EVERY TIME HISTORY REPEATS ITSELF

THE PRICE GOES UP:

THE SOCIAL REENACTMENT OF TRAUMA

Sandra L. Bloom, M.D.

Associate Professor

Health Management and Policy

School of Public Health

Drexel University

Philadelphia, PA

REENACTORS

One morning as I was about to begin writing this chapter, I happened to park alongside a travel-worn but otherwise unremarkable car in a hospital parking lot. A large sticker was plastered on the rear window. In large letters it read REENACTOR and above this identifier were arranged the words "Preserving Our Heritage". The owner of the sticker was clearly one of those individuals whose dramaturgical leanings urge him - or her - to engage in those large scale reenactments of historical events, most particularly Revolutionary and Civil War battles. For the participants in such re-creations, the immersion in the past still bears some conscious relevance to the experience of the present. These reenactments are deliberately scripted and performed and clearly serve an important social function for the actors. The script, of course, is based upon what we choose to remember about the events portrayed. Some history is left in, some is left out, and some perhaps, is altered. History can be bent to fit the demands of the present but as the historical representation is shared it becomes a mutual reality.

Victims of traumatic experiences also become REENACTORS, but their reenactments are unconscious, not conscious. They follow a script originally written by someone - or something - else, a script that is difficult to amend or edit, largely because it is nonverbal and unknown. Traumatic reenactment has been defined as living in the unremembered past. This relationship between past and present, between history and our present reality has been long-recognized and commented upon. The philosopher Santayana wrote once that "Those who cannot remember the past are condemned to repeat it" and someone else, forever known as Anonymous, added that "every time history repeats itself the price goes up".

It is by now well-established that behavioral reenactments are a common result of overwhelming traumatic experience. This is a particularly important finding for victims of childhood trauma because the frequent repetition of trauma results in character change and distortion, shifts in personality so profound that an entire life course can become organized around the reenactment of the traumatic experience (Terr, 1990). If traumatic reenactment is a clear and possible outcome to a traumatic experience of the individual, is it possible that traumatic reenactment can also occur at the level of the group? And if reenactment behavior does effect entire groups of people, is it possible that a group's "character" can also become maladaptive as a result of post-traumatic skew?

Before we can even speculate about whether or not a group can engage in traumatic reenactment, we must define our territory. What is the relationship between the individual and the group? Can a group have an identity, even a "mind" which is separate or in some way different from a simple summing of the individuals in the group? Can a group become "dysfunctional"?

Over the years, the power of the group has been explored by social psychologists, social psychiatrists, family and group therapists, sociologists and philosophers. But it is the study of traumatic experience that has provided us with perhaps the most versatile and comprehensive framework for viewing the workings of the group - for good and for ill. The study of post-traumatic stress disorders drags the group in the door with them. Where there is post-traumatic stress there is a trauma and where there is a trauma there is a traumatized person and something or usually, somebody else, who did the traumatizing. Around the linked figures of victim and perpetrator, there is the ground - the bystanders, the social group from which both traumatized and traumatizer claim their origins. With victim and perpetrator trauma becomes relational; with victim, perpetrator, and bystanders, trauma becomes communal. The personal is political and mental health issues become political issues - "to be professionally concerned with problems of social and mental health in America is to take a political stance" (Statman, 1971).

This chapter is an attempt to open a dialogue about the possibility that traumatic reenactment is an important and largely unrecognized factor in determining the outcome of important historical and political events and social trends. Our present explanations for puzzling social behaviors seem to guarantee that we will stay wandering around like rats in a maze. Perhaps it is worth speculating on the possibility that a group can form a shared unconscious that can be as maladaptive and potentially far more destructive than anything an individual can do alone. Likewise, perhaps, a group too can be healed and perhaps the healing power of group consciousness can also surpass the ability of the individual. It is possible that in our centuries old, fervent search for individual identity we have forgotten our own roots and have left much of value behind which is still available for retrieval.

THE INDIVIDUAL AND THE GROUP

The relationship between the individual and larger systems has been a central question of our age. Much of the consciousness of our century - and our wealth as well - has been tied up in the debate between individualism and collectivism. The American inclination is to view any mention of communal interests with grave suspicion (Kovel, 1994). We

may be paying a high price for this unbalanced approach as our civil society breaks down and a rabid form of individualism replaces the social contract. Perhaps it is time to review the other side of the story, the American commentary on the social nature of human nature.

Individualism is a fundamental concept governing our present paradigm. It has been defined as a "political doctrine which declares that the aim of a political order should ultimately be to satisfy individual needs, wants, and goals, rather than the common good, the general will, or the public interest (McLeish, 1993). Individual freedom has been and remains a fundamental, underlying governing mission since our origins as a nation. American psychology has been profoundly influenced by this point of view and is "quintessentially a psychology of individuals (Sarason, 1981).

But, as a species individual consciousness emerged out of the group, much like individual consciousness arises in the child out of the matrix of relations between the infant and its primary caretakers. Western civilization finds its origins in ancient Greece, and for the Greeks, individual and social experience was united (Dubois, 1994). For the last century, sociologists, philosophers, and psychologists have wrestled with the question of how the individual relates to the group (Alexander and Selesnick, 1966; Bellah, 1973; Bloom, in press; Campbell, 1995; Cooley, 1962; Douglas, 1986; Merton, 1960; Reiff, 1962). Now, there is a growing body of evidence to suggest that groups are a basic form of social and cognitive organization that is essentially "hard-wired" into our species and that our 'group-self is the core component of our sense of personal identity (Cohen, Fidler, & Ettin, 1995).

It has been the attachment scientists who have made the biggest contribution to the scientific understanding of the relationship between the individual and the group. Thanks to the work of John Bowlby, Mary Ainsworth, Mary Main, and others, we now have a framework for understanding how the sense of individual self emerges out of the transactions between the individual and others, how the self and social development are inextricably bound together (Bowlby, 1988; Main & Hess, 1990). Likewise, dysfunction in either the self or social domain has a negative impact on the other (Cole and Putnam, 1992). Even more recently, the work of Bruce Perry and others is beginning to illuminate how social relationships impact directly on our biophysiological systems, even at the level of basic brain development (Perry, 1994a, 1994b; Perry and Pate, 1993; Schore, 1994).

Likewise, we know that trauma disrupts the fundamental link between self and empathic other (Laub and Auerhahn, 1993). This is such a vital aspect of the trauma response that Van der Kolk has commented that "the sudden, uncontrollable loss of

attachment bonds is an essential element in the development of post-traumatic stress syndromes" (Van der Kolk, 1989).

GROUPMIND

There is no longer much doubt about the fact that we profoundly effect each other, as Bowlby said, "from cradle to grave". But, can a group take on an identity that is some way distinct from the individuals that comprise it? Can a group develop a "groupmind"? This is a highly debatable premise and historically has been very controversial. Floyd Allport, in the 1920's termed this the "group fallacy" and fiercely defended the premise that the actions of all are nothing more than the sum of the actions of each taken separately and that all one needed to do to understand the behavior of groups was to understand the behavior of individuals within the group (Forsyth, 1990).

