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The Interpretation of an Architect's Dream: Relational Trauma and Its Prevention

Elisabeth Young-Bruehl

During the eight months she has been in analysis with me, my patient has often dreamt about our work. We go on journeys together, we build new houses or renovate old ones, we make nice meals for a child—herself. In these dreams, she usually appears both as she is now, a widow in her forties, childless, an architect, and as a child whose age often points us to the developmental meaning of the dream. The dreams both recreate her past and recreate how our work has brought her past newly into her present experience. Several times she has remarked that she doesn't really understand, or really feel, something we have said about her childhood in a session until she dreams about it afterward. The interpretation of dreams is a new discovery for her, a new way of being and being intimate, talking more freely than she can otherwise. "Real life makes me choke up, it's too confusing."

On September 11th, the real life "Attack on America" was confusing beyond anyone's dreams. But three months later this patient and I reached some clarity about our experiences of it—some clarity that needed interpreting a dream together to emerge. This story, a story of and about psychoanalysis and September 11th, began on a clear, bright January day, when my patient came in saying "The night after our last session, I had another of those dreams of the therapy process." Then she settled onto the couch and rushed into it, excited by the thinking she had already done about it, and interpreting it further as she went.

The first part featured us on a journey in the countryside, where she and her husband had renovated the weekend house that she had sold soon after his death six years ago because going there alone was too painful. In the dream, she was surprised that she had joined me so quickly, traveling by train, "right up the Croton-Hudson line, zip." She was impressed that I knew so much about the place where we would be traveling and

could answer all her questions. Pausing to interpret this amazement and awe (her idealization of me), she suggested that this part of the dream was a direct representation of how amazed she is that our work has so quickly allowed her to believe that she can live without her husband, that she can stop drowning her sorrow—her life—in alcohol and tranquilizers. Her train trip was her detox, zip.

But the second part of the dream was "not so totally positive." Along with a girl and a boy, children of friends of mine, she and I went looking for a house or a site to build a house. The four of us climbed up to a high place that looked out over a wide area. But she was concerned because, although we were in the countryside, there was a bleak industrial city down on the plain below us. Black smoke billowed into the air and drifted toward us. She did not want the children to be "polluted," so we turned to go back down from the high place. Then she became very concerned that the children did not have rubber-soled shoes, so they might slip. As we descended, being very careful, other people filed up, headed toward the high place.

"That was it," she concluded. "And I think those people coming up were the patients coming after me last time, because I passed one in the hall when I left—that always makes me feel lonely and afraid of losing you." I asked how old the children were and what more she could tell me about them. The girl was about ten, she wasn't so sure about the boy, she said, "about the same." Then she left the topic of the children and went on to interpret this second part of the dream: it signaled that our work is not going to go quickly, there may be more trouble. Coming down from the high place is coming here to my office, where she might stumble, the children might be hurt, even though she hopes it will be safe, not polluted, "quieter, more natural." I stayed with my line of inquiry, feeling from her

concern about the children's safety that her ten year old self would give us the core meanings of the dream. "You and Tommy are in the dream, but Alex is absent," I observed, alluding to the brother with whom she is close now and the one from whom she is estranged. When she was ten, Alex had his first schizophrenic episode and turned violent, punching her whenever he got the chance, making her afraid to be at home. Her parents, overwhelmed, with no mental health knowledge, did nothing to protect her. She had to find safety at school and in her grandmother's house. As an architect, she has designed many schools, and made many old buildings newly safe.

"So it was a wish? For Alex to be gone? I did want him gone. Up until then he was pretty normal; athletic; with lots of friends. I only have one memory from before that time of being punched, knocked out cold, but I don't know who did it. I know I was younger, because we didn't move upstairs until I was six or seven and this was before, in a time when I don't remember being afraid of him. But I certainly didn't have any real relationship with him, or with anybody else in my family, except maybe my mother. And certainly my grandmother." She went on to describe how the central problem of her life when she was six and seven was that she got moved around in her school classes. She had wanted school to be what it mostly was, a haven, a stable, predictable refuge from her angry father, her beleaguered, depressed mother, and the two brothers. Many details came forth about being moved around and skipped forward on two different occasions because she was so gifted, a phenomenon in her working class ethnic neighborhood and a bewilderment to all in her family except her grandmother, who hardly spoke any English but was able to be unequivocally a proud promoter of her.

