2. Behavioural communications following abuse can include:
   a aggressive, challenging behaviour
   b inappropriate sexual behaviour
   c incontinence
   d faecal smearing
   e suicidal behaviour.

3. Basic themes in therapy with survivors include:
   a happiness at being different
   b fear of being annihilated
   c shame at being different
   d enjoyment of independence
   e sexual disturbance.

4. Optimising treatment for survivors includes:
   a allowing as much personal agency as possible
   b using the same techniques as used with patients without disabilities
   c clearly informing them of your holiday dates and times when you will not be available
   d notifying them of any letters you write or reports you receive about them
   e playing down traumatic aetiology.

5. Abuse of patients with learning disabilities:
   a involves betrayal
   b does not hurt as much as abuse of more-aware survivors
   c was easy for professionals to accept
   d often involves traumatisation
   e can often exacerbate the emotional problems of learning disability.

MCQ answers

1	2	3	4	5
a F	a T	a F	a T	a T
b F	b T	b T	b F	b F
c F	c T	c T	c T	c F
d F	d T	d F	d T	d T
e T	e T	e T	e F	e T

Commentary

Earl Hopper

It is very difficult to teach and learn about the survival of trauma by those with learning disabilities, especially the young, because when we take on board the scope of the problem and the magnitude of the despair and desperation associated with it, we all experience extreme anxiety.

Valerie Sinason's article (2002, this issue) contains a vast amount of information. It would be very useful as the basis of a series of seminars in which the topics raised could be discussed and in which participants were able to examine their own feelings and fantasies associated with them. We are reminded of the strength and prevalence of denial concerning the suffering of children who are abused, which, in the case of those with learning disabilities, is even more extreme. Such denial exists not only

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within society generally, but also specifically within the helping professions. The consequences of physical and sexual abuse (which are really 'assault' and 'rape') are made worse by the fact that the complaints made by those with learning disabilities are often not understood, believed and/or taken seriously. It is very difficult for these people to function within the context of the usual legal procedures.

It is helpful to understand the problems of those with learning disabilities who have been abused, in terms of trauma and traumatogenic processes. In itself, such disability is experienced as 'strain' trauma and as a constant reminder that a catastrophe has occurred, albeit one that involves a confusing mixture of memories of real events and fantasies about them. Psychoanalytical insights into the psychic life of those with learning disabilities are important: they use primitive forms of splitting and pathological forms of projective identification in order to communicate the ineffable, but they have not developed the usual defences of repression and suppression.

Unconscious processes infuse our approach to care and treatment in learning disability. For example, to many, individuals in this group represent the ultimate repudiation of the value placed on intelligence and rationality in modern society and their inability to live without help is deemed to be an attack on the values which underpin existing structures of power (Hopper, 2003*a*). Often, they are blamed for causing the sadistic and perverse desires that 'normal' people have towards them, and also for these people's inability to stop themselves from acting on these desires. In one way or another, those with learning disabilities are punished for these sins.

Homosexuality in fantasy and deed is prevalent among those with learning disabilities. The shame and guilt associated with violations of sexual norms are made worse by the various disciplinary actions that are often taken against homosexuals. Those with learning disability and those who care for them need to understand more about attraction between people of the same sex, especially when this is rooted in the sexualisation of violent feelings and fantasies and in confusion over gender identity.

Another element in the traumatogenic processes which requires further thought is that of 'traumatophilia', the apparent love of trauma and seeking the sensations and excitement that accompany it. This can be enlivening and function as a kind of antidepressant, much as delinquency does during adolescence in general. Traumatophilia leads those with learning disabilities into the centre of attention, enabling them to compete with, for example, their siblings who are less disabled and with other children. It also involves attempts to communicate the unbelievable stories of their lives through enactment. Traumatophilia can be neutralised, or at least reduced, through psychotherapy.

From a group analytical point of view, it is important to consider how families, educational institutions and clinics of various kinds that specialise in learning disabilities are very often under the sway of 'Incohesion: Aggregation/Massification', which is what I call the fourth basic assumption in the unconscious life of groups and group-like social systems (Hopper, 2001, 2003*b*). Essentially, such organisations oscillate between falling into an 'aggregate' and coalescing into a 'mass', with low morale and despair, on the one hand, and manic pseudo-morale, on the other. These processes are personified by central persons who have crustacean, contact-shunning or amoeboid, merger-hungry characterological defences. This is typical of groups who have been traumatised and/or include traumatised individuals. Under such circumstances, it is very hard to develop and maintain a healthy 'work group' characterised by optimal cohesion. For example, the organisations in the field of learning disability are often threatened by staff absenteeism and a high rate of staff turnover. Staff must be especially mindful not to be unconsciously seduced into enacting the mental life of those with learning disabilities who are also traumatised. This is characterised by oscillations between fission and fragmentation and between fusion and confusion, with lost, abandoning and damaging objects and defences against the psychotic anxieties associated with these consequences of traumatic experience. Staff must take great care to prevent such processes from becoming manifest in the fourth basic assumption, that of Incohesion: Aggregation/Massification.

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