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Drive or Trauma – Drive and Trauma (Ilse Grubrich-Simitis) Revisited: Even More Relevant Than Four Decades Ago

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ABSTRACT

After the sad death of our colleague Ilse Grubrich-Simitis, one aim of this paper is to revisit one of her groundbreaking works, “Drive or Trauma – Drive and Trauma” (1987) after almost 40 years. Grubrich-Simitis integrated drive and object relational aspects on the one hand and trauma-specific perspectives on the other in a creative way, as we discuss regarding some conceptual developments in contemporary psychoanalysis. A short case example illustrates the conceptual richness for treating chronically depressed patients with early trauma available to clinicians today. Considering both drive and trauma belongs to the strengths of modern psychoanalytic treatment techniques, which we would like to discuss alongside recent findings of the LAC1 depression study [Comparative outcome study of psychoanalytic and cognitive behavioral long-term psychotherapy with chronically depressed patients], indicating that these difficult-to-treat patients profit especially well from psychoanalysis.

KEYWORDS

Drive; trauma; chronic depression; LAC Study; MODE Study

Drive or trauma – drive and trauma (Grubrich-Simitis 1987) revisited: an introduction

In 1987, Ilse Grubrich-Simitis published her paper “Drive or Trauma – Drive and Trauma” in the journal *Psyche* in German. A year later, it appeared in English in *The Psychoanalytic Study of the Child*. It was the last of three important contributions on trauma (Grubrich-Simitis 1979; Grubrich-Simitis and Grubrich-Simitis 1984, 1987). As Werner Bohleber (2000) shows in his comprehensive work on the history of psychoanalytic trauma theory, Ilse Grubrich-Simitis’s work initiated a new way of thinking about trauma and its transgenerational consequences in Germany (820). It is always surprising how long it took in Germany, the country of National Socialism, for psychoanalysts to address the issue of trauma and its destructive consequences for those affected and their descendants. Only Alfred Lorenzer, then working at the Sigmund-Freud-Institut in Frankfurt a.M., had published three papers on the psychoanalytic theory of trauma in the 1960s and further developed it (Lorenzer 1965, 1966, 1968). He then abandoned the topic, focusing his research on other areas (cf. Bohleber 2000, 818 ff.). The following decade, no other German psychoanalytic research was devoted to trauma. In 1979 Ilse Grubrich-Simitis broke through this collective defense of a seemingly unbearable topic and helped to initiate one of the central debates in German psychoanalysis. Further decisive works by Simenauer

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(1967, 1978), also on extreme traumatization, and by Rosenkötter (1979, 1982) were published almost simultaneously in the journal *Psyche*. Since then, the consequences of National Socialism and war for the next generation have increasingly become the subject of psychoanalytic research in Germany, often in cooperation with international research teams (Bohleber 2000, 820).

We ourselves have come across the long-term consequences of early traumatization in the large representative study of psychoanalyses and psychoanalytic long-term treatments, the so-called DPV² Follow-Up Study. 62% of the 402 patients who sought psychoanalysis in the 1980s were traumatized children of World War II (Leuzinger-Bohleber 2003). These unexpected findings contributed to the fact that this topic was intensely debated in the German Psychoanalytical Association since the 1990s.

Ilse Grubrich-Simitis died unexpectedly in July 2024.³ We take this sad event as a motivation to look back again at her groundbreaking work and reflect on how the ideas developed in it have fertilized both clinical and empirical research on trauma in psychoanalysis. In times when, completely unexpectedly, a terrible war is once again being waged on European soil and traumatized refugees from many war zones in Africa, the Middle East, Asia, and South America are seeking protection in Europe and other Western democracies, as well as in a time when the traumatic experiences of thousands of people as a result of the consequences of the climate catastrophe have become unmistakable, the topic of trauma seems to be not only the signature of the 20th, but also of the 21st century. The work of Ilse Grubrich-Simitis is therefore, as we will discuss, sadly topical.

Ilse Grubrich-Simitis (1987) reports that in 1983 she discovered a previously unknown manuscript by Freud: “the draft of the twelfth metapsychological essay from 1915, an overview of transference neuroses” (Grubrich-Simitis 1987, 992). In it, Freud – deeply affected by the First World War – developed a “phylogenetic fantasy” in which he discusses some thoughts about a phylogenetic explanation of human destructiveness. Freud speculated about “phases in the development of humanity” during the Ice Age to explain the inner, murderous impulses of humans as a result of traumatic experiences in external reality. Ilse Grubrich-Simitis cites a letter from Freud to Ferenczi (July 12, 1915), in which he briefly summarizes his phylogenetic fantasy himself:

With the onset of deprivation in the Ice Age, people (who, according to Freud’s assumption, had previously lived happily and without culture in a friendly, paradise-like environment) became anxious; they had every reason to transform libido into anxiety (in view of the now threateningly changed environment) . . . After they had developed language and intelligence in the harsh school of the ice ages – essentially, the men – the primeval horde formed with the two prohibitions of the primeval father, while the love life had to remain selfish and aggressive . . . (Grubrich-Simitis 1987, 994; translation the authors).

Grubrich-Simitis defends this “phylogenetic fantasy” against the accusation of a “scientific fairy tale” (994). She argues that Freud used it to escape from the everyday misery of the First World War “into inspiring reflection” and to further develop his psychoanalytic theories in a creative way (996). “My thesis is that in the phylogenetic fantasy, Freud once again made a theoretical effort to incorporate the traumatic moments of pathogenesis into the drive model – a task with which we are still confronted today” (Grubrich-Simitis 1987, 995, translation the authors).

In the following sections, Ilse Grubrich-Simitis once again traces the development of the seduction theory (Freud 1896). She emphasizes that even in the 1890s, Freud was not

thinking in terms of a simple stimulus-response scheme, but rather “a complex causal relationship in which external and internal, i.e., social, psychic, and somatic conditions are intertwined in multiple ways” (Grubrich-Simitis 1987, 998). At the same time, she emphasizes the courage of Freud, that after further clinical observations he recognized “the scandal of the drive model,” where he postulated “that it is about everyone, about the undeniable fact of our own archaic infantile conquest and death wishes, about the inescapability of our instinctual nature anchored in the body, our vulnerable psychic structure, which, due to its complex developmental history, carries the points of contact for neurosis, psychosis and perversion”(1000). According to Grubrich-Simitis, Freud emphasized the drive model and his departure from the seduction theory in the debates because he wanted to emphasize the *newness*, “*offensiveness*” of a psychoanalytic understanding of human nature. However, he never understood the drive model as antagonistic to trauma theory. “Rather, we have two successive versions of Freud’s etiological formula: First, the trauma model, accentuating the apparent external factors, second, the drive model, focusing on the invisible and our perception repeatedly eluding inner world factors. Throughout his life, Freud maintained that sexual seduction in childhood, in conjunction with a subsequent process of repression, can play a decisive role in pathogenesis (1001, translation the authors).

