HEALING FROM TRAUMA: HEALING FROM SHAME:

THE NATIONAL IMPLICATIONS OF INDIVIDUAL RECOVERY

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After a century-long detour, psychiatry is finding its way back to a vision of psychiatric dysfunction as originating in normal reactions to abnormal stress (Van der Kolk, 1987; Van der Kolk et al, 1989). The study of psychological trauma and its effects as the major factor in the origin of a significant amount of psychiatric illness is creating a paradigm shift with profound consequences to the treatment of the mentally ill and to society at large.

This paper will summarize the effects of psychological trauma and elaborate on the elements of the healing process in recovery from those effects. Efforts will be made to generalize from the study of the individual to the study of the larger group.

PSYCHOLOGICAL TRAUMA DEFINED

Psychological trauma occurs when, in the words of Lenore Terr, "a sudden, unexpected, overwhelmingly intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind" (Terr, 1990). According to Van der Kolk, "Trauma occurs when one loses the sense of having a safe place to retreat within or outside oneself to deal with frightening emotions or experiences. This results in a state of helplessness, a feeling that one's actions have no bearing on the outcome of one's life" (Van der Kolk, 1987).

Trauma produces an abrupt sundering of the shield of invulnerability that we unconsciously erect around us to convince us that it is safe to proceed with the events of our daily lives. The ensuing internal disequilibrium, panic, and exhaustion is physiologically dangerous if maintained for a prolonged period of time (Horowitz, 1986).
INITIAL REACTIONS TO TRAUMA

The innate defense against the overwhelming nature of psychological stress is dissociation - the ability to segregate certain mental processes from the rest of the psychic apparatus. This mechanism allows the traumatized individual to split off the overwhelming affect from the experience itself, thus permitting the person to continue to function and defend himself without being paralyzed by emotion.

This capacity for dissociation appears to be biologically-based and the product of an evolutionary adaptation designed to provide some internal safeguards in a world both traumatic and unpredictable. The organism recognizes that survival is at stake - it is an issue of life and death - and separates the unacceptable affects, thoughts, and often memories from the main body of consciousness, then utilizes repression as a self-protective device to force the experience out of consciousness. When this is accomplished the individual can once again utilize more normal cognitive processes without as much interference from affective arousal.

This separation of mental contents, however, is unstable. At some point after the immediate effects of the trauma have passed, the dissociated memories, thoughts, and affects press for reintegration into the main body of consciousness. It appears that a significant amount of psychiatric symptomatology is a result of the conflict between the continued perceived unconscious need to protect the organism from previously overwhelming affect and the need for integration of those mental contents.

This conflict manifests through the repetition compulsion. The compulsion to repeat trauma, usually in highly symbolic and disguised form, is a well-established phenomena. The dissociated mental contents provide the energy and form of the traumatic reenactments; the conscious mind is offered the opportunity to alter the outcome rather than repeat the past. Much of the work of psychotherapy is aimed at utilizing conscious processes to rework the traumatic reenactment scenario.

The resistance to this work can be understood when it is recognized that the initial reason for dissociation was a perceived threat to survival. In order to overcome the dissociation, the person must defy his own built-in,
biologically-based injunction to keep those mental contents separated under threat of death.

SECONDARY EFFECTS OF TRAUMA

Traumatized individuals defend against the "return of the repressed" in a variety of ways. Compulsive behaviors of all sorts serve the purpose of warding off the expression of the dissociated affect into consciousness while serving as disguised traumatic reenactments. The self becomes the perpetrator, engaging in many varieties of self-destructive behaviors, thus reenacting the trauma while keeping the original trauma and its associations hidden from conscious view. This is precisely the reason why substance abuse disorders, eating disorders, self-mutilative disorders, sexual compulsive disorders, compulsive violent behavior, compulsive risk-taking behaviors are all so difficult to treat - they are all serving an even more deeply held purpose, that of defending against a threat to survival - a threat that is actually a ghost of the past.

The bitter irony, of course, is that in defending against a threat to survival, the individual utilizes defenses that become an even greater threat to ongoing survival. This is the dilemma of the psychiatric patient who feels he is trapped between the "devil and the deep blue sea". The chronic nature of this dilemma ultimately leads to a sense of helplessness, hopelessness, joylessness, and existential despair which often culminates in depression and even suicide.

THE SOCIAL NATURE OF TRAUMA

The dissociative reactions to trauma discussed thus far are biologically-based and a result of our evolutionary development. Evolution, however, does not appear to have provided us with a direct and biological solution to the compulsion to repeat trauma. Apparently, the solution to this problem hinges on culture.

Most of the psychological trauma that individuals experience is a direct or indirect result of human action. The effects of trauma must be viewed, therefore, in a social context. This is particularly true when discussing trauma in childhood, particularly abuse suffered at the hands of caretakers. Child abuse seriously damages the individual's capacity to form healthy and satisfying attachments. It impairs the capacity to trust other human beings. Abuse makes
it impossible for children to develop normal interpersonal boundaries.

Abuse also evokes overwhelming experiences of shame which interfere with healthy development of the self. Shame also sunderes the "interpersonal bridge" since shame is inherently a social affect (Nathanson, 1987). Nathanson has pointed out that "shame in its communication-sundering mode, is a powerful modulator of interpersonal relatedness". Shame can be triggered by betrayal, treachery, abandonment, and any kind of failure or sense of helplessness. "The shame experience is one of utter isolation. It is all those moments in which we felt like crawling into a hole and disappearing forever. It involves sudden, unexpected separation; no matter what our age, shame resonates with the worst of our fears of abandonment" (Nathanson, 1987).