Then her reminiscing turned to her mother and to Christmas Eve a year before her mother's death, which came, finally, only a few months before her husband was diagnosed with the disease that, very rapidly and painfully, attacked and killed him. Her husband had made a video of that Christmas Eve—she still has it—and she thought that maybe if she looked at it she would be able to remember more about her mother, whose miserable last years had been the main topic of the session that preceded the dream. The possibility of

putting her husband's video in the television clearly disturbed her, and she changed course, asking me directly: "So, what do you think of this dream?"

I paused, considering whether to comment or wait for her to go on. After a silence of several minutes, in which her desire for me to join her in interpreting the dream was palpable, I steered a middle course, not interpreting, but commenting in a way that I hoped would bring out more of the dream thoughts: "When I am the guide and protector in your dreams, we are usually at the country house, which was so safe and so associated with [your husband]." "At the beginning of the dream, you were more of a guide than a protector. If I wanted to know something, I asked you. You knew the place, and the children, and I didn't. I thought it was a positive dream—I could see things, views, that I hadn't seen before.. But I was anxious about the shoes...and I am still anxious about being here, about the therapy process." I waited, and then said: "We were up high looking down on a city set strangely in the middle of the countryside, and smoke came billowing up from it—coming toward us. That smoke feels to me like reality."

"Oh! My God. You're right. It was that smoke. It was the World Trade Center. And the smoke coming right over to us, up high in your window. Oh, my God..." She lay still in stunned silence for many minutes and then said: "The thing I remember most vividly about being here with you that day was that when we were going to leave you asked me if my shoes were comfortable for walking, because I might have to walk all the way home, if the bus wasn't running... That's where the worry in the dream about the children's shoes came from, isn't it?.. I think I wanted to take care of them as you had taken care of me. Protected me."

On September 11th, my patient had been in the subway headed downtown for her ten o'clock appointment with me when the World Trade Center Towers were hit. As she got off at my stop on the Lower East Side of Manhattan, the public address system informed her that there would be no further subways going below 14th Street. As she exited onto my street, people were screaming, pointing at the black smoke

billowing out of both the Towers. She ran to my building, passed my nine o'clock patient in the hall, and came into the office ashen-faced, trembling. I had just come back into the office from the private section of my loft, where earlier the nine o'clock patient and I had watched the second plane hit 2 World Trade Center. When we greeted each other, I was sure that the Towers had been attacked by terrorists, but my patient was totally confused. As in the first part of her dream, when we joined each other for the journey, I knew more than she did.

I invited her into my private space to watch the television—the first of many boundaries that we crossed together that day. While the news anchors were reporting, we walked over to my windows and watched the black smoke growing thicker and thicker, blowing south, away from us. Finally, my patient asked me, trying to grasp what was happening, “We are being attacked, aren’t we?”

We spoke very little while we stood at the window watching the two Towers burning. The sirens from police and fire vehicles racing to the scene were so loud and so incessant that speaking through them was nearly impossible. I had discovered earlier that I could not call out on my phones, but we continued to have the television, and I told my patient that we should just stay, together, by the news source, and listen for any instructions or orders to evacuate. While I was closing the windows to keep out the smoke, which had begun to come east, toward us, the south Tower imploded.

My patient stared at the horrific fountain of white dust and black smoke and said “That is not possible. I don’t think that is possible.” Her thoughts on one level were technical, architectural. But, like a mantra, she repeated the denial again and again. I couldn’t speak. Then the second Tower fell. I remember trying to overcome my own incredulity by methodically putting together the pieces of news I was hearing from the TV and what my eyes told me: “Hundreds and hundreds of people must be dead, in the buildings, and now under the buildings.” And she asked, in a child-like voice, “Are we going to die, too?” I never once thought that I personally was going to be attacked; but my patient immediately assumed that she would be—that we would be. I remember saying to myself explicitly: “You

have to be as calm as possible for her, be a good mother, be her grandmother.” This instruction gave me a steadying sense of purpose, for which I was deeply grateful, and deeply solaced. Then and through the day, I heard in my own mind the voice of my intellectual mentor and teacher, the central figure in my ego ideal, who was steadying me while I steadied my patient. Three generations of care.

Into the middle of the afternoon, we watched the television together, and my patient came to know a great deal about me and my life as the incoming phone service was partially restored. Because I could not call out, I had to ask the friends and family members who could get through the jammed, uncertain circuits to call others on my behalf. Patients called in to say they were all right, to see if I was all right, and to make arrangements. My patient was very discreet, and asked me no questions about any of the calls. She expressed no desire to contact her close brother or her friends. I offered to make sandwiches, but neither of us could eat.