But this notion that there may be something else, something more than the simple sum of individuals, has persisted, and is unwittingly evoked whenever a journalist refers to the "soul" or the "heart" or the "character" of the nation. Groupmind is the word that has been used to describe the concept of a supra-individual nature and independence of the collective mind of a social group. The concept goes back at least to the German philosopher Hegel, who felt that individual minds are active participants of a larger social mind, concepts that later influenced Marx and Engels (Hewstone et al., 1989; McDougall, 1920). It was Durkheim who first used the term "groupmind" to refer to 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, a force so strong that the will of the individual could be completely dominated by the will of the group (Forsyth, 1990). McDougall was convinced that a society is more than the mere sum of the mental lives of its units, "a complete knowledge of the units, if and in so far as they could be known as isolated units, would not enable us to deduce the nature of the life of the whole" (McDougall, 1920).

The reality of a "groupmind" is difficult to prove - or disprove for that matter. There are some hints that point to a reality beyond that of the individual that come out of social psychology, group therapy, family therapy, and the therapeutic community. We can only cautiously generalize from the study of dyads, small and medium size groups, to the study of large groups and whole societies, and yet it is vitally important that we open up a larger discussion about similarities just as we may be open to differences (Moses, 1995). Our national and global problems have simply become too big and too interconnected for individually-based solutions. As Robin Skynner (1975) has pointed

out, "In common with most students of large-group phenomenon I am impressed with their power for good or ill. Though as yet we do not have even the rudiments of a truly scientific explanation, it is *as if* some form of energy is generated when a number of people interact, proportional in some way to the numbers involved and available, like any other form of energy, for constructive or destructive purposes".

Studies of military units convincingly demonstrated that individuals would sacrifice their own lives for the well-being of the group. Grinker and Spiegel (1945) noted that this result could not be explained by the simple sum of individual motivations but of some intense loyalty stimulated by close identification with the group. "The relationship between the individual and his group is like a pulsation that varies in amplitude under different conditions. There seem to be optimum degrees of independent individualization and dependence on a group for each person... in times of danger the pulsation extends further out to the group; in times of peace it remains closer to the individual". We know that attachment behavior is increased in times of danger. This has been well-documented in many mammalian species and makes sense from an evolutionary perspective. For a highly social animal like homo sapiens, it also makes sense that danger would evoke a group response as well, so that increased danger would lead to increased identification with and loyalty to, the group.

Stanton and Schwartz wrote the first sociological study of the mental hospital in 1954. One of their most valuable observations centered on the role of covert conflict. They demonstrated that a covert conflict on the part of one subgroup, i.e. the staff, influenced another subgroup or the entire group in ways that were not ascribable to the individual interactions and that could lead to severe and pathological dysfunctions unless the conflict were surfaced (Stanton and Schwartz, 1954).

In the therapeutic community literature, this phenomenon has been remarked upon repeatedly. Caudill (1958) observed that there seemed to be a "covert emotional structure" in the psychiatric hospital that could not be explained by the underlying emotional reactions of separate individuals, nor by the emotional contagion effect that takes over a mob. He noted that these "fields" were primarily emotional and led to the collective disturbances that Stanton and Schwartz had noted. He observed that these collective disturbances proceeded in a four-step fashion. First there would be a period of mutual withdrawal which would be followed by open collective disturbances, dividing the patients and the staff. In the next part of the sequence, the group would form a "paired role group response" in which different parts of the community created paired alliances with another subgroup. Finally, this unstable balance of forces would give way to restitution in which conflict was surfaced, aired, and adequately resolved. What is of

great interest is that throughout this sequence emotional communication between the various role groups, of which there were four - senior staff, residents, nurses, and patients - was maintained while cognitive communication broke down, than re-formed and finally re-established. This description is reminiscent of the individual nonverbal-verbal split that occurs as a result of an overwhelming and highly conflictual experience.

Isabel Menzies, building on the work of Jacques, described the creation of "social defense systems". She described how systems develop specific and static protective mechanisms to protect against anxiety. The defense mechanisms she describes sound uncannily like those that we see in victims of trauma - depersonalization, denial, detachment, denial of feelings, ritualized task-performance, redistribution of responsibility and irresponsibility, idealization, avoidance of change. Over time and as a result of collusive interaction and unconscious agreement between members of an organization, this agreement becomes a systematized part of reality which new members must deal with as they come into the system. These defensive maneuvers become group norms, similar to the way the same defensive maneuvers become norms in the lives of our individual patients and then are passed on from one generation of group participants to the next. Each new member then, must become acculturated to the established norms if he or she is to succeed. In such a way, an original group creates a group reality which then becomes institutionalized for every subsequent group (Menzies, 1975). This aspect of the "groupmind" becomes quite resistant to change, rooted in a past that is forgotten, now simply the "way things are".

Janis looked at how groups make decisions, particularly under conditions of stress. He reviewed studies of infantry platoons, air crews, and disaster control teams and felt that this work confirmed what social psychologists had shown on experiments in normal college students, that stress produces a heightened need for affiliation, leading to increased dependency on one's group. The increase in group cohesivenesss, though good for morale and stress tolerance, could produce a phenomenon he called "groupthink", a process he saw as a disease that could infect otherwise healthy groups rendering them inefficient, unproductive, and sometimes disastrous. He observed that certain conditions give rise to a group phenomenon in which the members try so hard to agree with each other that they commit serious errors that could easily have been avoided. An assumed concensus emerges while all members hurry to converge and ignore important divergences. As this convergence occurs, all group members share in the sense of invulnerability and strength conveyed by the group, while the decisions made are often actually disastrous. Later, the individual members of the group find it difficult to accept that their individual wills were so effected by the group. As we know,

the inability to think clearly under stress is also typical of individuals as well (Forsyth, 1990; Janis, 1972).

In a recent study, Smith, Kaminstein, and Maradok (1995) have looked at the possibility that the collective dynamics of an organization may lead to individual illness. Although it is well established that physically toxic environments can produce illness, these authors raised the question about the consequences of emotionally noxious environments. In their study of 13,000 employees in sixteen organizations, they found that there is a significant connection between employee health and organizational dynamics of their workplaces. The health of workers improved or worsened based on four major variables: a) the degree of difficulty in maintaining a balance between work and personal life; b) the respect afforded workers by management; c) the extent to which decision-making can lead the worker to appropriate actions; and d) the amount of racial and gender discrimination.

Another interesting observation comes from Poland. Group therapists working in a day hospital program in Poland noticed that there was a relationship between behavior in their therapeutic community and larger social unrest during 1980 and 1981 and again in 1992 and 1993. Bursts of anti-authoritarian behavior directed at nonauthoritarian therapists occurred regularly one or two days prior to the unheralded eruption of strikes or other anti-government demonstrations. This suggested to the authors that the responsivity of emotionally vulnerable groups of people may serve as early warning signals of forthcoming outbreaks of aggression in the larger sociopolitical milieu, a sort of "sociopolitical canaries" phenomenon (Aleksandrowicz & Czepowicz, 1995).