Trauma shatters our wall of invulnerability, it forces upon us an overwhelming sense of helplessness, it arouses the awfulness of shame, it robs us of a sense of having a safe place in the world, of having a place where we belong. Labeled as Victim, we are suddenly somehow cast out of the human community and become the scapegoat wandering in the wilderness.

It may, in fact, be the disruption of the social bonds following trauma, that are more damaging to the individual than the trauma itself. Nature has left it to culture to produce a means whereby the dissociated mental contents that are the normal byproduct of traumatic experience, can be processed and reintegrated. To the extent that the culture does not or can not provide the means by which this can occur, the individual will stay traumatized, trapped in the vicious cycle of repeating the trauma leading to an inevitable deterioration.

MacLean considers human verbal communication to be an evolutionary development that allows human beings to maintain attachment bonds over space and time (Van der Kolk, 1987). Trauma robs victims of their "voice". The experience of trauma is beyond words, often even programmed in the mind in the form of horrific images not accessible to linguistic processing. To the extent that the victim can not give voice to his pain and the social group refuses to offer compassionate listening, as witnesses, to the recapitulation of that pain, the social wounding of the victim cannot be healed.
HEALING FROM TRAUMA

Trauma occurs in a social context. Therefore healing must occur in a social context as well. The victim of trauma is dissociated from parts of his own mental experience, from his own internal "social group" metaphorically speaking. He is also dissociated from his external social group, unable to create and maintain healthy and satisfying interpersonal relationships. Whether labeled as a psychiatric patient or not, the victim perceives himself as somehow outside the main circle of human intercourse, his past and his being a source of shame.

The revelation that change is possible is usually the first step in the healing process. Often, people traumatized as children have had multiple experiences with revictimization before recognizing that they are going to have to rely on resources outside of themselves if their lives are to ever be different. The "cry for help", whether in the form of a suicide attempt, a driving-while-intoxicated citation, or a violent act is always a social communication. It is the nonverbal voice of the victim crying out for a human healing response.

If the community is able to respond to this call for help, it will do so by providing some kind of holding environment, some space of containment wherein the individual can establish a safe base. The severity of the trauma, the nature of the specific primary and secondary effects on the individual will determine how confined that safe space must be. For most victims, all that is necessary is the confines of a structured and secure therapeutic, loving, compassionate relationship. In its most naturalistic way, this is the healthy family or circle of friends. It can be the church group, the scout troop, the volunteer fireman's group.

Unfortunately, the social support structure of the late twentieth century has become so ruptured, that many people have no responsive social group to which they can turn for healing social experiences. The psychotherapist and self-help groups like Alcoholics Anonymous often provide the kind of holding environment that the individual needs. In more serious cases, more intensive and confined social spaces need to be utilized to contain the degree of affect that surfaces in the recovery process. Hospitals and other forms of residential care can serve this purpose. Unfortunately, prisons, though certainly places of containment, are not places of safety and are therefore routinely retraumatizing.
Once the safe base has been established it is the responsibility of the guide, the representative of the social sphere, to educate the victim about trauma, about the effects of trauma, and about the manifestations of traumatic reenactment so that the victim's intellect can serve as a conscious bridge to the dissociated affect and memories in order ultimately to allow the expression of feeling through words. The guide must convince the victim that he is willing to be a witness to the victim's pain, that he is not afraid to walk with him into the past, that his interpretations and explanations can be trusted, that he will do the best he can to prevent the victim from being retraumatized within the context of their relationship.

At some point the victim must make the critical and basically existential decision about whether or not he is going to allow himself to trust another human being again. The victim, still trapped in the pain of the past, has an impairment in the capacity to imagine a different future. He must make a "leap of faith" and hurl himself over the abyss in the hope that there will be a soft landing point. Being worthy of this trust is the responsibility of the social group or its representative and should never be taken lightly since the victim is gambling with his life.

When the victim has decided to take that leap of faith, he is ready to inhibit his compulsive behaviors that have been serving the purpose of keeping the dissociated memories, thoughts, and feelings out of consciousness. In taking this step, the victim is forcing himself to confront the dark side of his being, the shadow self, all that he and his culture have previously found unacceptable and the source of overwhelming shame (Johnson, 1991). He is flooded with the pain, rage, grief, shame, humiliation, guilt, remorse, despair of the initially traumatizing situations and for the first time, his present self must accept into consciousness the magnitude of the horrific experiences with most of their initial terror left intact and unprocessed.

The re-experiencing itself would have no meaning and simply be retraumatizing unless the outcome of the traumatic reenactment scenario is changed. This is the role of the community and its representatives - to make the traumatic outcome different than the first time. This time it is necessary to provide the soothing and comfort that were missing the first time around. This time it is necessary to encourage the transformation of the pain and horrific images into words, into a narrative that connects the victim back to
the social sphere. The victim must expose the sources of his shame and find an accepting and loving response.

