CREATING SANCTUARY AND PROCREATING COMMUNITY: IMPLICATIONS FOR HEALING INDIVIDUAL AND CULTURAL PTSD

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Introduction

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As I, and the other members of my treatment team began to become more attentive to the childhood traumatic experiences of our other patients, we became increasingly appalled by how much of their history we had chosen to ignore. In many cases, we even had the history available to us, it was just that the information about trauma had played little role in guiding our treatment decisions. It was as if we had all been walking around a huge crack in the earth beneath our feet, carefully avoiding it, never falling in, never even admitting to ourselves or each other that it was even there.

Having awakened to its presence, we began exploring that huge and gaping crevice before us, what Pitman and Orr have called, "the black hole of trauma" (Pitman & Orr, 1990). Our body of knowledge grew as we academically and clinically surveyed this strange, terrifying, and yet strangely empowering landscape. Previously, psychiatry - and its primary focus, the human mind - had appeared to be a fragmented, often confusing and confused area of endeavor. So many of the reasons we had been offering for why people do the crazy things they do had always seemed fragmented, circular, inconclusive, or just patently wrong. And yet, before trauma it was the only explanatory system we had available to us. What began to emerge was the beginning hazy outlines of a field theory of human nature, a biopsychosocial philosophy within which all the fragmented pieces of knowledge about human biology, behavior and inner life could begin to form a cohesive whole. Gradually, we awakened to the fact that our patients do not, by their psychiatric symptomatology, comprise a separate and discrete category of human experience. Rather, they march along the far end of a very long continuum of traumatic adaptation that chains us all together.

As we deepened our understanding of the manifestations and effects of psychological trauma, we came to understand that it was not so much the trauma itself that determined outcome. Rather, it was the response of the individual's social group which played a critical role in determining who was to become a psychiatric casualty, who would pursue a life of criminal behavior, and who would be spared. Immersed in a profession and a society that elevates the individual and minimizes the importance of relationship, this was yet another blow to our sense of secure knowledge. If other people are that critical in determining
of experience - not Eden, or Nirvana, or Heaven - but a society within which the rules of functioning are altered sufficiently to produce a less fragmented, more meaningful and less cruel environment. Within such an environment, reenactment behavior can be analyzed, understood, and redirected. We all need a taste of something different, a vision to believe in, a tangible goal that is attainable and not just the product of dreamers' fantasies.

A therapeutic community is constantly changing, always in flux as familiar people leave and new people arrive. A community is actually a process, a living being, not a static object in space. Communities are born, live and die. And they even reproduce, influencing the community next door or a community thousands of miles away. Communities have ideals, values, conflicts, secrets, hidden agendas, practices, feelings, and illnesses just like families do, just like individuals do. Hinshelwood has pointed out that "Poised between a realization of the powerful forces at play in the institution and the need to act effectively on the individuals, the therapeutic community is right at the interface of the social and the personal." (Hinshelwood, 1987). My own process of managing and participating in a therapeutic community for fifteen years has led me to see many similarities between our small experimental community and the larger community of which we all are a part. I believe that many of the lessons we have learned from the formulation and operating of this microcosm have direct bearing on the formulation and operation of a new and better form of community for the future.

I have come to think of this effort as "Procreating Community" (Bloom, 1994d), using "procreative" to indicate the creation of something new and unique in the context of building upon, not overturning, the old. Any paradigm that insists on revolution, on the total overthrow of existing values is ultimately destined for failure because it fails to take into account the power - and necessity - of evolutionary development and will ultimately end in reenacting the old rather than creating the new. The twentieth century gives us multiple opportunities to witness the reality of this historical dynamic. Individual patients rarely make successful radical conversions. But they do make step-by-step, gradual change as do groups and societies. The present challenge in the therapeutic setting and in the society-at-large is figuring out how to provide an environment that provides a sufficient amount of safety and nurturance for all its members so that the compulsively driven repetition of history can be made conscious, redirected, and harnessed in service of a different vision of human life on this planet.

There is a great deal at stake. Given global politics, global problems, and global interconnectedness our continuing pursuit of
the actual threat is no longer a danger or even present. In this hyperaroused state, stress is experienced as a somatic state, not as symbols or language. In this state, action is mandated over thought, and cognitive processing is actually limited to short-term, immediate planning and response.

Under the influence of stress there is massive dysregulation of many neurotransmitters including norepinephrine, serotonin, and the endorphins. People exposed to such internal storms lose the capacity to modulate arousal. They lose the internal “rheostat” that allows us to respond in a graded fashion to various levels of stimuli. They cannot calm themselves down and are therefore subjected to prolonged and exaggerated anxiety. In such a state they rapidly become irritable, aggressive, and often act-out in impulsive ways. If they are then exposed to substances like drugs and alcohol which at least temporarily produce a degree of internal modulation, they will be quite susceptible to substance abuse (Van der Kolk & Greenberg, 1987).

Stress produces a massive release of endorphins, the naturally occurring opiates present in our brains. From an adaptive point of view this makes sense since the endorphins are analgesics, tranquilizers, and anti-depressants, and under emergency conditions, therefore, can be lifesaving. However, this response is intended to be short-lived, infrequent, and episodic. Modern life exposes people to stress frequently, sometimes unrelentingly. Children who are exposed to stressful environments are experiencing releases of endorphins quite frequently, before their brains have learned the proper regulation of these powerful substances. There is good reason to believe that this dysregulation of endorphins is the cause for many of the addictive problems associated with trauma. Under situations of chronic stress, endorphins circulate throughout the body providing a modicum of stress relief, and then when the stress is reduced, the body experiences opiate withdrawal. The only apparent solution to this dilemma is an increase in stress in order to evoke an endorphin response. This is yet another example of a life-saving evolutionary mechanism turned on its head by the unfortunate conditions of modern life, producing an addiction to trauma (Van der Kolk, 1993, 1994a; Van der Kolk & Greenberg, 1987).

In situations of overwhelming hyperarousal the mind does not function normally. Thinking, learning, memory, emotions are all radically altered, processed in a manner very different from normal mental processing, creating separate and distinct bodies of knowledge. The traumatic experience is not handled linguistically but instead is processed through visual images, bodily sensations, and emotional tone. The intense affect associated with trauma profoundly effects the interpretation of experience, the processing of memory, and new learning (Van der Kolk, 1993; 1994a).
alienation. In doing so we can begin to understand both the individual and the social implications of traumatic experience.

**Attachment and Affect**

*No human life, not even the life of the hermit in nature's wilderness, is possible without a world which directly or indirectly testifies to the presence of other human beings.*

*Hannah Arendt*

All human experience is relational. From the moment of conception, the fusion of egg and sperm, normal development only occurs in the context of relationship. To be human means to engage in a never-ending dialogue and the developing human mind is dialogically constituted (Rommetveit, 1992). This dialogue occurs in the context of a constant "attunement to the attunement of the other" (Rommetveit, 1992; Stern, 1985). Throughout our lives we live within a web of complex relationships within which we are protected, nurtured, and trained. These relationships determine how we view ourselves, how we manage and interpret our affective experiences, how we think about ourselves, others, and the world around us. Without these relationships we perish. Our survival is totally dependent on our interdependence with others from birth to death.

The earliest representatives of society are our primary caretakers, usually our parents. As we move from infancy into childhood and then adolescence, our social circle enlarges outward, including within its sphere of influence other family members, baby-sitters, teachers, clergymen, friends and their family members, leaders of youth groups, and other adults in a position to influence children. The whole that comprises all our relationships is called our "community" and is the source of our common assumptions, our common moral voice resonating with the voice of our own inner self (Etzioni, 1993).

But what is it that we actually do for each other? Why are human attachments so important, far beyond the satisfaction of actual physical needs? After all, we know from studies of orphaned infants (Spitz, 1945) that children frequently fail to thrive or even die in the face of adequate nutrition and this is apparently due to the loss of cherished attachments to others. Only now are we finally beginning to come to terms with the fundamental nature of our emotional system. We are born with innate affects that are intimately and inseparably connected to our cognitive, memory, neurohormonal, sensory, and basic biological systems (Nathanson, 1992). Our physiology and our emotions are so intimately
failure”. This social response further accelerates the cycle of trauma within which the person is trapped.

Sadly, an evolutionary adaptive mechanism related to attachment also backfires as a result of trauma. We are a social species and our marked tendency to come together in times of danger is a major reason for our survival success. Attachment is increased in times of danger, a very basic response seen in primates and humans. Unfortunately, this basic survival mechanism is unable to make the sophisticated distinction between a source of danger and a source of danger who is also the person to whom we are attached. The unfortunate result is that abused wives cling more closely to their batterers as the violence escalates and the danger increases, abused children cling to and will lie for their abusive parents to whom they become even more destructively attached, and prisoners of terrorism and torture become attached to and often obedient to, their captors. This is the powerful human need for attachment gone sadly amiss known as “traumatic bonding” (Herman, 1992; Van der Kolk, 1989).

