

Trauma and the Zero Process: Clinical and Theoretical Considerations

In this paper I will present some clinical material from a patient of mine, to illustrate the nature of the traumatic process and the form of mental functioning that is left over after trauma, which I have conceptualized as the zero process.

Let's start with the clinical material and then discuss what it demonstrates about the nature of the post-traumatic mind.

A young girl is at the dinner table with her father and two siblings. She is only four and a half, the two siblings are younger. She has had a very busy and demanding young life. Two younger siblings were born, who took her mother's attention away. When her mother was pregnant with the youngest, cancer was discovered. She was treated, but over the next year and a half, deteriorated and finally ended up in hospital, thin and wasting away. The young girl visited her there. She remembered lying beside her mother on the hospital bed, facing away from her and looking at a figurine of an animal that was on the bedside table. This day at dinner her father, with the youngest on his lap, tells the children that their mother is not going to be coming home. He says that they will have to stick together as a family. As he says this, the young girl has a powerful physical feeling, that she has

been punched in the stomach. She cannot breath or eat. And a darkness, experienced not symbolically but actually, as darkness, enters into her through her belly.

This young girl eventually, as an adult, came to see me for help with her relationship, and certain anxieties. She told me about what had happened to her mother. She felt this may have had something to do with her difficulties, and had made some connections, at least intellectually. There is much to be said about the events both before and after this pivotal moment. I would like first to concentrate on the moment itself. The incident was not repressed, but rather she avoided thinking of it. The details I mentioned only emerged with repeated retelling. In some instances of trauma, the avoidance can be almost total, but in her case it seemed to be directed mainly at going into too much detail, at the emotional intensity, and at the connections of the incident to other things. One connection she did make right from the start was that each of her long term relationships had lasted about 4 years, at which time she felt a powerful need or urge to leave.

Cordelia, as I'll call my patient, was in psychotherapy twice a week. Lets look at a few sessions a couple of years into her therapy: she came into a session and

started talking of how she was quite angry at her husband for not doing various things she thought he should, to take care of his recovery from a serious illness he had had. She was not a pushy person in general, she said (and her behaviour in therapy bore this out), but she was pushy in relation to people's health (she had in fact made recommendations to me as well). People were never doing enough to take care of their health, and she would get angry at them for resisting her advice. She remembers this going on at least from the age of 20, when she began pushing remedies on her somewhat reluctant father. I said something about whether there is some pleasure as she does this. "It doesn't feel good when I'm doing it," Cordelia said with some feeling, and a look that showed distaste or even disgust. "I get a funny feeling in my stomach, when I think of doing it. Like with my mother." (We both knew she was referring to the incident when she was told about her mother's death.)

"If you stick with that feeling, what else comes up?"

"Its like a black hole in my stomach, that would suck everything into it." she seemed to visibly shudder as she described this. "It feels like death itself. But maybe its my aggression as well. I think of my fear of intruders. They seem like that same black hole-but maybe they are really my own aggression."

"Come back to haunt you, and attack you."

“It really does seem like it. I think of the dream of the murderer, at night. (A dream dreamt at the start of therapy, of a murderer killing people and burying them, at night, while the patient, in fear, tried to hide.) Was it me?” She talked of her aggression. As we talked of this, Cordelia became somewhat overwhelmed, looking shaken. It was the end of the session, and I asked if she was O.K. to leave. She said she would be fine, but she was a bit surprised by the strength of the feelings.

At the next session, a week later, Cordelia returned to the need to save people. “I pushed S (her stepmother) to give my father some different remedies for his health problems. She said he was O.K. I was about to push some more, but then I held myself back. I tried to let it go. I didn’t say anything more, but it was hard.” She then brought up the incident when she was told of her mother’s death. She repeated what was said by her father, that she had described previously, that they had to stick together as a family. “I lost my appetite. I may have had food in my mouth but I don’t think I could eat any more. Its like I could not swallow; like my food was dry. Time stopped. It was like a black hole. It was like I died, in that moment. For that moment. A frozen moment with a black hole. Like the intruder

in the house, it's dark like the night when the intruder comes in. Is the intruder maybe death itself?"

There was a silence, and I said, "it all went inside you."

"Maybe if I kept it inside me, I could stop time."

"And save your mother."

Cordelia was crying through the last part of this exchange and said, as she had tears in her eyes, that she was not sure why the tears were coming now. She would often start to cry, even at earlier times when we had talked about this fateful night. This may seem unsurprising, to cry as one talked of hearing of the death of one's mother. But the crying would come somewhat unbidden and often surprise Cordelia. It seemed at times to descend upon her, rather than grow out of an integrated retelling of a story. It could gain in intensity quite suddenly, but also disappear quickly.