Although I can provide only testimony rather than scientific "proof", I have become convinced that there are processes at work in a group that go far behind the workings or maneuverings of any single individual or even the summed effects of an aggregation of individuals. I have been observing, studying, and immersed in the workings of small group processes for over thirty years, largely in two settings - group practice and the therapeutic community. On innumerable occasions I have seen a process occur in which the outcome cannot be sufficiently explained by the input. Quite frequently we come away with better ideas, better decisions, and better plans than can be attributable to any individual, but which is instead the shared conscious processing of a group. Likewise, the power of a group to create an environment of anger, threat, or destruction goes far beyond that of any individual, and can take on a life of its own. Groupmind? I do not really know, but these repeated observations have led me to concur completely with Trigant Burrow who said, "Whether it is a question of mollusk or man, science cannot understand the part until it has understood the whole" (Burrow, 1984).

GROUP REENACTMENT

TYPES

The great American poet, W. H. Auden, has pointed out the importance of enactment in human functioning, "*Human beings are by nature actors, who cannot become something until first they have pretended to be it. They are therefore to be divided, not into the hypocritical and the sincere, but into the sane, who know they are acting, and mad who do not*. We constitute ourselves through our actions (Driver, 1991). We were actors long before we were talkers in our evolutionary history, and enactment remains a nonverbal form of communication with others of our kind.

Hypothetically, there are at least three ways that a group can become involved in reenactment behavior: a) an individual can involve a group of people in a reenactment of his or her own dramatic - or traumatic - scenario; b) a group as a whole can become involved in a reenactment; c) an interactive combination of the two in which a leader finds a group whose reenactment roles "fit" and mutually enhance each other. Most human situations are likely to fit into the last category most easily, but to achieve some sense of clarity, I will describe a) and b) as if they were easily distinguishable.

Individual reenactment behavior occurs routinely in every group setting. This is a daily expectation of our treatment experience in an inpatient milieu setting. When Shakespeare commented that "All the world's a stage", he was making a profound and largely ignored observation about the workings of human interactions. Every patient enters our unit because they have been badly hurt, usually in childhood. This hurting has usually not been a singular event, but a repetitive series of painful interactions with important people in their lives, interactions that have produced alterations in important developmental pathways (Fischer & Ayoub, 1994). For them, these patterns of interaction, regardless of how painful or destructive, have become their norm, the structure upon which they build their sense of reality. The only way to end the repetition of the past is through integration of the split-off experience. But integration is resisted because it means bearing what has become unbearable conflict and pain (Main, 1989).

Tom Main was one of the people who looked at the concept of projection and projective identification in a group setting. In simple projection, the person on the receiving end of the projection may notice that he or she is not being treated as himself but as another, often aggressive, other. In projective identification, he or she may feel forced to actually experience the unwanted feelings and wishes of the other. This mechanism inevitably leads to a variety of interpersonal disturbances. To the extent that the receiver of the

projections is comfortable with them, there will be little discomfort - the projections will "fit". (Main, 1989).

Projective mechanisms are the attempt to relieve internal pain by sending them outward. Our patients spend a great deal of their lives trying to get rid of the painful affect and memories of their traumatic pasts. As a result, when they enter our unit, they automatically "cue" us for specific forms of responses by projecting their unacceptable feelings and desires outward, onto us. These responses will predictably result in a repetition of the patterns of interaction that are normative for the patient, even though highly damaging and self-defeating. On the one hand, they are "telling us the story" of their painful past through their behavior, but since our powers of nonverbal interpretation are poor in most social settings, they end up repeating their traumatic pasts. An example may help.

SALLY

Sally's father began sexually molesting her at age six and actual intercourse began at age eight. Sally remembered little about the actual events at first, because she used dissociation as a way of coping with her father's abuse. She did remember how good it felt to be her father's favorite and to have his special attention. Her mother was a depressed and withdrawn woman, who neglected Sally and resented the "close" relationship between Sally and her father.

In junior high school, Sally was known as the class "flirt" and as she got a bit older, she was labeled as the girl who was "easy". Her friends were mostly males, although the boys tended to treat her with a mixture of seduction and disdain. The girls despised her and inflicted a cruel rejection. She had a series of short-lived and very sexualized relationships throughout high school.

Sally was bright and a good student, so she finished high school and left home for college. In college, she was more selective about her male partners, but was never without a "boyfriend". She lived in a single room, and although some young women were attracted to her intelligence, her time was taken up largely in the company of men. She finished college, entered banking as a career, and rapidly climbed the corporate ladder. There were rumors that she got promoted by bestowing sexual pleasure on her bosses, but these rumors were generally attributed to the jealous comments of other women peers. At twenty-eight, she found herself pregnant and her current partner was more than happy to marry this elusive, sexually stimulating, and successful woman.

Sally gave birth to a baby girl who was left largely in the care of housekeepers and nursemaids. Sally and her husband began having problems almost immediately after

they were wed. At first, her attributed Sally's lack of sexual interest to pregnancy, but when it continued long after their child was born, his anger grew. He engaged in extra-marital affairs and suspected Sally of doing the same. But his greatest pleasure came from the time he spend with his little daughter. Her innocence, her beauty, and her obvious adoration and hunger for his attention, made him treasure every moment together.

Sally's world fell apart when she was thirty-four. For her sixth birthday and under the guiding hand of her father, Sally's daughter came out to go to her birthday party, wearing lipstick, perfume, and a dress that did not fit her years. Sally began screaming and crying uncontrollably, threatened to kill her husband, terrified her child, and ended up cutting her wrists with a razor blade from her husband's medicine cabinet. Her physician insisted that she enter the hospital for inpatient psychiatric care.

On the unit, Sally denied having any idea about what had precipitated her outburst. She attributed it all to "stress" at work, too few vacations, a recent bout of flu, pressure from her mother to help take care of her chronically ill father. The response of the other patients and staff to Sally was interesting, dramatic, and almost immediate. The staff split along clear gender lines - the male members of staff felt strong compassion for Sally's suffering and wanted to help her. The female staff, although reluctant to verbally express the degree of hostility they obviously felt, used words like "manipulative", and "seductive" to describe Sally's interactions.

The response of the patients was even more clear. The female patients rapidly formed a clique which repeatedly extruded Sally from casual group encounters. The only woman who formed an alliance with Sally was a woman with a past history of drug addiction and prostitution. The male patients were solicitous, drawn like "moths to the flame", in the words of one of the male staff members. When Sally and one of the other male patients were found locked in an embrace in Sally's bathroom, we finally realized that the entire group was caught in a reenactment of Sally's childhood experience and only then were we able to take charge of the case and begin redirecting the traumatic scenario so that Sally - and the rest of the community - could heal.