All victims are perpetrators. It is the nature of the cycle of trauma, the nature of traumatic reenactment. The perpetration is often against oneself and sometimes against others. The dark side will have a voice, if not in words than in actions. It is clear, however, that within that dark side there also lies the keys to healing. The perpetrator must turn into the protector. The rage must convert to self-protective anger. As Bede Jarrett has said "The world needs anger. The world continues to allow evil because it isn't angry enough." Giving voice to one's own pain and despair does not lead to self-indulgence; it leads to the capacity to experience compassion for other people's pain that is commensurate with one's own.

THE CENTRALITY OF TRAUMA TO THE NATION

It is the premise of this paper that just as trauma frequently becomes the organizing principle in the psyche of the individual, so too, has trauma become a central organizing principle in the psyche of a nation.

If the notion of the centrality of trauma in a group sense is a viable one, then to be consistent with psychohistorical and systems theoretical work, we would expect to see effects on a large group scale that are similar to those we see in individuals. Two levels of group traumatic involvement must also be considered, although no attempt will be made here to differentiate them.

In the case of the United States, the first is the cumulative and combined cultural effects of millions of people, representing every cultural, ethnic, and racial background, most of whom bring with them histories of every form of child maltreatment and every other form of psychological trauma.

The other level of group traumatic involvement is the repeated traumatic experience of the United States as a whole. Every American shares in, transmits, and participates in the entire group culture and history. This does not mean that EVERY or even MOST Americans necessarily feel the same feelings about every historical event, or are even consciously aware that they are being affected by events, but by virtue of comprising a part of the national identity, we
all influence and are influenced by any actions taken in the name of The United States of America.

The most disabling effects of trauma often do not manifest for several generations (Bergman and Jucovy, 1982). It is commonly accepted that one of the only ameliorating forces in the experience of trauma is the social support network. If a person’s social network can be preserved intact and can respond in a supportive way, then the victim stands a reasonable chance of recovering from the trauma without long-term, serious consequences.

The history of the United States is founded on immigration - often forced immigration. People came to this country seeking asylum from traumatic situations in their homelands. Forced to leave their social support system - and often even their close family members behind, they had to dissociate from attendant profound feelings of loss, grief, shame, and anger in order to survive. Survival was never easy. There opportunity to prosper, but to do so hard work, and absolute dedication were required. This devotion to work and to creating an adequate living space for one’s family has been a fundamental part of each new wave of immigration to the United States. It is left to subsequent generations to resolve the underlying family pain that necessarily accompanies the loss of an entire way of life. As is witnessed in any survivor of trauma, the emotional processing does not occur until physical survival and safety is guaranteed.

The much-discussed American mobility and lack of social support structure can be traced to this universal traumatic reenactment. Virtually all Americans can trace their heritage to an experience of profound loss and separation. Our perpetual restlessness, our irrational preoccupation with the need to protect ourselves and our families with weapons, our fear of making commitments, our over-emphasis on individualism, our social alienation and impenetrable sense of loneliness are all traumatic reenactments of the loss of home, and country, and family.

Like patients who avoid situations that could trigger memories of the trauma, we avoid looking at our history because of the danger of feelings. We do not study our group history and we do not listen for our family history. Most American know very little about their families beyond even one generation. Interestingly, in clinical practice, the less the individual knows about their family, the more secrets and
trauma lie resident in the past.

When an individual decides to attempt to look at his family past it is routine for an his parents and grandparents to meet this request with reluctance if not an utter refusal to talk about the past. This also explains why it is so psychologically important that we abandon and reject our elderly - they hold secrets too painful to discuss. In our abandonment of the elderly and in the abandonment of children we reenact, often in graphic detail, the immigration experience that has been lying like a festering sore within every family psyche.

Americans of this century all participate in a culture which has been shaped by the trauma of two world wars, an intervening devastating Depression, and the horror of genocide. Most Americans share, consciously or unconsciously in the guilt for having unleashed weapons of mass destruction into the world. Most Americans share a sense of loss and grief at the assassinations of the Kennedys and Martin Luther King and all they represented. Most Americans participate psychically in the devastation and despair that was Vietnam. And most Americans born since 1945, at least, share in the ever-present fear and threat of nuclear winter, a possibility that has shadowed every childhood.

It has already been stated that the mechanism that keeps trauma central is dissociation. Can we find evidence in the culture for dissociation? First of all, Americans are fundamentally indifferent about significant aspects of our own history, and as a result are notably and apathetically apolitical, to such an extent that most of us do not even bother to vote on a regular basis. Yet our government is not working, the economy is unstable, and the quality of life for which our ancestors sacrificed so much is increasingly threatened.

We also manage to blithely sustain the most absurd social contradictions without generally seeming to even notice. The fact that most of us can walk over a homeless family without making eye contact on our way into the department store to purchase our luxuries is a cultural expression of "la belle indifference".

Another is our preoccupation with violence, our defense of our right to buy - and use - guns, our fascination with killing, blood, gore, murder, rape while at the same time we deplore the fact that we can no longer feel safe walking on
our city streets or even sitting safely in our own living rooms. Another is our attitude towards children - we are currently in the process of repealing laws that have allowed abortion on demand for anyone to serve the rights of the unborn fetus, while millions of children daily are being beaten, raped, starved, abandoned, and neglected and child welfare programs repeatedly suffer mutilative budget cuts. And yet another is our tolerance for the continued existence and deployment of enough weaponry to annihilate the entire world millions of times over.