In the following sections of her paper, Ilse Grubrich-Simitis substantiates this thesis with further works by Freud, in particular, “Moses and Monotheism” (1939). In doing so, she conveys how difficult it was for Freud to grasp the relationship between the two theoretical approaches precisely and to integrate them conceptually. She criticizes Freud’s style in the Moses paper and understood the literary deficiencies in this text as an indicator of how much Freud was emotionally affected by the traumatic reality of the Nazi persecution of Jews in the 1930s, partially losing his linguistic and intellectual clarity. He probably perceived the danger that ultimately culminated in the Holocaust (Grubrich-Simitis 1987, 1016–1018).⁴

In summary, Ilse Grubich-Simitis writes: “Those who, in the etiology of neurosis, draw attention to the external, traumatic factors, knowingly or unknowingly open up an escape hatch from that inhospitable, alien, threatening inner world that dominates our feelings, thoughts and actions in a harmful way, whose tormented and proud explorer he had become in the 1890s. He himself therefore adopted an attitude toward the external causal factors, which he never lost sight of in view of the helplessness and vulnerability of the human child, that could be characterized by the sentence, “The traumatic always goes without saying.” Whereas his habit of incessantly emphasizing the etiological factors originating within seems to be matched by a maxim from the third Moses essay: “There are things that should be said more than once and that cannot be said often enough” (Freud 1939, 551, emphasis added by; Grubrich-Simitis 1987, 1017).

This attitude has been handed down to the following generations of psychoanalysts to this day, probably unconsciously rather than consciously. This may have given the superficial, erroneous impression in some quarters that psychoanalysts flatly refuse to recognize and take seriously the weight of the outside world, the damaging effect of trauma” (Grubrich-Simitis 1987, 1017, translation by the authors).

As is well known, psychoanalytic trauma research has continued to develop steadily since the publication of the article by Grubrich-Simitis and, as Auchincloss and Samberg (2012), among others, note in their review article, has led to a broad psychoanalytic and interdisciplinary literature. But the question “*drive*

or trauma – drive and trauma” continues to arise in ever new ways, especially when it comes to questions of the appropriate treatment technique for severely traumatized patients. We experience this, as we would like to briefly mention in this paper, for example, in the large LAC Study⁵ or the ongoing MODE Study,⁶ which are concerned with psychoanalyses with seriously ill, depressed patients who have all experienced early trauma. Again and again, it is a matter of enduring the tension described by Grubrich-Simitis. Each of these patients suffers from his or her own unique history of drives and object relations, which has been reflected in his or her idiosyncratic inner world with its characteristic unconscious conflicts and fantasies. At the same time, we have learned, especially from psychoanalyses with patients from families of Holocaust survivors and other severely traumatized patient groups, that it is indispensable in psychoanalyses to approach the historicity of the specific traumatization of the patients: Understanding the embodied memories of one’s own trauma history is an indispensable key for these patients to understanding their very own inner world. Narrative truth is inextricably linked to historical truth (see, for example, Bohleber and Leuzinger-Bohleber 2016).

The focus of this paper is therefore not on a comprehensive overview of psychoanalytic trauma research (see among others Auchincloss and Samberg, 2012; Bohleber 2010, 2000), but on an appreciation of the integrative work of Ilse Grubrich-Simitis, as well as its relevance to contemporary psychoanalytic practice and research on traumatized patients. The pithy title she chose describes the clinical experience that psychoanalysis with severely traumatized patients is always about drive *and* trauma, not about drive *or* trauma.

Based on the work of Hugo Bleichmar, we will briefly summarize that this integrative approach has become established, for example, in a contemporary psychoanalytic understanding of the psychodynamics of chronic depression. Using a brief case example, we will illustrate how Grubrich-Simitis’s integrative view of drive *and* trauma has proven indispensable in psychoanalyses with this group of severely ill analysands (section 2). The treatment was carried out in the frame of a large empirical study, the aforementioned LAC Depression Study, that found a differential benefit for patients with childhood trauma from psychoanalytic over cognitive behavioral treatment (section 3). Discussing this empirical result alongside a case example and Grubrich-Simitis’s insights entails a double opportunity. It allows us to reflect in detail upon what may have driven these findings but what numbers cannot tell. Similarly, showing that the beneficial effect is not limited to a specific individual case, but can be empirically demonstrated within the framework of evidence-based medicine, allows reflection upon the remaining tensions between psychoanalysis and science carried out within the framework of evidence-based medicine. As Ilse Grubrich-Simitis has discussed in many of her excellent historical papers on Sigmund Freud’s understanding of science, he always argued for the scientific examination of the effects of psychoanalysis beyond methods of critical hermeneutics or qualitative psychotherapy research. We believe that Freud’s hope has been gradually fulfilled in recent decades (see, among others, Leuzinger-Bohleber et al. 2023; Solms 2021; Whitebook 2017; Leuzinger-Bohleber *in press*). We see conducting such multiperspective, empirical studies as imperative to advance the dialogue between psychoanalysis and the broader scientific community, fostering a mutually enriching integration of empirical research and clinical

experience that is theoretically grounded, systematic, and sensitive to the complex realities of individual experience.