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them to organize experience. These categories determine how memories are accessed and the ability to access the memory of previous experience plays a large part in learning from experience. Emotions help to determine our categories since our emotional valuation of a stimuli has enormous survival value. Fearful items go in one category, disgusting items in another, interesting items in another.

The categories that children make are determined to a large extent by the child’s social group. Every culture is selective about what children are allowed to see and not see, say or not say. The tale of “The Emperor’s New Clothes” is about the differences between the adult level of awareness and perception and the child’s level of awareness. It is probably fair to say that the perception of children around the world shares far more commonalities with each other than with the perceptual fields of their parents. All of us learn not to see, to ignore, or to minimize incongruity, dissonance and hypocrisy in order to get along in the world.

Apparently, high stress derails the process of forming new categories and high emotional arousal interferes with learning and memory (Janis, 1982; Van der Kolk, 1994a). Under such conditions the brain has the capacity to shift to an entirely different level of awareness. This capacity is called “dissociation”. On the battlefield, at a disaster site, people frequently appear to be in “shock”, even without any physical injury. They are able to walk and talk and yet are somehow not “with it”, responding with little feeling to the scene around them, automatically performing acts that seem to have little current relevance. These people are in a protective, adaptive, dissociative state. Their physiological system has been overwhelmed by the traumatic experience threatening their lives. For self-protection their awareness has shifted, allowing them to separate from the reality that confronts them and calm down physically.

As we mature and are gradually exposed to increasing levels of stress we develop stress resistance. Generally it takes more stimuli for a healthy adult to dissociate than a child. Children have less stress resistance which is why they need protection. Lacking adequate protection from adults, children readily dissociate under stress creating different and disconnected bodies of knowledge. Once this separation or split has occurred the separate bodies of knowledge do not usually reconnect or integrate spontaneously. If the dissociation occurs frequently the child can actually develop more than one self. Although initially life-saving and adaptive, the dissociative split is ultimately destructive since it impedes further growth and adaptation, fuels repetition, and blinds the person to opportunities for creative change.
overwhelming fear, anxiety, guilt, loss, and rage; nightmares, and flashbacks. These intrusions push the individual back towards whatever substance or behavior will provide relief.

There is increasing evidence that many of these behavior patterns are caused by or exacerbated by the endorphin response. Since stress increases endorphins, and a decrease in stress produces withdrawal, then people will automatically and unconsciously create the circumstances which will produce the necessary internal biochemical response. Self-mutilators learn that cutting works, batterers and gang members learn that violence towards others works, people in high stress jobs know they have to get back to work to feel better. Many of formerly inexplicable aspects of human behavior, or human perversity, may be explained using this model of traumatic addiction (Van der Kolk, 1989; Van der Kolk & Greenberg, 1987).

Trauma determines automatic repetition of a particularly lethal type. We are creatures of habit and tend to repeat our past. As Freud perceptively noted, the victim, unable to integrate the trauma was doomed to “repeat the repressed material as a contemporary experience instead of... remembering it as something belonging to the past... He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating ... he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering.” (Van der Kolk, 1989). Ultimately they are left with traumatic addiction, a compulsion to reenact trauma through overt addictions to dangerous substances, to dangerous behaviors, to dangerous people, or to danger itself. This addiction gradually and insidiously becomes a way of life, often passed on intergenerationally, until it becomes the norm of individual and family functioning, sometimes to such an extent that it is no longer even labeled pathology but instead becomes “normality”.

**Avoidance and Alienation**

*In the acute traumatic state one stand alone and abandoned by all sources of feelings of security.*

*Henry Krystal, 1968*

Bombarded with intrusive symptoms, unable to trust other humans, the victim is unable to modulate the arousal that comes with any associative reminders of the trauma. He therefore attempts to avoid anything that may remind him of the traumatic experience, anything that could lead, by the trail of associations, back to the unresolved
who felt that individual minds are active participants of a larger social mind, a concept that influenced Marx and Engels (Hewstone et al, 1989). It was Durkheim, however, who probably first used the word “groupmind” or collective consciousness. He suggested that large groups of people sometimes acted with a single mind and that rather than being merely collections of individuals they were linked by some unifying force that went beyond any single individual. This force was so strong in some groups that the will of the individual could be completely dominated by the will of the group. The development of the concept was arrested under the fierce attack of Floyd Allport in the 1920’s who fiercely believed that “the actions of all are nothing more than the sum of the actions of each taken separately” and that the behavior of groups could be fully understood by the behavior of the individuals within a group (Forsyth, 1990). And yet “the groupmind concept still seems to lead a ghostly life in the thinking of many social psychologists” (Collier et al. 1991). This is because the study of the individual alone has never fully explained the behavior of groups. In fact, as we are learning from studies of the physical universe, increasingly complex systems develop emergent qualities that cannot be understood by an analysis of the individual parts and each level of complexity develops its own processes and rules for functioning that are quite different from its individual parts.

Given our present level of social pathology, it is time to consider a new framework for understanding our social systems. Thus far I have touched on the ways in which trauma becomes the life focus for the individual to such an extent that early childhood traumatic experience often determines life course. Adult-onset trauma can become a central life focus as well, overwhelming previously acquired adaptive skills and causing major disruptions in subsequent life events (Wilson & Raphael, 1993; Ursano et al, 1994). Bentovim has discussed evidence for abusive families as “trauma-organized systems” (Bentovim, 1992). It is my premise that trauma has been a central organizing principle in the formation, development, and maintenance of human society as a whole, not just as a group of individuals. If this is true, then much that we have learned about prevention, intervention, and treatment of the individual should have some degree of applicability to the social group as well.

**Attachment and Affect in the Social Group**

*We are a feelingless people. If we could really feel, the pain would be so great that we would stop all the suffering.*

*Julian Beck*
revolution in which people withdraw some of their attachments to their communities in order to leverage more freedom for themselves... as individualism intensifies, the balance of commitment can tilt so far toward the self that the family and other building blocks of society decompose” (Derber, 1992).

The breakdown of family life mirrors the breakdown of the entire social framework of attachment as manifested in increased violence, increased poverty, increased unemployment and joblessness, increased homelessness, increased economic inequality. The 1980’s gives evidence of a social and political structure that placed acquiring wealth on the part of the minority far above preservation and rehabilitation of the social infrastructure. As Derber pointed out, “This abject unraveling of the entire social fabric is the ultimate manifestation of the new wilding culture, an abandonment of society consciously engineered by the country’s political leadership and passively endorsed by the majority of voters... refusing taxes has become the respectable political vehicle to lash out at and ultimately abandon both government and society” (Derber, 1992).

But why has this happened? Why do we prefer privacy over human contact despite our deep-rooted sense of anomie, discomfort, anxiety, even loneliness? In a world growing smaller and more interconnected every day, how can we continue to believe that our individual well-being is assured when so many millions are in desperate conditions? Patterson and Kim published the rather frightening results of a survey in 1991 in which a majority of Americans believed that America will be worse off in the future, but despite that they believed that as individuals they would be better off - that what happens to America won’t happen to them. Said the authors, “We believe that our personal future is not bound up in the fate of our nation. We are islands. We don’t really belong to any larger unit” (Patterson & Kim, 1991). Why do we seem set on a course that is suicidal since human social and political life is so intensely interdependent? If it is truly “freedom” we are seeking then freedom from WHAT? Freedom to DO what? Perhaps the answer lies not in freedom in the traditional sense but in avoidance. Perhaps we are not seeking freedom but instead fleeing from something dangerously inherent in our attachments to each other. Since broken attachments lay the groundwork for violence, it cannot be violence we fear. Perhaps we fear our own emotions and the emotions of others.

Contact with other human beings results in emotional contagion. Emotional contagion is a multilevel phenomenon arising from one individual, acting upon one or more other individuals and yielding complementary or corresponding emotions in those individuals. “Thus, an important consequence of emotional contagion is an attentional, emotional, and behavioral synchrony that has the same adaptive utility
but on valuation as well. Too often, however, emotions determine action without the mediation of rational thought and judgment. When our emotions are highly aroused our capacity for thought deteriorates dramatically and we are geared to act not to think (Janis, 1982). Not surprisingly anger, when unmodulated, leads to rage and quickly to violent action.

