

MORAL SAFETY AND RESPONSIBILITY IN THE EVOLUTION OF A SANE SOCIETY

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At the conclusion of the first cataclysmic war of this century, the American psychiatrist William Alanson White wrote,

“on the history of the treatment of children . . . without going into details I may say that perhaps no page of history is blacker, none testifies to more helpless suffering, none shows man so unreservedly at his worst. Children have been treated as chattels, the innocent objects of hate in all its gruesome forms; they have been enslaved, deprived of comfort, made the objects of every cupidity, maimed and beaten, subjected to every indignity and abuse, killed. Through it all there must have run a golden thread of love, but it was stretched almost to the breaking point many a time. Only lately have we learned, in a practical way, that love, not hate, is the open sesame to the child’s character. Only through love do children come to blossom forth into good and useful personalities that hate served only to warp and deform. Love must be the basis upon which any lasting good can be built; hate only serves to cripple and retard”(p. 25).

Since then, as a global community we have made some strides ahead, at least in our ability to look at children as separate human beings, with rights of their own. Much of what we now define as child abuse used to be considered normal child rearing behavior. The United Nations Convention on the Rights of the Child is an enormous step forward and is the most widely ratified human rights treaty in history. The establishment of principles of behavior always precedes the actual implementation of behavior change. But despite the beginnings of changes in our social expectations, children are still being abused, neglected, abandoned, exploited and tortured around the world and Dr. White’s words could easily have been written today.

At present there is a gap between the personal and the political, between individual approaches and political approaches to the problems of children and their families. These are largely two separate discourses and because they are separate they may often appear to be in conflict. The medical, psychiatric and psychotherapeutic responses to child trauma attempt to address the individual pathology – and potential for healing - of the child, or the family, often separate from the political context within which children and their families exist. The political response is to provide children and

their families with political rights and protection sufficient to shield them against the oppressive use of power. It is vital that we connect these two discourses so that each may inform, fuel, and empower the other. In the real life experience of children, both points of view are inextricably interwoven producing either a cycle of violence or a cycle of health.

Healthy human development necessitates safety – physical, psychological, social, and what I have called, “moral safety” (Bloom, 1997). Biological safety is as basic and necessary as food and drink. Our brains cannot even properly absorb and process information unless we are physically safe. Psychological safety is the ability to be safe with oneself - safe from all self-and-other destructive behavior and includes the capacity to self-protect. Social safety reflects the ability to be safe in groups, to be a part of groups that are safe, to choose healthy attachments, to share in a willingness to confront the past and seek higher meaning within a group context. Moral safety reflects an environment that actively defines and redefines a moral universe of integrity, responsibility, honesty, tolerance, compassion, peace and justice. In a morally safe environment, there is no “other”, no enemy that is fair game for aggression and violence, no scapegoat upon whom it is safe to project one’s own denied feelings or the denied feelings of an entire group.

The establishment and maintenance of safety is medically and psychologically necessary for healthy human growth. This kind of developmental safety must be provided by a child’s family and immediate community, but can only be insured politically and economically. The knowledge about how to create safe moral environments is learned in childhood, more from the kind of treatment the child receives than from the doctrine a child is taught. Only when we are willing to recognize that moral behavior originates with the way we are treated as children will we be able to solve the problem of interpersonal violence – the one problem that stands in the way of resolving any other that confronts and threatens us. We will not be capable, as a species, of protecting the environment, eliminating weapons of mass destruction, or sharing our wealth unless we can raise a sufficient number of children capable of empathy, compassion, love, forgiveness, responsibility and a commitment to the welfare of the whole.

