Elizabeth calls a "traditional" relationship as real when it is not acknowledged as real, without deeply betraying oneself.

Furthermore, traditional psychotherapy elicits our deepest childhood wishes for love and protection and truthfulness, and then, in the end, frustrates those wishes. They were only meant to be explored, to be interpreted, then—it is necessary for "recovery" to give up those old desires and longings. Time and again, people do; but then, after making that compromise and having to justify it in their therapists' terms, their liveliness is compromised, their knowing blunted, as pervasively as it is in girls at adolescence.

Most startling, once therapists accept the loss of desire—of real love, giving up the hope of a real and enduring relationship—and enter that framework completely, then it is not only possible but absolutely necessary to justify it. It seems that no one else can have what we were required to forego. The justification of this loss involves therapists enforcing the traditional framework of psychotherapy, complete with its rigid rules and boundaries, and it also involves the silencing, the censoring, of disruptive voices. Perhaps this is why it is sometimes so hard for therapists to speak about real questions—with supervisors, even with colleagues—and why is it so hard for therapists like Rachael to try to speak directly about their trauma.

There is little doubt that a process of psychological repression is going on right now; colleagues warn Rachael, with the best of intentions, "Don't speak about your abuse history—it will make you less credible, and you won't get referrals." Recent controversies about the nature of memory (Loftus, 1991), assertions by parents about the "false memories" of their children (Doe, 1991), and

accusations that some therapists “suggest memories” (Yapko, 1994), have contributed to a climate of denial and censorship—despite the growing evidence of the pervasiveness of child abuse and child sexual abuse in this country (Finkelhor, 1986; Garbarino, 1992). The false memory movement may be the next wave of political repression of stories of traumatic abuse (*also see* Herman, 1992). Alternatively, it may rouse us to anger and to a more compelling study of processes of memory in psychotherapy, bringing about changes in clinical practice that make remembering *more* possible and *more* credible, not less so.

But, if we listen, and I do mean really listen to Rachael, Jane, Elizabeth, and Emily, their voices are bound to be disruptive and to raise discomfiting questions about what is at stake in remembering abuse, in authoring a life story, and in psychotherapy. To have a sense of a lived past, and to narrate that past to a sympathetic human being, is a peculiarly human necessity (Erikson, 1950). To listen carefully to Rachael, Jane, Elizabeth, and Emily speaking about memories of trauma, of what is and is not trustworthy in psychotherapy relationships, means to invite their voices, and ours, into conversation and community.

<sup>1</sup> For further discussion of the methods used in this paper, please contact Annie Rogers at Harvard Graduate School of Education, 603 Larsen Hall, Appian Way, Cambridge, MA 02138.

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