This example displays many of the well-known characteristics of trauma. One is the suddenness of what happened, and being caught unawares. Cordelia had seen that her mother was sick but no one had talked to her about what was going on. The approach of her father and her maternal grandparents to all this can be seen by the fact that they did not take the little children to their mother's funeral, nor

did they talk much about Cordelia's mother after her death. They were loving but traumatized by what was happening to their young wife and daughter, and seemed to think they were protecting the children. Not to say that if Cordelia had been kept informed about what was going on she would not have been extremely upset, but lack of preparation has long been recognized as playing an important part in moving from extreme upset to setting the traumatic process in motion. Also important of course is the meaning of the occurrence. If Cordelia's father had told her, however unexpectedly, that her pet hamster had died, upset might have ensued, but certainly not trauma. There are other factors, such as the stage in childhood or in later life that the trauma occurs, which will determine the sorts of conflicts and emotional issues that are active in a person's life at the time of the trauma. These influence how the person reacts to the trauma. Cordelia had a loving mother but at this point, as she was in the throes of her oedipal conflicts, she had very ambivalent feelings towards her. She loved her mother and hated her, both as a rival for her father, and because of her attentions to her two other children, Cordelia's siblings. All this is quite natural at this stage, but these feelings became entangled with Cordelia's trauma. To give just one example, only very late in the therapy Cordelia recovered a thought that she had had at the time just after her mother's death. She felt that her mother had left them, of her own volition,

because she was angry at her and in order to punish her. Certainly these emotional complications and entanglements made Cordelia's mother's death, including being told of it by her father, not just an extremely upsetting experience, but truly overwhelming and thus traumatic.

What does it mean to move an experience from extremely upsetting to traumatic? Psychiatrically trauma is defined by the extremity of an occurrence and the aftermath of avoidances, repetitions, and continued hyper or hypo arousal. The non-specialist often often uses the term trauma as a synonym for anything that is upsetting and disruptive. From a psychoanalytic perspective the defining feature of the initial traumatic process is an uncontrolled ego regression. Regression refers to the loss or diminution of various ego functions that normally mediate our relation to both inner and outer reality. In contrast to the uncontrolled regression that is trauma, controlled and easily reversible regressions are part of everyday life. Enjoying a movie for instance, involves a partial letting go of the normal function of differentiating fantasy from reality, if you are to enter into the world of the movie. Enjoying a joke, having sex, going to sleep, and all sorts of creative activities involve controlled regressions. In trauma, all of the factors that I enumerated — the suddenness of the intrusion, its meaning, the weakened state

of the ego — lead to a situation that exceeds the ego's capacities to manage, and a sudden and very deep uncontrolled regression takes place. Crucial ego capacities such as symbolization, the movement of affects from bodily to mental expression, the integration of incoming sensory data and many others, are put out of commission. Let's see how this played out for Cordelia.

When told of her mother's death, Cordelia does not cry or experience the upset one might expect. Rather, she experiences her affects physically. She has a sense of a darkness entering her belly. As she recounted her experience, she made it plain that this was not some sort of symbolic representation of her feelings or of death, but rather was an unsymbolized concrete experience. Among the symptoms that dogged Cordelia throughout her life were stomach pains and times where she would lose her appetite and lose weight. During her therapy it became evident that Cordelia lived in two worlds — the more regular reality of her present day life, and one where someone was about to die. She would push remedies on her sick friends and relatives with such intensity because it felt to her like a life and death situation, and she would get upset at the lack of understanding of the necessity for her immediate intervention. Four years into a relationship she would be pushed by a force she did not comprehend to leave the relationship, and then

to her surprise would feel as if the man had abandoned her, as she experienced the abandonment by her mother when she was four. This kind of aftermath of an experience leads us to label it as traumatic. But why has the traumatic regression led to the experience living on as a second reality, rather than as simply a set of memories of a terrible experience?

I described in papers and my recent book (Fernando, 2012a, 2012b, 2023) how the traumatic process involves the shut down especially of certain key functions involved in the construction of the present moment. What we take to be our immediate experience of the present is actually — as shown by psychological, neurological, and clinical work — the end point of a complex constructional process. Raw perceptions and feelings are integrated and processed in ways such as abstraction, symbolization and connection with similar past experiences, to give us what we usually consider immediate experience.