Trauma Theory is an evolving comprehensive, biopsychosocial and philosophical framework for understanding the human response to overwhelming stress, for understanding how the personal and the political, the physical, the psychological, the social and the moral/ethical/spiritual are connected in a complex web of causation. I only have space here to provide a very brief summary of some of the most important findings and conclusions of a trauma-based approach, but it begins with a very simple recognition – that hurt people, hurt people (Bloom and Reichert, 1998). Most trauma originates in interpersonal violence and the cradle for that violence is in the family, through the routine use of oppressive coercion and violence against children. Trauma in childhood alters development in a variety of ways. Since our brains continue to develop until we are twenty years of age, brain development and function is determined more by experience than by genetic programming. As a consequence, exposure to recurrent episodes of physiological hyperarousal and the loss of emotional

modulation that accompanies trauma compels children to use whatever coping skills are available to them. In order to survive, children may dissociate themselves from their experience, their feelings, their memories, their moral beliefs. Since the language functions of the brain are compromised during peak moments of fear, there may be no words for the experience and therefore no way to think about it or sift it through one's knowledge base. Instead these nonverbal, sensory fragments of experience can come to haunt victims, plaguing their days with flashbacks, their nights with dreams of terror; and their lives with behavioral reenactments. They may learn that drugs and alcohol help them deal acutely with overwhelming stress. They may become addicted to trauma itself, needing the rush of excitement and paradoxical calming that can accompany risk-taking behavior. They may compulsively reenact their history, acting-out violently or sexually by hurting themselves or others, or by failing to protect those who are dependent upon them.

Important research findings are helping us to understand how trauma shapes and skews children's developmental pathways rather than fixating them. Dr. Bruce Perry and his colleagues have reviewed studies so far on the effects of violence on children. It appears that the brain becomes "accustomed" to trauma and with enough exposure, develops what is called a "use-dependent brain organization". Essentially, certain basic central nervous system functions are "reset" producing persistent hyperarousal and hyperactivity, increased muscle tone, low grade increases in temperature, increased startle reactions, profound sleep disturbances, and cardiovascular dysregulation. It is as if these children become "stuck" in a recurring loop of fight-or-flight responses. These children show an inability to regulate their emotions and tend to have all-or-nothing responses to even minor provocation. Some of them develop a tendency to calm down as a result of engaging in predatory aggressive behavior (Perry, 1995). The physiological changes that accompany trauma then impact profoundly on children's physical health, their conceptions of themselves, their ability to create and maintain healthy and sustaining relationships, their ability to cognitively perform up to their level of intellect, and their ability and willingness to make sense out of the world, to develop compassion for self and others and develop a sense of moral integrity. Intergenerational transmission of trauma occurs when such a child grows up with impaired attachments and physiological dysregulation and cannot then engage in healthy attachment behavior with his or her own child.

The result of prolonged and repeated exposure to overwhelming events produces what I called in my first book (Bloom, 1997), the Nine A's of trauma: disrupted attachment, unmodulated affect, unmanageable anger, abusive authority, multiple addictions, diminished awareness, automatic repetition, avoidance of feelings and accountability, and alienation from self and others. This is the legacy of trauma that then is diagnosed by medical, psychiatric, and psychotherapeutic practitioners around the world under a variety of labels. In children, these symptoms look like post-traumatic stress, depression, anxiety states, suicidal and other self-destructive behaviors, hypersexuality, somatization, substance abuse, uncontrolled aggression, conduct problems, criminal behavior, cognitive impairment, attentional and hyperactivity problems, school problems, impaired development of the self, poor

relationships, and impaired development of moral conscience (Putnam , 1997). But symptoms do not stop in childhood. In adults, about 25% will go on to develop post-traumatic stress disorder and in addition, the rate of comorbid conditions among trauma survivors is astonishingly high. Over 80 % of persons with PTSD suffer from other psychiatric disorders, most commonly major depression, substance abuse, and personality disorders (Solomon and Davidson, 1997). A recent large epidemiological study showed that those with PTSD are almost eight times as likely to have three or more disorders. Depression, dissociative disorders, other anxiety disorders, substance abuse disorders, and personality disorders, especially borderline personality disorder and antisocial personality disorder, are the most common comorbid psychiatric conditions (Kessler et al, 1995).