At about three o'clock, we decided to leave my building together. This is when I asked her about her shoes, and gave her a bottle of water and a moist towel to cover her face if the smoke blew again in our direction. I wanted to walk the ten blocks or so west to St. Vincent's Hospital, to respond to a televised appeal for my blood type, and to see if my counseling services were needed in the ER. Also, we had learned from the TV that there might be a bus on that side of Manhattan, above 14th Street, which my patient could take home. So our journey together crossed another boundary as we walked through the streets, which were weirdly peaceful, closed off to all but emergency vehicle traffic. People were talking excitedly over their lunches at the outdoor East Village cafes, in the beautiful clear, warm weather. But there were also clusters of people at almost every corner talking somberly, tearfully, gesturing south toward the plumes of smoke, embracing each other.

Near St. Vincent's, in the huge crowd that had assembled to give blood and to offer their help to the hospital staff receiving the injured (there were so troublingly few survivors), my patient and I parted. As she left, she asked “May I come back at my usual time? I will walk to your office if I have to.” I said I hoped I

would see her but that we would at least have a phone session. "Call me before then if you need to, but don't worry if the phones go down again," I said, keeping my worry that there would be further attack to myself. "May I hug you good-bye?" she asked. I put my hand on her shoulder and said that we would talk about this time and her feelings when she came back. "I know," she said, teasingly, "not about your feelings, just about mine." She had known then that I would put the normal frame of our work back in place, and she had both wanted that and wanted our time together to go on and on—as she told me later.

In January, as she continued associating to her dream, my patient grew more and more impressed by how many of the details in the dream related to September 11th. These details were like day residue from a day that fell out of time, a day stretched beneath all the time intervening. Suddenly she asked me "Do you ever think about that day?" This was typical of her. We had talked about September 11th many times, often focusing on her reactions to the brief obituaries in the New York Times, which she read in identification with all the widows quoted in them. She had wanted to ask whether I thought about being with her that day, but she could not be so direct. My patient is very afraid that while she thinks about me and our work constantly, I only think about her when she is in my office. Being "totally, totally dependent" on me makes her afraid, angry, grateful, thrilled—a vast range of emotions; it expands her, opens her, but it scares her to feel all these emotions when she has been, for nearly six years, in her widowed mourning, so traumatized.

I said, simply, "Yes, I do think about that day." "I often think when I'm awake about how lucky I was that I was here... I almost can't imagine how I would have reacted if I had been by myself.. I felt badly that the patient who was here before me left, and I wondered what happened to him. I think he was one of the people coming up the hill at the end of my dream...Where was he when the buildings fell?" "He got home safely," I said, thinking that she was fearing again for the safety of her close brother. Some later associations to the boy child in the dream taught us, though, that she had feared not just for her close

brother but for her husband, who was in age "almost the same"—and who had certainly needed protection from the deadly pollution that killed him.

After a long pause, she went on: "I just think I would have had a... I don't know.. It would have been very different if I hadn't been here...I was able to stay as calm as possible. It was like you were my grandmother...I would have been really traumatized...I don't think I was traumatized..." Listening to her, I felt that what I had said to myself on September 11th must have been in some way—a kind of thought transference—conveyed to her: "You have to be as calm as possible for her, be her mother, be like her grandmother."

Even taking into account how much my patient needs to assure herself and me that she is getting well and doing well, that her life and her dreams are "positive" now, that the time of drinking and drug-taking is behind her, I think her assessment that she was not traumatized by the events of September 11th is correct. She was protected, housed, by me in my house, by me and my house inside her. She was like the British children described in Anna Freud's reports on her wartime residential nursery, whose ability to live untraumatized right through month after month of the Blitz was rooted in their secure attachments to nursery workers who were, themselves, calm and reassuring. The children were frightened, shocked, upset, but not traumatized: their senses and egos were not overwhelmed, paralyzed, rent; their secure attachments were not destroyed. They did not collapse, implode.

But, although my patient was not traumatized, her earlier traumata were reactivated. In retrospect, I can see that September 11th propelled her into a regression, a regression of the sort Michael Balint called a "benign regression," which allowed her to recreate in her dream her earlier traumatizations. Her husband—her loss—was represented in her dream by her search for their safe house, by the other child, and in her transference love of me. Her schizophrenic brother, the terrorist of her adolescence, was present in his absence as she wished him gone, dead. But it was also clear that the earlier memory, from age six or seven, of being knocked out, was connected to the dream, for it came out in her associations—and it pointed to, or screened, something earlier. During the next session, I heard an

allusion to this memory of being knocked out and brought her back to it.