For decades now, psychohistorians have been attempting to warn us that, as an entire culture, we are in the grips of the repetition compulsion. This compulsion to repeat our national traumas and our fixation on trauma helps to explain why we seem to have so much difficulty solving social problems that given our combined wealth and intelligence should be fairly easily solvable. The more an individual repeats trauma, the more the individual sinks into a vicious cycle of despair, helplessness, and hopelessness. As a nation, we seem stuck in just such a vicious cycle about the problems that face us. Like the patient who has finally exhausted themselves and either gives up or gets help, we do not currently even seem able to summon up adequate leaders who can lead us out of our circle of abuse, but we haven't quite reached the point that we recognize that we need help. As a nation, we rarely seem to feel very good about ourselves, and psychohistorians have seen recurrent images of depression in the mass media as symptoms of a recurrent group fantasy. (De Mause, 1991)

Our emotional numbness is demonstrated by the fact that we seem to need increasing stimulation in order to feel much of anything. When faced with problems of national policy or need for major change, we repeatedly demonstrate an overwhelming sense of helplessness and hopelessness, as if, no matter how hard we try, nothing can be really be done about poverty, violence, family disintegration, or drugs. With our continued rampant destruction of our environment, our cities, our social support systems, and our family structures, a serious case could be made for our suicidal intent, without even having to look at our preoccupation with weapons of individual and mass destruction.

Cultural anxiety is not a new phenomenon. For years this has been the Age of Anxiety. Now and again we have a panic, fearing that we are about to all die, either through AIDS, or get poisoned headache pills, or too much beef, or
carcinogenic food additives. But as in individual panic, we seem to do relatively little to get to the underlying cause of the fear, we just move on to the next fear.

Or, even more commonly, we medicate ourselves. Americans take more tranquilizing substances per capita than any other nation on earth. Of course, part of the reason for that probably is that we can get them. The substance abuse problem, in this country as everyone knows, is a major crisis and the War on Drugs is showing no signs of being won by drug enforcement agencies. We will take anything from diet pills to banana skins if it helps us not feel uncomfortable feelings.

But, the list of national compulsions is certainly not limited to addictive substances. It would not be easy to find an American who is not compulsively addicted to some kind of behavior, down to the national pastime of spending money on material goods at the shopping malls. It is UnAmerican to save or even give money away when we all need to live on credit to keep the economy primed.

We don't read, converse, or create, we channel-graze. We eat much more than we need to eat in order to sustain life and health. We are addicted to being entertained and rarely find ways to entertain ourselves or each other - precious few families still even know how to have conversations with each other, much less tell stories, play games, or work on projects.

We are too busy working to have time for friendships or family, or even our own creative outlets. We climb the ladder to success compulsively without even knowing what we are climbing to reach. We are preoccupied with staying young, staving off old age and presumed decrepitude, and spend a great deal more time, energy, and money trying to get our bodies to look better than our minds to work better.

Despite all the obviously unhealthy things we do, we are immensely preoccupied with health and illness, although more so with physical illness than with mental illness, which is still seen as residing in "the other guy not me".

And of course, we have a horrible fascination for anything violent - a fascination that is a national obsession. We make and watch movies about it, view nightly television shows about it, listen to songs about it, read books about it, listen to talk shows about it, masturbate to
magazines with pictures of it, have sex to videos about it, and most importantly, perpetrate it. We are violent with our wives, our husbands, our parents, our children, our friends, our bosses, our employees, our neighbors, and of course, to the usual strangers and foreigners.

**THE GULF WAR AS TRAUMATIC REENACTMENT**

Every culture has its outcasts, its scapegoats, its dissociated memories, thoughts, and feelings. The scapegoats become the cultural "poison containers" (De Mause, 1974), carrying the rejected and projected aspects of the culture, carrying the shadow part of the culture (Johnson, 1991). When the individual dissociates himself from an unacceptable part of his emotional experience, he also dissociates himself from the vital wellspring of creativity, and passionate involvement with the world. Apparently the dark side is the source of our worst and our best (Johnson, 1991; Zweig and Abrams, 1991).

The United States has many scapegoats. Various racial and ethnic minorities, the mentally ill, the poor, criminals, women, children all have served at various times and places as convenient "poison containers" for the culture. The Communists were, until quite recently, an excellent vehicle to carry our shadow projections (Bernstein, 1989). The loss of our traditional enemy has produced the loss of our convenient "poison container", and faced with the necessity for depositing our "emotional sewage" somewhere, the group psyche searched until it found a new enemy, Saddam Hussein.

The Gulf War presented an interesting opportunity to witness the psychological mechanisms of dissociation, projection, self-destructive and other-destructive acting-out. The Gulf War was briefly able to provide the group with several dynamic outlets. War would force us to make a traditional blood sacrifice for all the prosperity of the previous decade. It would provide an opportunity for a traumatic reenactment of the Vietnam wound. And it would give us someone that we could really hate, someone on whom we could project all our own fears and rage and blame for all our own discomfort.

In order to make Saddam Hussein the epitome of evil, we had to dissociate memories of our previous support for his regime, dissociate ourselves from feeling any compassion or guilt for annihilating thousands of noncombatants along with
their homes, and for contributing to a major environmental
disaster, dissociate from any responsibility we might have
for our inability to find anything except a military solution
to a problem that many thought could be solved in another
way.