Other people are supposed to help us modulate and contain our affect before we become hyperaroused, a state which often leads to doing something stupid. However, there are relatively few opportunities for people to socially interact in ways that prepare us for helping to resonate with and modulate each others’ affect in the course of daily living. It is not even that we are necessarily unwilling to help each other emotionally - we simply no longer know how to do it. Therapists spend years learning to do again what children spontaneously know how to do and then are taught to cease doing - maintain empathic contact with another person. In the days of village life and the extended families, people could not be socially isolated and had many opportunities for social connection. The nuclear family is largely a result of the Industrial Revolution, not of biological evolution and as such, it is in many ways inimical to the healthy functioning of our species. We were meant to live in social groups in which parenting is shared by many adults, both male and female, in which there are many opportunities for affect modulation, stress relief and modeling of alternative behaviors (Glantz & Pearce, 1989; Bloom, 1993a). Studies have shown that the more dysfunctional the family, the more isolated they are as well.

We are, in fact, “emotionally illiterate” (Orbach, 1993), emotionally handicapped as a culture. This disability manifests bilaterally. In the first place, we avoid maintaining attachments to other people because the intimacy of relationship triggers old memories and feelings of old hurts that are unresolved, unmetabolized and therefore threatening. But secondly, we avoid attachments because when the other party in the relationship is a member of the same emotionally illiterate culture, their response to our pain is quite likely to be humiliation, hostility, rejection, blaming, and abandonment. Emotional abuse is so fundamental to the functioning of our entire cultural system that we are only now beginning to define it, much less cure it (Loring, 1994).

When a culture tells its victims that their pain is their own fault, when the culture responds to violence by producing more guns, when the culture responds to declining social services and increasing poverty with funding cuts and advice to the impoverished to get a job when there are no jobs available, when the culture offers norms which are directly counter to what a family needs to adequately provide emotionally for its
loaded with shopping bags and managing to avoid stepping on the homeless person sprawled on the street. This is dissociation. As individuals it is an adaptive strategy because we feel so little personal control over these massive social problems. But more tellingly, we even deny the reality and the enormous implications of the problems as a whole people, still looking for any way to solve the problems other than paying more taxes.

Dissociation produces a “crack” in the surface of our record. At the point of dissociation we remain fixated, stuck in time, unable to move ahead with our development. “It is as if their personality development which definitely stopped at a certain point cannot enlarge any more by the addition or assimilation of new elements” (Van der Kolk & Van der Hart, 1989). It is probably not a coincidence that first adolescent suicide and now adolescent violence claims the headlines. There are many indications that, as a culture, we are fixated, “developmentally arrested”, preoccupied and stuck at a level resembling adolescent development. The tasks of adolescence are to negotiate a healthy relationship to one’s own sexuality and the sexuality of others, to learn how to manage aggression without violence, to establish a clear sense of identity and place in the world, to arrive at a consistent sense of purpose and meaning that carries one into adulthood. Victims of childhood trauma find it extremely difficult to develop properly through adolescence because this period demands the synthesis of all previous identities into a smoothly functioning whole (Erikson, 1985). It is not possible to merge an identity as helpless victim with an identity as empowered and competent adult without social guidance. Traumatized adults often have conflicts over sexuality, aggression, identity, and meaning. Likewise, the entire culture appears obsessed with sex and violence, lacks a clear and consistent sense of identity, and is profoundly disturbed at the level of value and meaning.

Our present preoccupation with violence bears special attention. We cannot walk our city streets at night, our schools must be equipped with metal detectors, and no one feels safe. Yet, we continue to buy guns at alarming rates, guns which are clearly shown to kill far more family members than assaultive strangers, and we continue to psychically feed off of the nightly array of violent acts of perpetration on our television and movie screens. There is a very peculiar dissociative break here. One of the hallmarks of dissociation is the ability to tolerate marked incongruity. We are terrified of being shot, so we arm ourselves, and we get shot with alarmingly increased frequency. And yet we still accede to a gun lobby that equates the very foundation of American democracy with gun ownership. When my individual patients are saying they want help to feel safe while they are slicing their arms with razor blades, I know
validation, the media has given its proponents instant credibility without validating what are, in fact, pseudoscientific "facts", checking on sources, or offering alternative and scientifically validated information (Bass & Davis, 1994; Calof, 1994; Van der Kolk, 1994b).

The continuing denial of reality in my individual patients leads to increasing disability and self-destructiveness. So too, cultural denial of the fundamental organizing principle of trauma in our social makeup is particularly virulent at this point in our cultural history. It is now that we need a comprehensive, cohesive and compassionate cognitive framework that provides us with a direction and process for strategizing about meaningful and effective social change. Pretending that the problems do not exist, or referring them back to explanations that have been shown to lead to ineffective solutions is patently self-destructive to us all.

Addiction and Automaticity in the Social Group

Those who cannot remember the past are condemned to repeat it.

George Santayana (1863-1952)

In using the word "addiction" here, I am not just referring to the biological addiction characteristic of alcohol and many drugs. I mean addiction in its broader sense, any behavior that is in some way destructive and beyond the individual's ability to control it merely by an act of conscious will. Used in this sense, addiction is a characteristic of American culture. Humans can apparently become addicted to virtually anything - and we do. Substance abuse is major problem accounting for billions of dollars in social expense, to say nothing of the enormous human toll in lost or disabled lives. But there are also addictions to varied forms of sexual behavior leading to disorders characterized by sexual compulsivity. Many people suffer from addictive problems related to food leading to a variety of physical, emotional, and social difficulties. Spending is another American addiction, constructive in that our consumer spending boosts the economy, destructive in that we have an excruciating national debt, increasingly dangerous environmental problems, and a cultural milieu that generates a particularly lethal form of envy.

But perhaps our most virulent addiction, the one that impacts on us all, is violence. I call violence an addiction because, although we have long been fascinated by violent men and violent acts, our preoccupation with violent behavior has now reached such a pitch that it threatens the
Avoidance and Alienation in the Social Group

Alienation as our present destiny is achieved only be outrageous violence perpetrated by human beings on human beings. No man can begin to think, feel or act now except from the starting point of his or her own alienation.

R.D. Laing

As I have mentioned elsewhere (Bloom, 1994c), “Schindler’s List” provides us with a striking example of social avoidance of a horrific reality. When a female prisoner in a forced labor camp attempts to tell her friends about the gassings and the crematoria at Auschwitz, they silence her, denying that what she is saying could possibly be true. As Americans, we have a long history of avoidance, particularly around circumstances in which we were perpetrators, not just victims. Genocidal acts to the Native American tribes, slavery, the Civil War, Hiroshima & Nagasaki, Vietnam - all continue to impact the national psyche in some very tangible ways, leaving the wounds of fragmentation unhealed.

We are a mongrel nation comprised of dozens of ethnic groups many of whose families fled their homeland for a variety of traumatic reasons. The religious historian, Houston Smith, has defined ethnicity as the shared memories of old hurts. Cultural and ethnic memories do not die when a person moves to another continent (Sowell, 1994). Memories of old hurts are harbored by any individual or group of people that has been hurt and revenge is an ancient human motivation. We have largely avoided confronting these differences in order to create an ordered and tolerant nation, but ancient hatreds simmer underground, rising years later as discrimination, bigotry, and hate crimes in a generation with no personal experience of the source of the hatred.

But it is not just racial and ethnic problems we avoid. There is poverty. Hardly a person alive is unfamiliar with the dangers of envy and jealousy. And yet, we avoid confronting the inherently destabilizing and growing problem of economic inequality. We have created a Third World, here in our midst, and other than the occasional movie, novel, or riot, most middle and upperclass Americans remain relatively unconcerned about a growing disenfranchised, envious, angry, and violent generation.

Then there is domestic violence. Women have been beaten in growing numbers for many years. For police, courts, mental health professionals, shelter workers, and emergency room personnel, this is no secret. And yet it took the spousal abuse of a noted celebrity to break through the national avoidance of a painful subject, and not because he beat his wife but because he was accused of killing her. And child abuse. We are still firmly committed to avoiding the implications of child abuse.
directionless, lonely, and violent. If we were a patient I would be certain
that some terrible things had happened to elicit such a state of personal
and social alienation.

**Trauma in the Social Group**

This then, is the legacy of trauma to which we are bound to
respond, to treat, to repair as best we can: disrupted attachment,
unmodulated affect, abusive authority, diminished awareness, multiple
addictions, automatically repeated self-destructive behavior, avoidance of
feeling, memory, and guilt, and massive alienation from self and others.