Drive and trauma in clinical and conceptual depression research in psychoanalysis

We were surprised that Joel Whitebook (2017)/18) places the topic of “drive and trauma” at the center of his new, “Intellectual biography” of Sigmund Freud. He describes that Freud himself had experienced serious early traumas through several losses and growing up with a depressive mother, which – hardly critically reflected by himself – shaped his personality, his theorizations, and even his understanding of science:

The boundless anxiety that was very likely to overtake him repeatedly in his first three and a half years, and his inability to alleviate it by his own efforts, sowed in him the seeds of a lifelong hatred of passivity, helplessness, and dependence . . . so we are not surprised to find helplessness as a central aspect of his theory of human nature (Whitebook 2018, 62). Later in his book Whitebook continues:

Freud's Doctrine of Helplessness (*Hilflosigkeit* (German) in original) is a biologically based elaboration of the philosophical theme of the finitude of man. It makes it possible to draw a direct line from Kant, the Enlightenment philosopher (*Philosoph der Aufklärung* (German) in original) to Freud, the representative of the dark Enlightenment. Like Kant, Freud saw the goal of the Enlightenment in overcoming immaturity. But while Kant conceives this immaturity primarily philosophically, Freud explains it quite concretely anthropologically. (p. 390)

The biographical underpinnings of Whitebook's thesis may be controversial. However, what is undisputed is that Freud placed the effects of helplessness, powerlessness, and extreme stimulus overload of the ego at the center of his conceptualizations of trauma in his analysis of “war neuroses” after World War I (see (Bohleber 2000; Makari 2008 and others): Psychophysiological stimulus protection is breached by a sudden, unanticipated extreme experience. The ego is exposed to unbearable powerlessness and an inability to control the situation and is flooded with panic and extreme physiological reactions. This flooding of the ego results in a state of psychological and physiological shock.⁷ This economic explanation of trauma, as Bohleber (2010) has shown, based on Ferenczi and Balint, needs to be complemented by views of psychoanalytic object and drive theory: Traumatic experience destroys the empathic shield formed by the internalized primary object and destroys trust in the continuous presence of good objects and the expectability of human empathy. In trauma, the internal good object falls silent as an empathic mediator between self and environment. Also, both self and object ideals collapse abruptly and permanently. The self falls into an abysmal loneliness and is at the mercy of its impulses and fantasies.

It is now undisputed that traumatic experiences, as we have just defined them, can lead to great vulnerability in trauma victims even after the acute danger has been overcome and can result in severe depression, even in people who lack the genetic and neurobiological vulnerability to depression (see e.g. Jiménez, Botto, and Fonagy 2021). This is true for the affected individuals themselves, but tragically, often also for

“... and a big, dark wave comes and pulls me out ...”

A 55-year-old retired employee, Mrs A, was referred to the LAC study after a several-month inpatient stay in a psychiatric hospital. “I can no longer work ... After the death of my mother 2 years ago, I completely collapsed, just lying in bed, unable to sleep or eat ... After a suicide attempt, my husband admitted me to the hospital ... There I gradually felt a little better ... I would have preferred to stay there ... I was afraid of completely collapsing again or of swallowing too many pills again in panic.” Already in the first interview she reported her initial dream in which her suicidality or death wish comes out: “I am standing by the sea – a big, dark wave comes and pulls me out ... I do not resist, but find it beautiful to surrender to it ...”

Mrs A suffered from severe depression since childhood. Her mother was a German war child of World War II with a “difficult personality.” She suffered from Alzheimer’s disease for 10 years until she finally died. During this time, she demanded that the patient always be available to her and take care of her. She was often violent and extremely aggressive toward the patient.

Mrs A is the second of five children in a poor migrant family from Southern Europe. She recalled several traumatic separation experiences as a young child, including a life-threatening illness during summer vacation when she was “left in a convent” at age 4.

Later, when the patient was 14 years old, her father’s business had to declare bankruptcy. The family “fled” to Germany, which meant that the patient had to drop out of school and all social relations and start an apprenticeship.

During the treatment, based on dreams, memory fragments and finally confirmations by her siblings, the traumatic experience became tangible that Mrs A had been regularly sexually abused by her father during his “nap” at the age of 5-12. However, the patient’s hatred (unconscious and gradually becoming conscious) was mainly directed against her mother “for sending me to nap with the father ...” (Mrs A)

At the age of 16, Mrs A experienced another sexual abuse at the hands of her boss. “I escaped into marriage and had two children ... motherhood kept me going ever since ...” (Mrs A).

In the psychoanalytic treatment it became clear that Mrs A had developed too few stable inner boundaries between the self and object representations, as well as between the generations: the generations were telescoped into each other (Faimberg 1987). In addition, the sexual or psychological abuse by both parents had destroyed her basic trust in a helping other and the self’s ability to defend itself, which could finally be understood in the therapeutic relationship and successively worked on therapeutically. It was impressive how this finally enabled Mrs A to mourn her mother’s death, thus diminishing the unconscious suicidal impulse to follow her to her death. Parallel to this, her relationship with her adult children gradually improved, from whom she learned to better separate herself inwardly and outwardly, and thus experienced them less as parasitic and exploitative. (Leuzinger-Bohleber 2025, 2-4)

their children or even their children’s children (see, among others, Bohleber 2010; Leuzinger-Bohleber 2003)

A brief case study⁸ may illustrate the long-term effects of trauma on multiple generations here:

On clinical and conceptual research on depression and trauma in psychoanalysis⁹

Bleichmar (1996) takes up the early work of Bibring and emphasizes that existential feelings of helplessness and hopelessness play a central role in the experience of the depressed, but without elaborating on the parallel with traumatic experiences. Bleichmar describes that there are very different ways that cause and determine a depressive state. None is inevitable, each is determined by different factors and

psychodynamic constellations and may either have emerged as the dominant psychodynamic in a particular patient or group of depressives, or – e.g. in long psychoanalyses – may come to the fore at different times in different transference – or real – situations (for more details, see Bleichmar 1996). Following Hugo Bleichmar's diagram, we will briefly sketch some of these paths with reference to selected psychoanalytic works on depression (see Figure 1).