For a brief time, the strategy was effective. Americans
felt united under a common banner. The strong military show
of force repaired a sense of impotence left over from
Vietnam. Leadership was seen as inspired, powerful, and
righteous, serving an honorable cause, defending Good against
Evil.

However, perpetration always leads to a period of relief
followed once again by rising tension. Compulsive
destructiveness only leads to further destructiveness. Our
feeling of contentment and self-laudatory accolades were only
temporarily soporific. When the pictures of the displaced
Kurds, and a smiling Hussein came up on the screen, next to
the devastated Kuwait and the dying birds in the Gulph,
cognitive dissonance produced an internal discomfort that
remains with us today.

In a disguised way we had in fact, reenacted Vietnam,
with some alterations. As Lloyd DeMause has said in his
concept of psychogenesis, the species does improve on its
childrearing with each successive generation (DeMause, 1990).
We did not reject and abandon our troops and use them as the
scapegoats for our failure and ambivalence, which is a
positive sign of healing. But we did terrible damage to
another country and its people in the name of our ideals,
without even achieving a true victory. As in Vietnam, when we
vacated Iraq, those we had designated "forces of evil" were
still in power. We had, in fact, become partners in
perpetration.

This issue of repeated perpetration is a major factor in
the evolution of every modern nation. The victim to
victimizer cycle is a fundamental aspect of trauma. It
originates in experiences of early childhood and practices of
childrearing. The most profound truths can often be
encapsulated in simple statements and this principle is no
exception: "Hurt people, hurt people", is an axiom of the
recovery community and applies to national and historical
movements as well. Whether we are talking about the Nazis in
Germany, Great Britain and the Empire, the United States in
Vietnam, Saddam Hussein in Iraq, we are always talking about
victim-to-victimizer cycle. It is often difficult to see
because the roots of the problem, the underlying motivating forces for war, exploitation, and abuse of power depend not solely on economic or political forces but on compulsive reenactments of earlier trauma.

**THE HIDDEN ADOLESCENT: DESPAIR AND HOPE FOR THE FUTURE**

Much of our individual and national behavior, contradictions, and inconsistencies can be explained on the basis of our "hidden adolescent". Most victims of childhood trauma survive their early years with relatively little noticeable external symptomatology, analogous to the first wave of immigrants who work hard, are successful, and appear relatively symptom-free.

However, it is in adolescence that symptoms emerge. These symptoms may be unsuccessfully defended against and therefore present as the overt symptoms of adolescent dysfunction. More commonly, however, they are successfully dissociated and repressed, allowing what appears to be relatively "normal" adult development, but which, in actual fact, is a state of semi-permanent lack of internal integration of the self.

An understanding of the unique contribution that adolescence plays in human development is crucial here. In individual development the adolescent phase is a transitional period between childhood and adulthood. Erik Erikson called the adolescent mind a "mind of the moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult". (Erikson, 1985)

According to Erikson, the developmental tasks of the individual adolescent are to:

...maintain the most important ego defenses against the vastly growing intensity of impulses...; to learn to consolidate the most important 'conflict-free' achievements in line with work opportunities; and to resynthesize all childhood identifications in some unique way and yet in concordance with the roles offered by some wider section of society. (Erikson, 1968)

Adolescents must accomplish many tasks on the road to fully adult maturity. They must resolve issues of gender identity and sexual behavior. They must find a way to make peace with their own aggressive drives, finding ways to
assert themselves in the world while controlling aggression towards others. Adolescents have difficulty assuming responsibility for their own actions and with careful parenting gradually learn about commitment and accountability. During adolescence there is a gradual growth in the capacity to tolerate ambivalence and a the capacity for self-observation. Attendant to these later attributes is an increasing tolerance for others and a an increasing sense of self-reflective humor. Over the years of adolescence the force of the emotions and impulses, both sexual and aggressive, become moderated by the influence of intellect and conscience. This is the time of life during which there is a quest for life meaning, the larger philosophical and existential issue of mankind are explored, and culminate in a relatively consistent philosophy of life which will carry the individual into mid-life.

Adults who are traumatized as children are developmentally trapped in adolescence. Since one of the essential tasks of adolescence is to "synthesize all childhood identifications", the Adolescent self of the trauma victim cannot progress any further. It is not possible to merge an identity as helpless victim with an identity as empowered and competent adult without "parental" guidance or a socially-approved and parentally-led ritual process.

Adults who harbor within themselves a dissociated, wounded, and hidden adolescent, demonstrate an impaired capacity for healthy gender identity and often manifest rigid conceptualizations of "masculinity" and "femininity" which must be continually and harshly defended. Their capacity for a full and healthy sexual relationship is often impaired and compulsive sexual behavior, perverse sexual practices, or sexual frigidity are often apparent.

They all have problems with modulating their aggressive impulses, showing the extreme passivity of victimization or the extreme aggressivity of violence and perpetration, a differentiation that is often tied to gender identity.

Instead of being capable of assuming full adult responsibility, they show a marked tendency to project blame, a lack of accountability, and an inability to make lasting commitments. Similarly, there may instead be an opposite tendency to become overburdened with responsibility, overcommitted even in the face of abuse, and an unhealthy tendency to accept blame. This too is often manifested in gender-related patterns.
There is often an inability to tolerate ambivalence due to an impaired capacity to use intellectual processes to aid in the modulation of affect. The capacity for self-observation is superseded by the peer group appraisal, and anyone who does not conform to the rigid standards of the group is cast out resulting in a strong emphasis on conformity and a lack of tolerance for individual difference.