This example of the way in which an entire group can be seized by the drama of one individual's reenactment is a typical one. Such occurrences happen all the time, in all group settings. What differentiates our inpatient settings from others is that we have come to expect this kind of occurrence and we have learned to become more conscious of what is happening as it is happening. Throughout the whole experience, Sally was totally unconscious of any connection between her present reality and her past. Only when we changed the outcome by forming as a group to share with Sally our experience

of being actors in the play in which we were all playing a part with her, was she able to make the connection and begin to try out different roles, different lines, and different cues.

GROUP-AS-A-WHOLE REENACTMENTS

Group-as-a-whole refers to behavior of a group as a social system with the assumption being that when a person behaves in such a group context representing aspects of the group's unconscious mind, then the individual is seen as a living vessel through which unconscious group life can be expressed and understood. The group-as-a-whole is conceptualized as having a life different from, but related to, the dynamics of the individuals within the group. In other words, groups are seen as living systems and the individuals in the group are subsystems of which the group is comprised. The group-as-a-whole concept implies that individual behavior in groups is largely a result of group 'forces' that channels the individual action. From this perspective, when a person speaks he or she does so not only for themselves but also voices the unconscious sentiment of the group (Wells, 1985). This position implies that If a group-as-a-whole can be a repository of hopes and fears, then it can also become a repository of secrets, of what is fragmented, denied, cast-off, and suppressed (Ettin, 1993). Such a dynamic system paves the way for individual reenactment behavior, so too does it pave the way for group reenactment.

It is not unlikely that as we move ahead in our understanding of complex systems, we will achieve some middle ground in which we recognize that the individual and the group co-exist and interact, both consciously and unconsciously. Meanwhile, it is of some interest to play around with the idea of group-as-a-whole phenomena to see if they may lead us in more interesting and potentially useful directions than our individualistic focus.

THE BLACK DEATH AND THE FLAGELLANTS

History provides an interesting example of group-as-a-whole reenactment behavior in the Flagellant Movement. The fourteenth century was an extremely trying time for European humanity. The Black Plague first hit the ports on the Adriatic, spread to the Mediterranean in 1348 and then across to England, spending itself in the Baltic in 1350. It recurred again in 1361. At least a third of the population of Europe was wiped out. In some areas the numbers were even higher, sometimes reaching two-thirds of the population. Such losses are unimaginable, perhaps, today, but it is safe to assume, and

clear from contemporary accounts, that the result was massive detachment from others:

"Tedious were it to recount how citizen avoided citizen, how among neighbors was scarce found any that showed fellowfeeling for another, how kinsfork held aloof and never met, or but rarely; enough that this sore affliction entered so deep into the minds of men and women that, in the horror thereof, brother was forsaken by brother, nephew by uncle, brother by sister and, oftentimes, husband by wife, nay, what is more and scarcely to be believed, fathers and mothers were found to abandon their own children, untended, unvisited, to their fate, as if they had been strangers" (Ziegler, 1969).

The prime cause for the plague was clear - it was retribution for wickedness of the present generation. The people were not exactly sure what they had done, but they were guilty. This sense of collective guilt, however, did not stop them from blaming the poor, lepers, and Jews for the catastrophe and these groups were persecuted, serving as scapegoats for the disease, particularly in Germany (McNeil, 1976; Ziegler, 1969). Subsequent to the plague, the artistic vision of the human condition darkened, the "Dance of Death" became a common theme in the arts, confidence in rational theology was radically diminished with an upswing in mysticism, and faith in the clergy was seriously shaken (McNeil, 1976; Mollat, 1986).

The plague provided a massive, shared, European prototype for social alienation, as the quotation above illustrates. Even touch and smell were labeled as poisonous. Established authority of church, state, and aristocracy failed miserably to bring relief. And the citizenry saw the plague coming as it marched across Europe, producing a prolonged period of horror against which there was no defense that was effective. For survivors of the plague, death was all around, ever imminent, waiting to take its next victims. The old rituals of the church were ineffective against the tide of disease.

The Flagellant Movement has been seen as a ritualized way of managing anxiety as a response to the plague. It was largest in Germany, although Flagellants did appear in other parts of Europe as well, and it was only after the plague that it appeared as a group activity. The Flagellants would move in procession from town to town, men and women segregated by gender. When they reached a town, they would form a large circle, strip to the waist, march around the circle and then at a signal from the Master, would throw themselves on the ground for the master to whip. Then the flagellation became collective. Each member carried a heavy scourge "a kind of stick from which three tails with large knots hung down. Through the knots were thrust iron spikes as sharp as needles which projected about the length of a grain of wheat or sometimes a

little more. With such scourges they lashed themselves on their naked bodies so that they became swollen and blue, the blood ran down to the ground and bespattered the walls of the churches in which they scourged themselves". Members of the town would gather around, urge them on, and there was a belief that there was healing to be had in their vicinity. Pope Clement VI finally banished the practice in 1349 and many of the Flagellants were incarcerated, tortured, or executed. The movement continued to be encountered into the fifteenth century, but it had by then, lost its power to effect the prevailing culture. Interestingly, the Flagellants played a significant role in inciting the massacre of Jews in many of the towns they visited(Ziegler, 1969).

Group flagellation provides a powerful illustration of socially-induced and condoned self-mutilation, a practice so typical of victims of trauma who have suffered serious insults to attachment systems. These were acts of self-sacrifice in service of the group as well, attempts to control the uncontrollable. The close relationship between victim and victimizer is also apparent in the role the Flagellants played in persecuting each other, themselves, and Jews as well.

A PERSONAL EXPERIENCE

A few months ago, a nurse from another unit overseas came to visit our inpatient psychiatric unit for two weeks. This is a program devoted to treating the profound psychiatric effects of childhood trauma (Bloom, 1994, in press). The nurse was initially an outsider to the group, but she rapidly integrated into the staff milieu and provided a unique observer/participant role for the time she was present. The first week, the patient community was unusually obstructive. The patients were not functioning well as a group. There were frequent complaints about the usual things - staff not being attentive enough, poor food, not enough hot water, and the like - all of which consumed an inordinate amount of time in individual and group discussion while serving to allow everyone to avoid the necessity of dealing with their real reasons for being in the hospital. No amount of staff redirection seemed able to get the community back onto its therapeutic tasks. The level of acting-out in the form of self-mutilation, suicidal ideation, and minor boundary violations escalated throughout the week. Yet these patients were in no substantive way different from a similar group of patients on any other week. By the end of the week, the staff were bitterly complaining that this is the "worst community we have ever had".

There was a regular staff meeting scheduled for the end of the week, and although not designed to talk about the immediate situation of the patient community, the visiting nurse tentatively broached the subject as a question for the group. In doing so, she took

the valve off the pressure cooker and the staff began voicing their concerns, conflicts, and fears about upcoming changes. In a few months the unit was due to be moved to an entirely new hospital, forcing all of us to adjust to many unwanted changes including the loss of important relationships, while also offering more opportunities for growth and the potential for greater safety. As the conversation continued, focused exclusively on staff, not patient concerns, what also emerged was a previously unexpressed recognition that this week signaled the second anniversary of a suicide that had occurred on the unit and that had been a traumatic experience for everyone involved.

