Harry Potter and the Warp of Resilience

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Abstract

This paper pursues the theme of resilience in psychological functioning using the example of Harry Potter as traumatised child who manages to survive his early adversive experiences to become a mature and caring older boy. By contrast, Lord Voldemort, the villain in the stories, also has a history of early deprivation but the outcome for him is highly antisocial.

We live in exciting times for increased understanding of the often subtle events which now seem to form the initial conditions which may lead to such differences. A selection of these insights from research in attachment and early trauma is provided to illustrate the theme.

Weaving

In weaving, the first act is to create the warp which is the series of threads which are tied around the loom and which determine not only the possible length of the weaving, but also the strength and durability of the fabric. The weft—the thread which is wound around the shuttle and passed in and out of the warp—may be gossamer thin and fragile, yet if the warp is made of a tough and resilient fibre the resulting cloth will have a strength which will withstand distortions and tearing forces which might destroy a lesser fabric. The warp threads are seen in the fringes found at either end of a piece of weaving where their colours may be seen clearly, and by looking at the cloth we can see how this basic structure affects the tone and timbre of the entire work.

To illustrate this, a fine example was given by Erik Erikson, famous for his eight stages of psychosocial development. He quoted his wife, Joan Erikson, who, he said, had worked with him from the beginning, and who as a weaver had found her own means of representing these ideas by means of a many-coloured scarf.

> One colour for each vital strength. In the fringe at the bottom – the warp – you can see them all: dark blue for Trust; orange for Autonomy; and dark green for Initiative; yellow for Industry – and so on. And please observe

> from the start that there are grey threads to represent the dystonic elements (basic mistrust, shame, guilt, etc.) over which the colours must maintain their dominance and brilliance as well as their essential characteristics. When you study this weaving you no longer doubt that the warp must exist from the start; otherwise the whole would not hang together. Also you can follow the threads as they continue up the years and add their character to the entire life pattern. In this way, everything is interwoven as, indeed, it is in life itself. (Erikson: 1980: 213)

Joan Erikson's weaving illustrates the concept of dependence on initial conditions. The basic colour system set up in the warp influences all the later development of the cloth: for instance, the orange for autonomy stripe maintains a sense of orangeness as it passes through subsequent phases. At the point where the weft is blue, the orange is modified to become a mauve colour, so illustrating the effect of feedback—orange and blue interacting over a square of pixels produces a new effect to the observing eye. Erikson uses his wife's weaving to illustrate the idea that early events influence later developments, and that every earlier stage of development colours later phases to some extent – in fact we use the word "colours" to indicate this phenomenon.

Looking across the piece of weaving from left to right, we see, too, that there are distinct changes in the tone and colour as we move, say, from a part where the warp is blue to one where it is orange. This illustrates another concept from chaos theory, namely that of a "bifurcation point" or "phase transition". Complex systems show multiple behavioural patterns and switch between these patterns in a discontinuous manner. By discontinuous I mean that the point of change from one pattern to the other is abrupt rather than gradual and imperceptible. In order to understand the square, we need to analyse its constituents, to understand the colours in the warp and how the interplay with the weft has produced this outcome. That is, the colour of the warp is a crucial factor here in terms of outcome. This is beginning to sound like psychotherapy.

Harry Potter and Voldemort

I was introduced to Harry Potter by one of my patients who said that she was reading this wonderful book which she could not put down. Moreover, the author had revealed that there was to be a series of seven books and she could scarcely contain herself until the next one appeared. Since this patient never seemed to read anything and was herself an orphaned child, I was sufficiently impressed to find a copy for myself, intending a quick skim to keep me abreast of the themes, but like my patient I found the book to be a compelling read.

Perhaps the reason for this is the author, Jo Rowling's, magnificent inventiveness and her deft touch in presenting the inner world of her protagonists.