I have tried to make the case to show that many of the symptoms
that plague us as a group are not just attributable to the usual
rationalization “the human condition”, but instead appear strikingly
similar to the symptoms presented by adult victims of childhood trauma.
But what does it mean to say that a whole group is traumatized? Here I
am somewhat limited by semantics, by the specific word “trauma” and its
implications. In making the claim that we are a society that is “trauma-
organized”, I am urging a change in the underlying paradigm of the way
we view human nature, a view which at present is fundamentally split
and unintegrated. On the one hand, we see ourselves as rational
creatures, whose emotions are well-controlled and have little influence
over the course of our daily lives which are always moving in the
direction of progress. On the other hand, whenever there is a problem we
are fundamentally bad, aggressive, selfish, and only the process of
socialization utilizing sharp criticism and punishment can turn us into
reasonably civilized creatures.

Certainly, children raised in homes that lack love, protection, and
structure often do grow up to become badly behaved, aggressive, selfish,
and unloving adults. But there is now an abundance of evidence that
supports that children raised in truly loving, nurturing, and protected
environments grow up to be altruistic, nonviolent, compassionate, and
creative adults (Fogelman, 1994; Oliner, & Oliner, 1988; Staub, 1989;
1992b). I am proposing that we make a dramatic shift in basic
assumptions, that we assume that bad behavior in children and adults is
a direct result of insufficient nurturance, of not getting enough of what
the child or adult actually needs to be a healthy, creative, and caring
human being. We have made sufficient progress in childrearing that we
understand that children’s bones need a certain amount of minerals and
vitamins in order to grow properly. It is time to pay more than lip service
to the great body of accumulated knowledge about brain development,
psychological development, social development, and moral development.
and consistent consequences for misbehavior. Those who have the capacity to learn from their negative experiences will grow up; those who lack the capacity will have to stay in some form of modified nursery school. After all, there is a reverse thrill in being a “master criminal” and “high roller”, a “bad ass”, but little but embarrassment in being seen - and treated - as an overgrown baby. Manifestations of violence, after all, are little more than temper tantrums in people big enough and powerful enough to inflict real damage on themselves and others. Unfortunately, these temper tantrums have historically gained the people that used them sufficient reward so that they have never had to learn to do anything except throw tantrums to get their way. This is arrested development.

We have little concept of what human life could really be like other than in images of lost times and fabled places - The Golden Age, Eden, Atlantis, Never-Never Land. And yet we know of another deep stirring voiced poignantly by one of the principle characters in the movie “Grand Canyon”, when he says, “It’s not supposed to be like this”. Like my traumatized patients, we accept as normal and expected what is highly abnormal and distorted because it is all we really know. We suffer from starvation of imagination, a critical absence of inspired vision. We need to start envisioning what a world would be like that was run by people who actually behaved like mature adults.

My work in a therapeutic milieu designed to meet some of the needs of adult victims of childhood violence has unexpectedly provided me with glimpses of the kinds of environments we need to create in order to encourage more mature behavior, environments that promote rather than delay healthy development. I make no claims that it is in any way a complete vision, in fact, at best I trust I am only beginning to see the very first reconstructive steps. But first steps is where we must begin. Healthy human development is not conducive to radical change. In service of development then, let me outline some of the lessons I have learned from the psychiatric experience that I think may have bearing on the development of greater social maturity as well.

**Healing From Trauma:**

**Lessons from the Therapeutic Milieu**

At present, “The Sanctuary™” is a twenty-two bed, voluntary, discrete unit in a psychiatric hospital. Both men and women are admitted with many different symptoms pictures including self-mutilation, severe dissociative symptoms, sexual addictions, bulimia, anorexia, suicidality, anxiety and depression. They are admitted to the
within a clearer and more consistent moral context which encourages a reassessment of meaning and a decrease in alienation.

**Affect Modulation and Attachment Opportunities**

People who are victims of childhood trauma suffer from the effects of long-term hyperarousal and lack of affect modulation, effects which have profound impacts on neurotransmitter systems, memory storage and accessing, and bioregulatory systems (Van der Kolk, 1994a). They frequently show all-or-none emotional responses which lead to serious difficulties with interpersonal relationships, particularly around anger. Difficulties with anger lead to violence perpetrated against the self, against others, or lead to the inability to protect self or others. Efforts to self-regulate these states, or to self-soothe often result in substance abuse, self-mutilation, repeated revictimization experiences, violent acting-out, pathological relationships, and a host of other destructive secondary symptoms resulting in an escalating destructive cycle.

Affect modulation does not come naturally. It is an interpersonal experience and appears to be a fundamental and necessary function that we fulfill in each other's lives. Therefore, the unit provides multiple opportunities for attachments that are nonjudgmental, noncritical, honest, well-bounded, and fair to both parties. These attachments are formed within a context that encourages an on-going negotiation of relationships as part of the therapeutic process. Problem-solving and conflict resolution are seen as necessary skills for appropriate social interaction that must be learned from others.

Emotional expression is encouraged but contextualized. Our objective is not to produce simple emotionally charged outbursts. The goal is to teach the person new experiences with affect modulation, affect resonance, and affect containment. In such a highly charged setting it is quite common for people to be triggered into affect states similar to the original trauma, and because of state-dependent learning and the mechanism of traumatic memory, repressed memories of trauma will often come into consciousness (Van der Kolk, 1994). Emotional catharsis and memory retrieval is welcomed as long as it is in the context of relational growth. As Van der Kolk has stated, “It is important to keep in mind that the only reason to uncover the trauma is to gain conscious control over the unbidden re-experiences or re-enactments. The trauma can only be worked through after a secure bond is established with another person” (Van der Kolk, 1989). What is important is not just remembering what happened, but reliving what happened in a different context as a corrective emotional experience. Emotional hyperarousal and the re-
have experienced. For their abuse as children to make sense they have been co-opted into their parents’ framework - that they are bad, that they deserved what they got, that it did not happen as they remember. Our job is to break through the trance and give them the opportunity to reinterpret their experience from the point of view of the innocent children they once were. The cognitive framework of trauma allows the patients to form new categories to order the traumatic feelings and memories, enabling them to be integrated with a sense of redefined meaning.

An emphasis on increased awareness and integration permeates the entire program. The psychoeducational program within which staff are trained and patients are taught, provides the theoretical, trauma-based, cognitive framework that is necessary for consistency and coherence among staff and between patients and staff (Bloom, 1994a). Within that context symptoms are seen as explainable and logical outcomes of previously adaptive skills that have been used too long and in too many circumstances. Memory retrieval is important to the extent that it increases awareness, clarifies mystifying symptoms, and helps integrate dissociated feeling states.

Awareness is increased through the use of creative therapies like art therapy, psychodrama, and movement therapy, all forms of nonverbal expression. We know that traumatic experience is not initially verbally processed. “There are no words, I cannot speak about it”, is the common experience of trauma victims throughout the world. Evidence is accumulating that when the person is hyperaroused and in a state of terror, the brain shifts away from the verbal to the nonverbal processing of experience just as a different part of the brain handles the memory of the trauma keeping it separate from the normal memory systems (Van der Kolk, 1994). Artistic expression is the link between the nonverbal and the verbal spheres of human experience and may help to explain why artistic performance has been present in every culture in all times. It may be that art, in all its forms, is not an ancillary add-on but an evolutionary design mechanism for providing integration between the verbal and nonverbal realms of experience. Certainly we now know from the study of trauma that the lack of integration of these two realms poses dire consequences to the healthy functioning of the person. Likewise, artistic expression through performance accelerates healing, increases awareness, helps decrease intrusive symptoms, and enhances affect modulation, while providing the opportunity to put nonverbal experience into a medium whereby it can be shared and verbally articulated.
was not available. Many addictions may be treatable but not curable in adulthood. Once sufficient damage is done to the attachment centers in the brain through abuse or neglect, there is probably no way of repairing the damage. Fortunately, the human organism is amazingly resilient with a powerful drive to attach and even children from the most horrific situations usually manage to find someone with whom they can bond long enough not to lose their basic humanness. However, even in these lucky cases, there will be serious breaches in the capacity to trust that other humans can become substitutes for the modulation that the addictive substance or behavior offers. This is yet another reason why victims of trauma need multiple opportunities for attachments that are both short and long-term. Rebuilding trust destroyed in childhood is a monumental task. Our experience has been that people who enter treatment are ready and willing to give up their addictive behavior as long as they have a safe structure within which to “detoxify”, a structure within which they can obtain the affect containment and resonance they need from others and which will provide clear expectations, boundaries, and consequences for relapse. A difficulty arises, however, when people must leave the inpatient structure and move on to outpatient settings which lack a similar theoretical base or structure. Under such circumstances relapse is common because any major human life change takes at least two years to accomplish under the best of circumstances.