Commonly there is a dissociation between impulses, intellect, and moral standards with a denial of this dissociation, enabling the individual to indulge in acts that are contrary to his moral standard and beliefs and his reasoning processes, but which are not even perceived as contradictory because of the denial and dissociation.

An arrest in the development of a philosophy of life and transcendent goals leads to depression, alienation, and purposelessness. There are common reactions to all these inner conflicts which include suicidal acting-out, substance abuse, compulsive behaviors, and all manner of self-destructive behaviors that will help maintain the uneasy status quo.

Theoretically, since all human behavior must be seen in a developmental context, there is reason to believe that nations can also follow a development course. Therefore, if there is a "hidden adolescent" within traumatized individuals, it could be possible to find a "hidden adolescent" lurking within the psyche of a nation as well.

It is possible to explain much of the more confusing behavior of nations on the basis of developmental arrests or regressions. In the case of the United States, it is probably most useful to hypothesize a developmental arrest, since the culture is still quite young, relative to the age of other national entities. There are certainly indications that the national psyche is trapped in adolescence, even if that adolescent lies hidden behind the facade of adult development.

The issue of gender identity is not resolved. There are still rigid definitions for masculine and feminine identity that have been the target of feminist attack for over two decades. These definitions are resolutely defended and manifest in violence against women, homophobia, discrimination against women, including lack of female representation in every area of government. Less obvious, perhaps, are the burdens imposed on men by these fixed and
rigid gender identifications which prohibit men from engaging in anything considered "feminine" activity, thus cutting them off from an entire half of the human experience. Although currently under challenge, these definitions remain firmly entrenched and effect every strata of society.

Tied to this issue is that of sexual behavior. There is little conceptualization of healthy, full, and satisfying sexual relationships that are embedded in the context of vital, mature, and sustained relationships characterized by love, compassion, devotion, playfulness, and loyalty. In the culture, sex is most commonly treated as a tension to be relieved, like a bowel movement, and is not perceived in the context of meaningful relationship. Sex is everywhere, but it is not connected with any deeper feelings or meaning and is therefore successfully dissociated and compulsively acted-out.

The difficulties with modulating the aggressive impulses are evident throughout the culture in the extent of violence towards self and others and in the national preoccupation with violence and weapons of violence.

There is a refusal to accept responsibility for national actions. The national debt is increasing and simply being passed on to future generations while politicians - and the people that elect them - refuse to address issues that only have painful solutions. (Greider, 1992; Rosenbaum, 1992) This lack of accountability is recognizable everywhere in the willingness to avoid the hard work of problem-solving and the resort to finding someone to blame as a substitute for constructive action.

The culture manifests an impairment in the capacity for the mature intellectual processing of complex problems. Careful reasoning may begin, but as soon as emotional blocks are encountered, the intellectual processes are short-circuited in service of emotional reenactment and continued dissociation and denial. The two most recent national example of this were the Senate debate about entry into the Gulf War and the Senate hearing about the Thomas-Hill affair. Although some reasoning processes were begun, they were abruptly terminated when unresolved emotional issues from the past were encountered. In the case of the Gulf War, the pressure to perform a traumatic reenactment of Vietnam were too intense to allow continued debate. In the case of the Thomas-Hill hearings, the entire subject was too threatening to the unresolved question of gender identity and
sexual privilege to be allowed to go further.

Adolescents have a fragile sense of self, and wounded adolescents are even more brittle. Much of the sense of self, therefore, resides within the group and consequently there is a strong sense of group conformity. Despite the emphasis on individualism within American culture, there is an enormous albeit, unconscious, pressure for group conformity and a lack of tolerance for individual differences and opinions. This is manifest in the lack of meaningful debate, a party-system that cannot elaborate any real differences, an absence of true dialogue or discussion or alternatives within the press.

The dissociation between the real and the ideal is apparent in the continued national support for standards of ethical and moral conduct that the nation makes no real effort to maintain or support. This has become so extreme that it is routine to find leaders in every area of society currently in jail or under indictment, or at least convicted in the press of various scandals.

The alienation and depression leads to the variety of compulsive and self-destructive behaviors that are manifest in the culture and present as major social problems which never seem to improve - note the losing battle in the War on Drugs, the continued accumulating debt, the continued abuse of children, the escalating level of violence, the continuing environmental deterioration.

If it is assumed that the nation does, in fact, harbor a "hidden adolescent" that continues to be dissociated and unintegrated in the national psyche, what might the future hold? It is clear from work with individual victims of trauma that the hidden self begins or continues to press for release of the dissociated memories and affect, presumably because there is some "force" within each individual that pushes for growth and development. On a physical level this force can be understood at the level of genetic programming.

On the level presently under discussion, this force is less tangible and yet apparently no less powerful an evolutionary dynamism. There is reason to believe that this "force" may be related to DeMause's "psychogenesis" and may have something to do with a deeply ingrained desire for the better survival of one's offspring and ultimately, the species.
This innate power or force for positive integration and change is a source of inspiration when working with the individual victim of trauma. With proper guidance and support, the perseverance, fortitude, and courage with which survivors will push for their own internal integration is, at times, awe-inspiring. It is optimistic, but may not be unrealistic, to assume that similar resources may lay within the psyche of the nation as a whole. If this is possible, then it is important to explore the necessary elements of group recovery from trauma as predicted by the knowledge that gained thus far from individual survivors.