The story is that Harry Potter's parents were killed by the evil Lord Voldemort when he was one year old, and he was subsequently reared by his egregious uncle and aunt Dursley. They subjected him to a regime where any sign of magical ability was instantly attacked because they were afraid that he would turn out like his parents, who were a witch and wizard. The Dursleys consistently attributed the very worst motives to Harry, so justifying their acts of deprivation. For instance, his bedroom was the cupboard under the stairs, dark and full of spiders, and he was often confined there for up to a week. They consistently showed their preference for their impossibly spoilt son, Dudley, while depriving and neglecting Harry. Harry was given a pair of his Uncle Vernon's old socks and a coathanger for his tenth birthday present, while Dudley received a new computer, a second television, a camera, a remote control aeroplane and a racing bike. Frequently, Harry was employed as a household slave, cooking the breakfast and gardening all day. He never had any pocket-money. Because Dudley and his friends' favourite game was "hunting Harry", he learnt to be very fast in evading their bullying and physical attacks. Harry, like so many neglected children, was not prepossessing in appearance either:

> Perhaps it had something to do with living in a dark cupboard, but Harry had always been small and skinny for his age. He looked even smaller and skinnier than he really was because all he had to wear were old clothes of Dudley's and Dudley was about four times bigger than he was. Harry had a thin face, knobbly knees, black hair and bright-green eyes. He wore round glasses held together with a lot of Sellotape because of all the times Dudley had punched him on the nose. The only thing Harry liked about his own appearance was a very thin scar on his forehead which was shaped like a bolt of lightning (Rowling: 1997: 20).

Harry is rescued from the Dursleys on his eleventh birthday when the giant Hagrid relentlessly pursues him, despite his uncle's evasive tactics, and organises for Harry to attend Hogwarts School for Witchcraft and Wizardry, in which he has been offered a place. One might think that 10 years' sojourn with the Dursleys would have had a very negative effect on Harry's character development, but as soon as he finds himself in more congenial surroundings he is able to form warm friendships with his peers, to have generally satisfactory relationships with the new adults in his world, and to meet a number of difficult

challenges with courage and fortitude. However, he could be said to suffer from the symptoms of PTSD. He has flashbacks in which his scar burns with pain, and he sees a blinding green light, later accompanied by a high cold cruel laugh. This happens when he is in danger. He also gets a churning stomach and loses his appetite when expecting an ordeal, a response which could represent an overactive physiological response to stress. He is particularly susceptible to the Dementors, guards at a prison who have the capacity to reawaken a memory of his mother's dying words as she tried to protect him from Voldemort. As in depression, the Dementors drain every good feeling, every happy memory out of those who get near them (Rowling: 1999: 140). Harry is told by his headmaster, Albus Dumbledore, that he is particularly vulnerable to them because of his early trauma.

So far four of Jo Rowling's promised seven books about Harry's adventures have appeared. As the story has been unfolding the character and story of Voldemort have become clearer. By now we have learned that after attempting to kill Harry and actually killing his parents, he lost all his power, and was reduced to a foetal existence as a parasite on his faithful follower. It seems that Harry may have acquired power while Voldemort lost it. By the fourth book, however, Voldemort is regaining his old strength, so that perhaps his period of regression may be thought to be proving beneficial, for him, at least.

Voldemort's early history is also an interesting parallel with Harry's, in that both are orphans who grew up under adverse circumstances. Voldemort's father abandoned his mother when he discovered that she was a witch and she died giving birth to him. He was left to grow up in an orphanage, but, like Harry, was invited to Hogwarts on his eleventh birthday. The idea that Voldemort might represent an alter ego of Harry's is strengthened by the fact that both are Parselmouths (that is, they can speak with snakes), both have unruly black hair, and both share feathers from the same phoenix as components of their wands. Voldemort himself says:

> There are strange likenesses between us, Harry Potter. Even you must have noticed.... Both half-bloods, orphans, raised by Muggles.[1] We even *look* something alike (Rowling: 1998: 233).