The “guilt depression”: the shadow of the object falls on the self (path top left)

In “Mourning and Melancholy” (1916/17), Freud already described mourning as an “out-of-tune” feeling with a painful psychological state, a withdrawal of interest in the outside world, the loss of the ability to love, and an inhibition of creativity in work and leisure that serves the devotion to mourning. The ego withdraws its libido from the object and can turn to new objects after the mourning work is done. In contrast, in the melancholic, the “shadow of the object” settles permanently on the soul. His pathological mourning arises from a deep ambivalence, from narcissistic wounds, and experienced disappointments in the relationship to the object. Unlike normal grief, the object is not inwardly abandoned. The attachment is maintained by incorporating the object into the ego through narcissistic identification. The hatred that was originally directed at the object is now directed at the self, which is attacked, devalued, and humiliated instead of the object.¹⁰

In “The Ego and the Id” (Freud 1923), Freud recognized that the processes of introjection and primary identification play a central role not only in melancholia, but are important mechanisms in early development more generally. The replacement of the cathexis of the object by identification becomes a constituent condition of the subject. The character of the ego and its ideals are formed through the “lasting traces of the old object relations.”¹¹ With

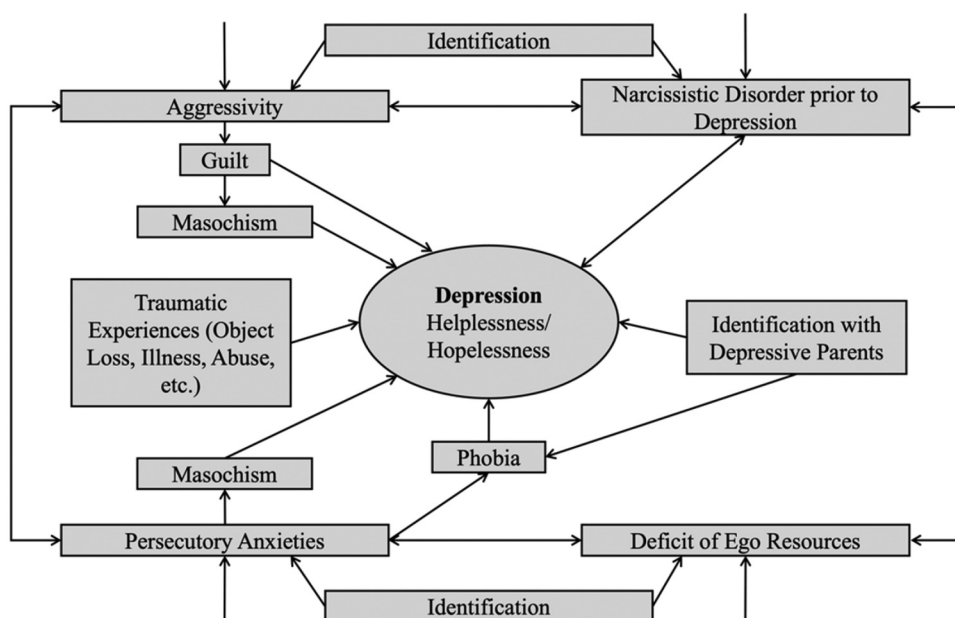


Figure 1. Different pathways leading to depression (based on Bleichmar 1996).

structural theory and his insights into the influence of the superego, Freud is finally able to better conceptualize the conflicts and tensions between the superego and the ego. The overpowering superego (i.e.) and ego ideal rage against the ego. They have seized sadistic impulses of the individual and turned them destructively against the ego. These psychodynamics can actually (or nearly) drive the severely depressed person to death.

Radó (1928), Klein (1957), and Jacobson also described in their works the sadistic aggressiveness of the superego and ego ideal as an important factor in depression. In Melanie Klein's work, the archaic severity of the early superego results from the splitting of the object and self-representations into an "ideal good part" on the one hand and an "overpowering evil part" on the other in the so-called paranoid-schizoid position. In the depressive position libidinous, aggressive impulses, fantasies, and drives can be integrated. Concern and responsibility for the object develop and initiate reparative processes. Paranoid-schizoid and depressive positions alternate, the latter having to be repeatedly gained and stabilized. If this process fails, reparative efforts are missed, experiences of loss cannot be acknowledged and processed, and a damaged, reproachful, sadistic object is internalized. This can prepare the ground for a depressive illness.¹²

The analytic processing of the guilt depression was often at the center of the psychoanalysis with Mrs. A. in the first year of treatment. It is well known that children who are sexually abused unconsciously softly blame themselves for this traumatic experience. This belief reflects the child's effort to assert control in an attempt to reverse the loss of control that characterizes the traumatic experience, in spite of high costs of the accompanying and pervasive superego condemnation. Thus, Mrs. A. was unconsciously convinced that her oedipal desires had led her father to abuse her. When the mother died, she broke down for complex internal and external reasons. These included overly stimulated death wishes toward the (oedipal) rival, which triggered enormous feelings of guilt and led to the suicidal conviction that she did not deserve to live on after the mother's death.

Narcissistic depression (upper left pathway)

Jacobson describes another basic conflict found in all depressive states. If the ego cannot achieve the satisfaction it desires and cannot use its aggression to actively work for this satisfaction, then, as was just outlined in relation to Mrs. A., it turns the aggressive impulses against self-representation. A narcissistic conflict arises between the desired, idealized self-image and the image of the failing devalued real self.^{13–14} This dynamic was brought to the center by the work of Kohut (1973), among others, and was considered crucial for the genesis of depression. He postulated a line of development in the area of narcissistic self-regulation that is independent of drive development. In terms of the development of the self, he outlined a line from the archaic world of the grandiose self to a mature narcissistic self-regulation, i.e., a mature form of self-esteem and sustaining self-confidence. In the realm of the grandiose object, he spoke of an idealized, omnipotent object that transforms toward a mature form of admiration for others (cf. Kohut 1973, Table page 26).¹⁵

Loch (1967) and Herbert Will et al. (2008) speak of narcissistic depression in view of the underlying tensions between ego and ego ideal. Here, it is not feelings of guilt nourished by aggression and self-hatred that dominate, but shame and humiliation, as well as feelings of abandonment and helplessness (cf. also the social psychological discussion of the "exhausted self" of depressives in modern Western societies by Alain Ehrenberg 2016). In 1965 Sandler and Joffe described the loss of narcissistic integrity as the central cause of the

depressive response. The focus is not so much on the loss of a love object, but on the loss of one's own sense of well-being, which is inextricably linked to it. It is the feeling of having been deprived of an ideal mental state.

Loch (1967) assumes an *imbalance between the individual's ideals and his or her self-esteem*. The perception of this discrepancy produces the depressive affect. In the depressed patient, there is no stable connection between the self and the ideal self because the process of identification of the self with the ideal object is disturbed by aggressive impulses and fantasies. Therefore, the connection between the self and the ideal self is guaranteed only as long as the real presence of an ideal object is present. If the external object is lost, the subject is exposed to his inner ambivalence: Depression is a consequence of this.