The shutting down during the traumatic regression of the capacities, such as integration, symbolization, and abstraction, that enable the construction of the present moment, leave unintegrated bits and pieces of raw, concrete, unsymbolized experience. These make up what I have called the zero process. The

breakdown in the construction of reality during trauma also interferes with these pieces of memory becoming part of the past. They are not laid down as more regular memories, that can be scanned and then put away — a key characteristic of the psychological past. Rather, they have the intrusiveness and tendency to run only in one direction, outside of the person's control, that present experience possesses. But, unlike present experience, they do not happen just once. One could say that they never happen fully, as they live in the present and future, always about to happen, sometimes happening with great intensity but then, unlike the actual present, never fading into the past, never making way for a new present or a new future. This crucial difference means that unlike regular experience, which quickly clears out of the perceptual systems of the mind, retreating to the memory systems (Freud, 1925), zero process memories remain within these perceptual systems as a second reality.

Conceptualizing the zero process as a special form of mental functioning, distinct from our more reality oriented secondary process ego functioning, and from the primary process of the deeper emotional unconscious, allows us to explore the post traumatic mind and its characteristics in interesting ways. It is commonly thought that when triggered people repeat their traumas, but a careful look at

many cases suggests that what happens is not a simple passive compulsion to repeat. Cordelia lived in a world where other people, and herself, were about to die, or about to be abandoned, and she worked hard to keep these things from happening. If we look closely at examples of post-traumatic reliving, we will find the worst of the trauma not in the present reaction, but in the person's future. I have described this dynamic, of pushing the height of the trauma into the future, as **temporal shifting**. Temporal shifting is one example of what I have designated **zero process defenses**: defenses in which certain properties of post-traumatic mental functioning — the zero process — are used to manage and control traumatic memories, as well as emotional conflicts and other issues that become connected with them. Zero process memories, living as a second reality, are always happening or about to happen. Temporal shifting makes use of these characteristics of the zero process to push the worst of the trauma into the future, and the person works to prevent this future catastrophe from happening.

Many things can have a zero process version. As an example we could take mourning. Volkan (2014) describes perennial mourning in a number of his patients. For these patients the mourning is never over and the lost person is ever present. The mourner does not develop depression, but continues endlessly to

engage with the object. Volkan describes a patient who talked to his dead brother in his car driving to and from work, even though in other ways his reality testing was fine. Cordelia had a version of perennial mourning, which could also be called zero process mourning. She could cry about her mother when talking about the loss so it might seem as if she was engaging in a mourning process. But here, as with other aspects of zero process dynamics, the final resolution was ever in the future. In regular mourning there is not only the sadness and pain of loss but the working through of it, a coming to terms, which leads to a release phase, where the person releases some of their attachment to the lost person, with the energy being freed up for present concerns. This process happens thousands of times in relation to all sorts of memories and feelings, as the sadness and pain of loss, and denial of the reality, struggle with the person's wish to go on living in the present without their loved one. Cordelia did not experience this release phase, but was stuck with sadness and continued relation with her mother, who in various guises kept showing up in her thoughts and dreams and reactions. Here too temporal shifting kept the full reality of the loss in the future. Only very late in her therapy, as this perennial mourning was analyzed, did Cordelia mourn more fully and feel more energized as she started making plans for a future that was no longer colonized by her traumatic past.

As with perennial mourning, other aspects of mental functioning which have a strong experiential or reality aspect are worth considering in terms of the zero process. Two types of symptoms which have traumatic fixation at their core are conversion symptoms (functional disorders) and phobias. The clue with both of these is that specific real perceptual experiences are involved in the symptom. However, the proof is in the analysis of these symptoms. Cordelia's symptoms of belly pain and other bodily symptoms proved to be anchored by specific zero process memories from her trauma. These were not memories in the usual sense of the term but continuously active present realities, which then would emerge as physical realities. Other conflicts were contained in the symptoms, so that they were not just an expression of the trauma. Still, there were traumatic memories, frozen in an area of zero process functioning, relating to the physical expression of the symptom. Phobias are another symptom that often relate to the zero process. Phobic avoidance of certain things connected to a trauma are always present. Cordelia's leaving relationships at the four year mark, which may seem at first to be a repetition of her trauma, turned out on deeper analysis to be a phobic avoidance. As the relationship approached her mother's situation before her death, Cordelia developed various symptoms that mimicked those her mother

had, and then left in order to escape her mother's fate. This is the way that trauma colonizes people's future — the past living in the future, shaping people's choices in order to avoid a future that is really their traumatic past. This leaves less room for a realistic future. Cordelia lost many things that would have come with the future of the relationships she had to leave to avoid her traumatic past. The person lives in two worlds and is therefore always dealing with and dodging ghosts from the past, usually without being aware of it.