GROUP IMPLICATIONS OF INDIVIDUAL RECOVERY:

THE NEED FOR NATIONAL THERAPY

In the individual, healing must occur in a social context. Likewise, group healing can only occur as a social process which engages all aspects of the social milieu. But before this can happen, the group must be willing to recognize that it has a problem that is bigger than its best efforts so far, that it needs help.

There are symptoms in a culture that are typical "cries for help" - high rates of violence, high rates of addiction, high rates of social displacement including divorce, abandonment of children, homelessness, and joblessness, economic instability, war, terrorism, torture, dysfunctional institutions, ineffective government, inadequate leadership, public apathy, intrafamilial violence, sexual exploitation and compulsivity, widespread corruption and scandal, racism, sexism, increasing poverty, declining educational standards, pollution and contamination of vital living space.

All these can be seen as manifestations of a group psyche that is calling out for help nonverbally, while continuing to deny that there is enough danger to require serious intervention. In the case of the individual victim, if there is sufficient provocation, some authority can be coerced into providing just such a stringent and confining intervention to at least prevent further harm. In the case of the group, particularly a group as large as an entire nation, there is at present, no higher authority that can be evoked. Therefore a nation is forced to become a self-help group if it is to bring about significant change in the cycle of repeated traumatization and traumatic reenactment.
Unfortunately, our system of democracy is not currently truly representative of the population. Major segments of the community are cut off, dissociated from any real voice in the governing process. The loss to the culture when this dissociation occurs is that those components of the culture that the outcast represents, either in reality or in fantasy, are lost to the culture. This is comparable to the individual patient who dissociates his anger and becomes incapable of self-protection or capable of violence, or who dissociates his sadness and becomes capable of suicide or incapable of empathy, or who dissociates himself from joy and finds himself incapable of creative expression or pleasure.

If national healing is to occur then a nation must integrate the parts of itself that have been dissociated for various reasons, into full conscious participation. It is necessary to take deliberate and conscious steps to listen and respond to all of the "voices" of the culture that have not had a voice - racial and ethnic minorities, women, children, gay men and women, the elderly, the poor, the disabled, the mentally ill, the intellectuals, the artists, and the prisoners and the perpetrators as well.

When an individual patient decides to help themselves, they must learn to "hold still". They must decide to stop acting-out and start using their head. They must learn to think. An essential part of the self-help movement on a national level must be the dissemination of information about the effects of trauma, addiction to trauma, scapegoating phenomena, traumatic reenactment, in sum, all the psychological knowledge that is presently available and comprehensible by all, not just the privileged and educated few. Knowledge is power and the knowledge about the psychological function of individuals and of social groups should be as readily available and as widely known as reading, writing, and arithmetic.

Contemplated and constructive action follows introspection. The form of this action must be the voluntary inhibition of compulsive behaviors. The more people who give up the excessive use of drugs and alcohol, who refuse to tolerate violence including the pandering to violence in the media, who eschew compulsive sexual behavior, who practice sharing instead of accumulation, the higher the proportion of the population available to serve as "safe bases" for the more wounded members of the population. But, as in the psychiatric population, this inhibition of self-destructive behavior must be voluntary and a desirable act of responsible
adult citizens rather than the result of any fanatic or coercive pseudo-religious movement.

As large numbers of people voluntarily inhibit compulsive behaviors, the level of discomfort will increase as each individual and the group as a whole confronts its darker side. When this happens to the individual victim, they are encouraged to begin talking about and writing about their hidden, unacceptable thoughts, feelings and memories. In this process they expose the sources of their shame, rage, and grief to other people who are willing to listen and empathize rather than make judgements and blame.

In public intercourse this willingness to listen, empathize, and introspect rarely happens. There is usually a much greater interest in finding someone to blame, as if that would solve the problem, rather than doing the more arduous work of digging out the roots of the problem and brainstorming about potential solutions. After all, "I have looked for the enemy and he is me" - it is always easier to blame someone else. In routinely searching for comfortable answers that will fit into twenty second sound bites, much of media reporting demands that public figures model behavior that is destructive and pointless. How many people would welcome the opportunity to vote for a political candidate who refused any television appearances less than half hour interviews -without commercial breaks? How many people would welcome the opportunity to vote for a candidate who would just tell the truth, even if it is a truth we would prefer not to hear?

When the individual patient inhibits the impulse towards compulsive self-destructive behavior including the impulse to use other people as "poison containers", he is forced to learn how to tolerate unpleasant feelings and memories that have been dissociated from consciousness. The leads to feelings of sadness, despair, depression, anger, guilt, remorse, and shame. It is extremely difficult work. It cannot be done alone. The healing occurs in an atmosphere of social acceptance and comforting by other people. Without this reconnection with the social sphere, healing does not occur.

If a nation is to heal, it too will have to hold still, stop acting-out, inhibit its compulsive behaviors and experience its dissociated thoughts, feelings, and memories. We have become increasingly alienated from each other because we are afraid to feel, afraid to tolerate the affect that is all around us. We are afraid to listen to the other because
his pain requires something of us. The price for ending dissociation is that the patient cannot go on hiding behind psychiatric symptoms. He must take responsibility for his actions and must become morally committed to social change, so that the cycle of victimization is ended.

