The Legacy Of Trauma
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On the morning of Tuesday, September 11th, 2001, the world was traumatized and we were forever changed. Thanks to modern news media, millions of people were witness to indelible images of terrorist attacks that instantly overwhelmed our ordinary capacity for coping. We experienced a terrible reality of violent death, injury and destruction at the hands of others that left us with feelings of raw horror, fear and helplessness. This is a definition of trauma. Twenty years ago, it was thought that traumatic events were "outside the range of usual human experience," but we have sadly learned that many traumatic events are not so extraordinary after all. This is especially true of man-made traumas, whether in the form of criminal violence, combat, or prolonged physical, sexual and emotional abuse during childhood.

The Nature of Trauma
Distinctions have been made between "single blow" and "repeated" or chronic traumas. Single blow traumas include *natural disasters* such as tornadoes, fires and floods, *technological disasters* such as plane crashes, chemical spills or bridge collapses, and *criminal violence* such as robbery, assault, rape or homicide. Repeated or chronic traumas include combat, political and concentration camp imprisonment, enslavement, torture, and child or spousal abuse.   Mistreatment deliberately inflicted by others is especially hard to bear. The willful and intentional delivery of pain and injury compounds the experience of trauma, especially when the victim is dependent on the perpetrator (as in parent-child abuse) and especially when an attitude of malice accompanies the actions. There is also a well-researched "dose-response" relationship in the field of trauma: the higher the dose, the more potentially damaging its effects; thus, the closer the danger, the greater the impact; the more prolonged or severe the torment, the deeper the psychic wound. The amount of trauma does not alone determine its effects, however. So do the type and context: "The effects are likely to be most severe if the trauma is man-made, repeated, unpredictable, multi-faceted, inflicted with sadistic or malevolent intent, undergone in childhood, and perpetrated by a caregiver." (Allen, 1995).

Psychiatric disorders and symptoms are not inevitable following trauma, but trauma places people at risk. For some forms of trauma, such as a minor car accident, the risk is low; for others, such as sadistic abuse, it is very high. Although the *objective* aspect of trauma is the most obvious—the tornado, the explosion, the molestation, the beating—it is the *subjective* experience and meaning assigned to it that constitutes the trauma. The more one *believes* one is in danger, the more one feels traumatized, whether or not harm occurs or would have occurred. Some individuals tend to magnify the seriousness of a situation, while others minimize it, and those with a history of severe abuse or neglect may have no sound basis for comparison.

The Traumatic Response to Danger
The human response to danger includes changes in arousal, attention, perception and emotion—normal, adaptive changes that prepare one for "fight or flight." The awareness

of threat arouses the sympathetic nervous system, producing an adrenalin rush and a heightened state of alert; attention is concentrated on the immediate situation; ordinary perceptions may be altered—those in danger are often able to disregard hunger, pain and fatigue—and intense feelings of fear and anger are evoked. When resistance or escape is impossible, however, this instinctive system of self-defense is overwhelmed, and normally integrated functions are fragmented and disorganized. In high states of arousal, language may be subordinated to sensory and imagistic forms of memory. Any combination of reactions and symptoms may occur, but Post-Traumatic Stress Disorder is a helpful illustration.

Post-Traumatic Stress Disorder as a Model of Response to Trauma
Post-Traumatic Stress Disorder (PTSD) is characterized by three classes of symptoms: Hyper-arousal, Intrusion and Constriction.

(i) Hyper-arousal reflects a state of 'permanent alert,' in which individuals experience sleep disruption, hyper-vigilance, exaggerated startle responses, irritable over-reactivity, and an intense reaction to stimuli associated with the trauma or other reminders.
(ii) Intrusion, or reliving the event(s) as if in the present, may include flashbacks, traumatic nightmares, or intensely vivid, seemingly free-floating sensations and images unconnected to verbal memories. These are forms of remembering which often substitute for normal narrative memory with respect to traumatic events.
(iii) Constriction includes both avoidance and dissociation. Most traumatized people make great efforts to avoid or escape similar situations. A truly helpless person in a traumatic situation, however, escapes not through action, but by dissociating, or altering states of consciousness. Perceptions may be numbed or distorted, the sense of time may be slowed, and there may be partial anesthesia or loss of physical sensation. Emotional detachment may occur and manifest through feelings of derealization and depersonalization, in which experience loses its ordinary sense of reality, or events are observed as if from outside the body: this is not happening to me—it is happening to someone else! Those who cannot spontaneously dissociate may achieve numbing through alcohol or other drugs. All such ways of managing trauma *in the moment of its occurrence* are considered adaptive but, once the danger is past, may seriously impair daily functioning.

The Special Case of Abuse and Trauma During Childhood
   o **"A Trauma-Based World View"** (Salter, 1995)**:** Those who have not been traumatized have a secure and romanticized view of the world. Although the probability of being victimized in some way, at some time in one's life, is nearly 70%, most people have an unrealistically optimistic view of the world. They 'expect well' in life, underestimating the likelihood of negative events and overestimating the likelihood of positive ones. Trauma victims, on the other hand, often expect life to be short and hard. Many of the childhood victims of the Chowchilla school bus kidnapping in California in the mid-1970's continued to believe in the existence of another kidnapper long after their rescue, and held foreshortened views of their futures, expecting to die young (Terr, 1990).