Seemingly miraculously, and through no other intervention, by the next week we had "the best community ever". The patients - the very same patients - were eagerly and wholeheartedly embracing therapy, focusing on their significant issues, and working together with care and compassion as a group. And the staff had at least surfaced their conflicts and were greatly relieved at the transformation in the patient community.

A miracle? No, just the seemingly unpredictable and random events of a group. But I have seen similar phenomenon occur as a routine part of therapeutic milieu functioning and know that it is neither random nor unpredictable, nor is it being guided by a single individual or even can be explained by a simple summing of individual experiences. Before our visitor had hinted at the problems, they remained unconscious for the entire group, despite a combined experience of several hundred years of group work. She was able to see it because she functioned on the boundary - partly in and partly out of the group process. But once the conflict was surfaced, we all became quite conscious of the way our group had been functioning, unwittingly, and outside the desires or intentions of any individual. Something emerges out of group process that is more than a simple sum, whether we want to call it "groupmind", "group consciousness" or group-as-a-whole. Likewise, the group unconscious can exert a powerful influence on everyone in its field of influence, and the most vulnerable members of any community - in this case our patients - are the ones most likely to signal the conflict through overt disturbance.

THE MECHANISM OF GROUP REENACTMENT

Let's look more closely at this phenomenon. How does this group interaction occur? So little of what happens appears to be based on verbal, rational, or conscious processes so then, what is it based on? To answer that question it is most useful to look at our group, rather than our individual, heritage. Only a very small percentage of human history has been spent as modern, individualized creatures. For the other 99% of the time, humans were tribal creatures, living, procreating, social animals, dependent on the group for our definition of reality and all that goes along with it. Just as individual consciousness rises

up out of a relational context with primary caretakers, the entire concept of individual consciousness arose from group attachment and group consciousness.

This primary form of consciousness, of relatedness and reality definition did not go away when we developed individual consciousness. It is always present, hovering in the background, assuming greater importance under conditions that predispose towards group interactions. The form of consciousness, language, and communication that is characteristic of a preverbal culture became integrated with verbal skills over the millennia of human evolution, but this integration is rarely complete and is susceptible to stress. An increasing number of workers today suspect that we all exist, under most circumstances with two conscious minds which usually function in such harmonious interaction that we are only consciously aware of one (Tinnin, 1990, Joseph, 1992). Under conditions of individual or group stress, however, a disconnection can occur between the verbal and nonverbal mind and then we can get a clearer sense of the functioning components of this preverbal state. What we have learned about human functioning as a result of trauma offers us a lens to look back at our evolutionary past.

We are creatures of habit. The tendency to repeat the past is an intrinsic part of all life. If we have survived yesterday then it makes sense to use the same survival strategies today. We all repeat the past all the time - as individuals, as groups, and as institutions. If we have survived - if we have even prospered - then repetition is logical and survival-enhancing. Traumatic reenactment, however, is the reenactment of a traumatic past. Reenacting strategies that harm the chances of survival rather than enhance the chances appear to be backward, pointless, and crazy if we narrow our point of view to include only the individual. But if we realize that enactment is essentially a communicative act, then we can begin to understand that traumatic reenactment may itself be an important survival strategy in our evolutionary history, even if it fails us now.

The motive force behind traumatic reenactment is dissociated fragments of unverbalized experience. Dissociation is a hallmark characteristic of traumatic experience and serves the purpose of protecting and buffering the central nervous system under conditions of hyperarousal and unusual stress (Schumaker, 1995). But dissociation is a universal human trait and probably evolved for a number of reasons - to allow us to transcend an unacceptable reality, to escape from conflict and trauma, to enhance the herd sense and thus increase social control and cohesion, and by providing neurological conservation and economy of effort since we became able to do two things at once (Ludwig, 1983).

All cultures have specific ways of achieving trance states for their members. These states are interwoven with customs, beliefs systems, and methods of survival and are

clearly integral to the culture (Schumaker, 1995). In ritual trance states, the entire group enters the same neurophysiological states which produces a decrease in stress and a synchronization of the entire group, not just at a social but at an even more basic neurophysiological level as well (Lex, 1979). It is well-documented that it is far easier to achieve trance states in groups than as individuals (Schumaker, 1995). Stage hypnotists make use of this phenomenon and rarely ask to hynotize an individual alone. We appear to be biologically programmed to enter group trance states. This has been well known by modern dictators like Hitler and Mussolini who carefully studied Le Bon's work on crowd psychology (Collier, Minton & Reynolds, 1991).

The group effect is greatly enhanced by our innate capacity for emotional contagion. This is the tendency we all have to automatically mimic and synchronize our facial expressions, vocalizations, postures, and movements with those of another person, a sequence of events that causes us to converge emotional with the other. Emotional contagion occurs so rapidly, even effecting heart rate and skin condition, that we are not aware of what is happening, even while it is happening (Hatfield et al, 1994). Humans and primates both engage in this mimicry at a neurophysiological level, and it is clearly one of our many inherited characteristics that bear on the power of social interaction.

We are able to enact because of our capacity for mimesis. Mimesis, the ability to produce conscious, self-initiated, representational acts that are intentional but not linguistic, is the basis of our ability to communicate and remains central to human culture and the arts. Our primate relations engage in mimetic activities to communicate with each other and with the entire group. When an entire group engages in mimesis one common outcome is ritual. Our mimetic abilities formed the basis of ritual and ritual became the pathway to religion, culture, and the arts. In fact, it is thought that we were ritualizing before we became human and that rituals were the pathway to the human condition. (Donald, 1991).

Ritual behavior allowed us to have at least the illusion that we could control the forces of natural and human evil. Ritual united the group in common action, a central problem for any species whose primary adaption is based on collective, rather than individual, action. Through music, dance, sensory deprivation, sensory overload, the induction of pain, ceremonial drugs, and other forms of trance induction, the proscribed ritual would insure that an entire group was doing the same things, feeling the same things, and taking the same action with the same motivation. In this way a group of disparate individuals could be coordinated into an integrated, aimed, and directed corporate body. At the same time, the young could be socialized into the behavior and

expectations of the group as they observed or even participated in, the adult ritual behavior (D'Aquili and Laughlin, 1979).

Ritualized behavior was even more important during times of stress when there was a threat to survival. The more automatically an entire group could respond to a threat, the more likely that their response would prove effective. Even today, military training is highly repetitive and ritualized, decreasing the likelihood of individual, diversive action. The ritual behavior, through the induction of altered states and the group modulation of affect, also served to buffer the entire group from overwhelming states of arousal in the face of danger. To the extent that the ritual behavior appeared to give control over dangerous ecological events, the group obtained a sense of control thus counteracting individual and group helplessness. An effective strategy - or at least one that appeared effective - could be passed on from generation to generation in the interests of group survival (Laughlin and D'Aquili, 1979). To the extent that the ritualized behavior gave the *sense* of control, even if it did not always work, it could be seen as an effective coping skill. Intermittent reinforcement is a powerful learning schedule for animals and for humans and as a result, behavior that was even suspected to be effective on occasion, would be strongly reinforced.