Knowledge of the nature of the zero process can be helpful therapeutically. Understanding the fact that the traumatized individual lives in two worlds can help us talk to patients about this second reality. Many have never talked about their sense of living in two worlds but readily identify with this description. Also, understanding the nature of the zero process as a second reality that lives both in the present and future allows one to know where to look for the trauma, and also how to interpret it. For instance at times patients will say that their fears, for instance Cordelia's fears for the lives of others, are unreal, and will stress how irrational they are being. Given the nature of the zero process, a useful interpretation can be not to go along with this dismissal, but to say something like, "maybe it feels real because it is real. It's the reality you experienced, but hiding

out as a future fear. Maybe that's why you feel so certain of it. You can't know with such certainty what the future will bring, but you can know with certainty what happened in the past."

A phenomena that the concept of the zero process can help us understand more deeply is the intergenerational transmission of trauma. I have pointed out elsewhere (Fernando, 2018a, 2018b, 2023) that what is passed down in trauma are not memories but realities. And they are passed down in a very special way. The traumatized person lives with their core post-traumatic memories as present realities, but as unconstructed ones. The bits and pieces that would serve to construct the traumatic reality are lying around, unintegrated, in their mind, and their children intuit this other, strange reality that their parent is living with. We all have a capacity to construct reality from these bits and pieces — after all we are doing it all the time. And so this is what the child does — they construct their parent's traumatic reality. The deepest reason that the child feels their parent's trauma as their own is because in one sense it is: they have constructed it and so they have lived it, as they have lived other realities that they have constructed. This construction of a parent's trauma of course happens unconsciously. After all

the parent themselves is not aware of the details and extent to which they live in their traumatic reality.

We could think of Cordelia and how many of her reactions were pieces of her trauma, living in the present, including her panic that someone was dying and her belly pain and loss of appetite. A child, who in general is so attuned to their parent's realities (because of their dependence on their parents, and also because they learn about reality from their parents), would intuitively pick up on this second reality of their parents and construct it unconsciously. In Cordelia's case this did not happen because she did not have children. This was a future that was denied her, despite her love of children and wish to have them, because in her second traumatic reality, to have a child and to become a mother meant that she would get sick and die. But in a number of my other patients who as children had picked up on their parents traumas this process of intergenerational transmission could be reconstructed, to good therapeutic effect.

The issue of intergenerational transmission of trauma has been studied for many decades, beginning with pioneering work on holocaust survivors and their children, and grandchildren as well. What was very striking to observers was the

detail of what was passed down. Children would dream of scenes that played out what had happened to their parents, or in other ways would demonstrate knowledge of details of their parents traumas of which they had not been told. The concept of the zero process as a reality related to a person's trauma that gets passed down to the next generation allows us to understand these very concrete and detailed transmissions.

Another application of zero process theory relates to what in psychoanalysis are called introjects. There are structures that form from time to time in the human mind that have many of the characteristics of the zero process that we have been discussing. These structures confront us almost as separate people. As an example, one of them may berate you endlessly saying that you are always failing and also never doing as much as you should. Such a structure has the sense of an intense immediate experience that is characteristic of the zero process, as well as its repetitiveness. No matter how much or little you do, you can be sure that the introject will have the very same not so pleasant things to say to you, and will have the same not so very pleasant attitude towards you. Along with immediacy and repetitiveness, these introjects stand apart from the person, and live in a separate reality, untouched by changes and happenings in regular reality. I have

suggested the term “zero process objects” to designate introjects. Introjects can be distinguished from identifications and representations of other people. In the case of identification, the person takes on certain characteristics of another. Even though an identification may be unconscious, the characteristics are felt as part of themselves by the person who has the identification. They may for instance have their mother’s interest in music, or a particular sense of humour that they picked up from their father. In the case of what in psychoanalysis are called object representations, characteristics of the other are put together into a complex representation, such as an internal mother or father or sibling representation. These have conscious and unconscious aspects, but do not have the characteristics of introjects of confronting the person as a separate entity. They have the characteristics of more regular memory, with less of the intense lived present intrusive immediacy of introjects.