What is most difficult to manage, often because of its subtlety, are the forms of automatic traumatic reenactment that manifest within a group context. Shakespeare said, “All the world’s a stage, And all the men and women merely players”. Like actors, we are constantly cueing and prompting each other for our well-rehearsed lines. Traumatic experience prompts for lines that are filled with rejection, hostility, despair, humiliation, shame, guilt, and cruelty. Victims of trauma enter every social setting and unconsciously but compulsively set about recreating their life drama, filled with human loss, fear, and degradation. The essential function of the therapeutic milieu, a function no other setting can fulfill as effectively, is to redirect that traumatic scenario. The community provides an opportunity for an on-going rehabilitative psychodrama in which everyone participates. We have succeeded when THIS time the play comes out differently. This time the obnoxious instigator meets with rational, firm understanding instead of rejection. This time the overly compliant appeaser is prompted to protect and overtly defend herself. This time the cutter calls for help before the cut. This time the depressive responds with modulated and properly directed anger instead of tears, terror, and withdrawal.
hypocrisy in its structure and function is what I have chosen to call creating “moral safety”.

To begin this process we first have had to honestly look at our therapeutic presumptions, our training, our rationalizations, our fixed beliefs, and our practice. The first question we were forced to ask is “What is a truly safe environment? What is a healthy system, a system that promotes recovery, health, development, creativity, and well-being?”. Answers to these questions were particularly difficult since none of us had ever even seen a healthy system, much less had any experience in creating one. It is a continuing effort to answer these questions. As we attempted to create a less dysfunctional, more humane system for our patients it became apparent that we could not accomplish this goal without creating a more functional system for ourselves as well. Once we were actively involved in trying to do just that, we quickly saw how difficult it is to achieve such a goal when our small system is embedded in a series of concentric systems that are dysfunctional as well. In fact, the degree of health in those “parent” systems was a limiting ceiling on how healthy we could make our own, not at all unlike the situation in which children find themselves when confronted with impaired parents. In fact, without reverberating change in the hierarchy of systems, we found ourselves continually fighting to maintain the safety and security of the unit, forced to mount psychic and corporate battles to protect the state of health we had achieved. This drain of energy, consequently, takes its toll on the development of further progress. This has been an extremely useful lesson in graphically detailing the necessity of total system change and the difficulties involved in attempting to fix a part without fixing the whole.

Once we recognized the importance of the traumatic wounds to healthy human attachment and affective expression, we had to look at how our system had been dealing with these two basic areas. We were not entirely pleased with what we saw. There were many instances that demonstrated our own inability to resonate empathically with our patients in the past. Like most others in our field, we saw many behaviors as manipulative and deliberately provocative, rather than as forms of coping. We had labeled post-traumatic behavior as “bad” behavior and failed to understand the nature of our patients’ experiences. We used drugs so that we would not have to feel with our patients who were in the most psychic distress. We had produced empathic failures as a result and we began to note that such failure inevitably led to some kind of acting-out on the part of the patient.

We also recognized that we had often misinterpreted attachment behavior and instead of recognizing it for the strength it is, we had called
responsibility resulted in withdrawal of power, but only until responsibility could be once more assumed by the patient. We had to learn to be a different kind of authority and try to model the adult behavior that we wanted our patients to emulate. To do this, we had to change our process to include conflict resolution, problem-solving, negotiation, arbitration to replace the raw use of power to control behavior. It also became clear that we had to demonstrate an unambiguous attitude towards violence. Our position evolved to one summary statement: Neither authority or insanity is an excuse for violence. As a consequence, violence rarely occurred and when it did it was summarily dealt with using whatever steps necessary to stop the violence. Even in our setting there were times when law-and-order were the only available options. This shift in power clearly was beneficial for the patients who stopped behaving as much like “patients” and more like grown-up human beings. And it was of enormous benefit to us. We were able to give up the delusion that we were supposed to “cure” people, and that if we did not, we had failed, no matter how much we tried to blame the patient for the resistance. We also experienced relief from the impossible responsibility binds that assuming control for adults poses for the mental health profession and moved into a more reasonable and effective consultative, teaching role.

Our awareness shifted dramatically. We recognized that we had been caught, along with the rest of our society, in a darkened room, groping around, describing part of a problem without ever having seen the whole, not unlike the blind men in the cave who each felt a different part of the elephant and were convinced of their own truth, while none of them came close to describing the actual animal. Our patients made us turn the lights on and the lights shown on some horrible sights - physical abuse, torture, sadism, sexual abuse, inadvertent cruelty, neglect, abandonment, rape, murder, betrayal. But in that light we also were given a rare opportunity, the opportunity to see human beings at their best as well as their worst. When we were willing to look at all that darkness, to bear witness, along with our patients, that they had survived against all odds and survived without sacrificing their own basic humanity, we were privileged to recognize the courage and tenacity of the human spirit, irrepressible and ultimately invincible.

We also gradually became aware of the vital and irreplaceable importance of creative expression as a therapeutic tool in increasing awareness and integrating nonverbal and verbal experience. Creative therapies were no longer forms of entertainment, the traditional psychiatric “basket weaving”, devised to keep the inmates occupied. Without a way to translate images into words, our patients would stay locked in their worlds of fear forever. But with art, movement, drama,
and if we are to solve problems like Bosnia before they are catastrophic, we will have to learn how to manage reenactment at that level as well.

At first, our increased awareness about this new level of reality was shocking. Many of us became obsessed with trauma, seeing potential disaster everywhere, experiencing nightmares, worrying about our own children, suffering the effects of what has been termed “vicarious” or “secondary” traumatization. But gradually, in the kind of parallel process that has been a constant accompaniment of this work, we began to make individual and group decisions about transforming our experience into meaning. Formerly unexplainable phenomenon in our practice, in our personal lives, and in our political lives, became explainable, demystified. We experienced a decrease, not an increase in our sense of helplessness because we were no longer helpless, we did know what to do, we did know what direction to push people towards. We weren’t guessing anymore.

As time went on a truth began to emerge which was undeniable. We could no longer avoid the implications of this “conversion” experience we had undergone. Our walls of denial were shattered and our characters were transformed. We had experienced a paradigm shift, a shift of the underlying assumptions upon which knowledge is based. This was not just about a discrete psychiatric syndrome called PTSD. This was not something that could be conveniently boxed, labeled, and sent packing. This was not an academic ivory tower issue, a new psychiatric gimmick. This was a change in the very way that we conceived of ourselves, our relationship to each other, and to the world around us. This was most like what the quantum physicists experienced in the 1920’s when they began to understand the implications of the quantum world which necessitated profound changes in concepts of space, time, matter, object, cause and effect. Because these concepts are so fundamental to our way of experiencing the world, their transformation came as a great shock. As Heisenberg said:

"The violent reaction to the recent development of modern physics can only be understood when one realizes that here the foundations of physics have started moving; and that this motion has caused the feeling that the ground would be cut from science". (Capra, 1982)

And Einstein spoke in a similar vein:

"All my attempts to adapt the theoretical foundation of physics to this [new type of] knowledge failed completely. It was as if the ground had been pulled out from under one, with no firm foundation to be seen anywhere, upon which one could have built." (Capra, 1982)
PROCREATING COMMUNITY: IMPLICATIONS FOR SOCIAL HEALING

An American, I said, sighing, but understanding my love of my adopted country perhaps for the first time: an American looks like a wounded person whose wound is hidden from others, and sometimes from herself. An American looks like me.

from “Possessing the Secret of Joy” by Alice Walker

National PTSD, National Recovery

When a society can no longer protect its children from harm then the society has failed at performing its most essential function. It is a society that has become fundamentally self-destructive. This failure to protect is a phenomenon that occurs among traumatized individuals and within traumatized families. In the case of individuals and families, healing can occur, but only if other people respond by providing a suitably safe and nurturing environment within which they can recover their physical, psychological, and social stability.

A similar process of recovery must occur on a national scale to all of our impaired communities across the United States. Such an undertaking is massive. The deterioration in family and community life has been occurring for generations and will not be reversed quickly or effortlessly or cheaply. We can draw on truths from the past, but the past holds no ultimate solutions for us. Today, we live in a new world, under conditions that have never before existed. We are at war once again. Only this time the war is with ourselves. This war divides every family, every individual self. We have seen the enemy and he is us, said the comic strip character Pogo, many years ago. Winning this war will require a total mobilization of energy, because we know that a subsystem can only get as healthy as the system within which it is embedded. That means we need total system change to really bring about any meaningful change. And yet, this kind of change must, of necessity, be nonviolent since it is violence that has caused the problems in the first place. Violence has always been an inherent part of warfare. But this current war can only be won by a war against the violence that is destroying us. It must be, truly and finally, the war to end all wars, a second War of Independence against the tyranny of repetition, a “Manhattan Project” on violence (Perlman, 1994).