If we turn and look at examples of indigenous or tribal healing, we even find more interesting analogies with reenactment behavior. Traditionally, healing is performed as a ceremony which is the main therapeutic agent. Among the many authors who have discussed ritual behavior, the aspect that stands out the most is the collective nature of rituals, the emphasis on the interests of the whole above that of the individual members. In the ritual behavior, the deep communality that unites the people or "communitas" is what is emphasized (Turner, 1982). The need for the healing ritual arises from a disturbance in the ecological system, a fragmentation that must be healed. According to the Navaho Indians, "To be sick is to be fragmented. To be healed is to become whole, and to become whole one must be in harmony with family, friends, and nature (Van der Hart, 1983).

Scheff has defined ritual as the "potentially distanced reenactment of situations of emotional distress that are virtually universal in a given culture" (1979). Indigenous healing groups deal with the experience of suffering, misery, and healing. There is often a staged reenactment of the traumatic experience and a reenactment of the great myths of the tribe. Alexander Leighton described a Navaho ceremonial:

"The ceremonial itself, or some parts of it, constitutes a symbolic reenactment of something that went wrong in the past and which is now being set right... The patient does it over again symbolically without a mistake, and so through the mediation of the

healer comes into harmony with great and mysterious forces within and without himself" (Torrey, 1986).

The healing ceremony is almost aways a public and collective procedure involving family, tribe, and members of a special healing society. They are often quite large and may involve the entire social group. They are publicly open and often egalitarian, reflecting the traditional ethos of foraging societies. They tend to be repetitive and ongoing, meeting often throughout the year. The participants in the group use techniques designed to greatly increase the level of emotional arousal and alter consciousness. In such states, the participants are permitted the leeway to say or do things that under normal social conditions would be prohibited. In most healing groups, the healed are expected to become healers (Favazza, 1993). The reliving of the traumatogenic situation occurs in precise detail, and the pain is integrated into a meaningful whole by giving it a meaning in a larger mythical system. There is a relabeling of the complaint, a reduction in fear through the ability to maintain some degree of control; social relations and subjective experience are brought into harmony (Favazza, 1993; Scheff, 1983; Turner, 1982; Van der Hart, 1983).

It would appear, that on an evolutionary basis we are set for reenactment behavior and that this behavior has important signal importance to our social support network. The nonverbal brain of the traumatized person signals through gesture, facial expression, tone of voice, and behavior, that something is amiss, that there is some rift in the social fabric that connects the individual to the social group, a rift that must be healed. The behavior of the individual triggers a ritual response in the group in order to help the individual tell the story, re-experience the affect, transform the meaning of the event, and reintegrate into the whole, while simultaneously the group can learn from the experience of the individual. The amount of social support that is offered is often enormous, with an entire tribe participating in escorting the injured party back into the fold through any means necessary to do so, and it is apparent that those activities we now call "the arts" are the means that enable a group to engage in these processes together (Bloom, 1995).

The recognition that this behavior may be our inescapable heritage, a necessary requirement for human health, leads us to survey our present cultural situation in light of this information. As is frequently mentioned today, community exists far more often as an abstract concept than it does as a vibrant and sustaining reality for many people. Our transportation system and our living environments are designed for individual purposes under the umbrella of individual desires and goals. Ritual still exists, but it is played out largely in the courtroom, in Congress, and in sporting events. The public has

become disenchanted, even though still intimidated, by the judicial process and by the conduct of government. Churches, long the site for ritual experience in a group, have lost attendance and been split by external criticism and internal disagreement over dogma. The arts are specialized and marginalized, with a relatively small percentage of the population actually participating in any active way, in artistic pursuits.

NATIONAL REENACTMENT?

Tina Rosenberg (1995) has stated that "Nations, like individuals, need to face up to and understand traumatic past events before they can put them aside and move on to normal life". Is it possible that as an entire nation we have become so organized around vulnerabilities resulting from repeated, multigenerational, denied and suppressed traumatic experiences that we have come to define as normative, feelings states, ideological positions, and behaviors that are actually highly abnormal, if we are referring to the goal of human health? Certainly, this is what we see our patients do, and we know from many present and historical accounts that entire groups of people can become "sick" or "disturbed". Could we, as a nation, be trapped in a group-as-the-whole reenactment?

Trauma can leave in its wake many areas of disturbed functioning. For purposes of discussion, let us call these areas the "Nine A's of Trauma": attachment, affect, aggression, authority, awareness, addiction, automaticity, avoidance, alienation. The person suffering from syndromes relating to unmetabolized trauma is likely to suffer from disturbed attachment relationships, impaired modulation of affect with particular emphasis on the management of aggression. If the trauma was experienced in the context of interpersonal violence, they will often have difficulty in their relationship to authority, both external authority and their own internal sense of agency and use of power. Overwhelming trauma causes the person to use dissociation as a coping skill, and as a result there is likely to be a variety of different problems with a normal sense of ongoing awareness of self, of others, and of reality. The psychological and neurophysiological effects of trauma are likely to lead to a variety of automatic and repetitive reenactment responses as well as to many attempts to manage the overwhelming anxiety resulting in any number of addictive behaviors. Any stimuli that threaten to trigger associations to the traumatic experience are likely to be avoided. The end result is an overwhelming sense of alienation from self and others.

Given this description, it is possible to speculate that the United States, taken as a whole, is taking on the character of a traumatized self. Like any patient that we see, the symptoms of pathology never describe the entire person. In any patient there are also

strengths, untouched areas of vitality and health, factors of resilience that may even go a long way towards counteracting the effects of the trauma. But it isn't their health that kills them - it is the self-destructiveness that drags them down. So let's just see if the analogy can hold up.

Our attachments are massively disrupted. The divorce rate is higher than in any point in our history. There are more single parent families than ever before. Much has already been said about the death of the extended family system and the loss of community. We are the most mobile people in the world. And we have a universal history of broken attachments. Every single American who is not a Native American - and they have their own sorrows - can trace their ancestry back to immigration, which is by definition a disrupted attachment relationship. It is not entirely clear that we even know what a healthy sense of human attachment would look like or feel like. We have forgotten our tribal roots.

We often do not do very well with feelings. We do not want to show them, we do not want other people to see us having too many of them, and we do not particularly want to deal with the feelings of either. Given our present political will to make the poor poorer, create more homelessness, feed fewer children, and deprive everyone of decent health care, one could even say that we have become emotionally numb, feelingless, a nation of empathic failure. Julian Beck, the performance artist once said that "We are a feelingless people. If we could really feel the pain would be so great that we would stop all the suffering". He may have had a very good point and our fear of feeling for others may be leading us to the extremities of social cruelty. Meanwhile, we appear to need more and more stimulation to feel as reflected in our increased desire for more and more displays of violence. In his book *Violence* , James Gilligan describes a similar phenomenon among the violent criminals that he studied for decades.