Voldemort's subsequent history is unfortunately reminiscent of that of many who have an early history of abuse and deprivation, and possibly what one

1. The word "muggles" refers to non-magic people.

might think could be a more likely outcome for Harry after his sojourn with the Dursleys.

> He disappeared after leaving the school, ... travelled far and wide ... sank so deeply into the Dark Arts, consorted with the very worst of our kind, underwent so many dangerous, magical transformations, that when he resurfaced as Lord Voldemort, he was barely recognisable. Hardly anyone connected Lord Voldemort with the clever handsome boy who was once head boy here (Rowling: 1998: 242).

Questions arising about Harry's resilience

We might ask ourselves how it is that Harry can show such resilience after a childhood such as that he experienced with the Dursleys. What are the factors which differentiate him from Voldemort, who has had probably similar experiences of neglect and possibly abuse in his orphanage? We may ask what is known these days about predisposition to later mental health problems such as displayed by Voldemort: lifelong devotion to omnipotent power, unstable identity, absence of the capacity for concern, total disregard for the needs and rights of other people, infantile regression, the expectation that others will act as extensions of himself – unfortunately characteristics displayed by many of the world's leaders. How is it that Harry emerges apparently more or less unscathed from a childhood where he spent significant periods of time locked in a cupboard while Voldemort has become the personification of evil? How does this affect us as psychotherapists?

Early deprivation

First, let us think about the potential for harm of experiences such as Harry has suffered. The Irish poet Seamus Heaney has captured the horror of infant neglect and trauma in his poem "Bye-Child", which commences with the explanation *"He was discovered in the henhouse where she had confined him. He was incapable of saying anything."*

> When the lamp glowed
> A yolk of light
> In their back window,
> The child in the henhouse
> Put his eye to a chink –

Little henhouse boy,
Sharp-faced as new moons,
Remembered, your photo still
Glimpsed like a rodent
On the floor of my mind,

Little moon man,
Kennelled and faithful
At the foot of the yard,
Your frail shape, luminous,
Weightless, is stirring the dust

The cobwebs, old droppings
Under the roosts
And dry smells from scraps
She put through your trapdoor
Morning and evening.

After those footsteps, silence;
Vigils, solitudes, fasts,
Unchristened tears,
A puzzled love of the light,
But now you speak at last

With a remote mime
Of something beyond patience,
Your gaping wordless proof
Of lunar distances
Travelled beyond love.

(Heaney: 1990)

Bruce Perry

Perhaps the person who has had most to say about the effects of early trauma is Bruce Perry. When in Sydney, he showed a CAT scan of the head of a normal three-year-old beside one of a child of the same age who had spent his life confined in a kennel. It was clear that this latter child had a gross diminution of skull volume due to lack of brain development.

Perry has worked extensively with traumatised and maltreated children. Last year he commenced his paper on "Brain Structure and Function" as follows:

> A terrified 3-year old child huddles, sobbing, in a dark corner of his room after being beaten by a drunken parent for spilling milk. A "colicky" infant cries for 8 hours, left alone, soiled and hungry, by an immature, impaired mother. A 7-year-old boy watches his father beat his mother, the most recent of many terrorizing assaults this child has witnessed in his chaotic, violent household.
>
> Terror, chaos and threat permeate the lives of too many children – millions of children across the globe each year have tiny pieces of their potential chipped away by fear. Fear inhibits exploration, fear inhibits learning, and fear inhibits opportunity. And when it does, it changes the child. It changes the brain of that child (Perry: 2000: 2).

René Spitz

The work of René Spitz brought these matters to attention as long ago as 1946. In a paper titled "Grief, A Peril in Infancy", he described a penal institution which took delinquent girls and their infants. For the first six months the girls were allowed to look after their babies, but after that the babies were put in a nursery which was extremely hygienic. The infants were segregated in their cots and had minimal human contact.