Mentzos (2011) also emphasizes the importance of narcissistic self-regulation, which is sustained by a mature ideal-self, ideal-object, and superego in mature self-regulation. Blockage or pathological development of any of these factors of self-regulation leads to various clinical pictures of depression (e.g., mania, anaclitic depression, and guilt depression)

Based on many empirical studies, Blatt (2004) characterized two different organizations of depression: the anaclitic type focuses on interpersonal factors such as narcissistic depletion due to dependence on an idealized object, helplessness, feelings of loss, and abandonment (dynamics on the right side of the graph). In contrast, the introjective type displays a strict, punitive superego and ego ideal, self-criticism, low self-esteem, basal feelings of failure and guilt, and pronounced shame experiences (dynamics on the left side of the graph).

In Mrs. A. both organizations of depression could be observed. In the sense of the anaclitic type, she often experienced herself as completely incapable, useless, and totally dependent on her husband, her children, or me as her analyst. This was one of the reasons why she longed to return to the clinic or, in her suicidality, passively surrendered to the pull for merging with the mother (the sea/la mer; la mère). But the strict, punitive superego and unbearable, archaic feelings of guilt were also involved in the suicidal impulses. The sexual and psychological abuse by both parents had overstimulated her own aggressive-destructive impulses and turned them against the self in the form of self-destruction.

Psychotic depression (dynamics below)¹⁶

In psychotic depression, the ideal self is lost entirely, forcing the cathexis of the superego as a substitute. This archaic persecuting superego has taken over the function of the ego and totally deprived the depressive of his self-esteem. The psychotic depressive can then no longer distinguish between fantasy and reality.

Depression and trauma

Bleichmar mentions the connection between depression and trauma in the middle of his graph. The extreme feeling of helplessness and hopelessness is not only, as we would like to discuss here, a central basic feeling of depression, but is also at the center of traumatic experiences, which are mostly connected to individual and collective catastrophes (see, among others, Abram, 2021; Laub 2000). It should therefore, in our opinion, be placed at the center of contemporary psychoanalytic theories of depression.

A *clinically* important aspect is that early traumatic experiences are hardly consciously remembered by many patients in our depression studies, including Ms. A., because they are

split off from the current consciousness and are not yet symbolized. In psychoanalyses, the patient repeats the traumatic experiences unconsciously, e.g., in enactments or specific transference fantasies (cf. Leuzinger-Bohleber 2003; Leuzinger-Bohleber 2015). Pfeifer and Leuzinger-Bohleber referred to the concept of embodied memories of early trauma in this context. They discussed in various papers that the analysis of countertransference reactions based on the unconscious recognition of embodied memories can be used as a key for understanding early trauma (cf. among others Leuzinger-Bohleber *in press*, 2021; Leuzinger-Bohleber 2015).¹⁷

In the psychoanalysis of Mrs. A. we came across the topic of sexual abuse due to embodied memories related to transference fantasies. When the analysand gradually got better in the second year of treatment and her husband expressed the wish that he no longer sleep on the sofa in the living room, as he had since her stay in the clinic, but would like to move back to her in the marital bedroom, I cautiously mentioned that he might also be longing for physical closeness to her. Mrs. A. reacted with extreme anger and irritation and finally expressed the fantasy that I had called her husband and made him express this wish. This obviously irrational, almost paranoid conviction of hers, combined with a fierce and desperate anger, made me wonder whether this could possibly be related to unconscious memories that she had been forced by someone to engage in sexual adventures (I was thinking of adolescence). To my surprise, Ms. A. burst into tears and was flooded with memories of her experiences during her father's naptime. Finally, she talked about these memory traces with her older sister, who now told her in detail about the years of abuse in her family.

An empirical support by analyses from the LAC depression study

As mentioned, we came across the close connection between drive and trauma which was discussed in the previous section of our paper from a conceptual point of view in the Outcome Study of the German Psychoanalytic Association (DPV) more than 30 years ago. Some surprising outcomes of the LAC depression study already mentioned (Leuzinger-Bohleber, Hautzinger, et al. 2019a, 2019b) supported these findings: 75.6% of the patients included in this study had stated that they had experienced early trauma during the assessment interviews. According to the assessment of their treating analysts, the number of severely traumatized patients was even higher (Negele et al. 2015). Although the significance of childhood trauma in the etiology of depression is now widely acknowledged across disciplines, comparative psychotherapy research has hardly given it much attention. Only a few studies have taken into account childhood trauma when studying the effectiveness of psychotherapies, and even fewer included a psychoanalytically based treatment (for the latest overview see Kuzminskaite et al. 2022, 2023). It is interesting that a recent analysis of the data of the LAC Study found psychoanalysis to be superior to cognitive behavioral therapy for chronic depressed patients who had suffered from childhood trauma, as we briefly want to summarize in this section (for more details see Krakau et al. 2024). The LAC Depression Study is a multicenter, partially-randomized, controlled trial conducted from 2005–2019. It compared the results of psychoanalytic (PAT) and cognitive-behavioral long-term treatment (CBT) in 252 chronically depressed patients. Interestingly, PAT proved to be just as effective as CBT in reducing symptoms: Both methods led to a statistically significant

reduction in symptoms with very good effect sizes and an astonishingly good remission rate in this severely ill patient group (see Leuzinger-Bohleber, Hautzinger, et al. 2019). In addition, only PAT achieved so-called structural changes measured with the Operationalized Psychodynamic Diagnostics (OPD) (Beutel et al. 2012; cf. Leuzinger-Bohleber, Kaufhold, et al. 2019). Importantly, in the LAC Study therapies were studied in a naturalistic manner, with patients and therapist agreeing upon the termination of the treatment. This resulted in PAT patients having an average of 242 sessions, while the CBT patients only had 59 sessions, in line with the different conceptualizations of these therapies.

The focus of a recent detailed analysis of the LAC data was on early traumatized patients in the sample. We were interested in examining whether individuals with chronic depression and a history of childhood trauma benefit more from psychoanalyses compared to CBT. We used the Childhood Trauma Questionnaire (CTQ; Bernstein et al. 1997) to collect patient reports of childhood trauma prior to therapy.¹⁸ The CTQ inquires about intrafamilial trauma, except for the sexual abuse scale. To assess depression severity, patients' self-reports on the Beck Depression Inventory-II, a well-established depression scale, were collected annually over the course of five years following the start of therapy. The statistical analyses are described in detail in our original paper but essentially examined whether the decline in symptoms differed in the PAT vs. CBT groups depending on the level of self-reported trauma. Importantly, at baseline PAT and CBT patients reported roughly similar amounts of trauma, ensuring a statistically meaningful comparison. Our analyses revealed a statistically significant interaction effect between childhood trauma load, therapy type, and time, indicating different symptom courses in CBT and PAT depending on the severity of childhood trauma. Specifically, individuals reporting more childhood trauma showed a steeper decline in symptoms in PAT compared to CBT, while patients without trauma responded similarly to CBT and PAT. Comparing different trauma types, we found our results to be driven by sexual abuse and inconsistency experiences.