But maybe the whole metaphor of “war” is off-base, perhaps what we need is a new but ancient metaphor for this new effort of recreating community, the metaphor of birth, which for humans begins with a struggle, but ends ideally, in life not death. I have called this effort “Procreating Community” to emphasize that although these ideas spring
as a group level. We have the mental capacity, the biological givens, to create weapons of mass destruction but we have a value system that contravenes their use: so we drop them once, increase their numbers for forty years, threaten each other with them, move them back and forth, get rid of some of them, all without really deciding whether to go backwards and use them or forwards and eliminate them. 

We have a value system that insists on individual rights and freedom, tolerance for differences, equity, and fair play. And yet, if you are a black child in this country you are far more likely to be born in poverty, die in poverty, die in childhood, get an inferior education in a decrepit, ugly, and unsafe school, be unable to get a job and stay near your relatives, go to jail, be homeless, and die a violent death, than your white agemates.

So too, we have the innate biological capacity to have children and historically children have been used as our possessions serving particularly as useful “poison containers” (DeMause, 1990) for our own unresolved and unmanageable emotions. But we have a value system that no longer permits such license and which, in fact insists that children are separate beings with rights - including the right to life, that childhood is a distinct developmental period requiring a great deal of specific input from adults, that children are to be protected, nurtured, loved, and guided until they can run their own lives safely; that the future of hope and meaning lies with the next generation and our purpose is to see them safely into that future. Faced with this conflict in values what emerges on the cultural scene are large numbers of parents who continue to raise their children the way children have always been raised - brutally, callously, and without love. Some parents, less in tune with the conflict in values, do it openly and rationalize their behavior as discipline or as living a godly life. Others, more in touch, do it secretly, behind closed doors, and when confronted by the evidence, deny, say the child is lying, or blame someone else, because the values conflict causes guilt. Still others, having accepted the new values as their own, but still unable to control their behavior, “forget” the things they do to children, distort reality in their own minds, admit and try to make amends, or learn by trial-and-error to do better the next time.

The supposedly mystifying sources of our problems are not really very mystifying at all. You cannot hurt people without understanding that in doing so you are starting a cycle of pain and violence that may have no end. We are lying when we act as though we do not understand this very basic and simple truth. What we do not know - or are afraid to know, is what we have to do to break that cycle once it has begun. The answers to that question make us anxious as hell, so rather than face up to that discomfort, we pretend that we do not see the obvious and in doing so, behave like hypocrites. Peel all the jargon, excuses, and
3. There should be development and implementation of a full employment policy for the nation with immediate attention aimed at the creation of jobs for those at high risk as either abusers or victims.
4. There should be an aggressive government policy to reduce racial discrimination and sexism.
5. There should be a decrease in the cultural acceptance of violence by discounting corporal punishment in the home, forbidding corporal punishment in the school, and abolishing capital punishment by the state because all are models and sanctions of violence.
6. There should be a decrease in the portrayal of violence on television and discouragement of the presentation of violent role models in all media forms with encouragement of the presentation of positive, nonviolent role models.
7. The public should be made aware that alcohol consumption may be hazardous to health because of its association with violence.

**Containing the Infection of Intergenerational Trauma**

Certainly, damage to children is not limited to the poor. The rate of child abuse is appalling at every strata of society. The problem is so monumental that we are going to have to deal with the effects of a “lost generation” for years to come. However, with sufficient commitment, we can slow down and eventually halt the “infection”. Universal access to health care is essential but not enough. To accomplish this, we are going to have to make a large investment in the well-being of mothers and children, initially focusing on high-risk mothers. High-risk families need to be provided with opportunities for non-traumatic attachments that they will probably not be able to find on their own. They are designated high-risk because they are already trapped in the multigenerational cycle of abuse and neglect. When animals are repeatedly shocked, they develop a syndrome called “learned helplessness” that effects their basic biochemistry to such an extent that even when they can free themselves from their cage to avoid the repeated trauma, they can not do so and even if pulled out of their cages will run back in (Van der Kolk, 1987). Humans are no different. With enough repeated trauma, people lose the ability to change and they then get hurt over and over. For animals, this phenomenon has a biochemical basis and it is likely to be a similar situation for humans. The cure for the helpless animal is no different than the cure for the helpless person - someone who cares about relieving their pain has to go in and quite literally pull them out of their cages repeatedly until their brain chemistry changes enough that new learning can occur.
permanent. If children are to be separated from their biological parents and therefore are compelled to form new attachment bonds, then those new bonds must be guarded fiercely to protect the child from further experiences with overwhelming loss. A system needs to be created so that biological parents could continue to be involved in their child’s life depending on the safety and well-being of the child, but the child would become a permanent member of the therapeutic family.

Many families are able to raise a young child with some degree of success but then fail when the child reaches adolescence. Special therapeutic family situations must be established to deal with adolescents who are able to function adequately outside of their family of origin but decompensate at home. These children still need parenting, but parenting quite different from that required by younger children, and they need protection from their dysfunctional families in order to complete their development safely.

Although families that experience the most stress, also called high-risk families warrant the most immediate problems, this in no way is meant to imply that inadequate parenting is a problem only of the poor and disenfranchised. There are few families today that are not under significant stress and as previously mentioned, the very structure of modern family life lends itself to interfamilial tension, stress, disharmony, detachment, and violence. Every city, town, and village in America needs free access to community parenting centers, centers that can become a focus of community life, buildings that afford the opportunity for formal classes and informal consultation about parenting, family life, and other emotionally sensitive issues as well as recreation, cultural events, political meetings, and service opportunities (DeMause, 1993; Linden & McFarland, 1993).

Creating Sanctuary in the Classroom

When the child enters school, the school ideally becomes the hub of community activity for families. It is at the school that health care, mental health care, and juvenile justice services should be provided insuring that all come together with school administrators, teachers, and parents to form a network of help and connection for troubled children and their families. A case manager or Family Connector should serve as an intermediary to coordinate services and track a child and family over time, guaranteeing that all involved parties have access to available services. The society as a whole must make it clear that children are not parental property and must back this up by a willingness to protect the well-being of children as a primary commitment.
budget cuts. Creativity is our only real defense against traumatic reenactment and we sacrifice creativity only at great cost.

Conduct-disordered children are usually identified at an early age. It is routine to be able to predict adult criminal behavior in early childhood. These children must be identified and adequately treated as soon as possible. A child's brain does not complete development until the age of twenty. After that, treatment for any emotional problem is far more difficult, arduous, and meets with less dramatic results. These children and their families need special programs that teach them adequate socialization before it is too late and they end up in the prison system after doing incalculable harm to others. For any children who are unable to function within the normal school environment, special "Academy" schools must be created to address their needs. Additionally, parental involvement with the school system must be a mandatory part of school enrollment from entry to exit.

A healthy and caring community provides for a full range of mental health services for children and their families linked to the schools. The philosophical framework would insist on a steady progress from most necessary to least restrictive settings. The expectation would be that people requiring mental health services can, in fact, be helped to move into recovery. Built into the system would be the clear expectation that people move into and out of the status of "patient" and part of moving out of that role requires helping others through the process, not unlike the major tenets of all Twelve Step programs. To accomplish this goal there would have to be a full spectrum of services to include a diagnostic and crisis unit, an intensive care unit, residential treatment, normalizing programs like therapeutic foster care and partial hospitalization day treatment programs, group homes, intensive out-patient programs, regular out-patient services, and self-help groups.

Children are not necessarily safe after school hours. Many inner city children have no secure place where they can pass the hours until bedtime. Community members have no safe place to gather to make friends, build support networks, engage in recreational activities. Budgets for extracurricular activities, meanwhile, have been dramatically cut back, leaving children available for gang involvement, drug involvement, and violence. The school buildings are perfectly designed to accommodate both large and small groups and usually also have auditorium and gym space. These are ideal locations for use after hours and on weekends as safe places for after-school activities, parenting programs, and recreational experiences. Such activity promotes both formal and informal contact between the school, parents, and other
authority figures mentioned above. We must fully grasp how dangerous and destructive bad authority actually is, and demand a change to authority figures that we can respect.