The price for ending our national dissociation means that we can no longer hide behind platitudes of the past. To heal we will have to assume true responsibility for the power we hold in the world and stop behaving like over-grown adolescents. We will have to aim at some consistency between our ideals and our actual behavior instead of living a life of hypocrisy. We have to honestly review our history, listen to our history from the point of view of the losers not just the winners. We have to face that which we are most ashamed of in our national character and accept what we cannot change and change what we can.

This can only happen if room is made in the system for the voices of many people. It is possible for people to respond to their own political and social discomfort by talking to each other and listening to each other, as the psychiatrically-treated trauma victims learn to do. It is possible for people to turn off their televisions and talk to each other within their families and at their town halls if they choose to do so. But, like any active attempt at healing, it will take a conscious and deliberate effort to do so. As long as the individual or the group waits for someone else to fix the problems, nothing will change.

This requires that those in power humble themselves and listen to those who are the most powerless. This listening function is difficult for those who are not suffering, for those who are safe and satisfied in their world, untouched by the pain of others. Active listening to the voice of the victim is a painful and demanding engagement. The listener must be willing to tolerate various affective states himself, risk secondary traumatization, and sustain some degree of survivor guilt. He must be cognitively and morally mature enough to avoid making snap judgements, and able to weight and balance the differing experience of many points of view. He must also be courageous enough to wrestle with his own dark side, along with the victims, travel through the "dark night of the soul", and come out of the process and healthier, more mature, and integrated citizen.
For progress to be made, leaders must arise who have confronted their own shadow side and who have learned to maintain a comfortable integration with their own darker feelings, rather than acting as their slave. It is necessary to stop searching for leaders who are "filled with purity" and free from sin and instead endorse leaders who hold honesty higher than self-interest, especially self-honesty. Better to have a leader who has erred and who has learned than one who still has all his erring and learning ahead. There is a need for leaders who will take a stand and provide their nation with a plan for solving problems rather than simply offering a temporary tranquilizer. What individual victims value is someone willing to tell them the truth about what to expect from the process of recovery even if it means facing hard times ahead.

In order to survive the tumult of change, a nation must envision a future that makes the present suffering meaningful. It is not useful to harken back to "the good old days". The good-old-days were never as wonderful as our retrospective distortions would have us believe. The good-old-days in fact, were the source of the trauma as well as some past delights. The causes for whatever present dissociations exist lie in the secrets of the past. Our problems therefore, remain trapped in the past, unresolvable unless we can pull them into the present to be processed and resolved.

Setting goals for a better future, a future less filled with pain and anguish, is vital in the treatment of the individual trauma victim in order to motivate him to endure the rigours of recovery. Currently, national efforts appear to be much more preoccupied with focusing on a return to the past than envisioning a future that encompasses the needs of all the citizens, a future in which there is a healthy integration of all the dissociated and repressed segments of the community.

Finally, there is the question of hope, trust, faith, belief, courage, moral fortitude, compassion, playfulness, laughter, beauty, truth, and love. In an age of cynical disbelief, these are unfashionable words. They are unfashionable, not because they hold no meaning but because they hold too much meaning - and they arouse too much feeling.
These words are the only words that are forbidden in our contemporary dialogue, outside of the confines of religious authority. We do not allow ourselves to feel or respect or explore these words - if we mention them at all we just use them as accusations to hurl at each other. Read a newspaper tomorrow and count the times any of those words are used and compare the count to that of: violence, corruption, sex, rape, murder, greed, depression, liar, hate, guns, kill, misconduct, guilty, assault

Yet, these are exactly the words that individual victims of trauma long to hear during that "dark night", when the very meaning of life is doubted and questioned. And these are the words and principles that people, as a nation, must begin to think about and talk about and act upon. We must become concerned about finding a moral center.

When asked in an interview whether he saw a grain of hope anywhere in the 1980's, Vaclav Havel replied:

Hope .... is an orientation of the spirit, an orientation of the heart; it transcends the world that is immediately experienced, and is anchored somewhere beyond its horizons. ,,,,, I feel that its deepest roots are in the transcendental, just as the roots of human responsibility are.... Hope in this deep and powerful sense, is not the same as joy that things are going well, ...... but (is) rather an ability to work for something because it is good, not just because it stands a chance to succeed. The more unpropitious the situation in which we demonstrate hope, the deeper that hope is. .... in short, I think that the deepest and most important form of hope, the only one that can keep us above water and urge us to good works, and the only true source of the breathtaking dimension of the human spirit and its efforts, is something we get, as it were, from "elsewhere". It is also this hope, above all, which gives us the strength to live and continually to try new things, even in conditions that seem as hopeless as ours do, here and now. (Havel, 1990)

It is clear, that ultimately, it is not medication, or psychotherapy, or hospitalization, or self-help groups that heal people. It is the "L" word, love, that heals people. All the therapy in the world will not help unless the loving comfort of other people is given and received. We can be continue to be uncomfortable or embarassed by this concept as long as we want to prolong our misery, but it is the
fundamental nature of human beings to desire to be loved and without that love, life has no meaning or purpose, and we will destroy ourselves and each other. Over a hundred years ago, Ralph Waldo Emerson, the Transcendentalist American poet and essayist pointed out something that remains as true today as then, "The power of love, as the basis for a State, has never been tried".
REFERENCES