Spitz found that out of a total of 123 infants, 19 severe and 23 mild cases of anaclitic depression developed—i.e. 42 infants suffered serious ill effects (35%). Tragically, these infants were those whose attachment to their mothers had been the most intense. Spitz found that where the mother was restored within three months the process was reversible. Where she was not restored the process proceeded to a picture of stuporous, deteriorated catatonia or agitated idiocy, which appeared to be irreversible. We have seen this picture on our television screens in connection with the Romanian orphanages. Spitz found that during episodes of more minor depression, the infants appeared to be more susceptible to colds, lost weight and were unable to sleep. Of the children whose mothers were not restored, one third were dead by the end of a year.

Twenty years after making these observations, Spitz wrote:

> Affective interchange is paramount, not only for the development of emotion itself in infants, but also for the maturation and the development of the child... this affective interchange is provided by the reciprocity between the mother (or her substitute) and the child... depriving the child of this interchange is serious, and in the extreme case, a dangerous handicap for its development in every sector of the personality (1965: 37).

Brain architecture and function

Since there is now evidence that traumatic events early in life may adversely affect the architecture of the brain, first let us consider the structure of the brain itself.

The human brain consists of several discrete parts which are evolutionarily distinct. First there is the spinal cord, which functions at the level of the reflex arc. Sensory impulses come in and trigger motor responses. Next there is the brain stem, where automatic functions such as heart rate and breathing are controlled. Further "up" and deep within the brain is the limbic system, which includes the amygdala and the hippocampus and where memories are stored and emotions are generated. Finally we have the cortex or brain surface, where thinking and planning for the future take place.

Perry makes the point that there is evidence that stress causes actual change in brain architecture, such as shrinkage of the hippocampus, which in turn may lead to difficulties with memory storage and new learning. Moreover, he says

> any deprivation of optimal developmental experiences which leads to underdevelopment of cortical, subcortical and limbic areas will necessarily result in persistence of primitive, immature behavioural reactivity and, predispose to violent behaviour. [...] The traumatized child frequently has significant impairment in social and emotional functioning (Perry: 2000: 2).

Alan Schore

Alan Schore from UCLA has spent the last 15 years patiently collecting information from neurobiological research and linking it with brain development and clinical outcome. He has been particularly interested in the development of links between the limbic system, the seat of the emotions, and the pre-frontal orbital cortex (the part right behind the eyes), where it is now believed that affect regulation takes place. He says that the subject of affect regulation is of paramount importance in understanding human dysfunctional states, and that the beginning of this occurs in early infancy when the mother is learning how to regulate her infant. In fact, the paediatrician Berry Brazelton noted that newborn infants in a nursery regulated sleep and wake cycles by ten days when there was a regular caregiver, but when, as usually happens, nurses were rostered there only occasionally, there was no self-regulation.

Primitive emotional states

The primitive emotional states below are now identified as existing or at least emanating from the deep structures of the brain: the amygdala, hippocampus, thalamus, and limbic system.

1. Interest-excitement
2. Enjoyment-joy
3. Startle-surprise
4. Distress-anguish
5. Rage-anger
6. Disgust-revulsion (This could be an olfactory reflex)
7. Contempt-scorn
8. Fear-terror
9. Shame-shyness-humiliation

Anxiety and guilt are not included on this list since they are learned responses and not considered to be innate. Guilt also differs in that it is not exposed on the face, while shame—its more primitive counterpart—is.

Alan Sroufe, a researcher in this area, says

> Much of human emotion is social in nature, and the development of emotion cannot be separated from its social context. Affection and rage typically have social objects. Shame requires an audience while guilt is based on the internalization of social values. Infants smile more frequently and more broadly when they are with others than when they are alone (1995: 40).

Where there are primitive emotions there is restricted ability to reflect upon the emotional states of others.