Anger is presently our most overt and problematic affect, as it is for so many victims of trauma. We appear to be unable to manage aggression properly. We are either too passive and therefore unable to protect those more weak, young, sick, or vulnerable than the rest of us. Or we are indulging in an orgy of other-directed aggression, spewing out hatred at every minority and anyone who disagrees with our political or religious beliefs.

Authority simply no longer works very well. Every day there is another idol fallen, another authority figure who has lied, stolen, killed, or in some other way betrayed the public trust. Small wonder that children show so little respect for their elders when their elders so often   model abusive authority. There is a call on at present to restore authority through the use of corporal punishment. As it is, 95% of American children are

hit by their parents (Straus, 1994). It is difficult to understand how the routine abuse of authority is going to lead to a healthy internalized sense of authority - or the ability to actively practice democracy.

Dissociation sometimes appears to be so prevalent that it could be called a societal norm. Trance states allow us to take in contradictory information without complaint and in such states we are quite susceptible to the suggestions of others. What better way to explain the fact that we are simultaneously preoccupied with violence and preoccupied with buying guns? Crime rises, we build more prisons, and crime rises some more, so we build more prisons that are harsher and more punitive so that the criminals come out even more eager for revenge. Poverty, racism, and sexism are perennial, deep-seated American problems that undermine our national health, so we enact legislation that will deepen pockets of poverty, discrimination, and make it even more difficult for women to raise children. We have more exposure to more information than ever in human history - but it does not seem to make much difference, nor do facts appear to go very far in altering opinions.

Addictive behaviors have been and remain sources of endless misery, violence, abuse, and criminal behavior. So we eliminate substance abuse treatment and continue to pour money into a futile battle on the supply side, while drug lords continue to rob our national treasury. We can become addicted to almost any behavior, but violence is our most problematic addiction, one that is now threatening the survival of our youth.

We automatically keep doing the same things over and over that did not work in the first place. This is particularly true around child rearing and managing criminal behaviors. The physical abuse of children in the name of discipline leads to increased aggression, which we then automatically punish with more aggression, and then end up surprised and bewildered when these same children grow up and serve a life in jail.

We avoid focusing on anything that will trouble us as a people. Since the problems keep getting bigger, this avoidance looks increasingly psychotic and delusional. We have - and are - committing major acts of perpetration against the people of other nations and against our own citizens, and yet we deny that we do anything that is not good, noble, and true. Anything or anybody who blows the whistle on this behavior, who puts reality in our faces, is likely to be met with strong, even physical, resistance.

Given all this, it is not surprising that we suffer from a vast syndrome of social alienation that effects all of us, not just the most impaired. As R.D. Laing reminded us years ago, "Alienation as our present destiny is achieved only by 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".

What are these "traumas" that could be forming the intergenerational reenactment behavior that it is possible to see in evidence all around us? Is it more than the combined traumatic experiences of several hundred million variously hurt or healthy individuals? How much is our psyche involved in our identication as a "nation". We can only speculate about the answers to these questions but if, for purposes of discussion, we assume that there are national traumas and that they constitute more than the sum total of individual experiences, we can possibly derive some suggestions of answers. From our work with our patients we know that the most difficult pain to resolve, to even surface, are acts of perpetration. Even the most hardened killer believes that his acts were attempts at seeking out justice (Gilligan, 1996).

George Kennan wrote the following overt statement of American post-war purpose in 1948 when he was head of the State Departments' Policy Planning Staff:

We have about 50 percent of the world's wealth, but only 6.3 percent of its population... Our real task in the coming period is to devise a pattern of relationships which will permit us to maintain this position of dispairity... To do so we will have to dispense with all sentimentality and day-dreaming... We need not deceive ourselves that we can afford today the luxury of altruism and world-benefaction... We should cease to talk about vague and - for the Far East - unreal objectives such as human rights, the raising of the living standards, and democratization. The day is not far off when we are going to have to deal in straight power concepts. The less we are then hampered by idealistic slogans the better (Kovel, 1994).

As a nation, we have a great deal of perpetration for which we are accountable. To name but a few - genocide of the native peoples, exploitation of the natural environment and the spoiling and misuse of resources, slavery, unjust labor practices, governmental corruption, profiteering, Hiroshima and Nagasaki, El Salvador, Guatemala, Nicaragua, capital punishment. We have explanations, rationalizations, excuses, and justifications in abundance for all of these acts, as did our soldiers in Vietnam. But ask any Vietnam veteran about the nightmares that still plague him and the flashbacks that interfere with his waking hours and one can see that acts of perpetration against others of our kind do not sit easily on a developed conscience.

A perpetrator who has not confessed, sought forgiveness, made amends, and reformed will self-destruct or find ways to insure that others will destroy him. How much of our present willingness to sacrifice our young, our environment, our health, and our wealth

is related to a group-as-a-whole unconscious desire for punishment, a form of group flagellation that we self inflict because no higher power has stepped in to punish, or forgive, and provide expiation? And if this kind of thinking is even true in a partial or fragmentary way, then how do we heal? Are there any lessons that we have learned from individual victims of trauma about changing the course of traumatic reenactment that could help us in a larger social sense?

COULD GROUP CONSCIOUSNESS LIE AHEAD?

Many years ago a psychoanalyst named Trigant Burrow warned that it was useless to try and resolve individual neurosis without addressing our "social neurosis" which he believed existed throughout the species and that what we called "normality" was a serious distortion of our true potential (Burrow, 1984). Throughout the years other voices like Eric Fromm, Jules Henry, George Albee, and Jerome Frank have echoed a similar sentiment, insisting that our individualistic approach to problems cannot work because the problems are social and require social reform.

We are only now beginning to even discuss the possibility that the methods we have so far evolved as a species are inadequate to meet the challenge of our complex problems. When Jerome Frank called for "social reform" in 1976, we were only beginning to recognize that social reform was going to require, not just different legislation, or a retuning of the system, but an entirely different way of thinking, of viewing reality and our place in it. Laing (1967) reminded us that "It is of fundamental importance not to make the positivist mistake of assuming that, because a group are 'in formation' this means they are necessarily 'on course'".

We are still in a very rudimentary stage of our understanding of how to help traumatized people heal, of how to even describe what the healing process is, or what health looks like. Nonetheless, there are some hints and these suggestions for change refer back to the nine A's of trauma mentioned above. For healing to occur, our patients require the opportunity to develop a new, enhanced, more self-confirming network of attachment relationships. They must reconstitute a community of care within which they can safely grow. As a nation, we too need to restore - or perhaps better stated - create from scratch - a sense of caring and safe community. Maybe it won't be simply a community set in space but one also set in cyberspace as virtual communities are set up around the globe (Rheingold, 1993).