The data of the LAC Study support a greater benefit from PAT for chronically depressed patients with childhood trauma in naturalistic settings. While it is the first study to directly compare this differential effect between PAT and CBT, several other qualitative and quantitative psychotherapy studies can help to contextualize our findings. It may be that PAT offers a special opportunity for traumatized patients because its treatment model inherently acknowledges the relevance of working through past experiences. Patients who themselves attribute their suffering to their life stories have been found to benefit more from psychoanalytically based therapies (Valkonen, Hänninen, and Lindfors 2011). Moreover, patients who were satisfied with such therapies report "working through trauma" as particularly helpful (Nilsson et al. 2007). Our findings further strengthen the findings of the Helsinki Psychotherapy Study that uncovered patients who experienced more adversity within their families (parental problems, an atmosphere of unhappiness) to benefit to a greater extent from psychoanalytically based therapies compared to solution-focused therapies (Heinonen et al. 2018). Our findings also correspond to outcomes of other studies, including those in the field of epigenetics, which indicate that psychoanalytic treatment appears to be capable of incorporating protective factors in patients who have experienced early trauma and utilizing them for a productive therapeutic process (see, among others, Leuzinger-Bohleber *in press*, overview in Jiménez, Botto, and Fonagy 2021).

Drive or trauma—drive and trauma revisited: discussion and outlook

After the recent, sad death of our colleague Ilse Grubrich-Simitis, one aim of this paper was to revisit one of her groundbreaking works, *Drive or Trauma: Drive and Trauma* after almost 40 years. Her integrative conceptual achievement should be honored as an example of her creative integration of drive and object relational aspects on the one hand and trauma-specific perspectives on the other, as was discussed regarding some conceptual developments in contemporary psychoanalysis (section 2).

In discussing this topic, we have focused on one of our own fields of research, the psychoanalytic treatment of chronically depressed patients. Based on a brief case example of an early traumatized, chronically depressed patient from the LAC Depression Study, we used a modified integrative depression model developed by Hugo Bleichmar to illustrate various psychodynamic pathways in the genesis of depression. On the one hand, various drive and object relation models of chronic depression were outlined. On the other hand, it was discussed that severe traumatization and the transgenerational transmission of unresolved traumatic experiences from one generation to the next may lead to chronic depression. In our opinion, it is one of the great advantages of contemporary psychoanalysis that we can consider such a richness of different possible psychodynamic pathways underlying our patients' depressive illnesses. In the third section of our paper, we mentioned that we compared psychoanalytic treatments with cognitive-behavioral treatments of chronically depressed patients in a comprehensive empirical study, the LAC Depression Study. While this data cannot tell us why we find such a difference, we found the psychoanalytic understanding of drive and trauma particularly useful in reflecting upon our results. In carrying out the study, several specific characteristics of psychoanalysis, distinguishing it from behavioral therapies, became impressively clear to us once again. We would like to mention some of them here:

- The focus of psychoanalytic treatment is on the *therapeutic relationship*
- *Understanding and working through unconscious fantasies and conflicts in the transference/countertransference* is a specific aim in psychoanalysis
- The focus of psychoanalysis lies on the *individual life and trauma history of each patient*. In psychoanalysis, *there is no such thing as depression*: Each patient has developed a depression of his or her own due to his or her unique, idiosyncratic life and trauma history, the unconscious determinants of which are to be understood in psychoanalysis.
- The psychoanalytic focus is on *understanding the unconscious meaning* of the depressive symptoms, rather than on trying to make the symptoms disappear as quickly as possible
- *Dreams and other slips* are still regarded by psychoanalysts as the “*viae regiae*” to the unconscious

The analysts in the LAC study were all well psychoanalytically trained. They had been in analytical practice for at least three years. Therefore, they all felt committed to the characteristic features of psychoanalysis summarized above and, as can be empirically demonstrated by the so-called adherence control,¹⁹ set themselves apart from the treatment techniques of CBT therapists. In relation to the topic of this article, it is

interesting that all LAC study therapists were trained by David Taylor from the Tavistock Clinic in London in his manual for treating depressive patients (see Taylor 2015). Further training was provided by Hugo Bleichmar in his integrative depression model (see section 2). Finally, the therapists attended workshops by Werner Bohleber and Marianne Leuzinger-Bohleber on how to take trauma-specific aspects into account when treating depressed patients. Therefore, all study therapists had been trained to consider *drive and trauma* when treating the chronic depressed patients in the frame of the LAC Study.

In addition, the study design required that all study therapists either participate in a weekly clinical supervision group at the Sigmund Freud Institute in Frankfurt or regularly present their psychoanalyses in their intervention groups. This continuous training and intensive clinical exchange ensured the quality of the psychoanalytic treatments in the LAC study. We therefore suspect that these specific professional qualifications of the analysts contribute to the above mentioned finding that psychoanalytic treatments of traumatized patients have been more successful than the CBT ones in the LAC Study. However, this hypothesis would have to be systematically verified in further studies (see section 3).

In conclusion we would like to mention that the interest in the complex connection between trauma and depression has also increased in recent years in the field of comparative psychotherapy research, so it is to be hoped that further empirical psychotherapy studies will be launched with this focus bridging between psychotherapy traditions.

For the current clinical-psychoanalytic discussion, we would like to state that many differentiated, clinical observations in the LAC Study can already now be seen as a sign that the seed that Ilse Grubrich-Simitis sowed almost 40 years ago in “Drive or Trauma – Drive and Trauma” has come to fruition. Many therapists of the LAC Study have documented in detailed single-case studies that they tried to take into account both drive and object relation theory and trauma-specific aspects in their treatment technique for each of the severely ill depressive patients (see e.g. Leuzinger-Bohleber, Grabhorn, and Bahrke 2020).

Ilse Grubrich-Simitis has therefore creatively enriched the current treatment techniques of psychoanalysts in Germany. In times when an increasing number of severely traumatized patients are seeking out psychoanalysts all over the world, the integration of drive and trauma postulated by Ilse Grubrich-Simitis seems to us to be highly topical, not only for psychoanalysts in our country. We therefore remember with great gratitude the creative, innovative work of Ilse Grubrich-Simitis!