The natural tendency to see the world as benevolent is lost in trauma. For the survivors of assault or abuse, the sense of malevolence is often attached to people, but there may also be a feeling of having been singled out by fate—doomed to fail, to be mistreated, and to have one's efforts end badly. The sense of being shielded from harm is absent, and the image of 'the good parent' or a loving God may be lost. So, too, is the sense of ability to protect oneself or influence life outcomes, leading to fearful withdrawal, reckless thrill-seeking, or the loss of motivation to achieve goals.

- o **"Traumatic Bonding"**
  The paradox of abusive relationships is the strength of attachment than nonetheless develops between victim and perpetrator. Dramatic examples include the kinship and positive feelings towards captors or others who control one's fate, depicted in the Patty Hearst kidnapping or relationships within cults. Within abusive families, relationships are characterized by (i) social isolation and exclusive dependence on the parent (often the abuser) for intimacy and survival, (ii) a gross imbalance of power, which results in mounting feelings of incompetence and helplessness by the victim, and (iii) inner conflict between the need for a secure base and the fact that the source of security is also the source of danger. The alternation between distress and relief cements the bond, and "after several cycles…the worse the injury, the greater the terror, the stronger the need for security, the tighter the bond." (Herman, 1992).

- o **Themes in Relationships**
  Childhood abuse victims tend to be isolated from their peers. Secrecy works against intimacy, while the betrayal by adults breeds a mistrust and avoidance of others. Isolation, however, only fuels basic attachment needs and abandonment fears. Abused children and adults may become intensely dependent on relationships that are intrusive, exploitive or injurious. They are often exquisitely attuned to the signals and needs of others, developing habits of obedience and efforts to please or placate that increase their vulnerability to those in positions of power or authority. Alternatively, feelings of helplessness may be countered by extreme needs for control. In these cases, power struggles and attempts to dominate others are aimed at maintaining a sense of security. Occasionally, the victim "identifies with the aggressor," enacting abuse upon others.

- o **The Sense of Self**
  Not all abused children can alter reality through dissociation, but the need to assign meaning to traumatic events interacts with their normally egocentric, self-referential view of the world and leads to a false sense of being able to correct the situation. The ability to accurately attribute responsibility is displaced by "magical thinking," as the child incorrectly assumes blame for traumatic events and the feelings of others. Self-blame preserves important attachments, but also contaminates the sense of self by internalizing the evils and wrongs perpetrated, instilling a self-hatred that is sometimes disguised by perfectionism and over-

achievement. Overcoming this negative identity can be a major challenge of adulthood and later treatment.

- o **Emotions and Adaptive Efforts**
  Finally, because survivors of abuse have not experienced safe, consistent care-giving, they cannot internalize these functions. Instead, they internalize a harsh and judgmental punisher of self-expression and a sense of failure and worthlessness. They struggle with *emotional dysregulation*. Anger may be rigidly suppressed or poorly modulated, while anxiety and depression become chronic. Unable to depend on themselves for comfort or self-soothing, they may cling to abusers or attach quickly and indiscriminantly to strangers. Dissociation may become pervasive or generalized, leading to a sense of disconnection from others. Self-injury or self-mutilation may develop as an attempt to re-anchor the person in current reality, or even to regain a sense of existence. Self-harm is not typically a manipulation or suicidal gesture. Rather, it is self-soothing behavior, as long-lasting changes in the body's regulation of endorphins lead to this paradoxical effort to relieve emotional pain. Other attempts at self-regulation may include purging (binging and vomiting, use of diuretics and laxatives), compulsive sexual behavior, the use of drugs or alcohol, or compulsive risk-taking and exposure to danger.

Protective Factors in Dealing with Trauma
When trauma is severe or prolonged enough, anyone is vulnerable PTSD and other negative effects. Yet, a small minority of people seem to cope unusually well, readily recovering their developmental and adaptive stride.   Among the factors contributing to such resilience is a history of secure attachment during childhood. In addition to nurturing Erikson's "basic trust," an important function of parenting is to modulate the child's level of arousal by providing empathically well-attuned and well-timed feeding, comforting, playing, cleaning and resting (Van Der Kolk, 1996). Those with secure bonds established during childhood gradually acquire skills of self-modulation and are better equipped to weather the storms of arousal that accompany trauma than those with histories of neglect or abuse. The sense of connection to others and an ability to use them to talk about and work through distressing events is protective and restorative.

Studies have also shown that stress-resistant people have a high degree of sociability, possess a thoughtful, active coping style, and have a belief in their own ability to control what happens to them—otherwise conceptualized as an 'internal locus of control.' By contrast, those at most risk for negative outcomes already feel disempowered and disconnected from others (Herman, 1992), discouraged from believing that their efforts make a difference. The solidarity among New Yorkers as they still struggle to deal with the horror of the World Trade Center attacks mitigates the individual and collective sense of helplessness and vulnerability that overtook them in an instant.

Finally, whatever one's predisposition to the impact of trauma, Herman (1992) points out that the most universally important factor cited by survivors is "good luck." Others might refer to it as "grace." Defining moments such as those of September 11th, 2001 move us

to re-examine and actualize our best selves. Our recovery, both individually and as a society, depends on our willingness to become active, to reach out to others, and to re-establish an atmosphere of support, trust and safety. In this sense, we ought not to be the same again.