In the context of safe relationships, our patients must learn to modulate emotional experience in a way that is tolerable but which unfolds the entire spectrum of emotions.

Emotional literacy programs could be substituted for the bombardment of violent programming that now floods our airwaves and movie screens. Feeling can be fun, but there are other emotions besides fear and rage. Ending the oppressive childrearing of men who are systematically trained not to feel emotions other than anger and the joy of victory over others, could go a long way towards decreasing violence. When our violent patients are encouraged and supported to touch other emotions without ridicule, violence gives way to fear and sadness, and then finally to joy.

Our patients must learn to manage aggression in ways that are enhancing to the self and their relationships with others. This requires them to learn how to adequately protect themselves and those they love from harm and it requires them to restrain themselves from acting aggressively on their impulses. We can teach nonviolence and we can act nonviolently without losing our capacity to self-protect. Mature adults are able to settle differences through resolving conflict, cooperation, and coalition building, not through bullying or violence. It is time that we set a different national standard for conduct, even in government. If we really want to stop violence then we must confront our own ambivalence about it first.

The authority structure that is favored is a hierarchical one. Hierarchical authority is often necessary in times of emergency. But when hierarchical authority fails to give way to distributed authority when the emergency situation has passed, a situation remains which is a breeding ground for the abuse of power. We need checks and balances to stay on course. Individual patients must learn that they must not let anyone else bully them and that they cannot bully anyone else. A sign of improved national health would be indicated by a shift that truly pairs power with social responsibility and accountability. Today that is rarely the case.

If our patients are to heal, they must remember and integrate into full consciousness, accompanied by the appropriate feelings, whatever is split-off, unacceptable, and painful. As a nation we need to remember and face whatever is painful, dissociated, and denied about our past and present behavior. Like our patients, this is not likely to happen until we relinquish our addictions which help us to not feel, not remember, and not know. As long as a substantial proportion of our population is addicted to guns, we cannot hope to heal. Only in refusing to continue to avoid our painful and sometimes shameful past, can we get a grip on the automatic reenactment behavior that is ripping our national family apart. Although the process is difficult and painful, as any of our patients could attest, the payoff is a sense of reconnection and a loss of alienation, a rewarding sense of rejoining the human community with pride, hope, energy, and self-esteem.

These changes can only come about with an emerging sense of group consciousness, a willingness to believe that we can do better, that we can break free of the bonds of the past while retaining what is valuable. What do our patients teach us about the necessary steps to further this change? Safety first - we must do whatever it takes to stop th violence - gun control, employment, antidiscrimination policies, ending child abuse. We must stop the automatic transmission of disruptive attachment by providing good daycare, alternative placements, serious parenting education and parenting assistance. Children need to learn the skills of practicing democracy in the schools - cooperation, conflict resolution, group problem-solving. We have to find ways together to make money serve us instead of us serving money. We have become trapped in what Ralph Nader has called "malignant capitalism", the god of profit who must always be fueled regardless of the price. We must find alternatives to our dichotomized, abusive criminal justice system that depends on having always more criminals who can never be redeemed. And we desperately and fundamentally need more of the arts. Our evolutionary, biological heritage demands that we practice integration and the way we are designed to do that is through creative performative acts. Can we create healing rituals that are alive and vital, not dogmatic, rigid and meaningless or vapid? Again, maybe excursions into virtual reality will provide us with new vistas of shared discourse and engagement.

WHAT CAN MENTAL HEALTH PROFESSIONALS DO?

Faced with decreasing funding, pressures from managed care and the deconstruction of the mental health system, what can therapists do about any of these larger system problems? First of all, think about them in a broader context. One of the reasons for why it has become so easy for the mental health professions to become marginalized is that we have not sufficiently insisted on or demonstrated our value to the larger social system. We have allowed what we do and the knowledge that we have obtained to becocome disconnected from political action and issues of meaning. In buying into the sickness paradigm that labels our patients as deviant and ill rather than traumatized, neglected and injured, we have supported the status quo and are now as side-lined as our patients.

It is clear that individual action is not enough. Our patients cannot heal in a vacuum and we cannot bring about any social change as individuals. Mental health professionals need to become much more active in both professional and civic organizations. There are over two hundred million guns in this country in part because organizations like the NRA insist that this country is not safe without them. The NRA is comprised of citizens just like you and me - except that they are organized and they feel strongly enough

about their goals to financially and emotionally support them. Why is there no advocacy for our patients and for our professions? Why aren't psychiatrists, psychologists, social workers, counselors, addictions specialists, recovering addicts, and survivors marching on Washington to protest cuts in mental health spending? Why don't we have a lobby as well-funded and powerful as those who make weapons that kill children, those who poison us with pollutants, or those who would destroy our environment? Why is the energy, money, and power always on the side of the perpetrators? Because we let it be. Our silence gives consent and by believing that someone else is more able, more fit, or has more time to become politically involved we become nothing more than bystanders, standing by helplessly while violent acts are perpetrated.

Find a language that conveys important information about trauma and human existence that is relatively free from "psychobabble" and jargon, and then educate anyone who will listen. This means taking more risks with writing and public speaking and doing it for purposes other than "marketing". The knowledge base that we now have available to us through the combined fields of addictions and trauma theory provide a language that is accessible, understandable, and immediately grasped by laypeople.

Give time, money, expertise to nonprofit, high visibility, socially proactive causes and organizations. Make as many connections with like-minded people as you can. Assume leadership roles even when it is new, frightening, or risky. Somebody has to do it and if it isn't you it is likely to be someone who knows far less about how people tick.

Refuse to be either a victim or a perpetrator. Just as we are, as a profession, beginning to come to terms finally with what interpersonal violence does to people and what to do about it, we find ourselves in a parallel process universe, in which what has happened to our patients is happening, albeit in an attenuated form, to us. It is time for us to practice for ourselves what we have been preaching to them. We have learned from our patients that reenactment is a powerful force and that the solution to such behavior can only be found through consciousness, empowerment, commitment, and reconnection.

We know a great deal about the dangers of the group unconscious. The Holocaust stands as a monument to the ability of a powerful leader to mobilize the unconscious destructive forces of a group in service of an evil pursuit. At this point in our national history, our group unconscious seems to be bent on regression, punishment, and sacrifice of the weak, as the poor are blamed for poverty, social programs are cut, the health care system is macerated, prisons are seen as the solution to crime, mental hospitals revert to pre-war standards of care, and profit becomes the only viable goal. But perhaps one of the most important lessons of this century in which the group unconscious has been exploited to a larger extent than ever before in history, is that

where there is an unconscious force there is also the possibility of consciousness. As far back as 1920, McDougall observed that "If there by any truth in it, the 'collective consciousness' of even the most highly organized society may be still in a rudimentary stage, and that it may continue to gain in effectiveness and organization with the further evolution of the society in question". History repeats itself and each time the price is gets higher - that is the essential lesson of traumatic reenactment in the life of an individual or in the life of a group. The antidote is consciousness - for the individual and for the group.

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