The Gaze

In the second half of the fifteenth century Leonardo da Vinci (1452-1519) is said to have observed that the eyes are the windows of the body's prison (McCarthy: 1972). Leonardo was no doubt speaking as the great painter he was—as the creator of the Mona Lisa with her enigmatic smile. He was no doubt referring to the sense of the eye as the window of the soul; to the eye as the source of the gaze which conveys such a profundity of meaning—as that strange attractor which locks in the Other. Eye contact—the meeting of the gaze—binds human beings in a union which is in fact entirely outside of speech. Parents find the wide-eyed gaze of the newborn infant especially

moving and are likely to make comments indicating an experience of a sense of the infant as an mysterious individual they must make contact with: "somebody in there, looking at me". There is something extremely potent about such looking and seeing. It may partake of the sense of a merger or loss of sense of self in the depths of the Other.

Colwyn Trevarthen

Colwyn Trevarthen, now Professor Emeritus at the University of Edinburgh, has spent a lifetime studying the social responses of babies. He was first to make the observation that a baby is hard-wired to relate to people, and that human infants master interactions with people first. In fact, from the age of two to six months, the infant is in his/her most social period. Infants, he says, are much more interested in faces than in anything else.

Trevarthen and Aitken (1994) note that the time spent looking at the mother's eyes develops very fast in the first few days and diminishes after three months. By three months the baby may begin to avoid the mother's gaze at times, and in sensitized women this may trigger a post-natal depression response. Babies with PND mothers may become precociously solicitous, developing a premature responsibility for caring for the mother—a situation which may be labelled as premature ego development or, following Winnicott, False Self development. Pre-reaching declines steeply after one month as monocular acuity increases. At four months there is the sudden development of binocular vision allowing for the fine discrimination of depth for close vision. Trevarthen makes the point that humans are the only primate with white sclera which allow accurate information about the position of the eyes of the other person. For the human infant the gaze is of utmost importance. From age two to six months, the infant is in his/her most social period, showing gaze and smile preference for the human face. We now think that this is the commencement of the sense of self and other. The baby can regulate the mother's social contact by gaze aversion (looking away), so it is that the baby both initiates and terminates social interaction and this is facilitated or otherwise by the mother's handling.

Trevarthen notes that there is a great deal of nonverbal organic intelligence and extremely elaborate sympathetic activities are found when the human cortex is very undeveloped. Babies are highly coordinated and coherent. Baby utterance is at the back of the throat, and is adagio, that is, walking pace with phase lengths of four seconds. He speculates that the human brain is equipped with pace makers designed to move the whole body as in walking. There are

fluctuations in excitement as the mother talks to her baby, mirrored by movements of the gut and changes in heart rate. Mothers and other caregivers who speak to babies alter the pitch of their voices. The mother changes the pitch of her voice to respond to the baby's utterance. The baby raises the pitch of its voice to gain the mother's attention. This is emotional regulation and is more related to music than to any other discipline.

Dynamic emotions express and guide the balance between an infant's challenging adventurousness, withdrawal in self-protection, and appeals for parental care. Infants generate narratives of consciousness that form the fabric of thinking. This is an active, biologically regulated process, which can also develop pathology leading to problems in relationships, actions of all kinds, cognition and learning, companionship.

Trevarthen and Aitken ask:

> Is human intersubjectivity the ability to represent two people? Is there some kind of mental reduplication so that the infant has an ability to represent different states of another person e.g imitation at birth? There is no evidence that we are more aware of our own states than we are of other peoples'. It is other people who know what we are feeling (1994: 610).

Alan Schore believes that the infant's preoccupation with faces and with an intense visual interaction, especially with the mother, allows for regulation of affective states in the limbic system from connections to the right hemisphere, which is larger than the left for the first eighteen months, and especially the right orbito-frontal area.

Internalized objects: The Patronus

We thus have, for the first time, a location for the concept of internalised objects. It seems increasingly likely that this may be in the area of the prefrontal orbital cortex which now seems to be responsible for regulating affective states. Somewhere in the brain, a well-tended infant begins to develop a concept of (to quote Winnicott) a "good-enough parent" which can be summoned up and act as a protective force against adverse occurrences. We see this ourselves when our emotionally and developmentally deprived patients begin to come and say things like: "I was going to take an overdose, but I thought about what you would say and so I didn't".