"Someone knocked you out?" "It happened in the kitchen," she said, "I got hit from behind. I collapsed and lost consciousness briefly. I was lying on the floor when I heard my mother say 'You shouldn't have hit her so hard.' But I don't know who she said it to." I asked: "Does it imply that it was okay to hit you, just not so hard?" "That's what I think, and that's why I think it was my father who hit me, because he hit me a lot, just as routine punishment or because he was angry at something."

The parents of the two children in my patient's dream never appeared, just as the schizophrenic brother never appeared. This is the way my patient represents great danger in her dreams—with absences that she experiences and causes. In October she had told me about finding a box of family photos, looking through them, and noticing that she was not in any of them. Her parents and her brothers at the ages they were when she was born were there, but no baby her. Out of the talk we had about these photos came her clear articulation that she felt herself to be an unwanted baby. She confirmed again and again over the next weeks my interpretation that her mother was clinically depressed all through her infancy. "Whenever my mother would talk about being happy, she was talking about before her marriage, before us kids, before me."

My patient felt herself to be absent in the photos because she was unwanted and disregarded, but also because she is dangerous—she must have caused her mother's great unhappiness. And she could never do enough to make up for that, starting with being quiet and not talking, choking back words that would have told her mother that she was upset about her father's violence, or that would have manifested her aggression. Being unwanted is the trauma behind the kitchen memory, in which the most important part is the mother's tacit agreement that it was all right to hit the little girl, just not too hard. The parents colluded in knocking her out of their picture.

In her benignly regressed state, her state of infant-like dependency on me, my patient was able to journey with me down through the layers of her trauma history—to revisit the loss of her husband, the adolescent

terrorization, the punch in the kitchen at six or seven, the lonely infancy and the abandonment by her mother. At each stage, she had been traumatized differently, although each time involved being overwhelmed, abruptly separated, temporarily halted, and more extensively inhibited. All the stages, in their differences, were represented, condensed, in the dream and the dream thoughts. The dream was her developmental history.

In a trauma, the ego is breached, knocked out in whole or in part, with all kinds of possible symptoms marking the loss of function and the splitting, as Freud saw. But this piercing of the "stimulus barrier" is also—and perhaps more importantly, although less emphasized in our theory since Freud—a sudden separation, a breaking of relatedness, a terrifying experience of "I am alone." How trauma in this relational aspect can be prevented is what my patient's dream, the very possibility of the dream, taught us. The dream recaptured a situation in which something horrible and potentially traumatic happened but my patient's ego responded by expanding, taking the events in, and entering into a stage of benign regression which became a state of openness to another human being. Such a regression cannot be entered into alone; another person, who is trusted or represents trust, must be either physically there or psychically there, completely available, an auxiliary ego protecting, housing, the threatened ego. The ideal place for this to happen is in a psychoanalysis, but it can, September 11th taught all of us, happen right in the middle of the horrifying, terrifying traumatic event itself, and the other person can even be a stranger who, perhaps only for a brief time, offers the unconditional relational shelter, the protective architecture.

Many, many hundreds of people died in and under the Trade Center buildings on September 11th, more than any of us could have imagined, and many thousands of people were traumatized, at all degrees of intensity, and to degrees of transience or permanence that we will not know about for a long time. But there was also much trauma prevention, and this impressed everyone, although it was seldom called what it functionally was, trauma prevention. Everyone tried to describe it, giving it different names and using different

vocabularies. Most frequently, it was noted as a sudden welling up of kindness, friendliness, courtesy, generosity, self-sacrifice, compassion—a countersurge of relatedness in the surge of destruction and death, separation and loss.

I think of this trauma prevention as an instinctual drive to connect manifesting itself. It brought people to their phones and cell phones to speak their love and to get love; it brought people to communicate with people with whom they had long been out of touch, or with strangers; it brought people to their neighborhood fire stations and police precincts to tell the surviving fire and police people how moved and grateful they were for the courage of the living and the dead; it brought people to memorials large and small, planned and impromptu. People sought emotional, relational shelter and when they found it they allowed themselves

to regress into dependency. So there was for a time after the horror something child-like, innocent, simplified, in many people's—the lucky ones'—lives. And they were moved to give in kind to others the sheltering they had gotten. My patient, as an instance, had given me for Christmas, 2001, a leather-bound notebook in which, she had suggested, I could write my dreams.

NOTE

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