**Producing an Emotionally Literate Population**

There is a large body of available knowledge about the effects of trauma, the necessary ingredients for healthy child development, the normal and traumatic processing of memory and emotions, the importance of human relationships set within a context of values, the process of cognitive development, problem-solving, conflict resolution, and mediation. Unfortunately, however, few people know very much about any of this information. We spend far too much time involved in lurid news tabloids and violent entertainment. The media could and should play a vital role in making this body of knowledge objectively available to the general public, showing them the interrelatedness of this information and the complex nature of human behavior, rather than attempting to oversimplify and sensationalize objective data. Democracy needs an educated, cognitively developed, and aware populace. There are relatively few opportunities for children or adults to develop these skills through the national media, other than on educational television which is chronically begging for subscribers. But this means finding commentators, news anchorpeople, and reporters who can think in wider terms than black-or-white sound bites.

Over a hundred a fifty years ago, our foreparents decided that universal education was a worthwhile goal and an army of teachers was created to meet that standard. Now we need a similar army of teachers, only this time we need to strive for universal parenting education. Good parenting does not come in the genes. If you have been lucky enough to have good parents, you will probably be a good parent yourself, as long as misfortune does not dog your tail. If you have had less than good parenting, however, than your parenting will be no better than the generation before. Given the history of broken attachments, and particularly the devastating witness of this last century, good parenting is in short order and is the only other change that could rapidly improve our cultural situation were parenting education to be taken seriously.

**Life as Art**

*In the haunted house of life, art is the only stair that doesn’t creak.*

*Tom Robbins*

*“Skinny Legs and All”*
But addictions have to be taken more seriously by the rest of us as well. There is no longer any question that excessive alcohol, marijuana, nicotine, and even food are bad for the health of the individual and bad for the health of the family. Alcohol in particular is highly associated with violence. And alcoholism is alcoholism when alcohol causes a problem, regardless of the problem. Again, for people to get straight they have to feel bad feelings that they are defending themselves against, and doing that requires help from other people. That is why AA is one of the only effective treatments along with all of the Twelve Step programs - they provide a healing environment through the support of other people in a non-judging atmosphere. Recovery gets a bad name from people who don’t know better. The truth is, we all need a dose of recovery - the alternative is staying sick.

**Evolution Not Revolution**

*Immediate answers and absolute truths are the daily bread of rational civilization. No attempt is made to identify recurring patterns for fear that memory may be reconstituted.*

*John Ralston Saul*

*“Voltaire’s Bastards: The Dictatorship of Reason in The West”*

I have already discussed the profound human tendency to repeat the past, automatically and compulsively, without any conscious awareness and without our willing control. Rapid and revolutionary change does not work. The Russian czar had a totalitarian system of control with an extensive secret service. The Russian people had a massive revolution, killing the czar and the members of his secret police. Soon thereafter they had Stalin and the KGB. This is the way individual and group history works. Violence against violence breeds more violence. What we need now - at every level of our social system - is cooperation and synthesis, not competition and fragmentation. We need to clearly articulate a vision of what we want the future to be and then through planning, research, and constant feedback, slowly evolve socially towards that vision. With constant feedback, a cybernetic model, we can gradually make slow but steady change. After all, that is what therapy is, steady feedback, and that may be one of the main reasons it works.

Our tendency to automatically repeat history is strongest when we are under stress. When animals are stressed they will run back to the cage within which they will predictably receive electric shocks, even though there is an alternative. They can only see the alternative when they are calm enough to learn. When we are stressed, our decision-making capacity deteriorates profoundly. We become lose the capacity to
Victor Frankl and Bruno Bettelheim used for themselves and has been continued in the work of Lawrence Langer (Langer, 1991) and others. The use of testimony in psychotherapy has been described by Agger and Jensen in Denmark in their work with political refugees (Agger & Jensen, 1990).

The objective of bearing witness is to tell the truth of one's experience, to expose one's helplessness, humiliation, pain, guilt, and shame and transform it into a political statement against malevolence. "The private pain is transformed into political or spiritual dignity" (Agger & Jensen, 1990). This process of transformation is something that we can all do, even in the smallest ways, by just being willing to listen to our friends, our neighbors, our colleagues without judging and without defensiveness. We each need to testify to the truth of our own pain, whatever that pain is. It is, after all, about seeking the truth, about breaking through the rigid wall of denial that keeps us from seeing the suffering that is all around us so that we thereby compound that suffering by our ignorance. When people are able to give testimony and to have it heard and respected, they are much less likely to carry grudges. It is far better to remember the pain, give it words, and be able to put it on the shelf, then to pretend it doesn't exist and instead let it quietly dominate your existence.

**Changing the Process of Doing Business**

What is clear from what we know now is that we must change are way of dealing with ourselves and each other at every level of our society. At a fundamental level of process this means, changing our definition of what constitutes "success". In our present way of doing business, success is too often defined as winning, beating out the other guy. And yet, in a world in which we truly recognize our inevitable interconnectedness and interdependence, success must be redefined to reflect the joy, not of winning, but of integrating various points of view, solving problems, and hammering out compromises. Inevitably, this also means changing the way we deal with each other emotionally, because winning and losing implies a rise in self-esteem for the winner with a commensurate loss of self-esteem and increase in shame for the loser. Shame leads to many outcomes, most of which are detrimental to the well-being of the whole. We need to move to a cultural scenario in which we learn to protect each other from shame rather than reveling in and deliberately inducing it. This requires kindness and compassion which are human traits that can be ignored or cultivated as a matter of choice.

A fundamental problem resides within our present capitalist-based system. Our economic system grows out of a legacy of social Darwinism
often ensues. In families this is bad parenting. It is time for us to be more firm in a resolve to link the acquisition of rights to the development of commensurate responsibilities based on behavior and performance, not on chronological age.

**Responsibilities to Children**

What should such a “Bill of Responsibilities” contain? It must begin with responsibilities towards children. Adults have a responsibility to provide children with a safe environment within which they can reach their full potential. This means that a child needs food, shelter, clothing, love, education, and freedom from violence. We have an abundance of research data to show that children require loving and compassionate, non-violent attachments if they are to mature properly. Likewise we have an abundance of evidence to show the large numbers of children do not even get enough food, much less love and guidance. And then we puzzle over the sources of crime. There is no need to puzzle - the facts are right under are noses. Look at this assessment from the 1991 Board Report of the U.S. Advisory Board on Child Abuse and Neglect:

> Child maltreatment is a serious, complex and widespread problem - often with lasting consequences. It demands a comprehensive, high-priority response. The failure to provide such a response has led tragically to a system that is **overwhelmed and on the verge of collapse** - a collapse so grave that children will be even more seriously at risk than they are now, thus causing countless additional American children to suffer irreparable harm...Failure to provide the most basic protection to children is a grievous collective assault that communicates a lack of respect for the dignity of children as people. At the same time, the nature and complexity of child maltreatment are such that the problem negatively affects every member of American society. **No other problem may equal its power to cause or exacerbate a range of social ills.** In short, the national emergency in the child protection system represents not only a moral lapse but also the threat of disintegration of the nation’s social fabric.

The root cause, the lowest common denominator, for violence is the violence perpetrated against children. And this includes all forms of violence - allowing children to go hungry in the midst of plenty, inadequate educational opportunities, permitting homelessness, lack of medical care, lack of other sustaining adults to support overwhelmed families, oppressive policies that make good parenting virtually impossible. Nothing will change for the better until we take seriously our
The duty to protect the integrity of children as persons implies a duty to prevent assaults on that integrity whenever possible.

The "Responsibility to Care" and the Bystander Effect

This "responsibility to care", as Harvard researcher Carol Gilligan has called it, is not a responsibility that stops with parenting (Gilligan, 1982). We have fundamental responsibilities to care for others, as family members, as neighbors, as part of a community, as government leaders, as leaders of industry, in fact, in whatever capacity we serve in all of our human roles. This caring is not just an abstract concept. Every day, in virtually every situation in which there is a power imbalance, an injustice, a hurt person or hurt feeling, we are offered the opportunity to play one of three parts: the victim, the perpetrator, or the bystander. As the bystander we always are faced with a decision - do we get involved or do we stay silent. Are we going to be part of the solution or part of the problem? To understand the importance of such a choice we need to look at the work that has been done regarding the role of the bystander (Fogelman, 1994; Staub, 1989, 1992b, 1993).