Harry Potter discovers this sense of a protective father when he becomes capable of creating a "Patronus" to protect him from the Dementors. In order

to do this, he had to think of something happy. In this case he was thinking that he would be able to stay with his godfather in the school holidays rather than with the Dursleys.

> Harry flung himself out from behind his bush and pulled out his wand. 'EXPECTO PATRONUM!' he yelled.
>
> And out of the end of his wand burst [...] a blinding, silver animal. He screwed up his eyes, trying to see what it was. It looked like a horse. It was galloping silently away from him, across the black surface of the lake. He saw it lower its head and charge at the swarming Dementors... now it was galloping around and around the black shapes on the ground, and the Dementors were falling back, scattering, retreating into the darkness... they were gone.
>
> The Patronus turned. It was cantering back across the still surface of the water. It wasn't a horse. It wasn't a unicorn, either. It was a stag. It was shining brightly as the moon above.... It was coming back to him (Rowling: 1999: 300).

In the story, Harry's father is an Animagus, magically able to transform himself into a stag.

Attachment research

I need now to say something about attachment research which has been giving us some important information about what is now being spoken of as the "intergenerational effect".

> Attachment behaviour is organized around the mental representation of a relationship. This relationship is *specific*—it is formed in relationship to a specific person. The representation of this relationship is *durable*—it usually endures either indefinitely or for a large part of the life cycle, even after the relationship has ended. It has inherent emotional components. It can be expressed through symbolism. It also has a semantic component: the representation of a relationship has particular meanings (Marrone: 1998: 13).

The Ainsworth Strange Situation test (Ainsworth, Bell, & Stayton: 1971) was developed as a brief structured laboratory observation of parents and infants, and was designed specifically to highlight individual differences in infants' responses to brief separations from their caregivers. It consists of eight

episodes, presented in a fixed order, starting with introductory periods in which the parent and infant are introduced to the room, the toys, and a stranger, and leading up to the parent twice leaving the room and twice returning to it, leaving the infant first with the stranger, and then alone. The observations of the infant's behaviour during reunion with the mother are especially relevant.

Attachment categories

This test characterises groups of infants as *secure, insecure-avoidant,* or *insecure-ambivalent*. The group of "secure" (Ainsworth type B) infants use their attachment figures as a secure base from which to explore a novel environment. "Avoidant" (Ainsworth type A) infants seem little concerned by the mother's absence, and instead of greeting her on reunion, actively ignore her or move away and may seem more interested in objects such as toys. "Ambivalent" (Ainsworth type C) infants protest vigorously when their mothers leave the room during the strange situation procedure, but when the mother returns they behave ambivalently, alternately demanding contact and then rejecting it.

The original Ainsworth groupings were later reviewed by Mary Main who recognised that the infants who had been hard to classify could form a further group now known as *disorganized/disorientated* or 'D-Group'. A feature of this category is that the infants did not appear to resemble each other in clearly discernible ways. What they shared in common was that during reunion episodes they showed sequences of behaviour which seemed to lack a readily observable goal, intention or explanation. They did such things as approaching the caregiver with the head averted, crying for the mother during separation and then moving away from her during reunion, or approaching her and then falling to the floor or suddenly freezing in mid-approach.

This group has been receiving a great deal of attention in recent years, especially since the observation that in families where there is known abuse the incidence of disorganised attachment rises to 81%. In ordinary community samples, it is usually around 12%.