Notes

1. LAC Study is the abbreviation for *Psychoanalytische und kognitiv-behavioraler Langzeitbehandlung bei chronisch depressiven Patienten*
2. DPV is the abbreviation of Deutsche Psychoanalytische Vereinigung (German Psychoanalytic Association).
3. During my time as director at the Sigmund-Freud-Institut, I (Marianne Leuzinger-Bohleber) received years of active support from Ilse Grubrich-Simitis and her husband, the internationally renowned lawyer Prof. Dr. Spiros Simitis. I also had the opportunity to work closely with Ilse, one of the best-known Freud researchers, as Chair of the Research Committee for Clinical, Conceptual, Epistemological and Historical Research (2001–2009). (For more on Ilse Grubrich-Simitis's work, see also the obituary by Mark Solms in the *International Journal of*

Psychoanalysis, 2025). Ilse Grubrich-Simitis and Spiros Simitis actively supported me in preventing the impending closure of the long-established psychoanalytic research institute, among other things by conducting large-scale empirical psychotherapy studies such as the LAC study, which is reported on in this article (see e.g. Leuzinger-Bohleber and Plänkers 2019). Both were convinced that the intellectually demanding further development of plural research methods in psychoanalysis was entirely in line with Sigmund Freud's own vision and could, in the best case, lead to the creative advancement of psychoanalysis as a science of the unconscious.

4. Psychoanalytic knowledge about short- and long-term effects of severe traumatization comes mainly from clinical work with survivors of the Shoah and their children and grandchildren (summarized e.g. in Leuzinger-Bohleber, [in press](#)). What the victims of the Shoah experienced is beyond all of us to imagine. Psychoanalytic-scientific terms such as "massive psychic trauma" (cf. e.g. Krystal), sequential (Keilson) or cumulative traumatization (Masud Khan) are only rough approximations of the incomprehensible nature of trauma.

The survivors of such extreme traumatizations showed that severe traumatizations cannot be psychologically processed, but lead to lifelong consequences, which, however, can take very different, individual forms (nightmares, flashbacks, loneliness and depression, experiences of dissociation and derealization, disturbances in the sense of time and identity, diffuse panic, anxiety and aggression attacks, emotional encapsulation, a breakdown of a primal trust in the protective, good object and basal structures of meaning in life, as well as psychosomatic disorders such as sleep disturbances, pain states that cannot be localized, etc.). The deep psychological wounds resulting from trauma can at most be alleviated even in long psychoanalyses, but never really "heal." Moreover, the experienced trauma is often transferred to the second and third generation.

For understandable reasons, it took almost 60 years before psychoanalysts in Germany began to talk about the effects of severe traumatization in the families of those persecuted, perpetrators, and fellow travelers during the National Socialist era. The concern to equate the unimaginable, what the victims of the Shoah had experienced, with the suffering in families, which had been actively involved in the National Socialist crimes, is still justified.

5. LAC Study is the abbreviation for *Vergleichende Ergebnisstudie von psychoanalytischer und kognitiv-behavioraler Langzeitbehandlung bei chronisch depressiven Patienten* (Comparative outcome study of psychoanalytic and cognitive behavioral long-term psychotherapy with chronically depressed patients. In the context of such an empirical comparative study, it was necessary to use a so-called manual for the treatment of chronically depressed patients in order to describe which psychoanalytic concepts and treatment techniques have been applied in the study (cf. Leuzinger-Bohleber, Fischmann, and Beutel 2022). These "manuals" differ from cognitive-behavioral manuals and are more like textbooks on current treatment techniques for chronically depressed patients.
6. The Multilevel Outcome Study of Psychoanalyses of Chronically Depressed Patients with Early Trauma [MODE], studies the influence of the frequency of weekly sessions to the outcome of psychoanalyses. Thanks to the enormous developments in neuroscience in recent years, we now also have the opportunity to test the hypothesis that intensive psychoanalytic treatments in this group of patients not only lead to the psychological transformations already studied, but even achieve brain anatomical and functional changes (Ambresin et al. 2023).
7. Arnold Cooper provided for psychological trauma as early as 1986: "Psychological trauma is an event that abruptly overwhelms the ego's capacity to provide for a minimal sense of security and integrative completeness, resulting in overwhelming anxiety or helplessness or the threat thereof, and it causes a permanent change in psychic organization" (p.44). We cannot discuss other concepts of trauma in this context, such as those advocated by many French psychoanalysts, including Chervet (2002). Referring to the concept of *après-coup*, ("Nachträglichkeit," deferred action), Chervet assumes that every traumatization reactivates the primary trauma (in the sense of Winnicott), which at the time it occurs (time-point 1) does not yet have a traumatic quality and is associated with infantile sexual fantasies. Only at time-point 2, e.g., in puberty, do the memory traces of experiences at time-point 1 acquire their traumatic quality. Crucial to the

analytical process is the uncovering of “false connections” that arise when the young child uses his infantile sexual fantasies (e.g., castration anxiety directed at the powerful father) as “explanations” for the traumatic experience at time 1. “False links and connections” can be detected and understood in the analytical process, thereby bringing about psychic differentiation: The original trauma can now be recognized as such and then be worked through in psychoanalysis.

Leuzinger-Bohleber (2019) discusses differences between this understanding of trauma and a concept of trauma that refers to interdisciplinary research on embodied memories which supplements the above-cited psychoanalytic understanding of trauma by Cooper (1986), Bohleber (2010) and others with research from the field of Embodied Cognitive Science (See also Leuzinger-Bohleber, Fischmann, and Beutel 2022, 2023).