I would suggest that introjects have many of the characteristics of the zero process: they confront us as a separate reality, quite different from the regular reality that we live in. They have the immediacy and also the repetitiveness of post-traumatic zero process structures. Another characteristic of these objects is that they confront us not only as something separate from ourselves but as

independent centres of initiative — which is why they seem so much like separate people. This characteristic relates to another key aspect of the zero process, that I have designated the zero process drive. Zero process memories are either happening or about to happen, and yet never happening fully enough to be laid down as a regular memory, but always pushing towards actualization. I have designated this push of zero process memories towards full actualization in the present as the zero process drive (Fernando, 2018b, 2023). Similarly to other drives, such as the sexual one, the push is continuous, until and unless the trauma is processed. In therapy we see this drive slowly diminish as we help the patient live out and process the split off traumatic memories. The zero process drive, pushing for actualization of an action or thought or feeling, when added to the immediate presence of the zero process object, gives it the characteristic of being an independent centre of initiative. An interesting aspect of introjects is that they feel much more like a real person, such as an inner mother for instance, than more regular representations of people, even though the person's regular representations of their mother will usually be more rounded and complex than the simple, often repetitive reactions of introjects. This is telling about the nature of the zero process, which stands apart from the person as a separate reality, with its own motives, thus making it feel like a real person, despite its relative lack of

complexity. Introjects generally form after traumas, but the most consequential of these is what in psychoanalysis is called the superego, which forms after the oedipal trauma around the age of 5. The theory of the zero process can be of help in exploring the functioning of this structure.

Introjects related to the parents and others are a key aspect of the superego. What has been said about introjects — the manner in which they stand apart from us, as seemingly separate people, with their own motivation — applies of course to the superego as well. If the superego is at its core a zero process structure, we can understand something of how it is passed down through the generations, often with little change. The intergenerational transmission of the superego is a special case of the intergenerational transmission of trauma. I noted how the traumatized person lives in two realities, and how their child unconsciously intuits their parent's second reality and takes it as their own. Just so with the superego. We all have a second reality living inside us — the superego and other introjects that hold up ideals of moral behaviour, that punish us, and guide us. The child picks up on this second reality of their parent, of course when the parent disciplines and guides them, but also they pick up on aspects of it of which the parent themselves may not be conscious. These the child takes into

their superego, making them their own. This way of understanding the superego, using the theory of the zero process, promises further insights into this very consequential part of our minds, that plays an important part in sickness (such as depression) and in health (such as helping to guide our behaviour and manage our feelings), and that also plays an important role in group processes, including regressive group processes leading to authoritarianism, extreme idealization of leaders, and conspiracy theories. It is beyond the scope of this presentation to go into this application of the theory related to the zero process, but it is one that I hope to flesh out in the future.

At this point, having introduced quite a number of different concepts, I fear I may have overwhelmed you. It may be helpful to go over the main ideas of this presentation. I began by looking at the deeper nature of the traumatic process, which begins with the overwhelming of a person's normal coping capacities by the suddenness and immensity of an event or series of events. When this reaches a certain intensity, an uncontrolled ego regression ensues. This regression involves the loss of basic ego capacities such as symbolization and integration. The main theoretical innovation that I introduced began by my noting that the loss of these capacities interferes with the normal processing of reality. In fact, it brings what I

have called the construction of the present moment to a halt. Perceptions, thoughts, and feelings are not stitched together as they usually are, to form an experience that can become a regular memory. Rather, they come to live as an ongoing immediate experience, either happening or about to happen. This I designated as the zero process. There is a constant push of these post traumatic memories to be lived out, which I designated as the zero process drive. The traumatized person tries to manage this zero process reality and the drive to repeat the trauma in various ways. Through the process of temporal shifting, the worst of the trauma is kept in the future, as something that has not happened yet, and the person lives before this point, fearing the worst and trying to forestall it. What this means is that post-traumatic phenomena have a dynamic aspect. The person is not simply a passive victim of their traumatic memories. Instead they actively, if unconsciously, try to manage them. I gave examples of this from Cordelia's adult life, where she worked to save people she felt were not taking their health problems seriously enough, and left relationships at the four year mark, all to keep the height of her trauma, of the final loss of her mother, in the future.

I pointed out that many things can take on a zero process aspect if they were part of a major trauma. An example is perennial mourning, where the person is sad, but is stuck in the moment of loss, never taking the mourning process to completion. Because Cordelia's loss of her mother was traumatic, she was caught in a perennial mourning. To say something has a zero process aspect means that it exists as an ever present reality, but one that does not move to completion, but rather keeps repeating itself. This characteristic is found in introjects, which confront us as if a separate person, with their own drive towards actualization. I also noted that the nature of the zero process allows us to understand the seemingly mysterious intergenerational transmission of trauma. The traumatized parent lives in a separate second reality which their child picks up on and makes their own. Putting together the ideas related to introjects and the intergenerational transmission of trauma allows us to understand both the formation and functioning of the superego as a zero process structure, as well its intergenerational transmission. This may prove to be one of the most important applications of the theory of the zero process.

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