Adult Attachment Interview (AAI)

This is an hour-long structured interview, which includes scoring verbatim transcripts, to consider how the adult's thoughts, feelings, and memories are organised. Here descriptions of early experiences as good or bad are less

important than the degree to which these experiences have been integrated and can be coherently appraised. As measured by this instrument, adult working models of attachment fall into groups classified as *secure-autonomous, detached, preoccupied* and *unresolved.*

Recent studies linking findings on the Ainsworth Strange Situation and Adult Attachment Interviews have demonstrated high concordance between mother-infant pairs. For instance, Fonagy, Steele and Steele (1991) administered the AAI to first pregnancy mothers in their third trimester and were able to predict with 75% accuracy what the baby's attachment status was found to be at one year of age. These results imply that caregivers and infants share similar patterns of information processing and affective arousal, and give support to Bowlby's theory of attachment which proposes that intergenerational transmission of patterns of relating is mediated by the transmission of internal working models. This is an elegant demonstration of the intergenerational effect which has been so much in the news of late.

Parents' retrospective reports of childhood maltreatment in the Adult Attachment Interview point to three major patterns of maltreatment, each characterised by a different organizing theme of the relationship and by a different working model, namely *rejection, role reversal*, and *fear.* What is repeated across the generations is not necessarily a specific type of maltreatment but an organising theme of the relationship and a way of living or experiencing the theme, or internal working model.

Sroufe's studies in Minnesota have provided empirical evidence for the concept of early secure attachment leading to later good mental health (1995: 48). They have been consistently replicated by other research teams in the United States and in other countries. Sroufe says that securely attached children seem to be more resourceful, more flexible and display greater tolerance to frustration. They are more able to use the assistance of their mothers without becoming unduly dependent on it.

Schore suggests that the right cerebral hemisphere stores an entire working model of attachment relationships. With a secure attachment to the mother, there is the expectation that disturbances of affect will be put right: that there will be an empathic response. Probably this is something like a right hemisphere to right hemisphere link. The right hemisphere is larger than the left in the human infant, up till about eighteen months. It is important in the appraisal and connection with emotional responses.

To return to the puzzle of Harry Potter and Voldemort, perhaps we can now say that Harry has turned out rather well, despite many traumas experienced in living with the Dursleys, because his mother loved him, indeed loved him so much that she died in order to save him. No doubt the early interchanges with her were responsive, attuned and 'holding'. The warp of his interpersonal relationships was strong enough to be relatively uninfluenced by the weft of the Dursleys. Voldemort, by contrast, had no mother, since she died in childbirth and he was reared in an orphanage.

The protectiveness of his mother's love is especially apparent when Harry finds that Voldemort's agent gets burnt when he touches his skin. Dumbledore explains this to Harry as follows:

> Your mother died to save you. If there is one thing Voldemort cannot understand, it is love. He didn't realise that love as powerful as your mother's for you leaves its own mark. Not a scar, no visible sign.... To have been loved so deeply, even though the person who loved us is gone, will give us some protection forever. It is in your very skin. [...] It was agony for [a person] sharing his soul with Voldemort, full of hatred, greed and ambition, to touch a person marked by something so good (Rowling: 1997: 216).

Not only can Harry's skin act as a protective agent, but he can also summon up an image of a protective father—his Patronus—which wards off the effects of the soul-destroying Dementors.

In the second book, Dumbledore says "It is our choices, Harry, that show what we truly are, far more than our abilities" (Rowling: 1998: 245).

With all this evidence I have been citing, we should probably take issue with this concept of free will. The intergenerational cycle of abuse suggests rather that choice may be illusionary. We might paraphrase Dumbledore to say, rather, "It is our earliest experiences, Harry, that give us our life trajectory of good or evil. If you know your mother loves you, it acts as a shield against all later harm, no matter what. If you are supremely unfortunate like Voldemort, and have no mother, or no good mothering, then you may take out your vengeance against the world and tragically and appallingly even against a mere infant, such as you were. Moreover, you were doubly protected by also having an image of a loving father which you are able to summon up when you need him."

A recent episode of the science show, *Compass*, put all this very well: "Our own personal histories are woven into the fabric of our lives."

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