In March, 1964, Kitty Genovese was brutally murdered in New York while 38 of her neighbors watched from their apartment windows. Even though the attack lasted over a half hour, no one called the police until it was over. This became known as the "bystander effect". But, who is a bystander? If you are not a victim or a perpetrator, you are a bystander. Bystanders are the audience. They are all those present at the scene of an incident who provide or deny support for a behavior - "silence gives consent". The victim and perpetrator form a linked figure and the bystanders form the ground against which perpetration is carried out or prevented. It is of vital interest to note that among many acts of perpetration which have been studied, it is the behavior of the bystanders that determines how far the perpetrators will go in carrying out their behavior. In this concept lies the key to interrupting the victim-perpetrator cycle of violence that is destroying our social safety. History attests to the fact that once violence is tolerated and supported as a group norm, an increasing number of bystanders become victims and/or perpetrators until it becomes increasingly difficult to make clear differentiations among the three groups. This describes the perilous situation in which we now find ourselves. Violence is no longer confined to the inner cities, to the poor, to the minority of our people. Violence now permeates every aspect of our social environment, wreaks its havoc on every strata of our society. Violence is intrinsic to the form of relaxation we choose at night, to the forms of entertainment we pursue in our leisure hours, to what we read and to what we teach our children.
have us believe that people generally deserve what they get, that bad things happen to bad people. This is a rationalization that we are set to believe, reinforced by a multitude of childhood experiences when we are repeatedly told that we deserve what we get, that our behavior has been the cause of our experienced loss of love, affection, or even overt abuse.

Such attitudes towards victims allows bystanders to ignore events, literally not see trains loaded with Jews on the tracks heading for the concentration camp, or to deny the significance of events, or to displace any personal responsibility onto the group. In emergency situations, when a number of people are present each person is less likely to respond than if they were alone in the situation. Our influence upon each other is startlingly powerful. We can all bear witness to this responsibility by responding negatively to racist comments, sexist jokes, any remarks that are designed to hurt or humiliate others.

As I have previously mentioned, the body social can become infected just as can the body physical and the metaphor of an infection is useful in understanding this phenomenon. The infectious agent can be seen as the perpetrator, the immune system as the bystanders, and the body as the potential victim. The state of nutrition, fitness, and overall well-being of the body determines the state of the immune system which determines how far the infection can spread. In a deteriorating body, the capacity of the immune system is overwhelmed and death easily occurs. Once the body has become overwhelmed by a pathogen, no amount of attention to diet, stress management, or fitness will help determine the outcome.

Similarly, in social behavior, early intervention and prevention works best. As bystanders become increasingly passive in the face of abusive behavior, action becomes increasingly difficult. Just as there is a deteriorating spiral of perpetration in which each act of violence becomes increasingly easy to accomplish, so too is there a deteriorating cycle of passivity. As the perpetrators actively assume control over a system without any resistance on the part of bystanders, their power increases to the point that resistance on the part of bystanders becomes extremely difficult if not useless except to the extent that such behavior serves as an example for others.

Interestingly however, all it takes is for one bystander in a group to take some sort of positive action against perpetration and others will follow. Resistance to perpetration on the part of bystanders, both in words and in actions, influences others to become active instead of passive. There is much to be learned from the behavior of bystanders who DO help because in any situation of perpetration, they define a
scale organization and the participation of others. It is the reverse of the downward spiral of perpetration.

The fundamental question is whether witnesses to the mistreatment of other people have an obligation to act? What is our moral responsibility to each other? Are we, in fact, "our brother's keeper?" Until quite recently in human history, the family group or the tribe were the only groups to which we felt the kind of loyalty that demands protective action. In the last two centuries, our sense of loyalty has expanded to our national groups. More recently, global ethnicity has been commanding fealty. But we have entered an age of such intense global interdependency that perpetration against one can be seen increasingly to effect the whole in an every escalating cycle of violence and destruction. We may never be able to eliminate the forces that produce violent perpetration but it is not too late to contain the violence. This containment can happen, however, only if bystanders choose to become witnesses and rescuers, instead of silently colluding with the perpetrators.

**Responsibility of Leadership and Power**

Unfortunately, in human history power has more often been associated with a license to abuse than it has with the responsibility to care. In recent history, our political leadership has demonstrated a willingness to bend and even break the law to serve personal and political ends, from the Presidency on down. This abuse of power is so much a part of the traditional rights of authority that we are often able to sustain a dissociative split between immoral and criminal behavior on the part of our highest officials and criminal behavior on the part of the poor and disenfranchised. The result is that our officials often receive little negative consequence for their behavior, or even gain, while the poor are imprisoned. Leadership means stewardship, "the individual's responsibility to manage his life and property with proper regard to the rights of others" (Webster's, 1983). Leaders in politics, sports, media, the arts, education, and business are all role models for children. Fulfilling this function is a responsibility that goes along with the rewards of success and those unwilling to fulfill this responsibility should not reap the rewards that accompany it. Every company should define what the corporate responsibility is, not just to the shareholders but to the employees and to the wider community of which they are a part - and in actual behavior, not just in a corporate policy. Some companies are beginning to find ways to develop such a "corporate conscience" by doing things like using a social mission - like painting a homeless shelter - as a corporate retreat (Johnson, 1994).
Responsibility of Democracy

The condition upon which God hath given liberty to man is eternal vigilance; which condition if he break, servitude is at once the consequence of his crime and the punishment of his guilt.

John Philpot Curran
Speech on the Right of Election
of Lord Mayor of Dublin
July 10, 1790

We have no right to a free and open democracy unless we are willing to maintain it and assume responsibility for it. Democracy requires a well-educated, involved, responsible and mature populace. As a society, we have a long-way to go before we can fulfill any of those four requirements. The increase of anarchic violence and hate crimes threatens our social stability and our democratic form of government along with it. But so too does corruption from within the government.

In his recent book talking about the betrayal of American democracy, William Greider notes that “the mutual understanding between citizens and government necessary for genuine democracy is now deformed or neglected... the government now responds more often to narrow webs of power - the interests of major economic organizations and concentrated wealth and the influential elites surrounding them... the form and facade of self-government remain elaborately in place and functioning... [but] the self-correcting mechanisms of politics are no longer working (Greider, 1992).

A recent survey reported by the Washington Post weekly confirms what Mr. Greider and others have been warning us about - that something is very wrong with the way our government is working for "we the people". In a Washington Post-ABC News Poll, 83% of people believed that Congress cares more about keeping power than they do about the best interests of the nation and only 26% of people thought that most members of Congress care deeply about the problems of ordinary citizens. But our attitudes towards Congress really reflect as much about what we think about ourselves as about them - after all, we elect them.

The political cartoon that accompanied the article in which the poll was reported made this point with the cartoon Congressman saying, "Why are my constituents so angry with me? How can they say I don't represent them? I can be selfish and lazy, I look out for my own best interest, I'm prejudiced and swear a little, I never have enough money and I even bounce a few checks. I hate making tough decisions, love being the center of attraction. I've even been known to lie and cheat and rink too much."
to be so drugged, gorked, and numbed, now would we? To make this thing work we are all going to have to give up some money, some of our material goodies. But let’s think of it as paying for entertainment. Imagine how much fun it would be to turn on the news and watch homeless people moving into new homes, and drug addicts building their houses, and corporate leaders painting the rooms, and prisoners learning how to care for children, and single impoverished mothers learning computer programming, and imagine how much fun it would be to have a hand in making any of this happen. Just imagine a radically different future then the one we are sure to get if we go on the way we are going. Imagine it, will it, create it.

**SUMMARY**

In this chapter I have tried to make the case for understanding trauma as a central organizing principle in individual and social development by moving from the individual to the larger group. The "abscess" of trauma is seen as effecting eight basic areas: attachment, affect, authority, awareness, addiction, automaticity, avoidance, and alienation. I have traced how these areas are effected by trauma first in the individual and then speculated as to how I see similar manifestations in the entire group culminating in a "trauma-organized social system". But describing trauma is not enough - we have to talk about healing. I have used the lessons learned from a therapeutic milieu designed to meet the needs of adults abused as children as a basis for beginning to sketch some changes that the entire culture will need to make to achieve the same level of healing that we now see in our individual patients. It is clear, however, that to accomplish this, our national consciousness will have to make a shift in basic assumptions or paradigm similar to the shift in consciousness that my patients need to make and that we had to make as an entire treatment team in order to be effective. I have called this a shift towards a concept of moral safety and have called the social reconstructive efforts that are necessary, "Procreating Community". Changing the community will require redefining values with a particular emphasis on truhtelling, as well as making many specific changes in major social institutions. To accomplish this task we are going to require a "Bill of Responsibilities" that extends and completes the "Bill of Rights". Ultimately, our goal should be a new vision of society towards which we can work, and this work should be seen as a source of pleasure and joy, not just pain and sacrifice.

*Now is the time for love's warriors to come to her rescue.*

Alice Walker
"Warrior Marks"


Foderaro, JF (1990). Personal communication


Orbach, Susie (1993). Personal communication.


Van der Kolk BA (1994b). Personal communication.