8. Due to the difficult data protection requirements when publishing case material, we are verbally quoting here a case vignette that has already been anonymized when published in a recent book (Leuzinger-Bohleber 2025, 2–4).
9. For this concise summary we draw on Bohleber (2010), Bleichmar (1996, 2010), Jiménez, Botto, and Fonagy (2021), Leuzinger-Bohleber’s keynote lecture at the EPF conference in Vienna July 16, 2022, and former publications Leuzinger-Bohleber, Fischmann, and Beutel (2022), Leuzinger-Bohleber, Beutel, and Fischmann 2022, 30ff.).
10. The inner object relations are thereby regressed to the level of infantile sadism. At the same time, the process of identification and incorporation establishes a “critical voice” and an ungracious comparison with unattainable ideals in the ego. The object selected according to the narcissistic type subsequently assumes the role of a judge as an (unconscious) part of the ego: The accusations against the object as well as the disappointments in its omnipotence become self-reproaches and lead to a permanent weakening of the self.
11. Freud here addresses the central role of identification with the primary object in the formation of the ego and ideals, which, as we will discuss later, has a fatal long-term effect in severely traumatized and/or depressed primary subjects.
12. Herbert Rosenfeld (1959), for example, summarized the state of psychoanalytic depression research at the time in his well-known 1959 review paper as follows: “I was struck by the fact that certain points constantly came up for discussion, the most outstanding being: the role of constitutional factors; the importance of aggression or increased ambivalence; the importance of oral elements; the role of introjections and identification; the importance of narcissism; the nature of early object relations; the importance of processes of splitting of objects and the self into good and bad parts; the origin and the nature of the depressive superego; the importance of certain infantile phases or periods, and their relation of the development of adult depression; the relationship of paranoia and paranoid anxieties to depression; the relationship of mania and depression” (105).

Contemporary psychoanalysts tend to speak of the destructive quality of the internal object relation, such as Taylor (2015):

“These masochistic and sadistic inner object relations are mediated by superego structures that seek to protect or else to accuse the self and/or the object on the basis of good and bad qualities and impulses, or of ‘right’ (justified) or ‘wrong’ (unjustified) motives. In depression and melancholia, these moral judgments are no longer helpful . . . The sicker the patient, the more primitive and severe the superego structure. The inner voices are full of destructive and aggressive impulses that dissect and expose important ego functions. They are very dangerous to the self and can lead to suicide. More rarely, they also pose a danger to the object”(Taylor, *ibid.*, 41, translation ML-B).

13. New narcissistic woundings lead to a devaluation of the love object. In order to bear and make up for these injuries, glorified fantasies of grandiosity of the love objects (idealized objects) are introjected into the superego, whereas the devalued fantasies of a bad parent (devalued objects) are introjected into the ego. Thus, the child can hold on to the hope of love in the future, but from now on he is exposed to the massive criticism and hostility by his own idealized unconscious fantasies and evaluations (cf. also Rado 1928; Bibring 1952). At the same time, the narcissistic self-regulation of the ego is permanently damaged.

14. Zetzel (1961) also pointed out the complex interplay of psychogenic, environmental, and constitutional factors in the development of depression: “Depression, like anxiety, is a subjective experience that belongs to human development and is closely associated with the coping with conflicts, failures, disappointments and losses. Nevertheless, depression – and also anxiety – cannot be regarded only as an emotional experience of general psychological significance – after all, it is the main symptom of a regressive clinical syndrome and is as serious, characteristic, and circumscribed as the most severe symptoms in the field of psychiatry. Moreover, because of its frequent occurrence in patients with unremarkable family histories and its usual occurrence in life phases of a special, biologically determined character, the disease raises crucial questions concerning the relationship between psychogenic, environmental and constitutional factors in the development and structure of mental-emotional illnesses” (p. 614, translation by the authors).
15. There are many developmental and cognitive psychological studies of these processes that complement such psychoanalytic models of development. To mention only two of the best known nonpsychoanalytic researchers: Piaget (1978) characterized as a goal that the individual be guided by an autonomous, self-determined morality. According to Lawrence Kohlberg, mature action is based on morality at a post-conventional level (level 6 according to Kohlberg), where universal ethical principles are followed.
16. The Nationale Versorgungs Leitlinie, NVL (national guidelines in Germany) points out that in the case of psychotic depression, medication must often be administered first before the patient can be reached for psychotherapy (cf. p. 120 ff.).
17. Levine et al. (2018), in their volume, *Unrepresented states and the construction of meaning*, also focused on the question of making sense of the unrepresented, of early, unsymbolized trauma. Green (2007), with his widely received concept of the “dead mother,” has described that early object relations experiences with a depressed mother lead to a withdrawal of cathexis in the infant and thus to a disappearance of object representations, which can be perceived in the transference relationship by the analyst as a void, a negative hallucination of the object, “a representation of the absence of representation” (Green 1999, 196; cited in Reed 2013, 39). Reed (2013, p. 29ff.) points out that the negative hallucination of the object – and empty mirror – is essentially always there in these patients, but often only becomes observable in the analysand’s extreme reactions to separations from the analyst. Green was concerned with the process of disobjectalization, that is, the erasure of representations. Other psychoanalytic researchers, on the other hand, focused on the psychic material of patients that has insufficiently, or never at all, undergone a process of symbolization mentalization, as can be observed in some severely traumatized individuals. In this context, we can only mention, but not elaborate, that in a joint paper Bohleber and Leuzinger-Bohleber put forward for discussion our clinical experience and conceptual considerations that in psychoanalyses with traumatized persons it is absolutely necessary to approach in the analytic process the unbearable of the traumatizations that have actually taken place. It is true that the past realities can never be decoded and understood in a “one-to-one” ratio because memory constantly revises all memories and therefore the narrative changes in details. Nevertheless, the “historical truth” remains at the core and proves to be crucial for the psychological transformations of traumatized patients (Bohleber and Leuzinger-Bohleber 2016).
18. The German CTQ (Klinitzke et al. 2012), includes a scale on the experience of severe inconsistency or uncertainty in the home next to internationally used scales on abuse and neglect experiences.
19. Adherence was measured by the Comparative Psychotherapy Process Scale (CPPS, Hilsenroth et al. 2003,) based on randomly selected audiotapes of therapies to distinguish between psychoanalytic and cognitive-behavioral treatments. A total of 137 therapy sessions (89 PA, 48 CBT) were assessed by three independent raters. The interrater-reliability was satisfactory ICC > .85. Psychoanalysts (following the Tavistock Manual for Treatments of Chronic Depressed Patients) clearly differed in their treatment techniques and strategies from the

cognitive behavioral therapists (working in accordance with their training in cognitive-behavioral treatments) (see Leuzinger-Bohleber, Hautzinger, et al. 2019).

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Patient anonymization statement

Potentially personally identifying information presented in this article that relates directly or indirectly to an individual, or individuals, has been changed to disguise and safeguard the confidentiality, privacy and data protection rights of those concerned, in accordance with the journal's anonymization policy.

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