A number of physical disorders have also been found to be correlated with exposure to repetitive trauma including irritable bowel syndrome, chronic pelvic pain, chronic pain in other regions, fibromyalgia, asthma, and hypertension. There are a growing number of indicators that trauma compromises the immune system, the neuroendocrine system, and the cardiovascular system. In a recent study of almost 14,000 adults, published in the *Journal of Preventive Medicine*, Felitti and his colleagues (1998) studied categories of “adverse childhood events” which included sexual, physical, and psychological abuse; violence witnessed against mother; living in a household as a child with a member who was: a substance abuser, mentally ill, suicidal, or ever imprisoned. Over half the sample reported at least one category, and a quarter reported two or more categories of adverse childhood event exposure. Those with four or more categories had a 4-12 times greater risk for alcoholism, drug abuse, depression, and suicide attempts. They had a 2-4 times increased risk for smoking, poor self-rated health, a history of 50 or more sexual partners, sexually transmitted diseases and a 1.4-1.6 times increased risk for physical inactivity and severe obesity. They also demonstrated that there was a direct correlation between the number of categories and the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease (Felitti et al, 1998).

The social toll of exposure to childhood trauma reads like a catalogue of the major social problems facing any society: suicide, homicide, physical and sexual assault, delinquency, criminality, spousal abuse, child abuse, elder abuse, impaired parenting, divorce, substance abuse, unemployability, bullying and the abusive use of power, teenage pregnancy, homelessness, prostitution, pornography, impaired cognitive performance.

Related to all of this in a complex interactional web, are the signs of what may be called spiritual illness as well: a shattered world view; the loss of meaning and purpose; the loss of faith in a benign higher power; loss of the capacity for trust; arrested moral development; tolerance for corruption, deceit and betrayal; empathic failure; racial, ethnic and gender-based hatred; hopelessness, helplessness, and alienation.

Through exposure to overwhelming stress and violence, children develop patterns of interaction and behavior that can lead to a cycle of violence that impacts on an entire community. In 1992, the U.S. Advisory Board on Child Abuse and Neglect

issued a report in which they pointed out that *“Adult violence against children leads to childhood terror, childhood terror leads to teenage anger, and teenage anger too often leads to adult rage, both destructive towards others and self-destructive. Terror, anger, rage – these are not the ingredients of safe streets, strong families, and caring communities”*. As important child research has demonstrated, one of the most consistently documented patterns in longitudinal research is the stability of aggressive behavior throughout the life course (Laub and Lauritsen, 1995).

Now, let's think about what happens if we put together, within a population subset or an entire nation, a large number of people who have been traumatized as children. How might the legacy of trauma impact on them as a whole group? Those who have identified with the perpetrator will seize power, and those who have identified with the victim will submit. The result is the creation of “sick systems”. Our individual victims are accustomed to functioning within “sick systems” and they have taught us a great deal about how such environments impact on individual growth and development. Environments that make people sick - physically, psychologically, socially, and morally - are those systems within which the real problems are denied and therefore conflicts cannot be resolved. The leadership of such systems is strictly authoritarian, where deference and submission is given to one's place in a rigidly enforced hierarchy or pecking order. In such authoritarian systems, obedience and submission are the paramount goals and the leaders place vital importance on the need to ‘break the other's will’, not to work through conflict. But unresolved conflicts often result in actions that lead to shameful acts around which a web of secrecy must be woven. People caught in such a web of lies find that honesty is a value increasingly difficult to uphold and there is a degradation of truth accompanied by a simultaneous embracing of both self-deceit and deceitful conduct towards others. An atmosphere of deceit, once established must be protected and the only way to do that is to guarantee that the members of the system are kept isolated from exposure to outside information that could unveil the deceit. Control over behavior and the flow of information can only be exercised through the coercive use of power and actual threats or acts of violence are simply the extreme example of this coercion. If the system does not respond adequately to milder forms of manipulation and control, than brutality and terror will be employed by those in authority. In such a system, boundaries between people, and even internal boundaries within the deceitful self, become confused and susceptible to violation. Tolerance for any kind of difference, which could become a threat to the system, diminishes. The sources of all problems are seen as outside the system, and hostility and blame are directed outward, away from the source. One of the ways to protect against the uncovering of a web of deceit is to maintain the pretense of irreproachability leading to an attitude of hypermoralism and self-righteousness which is inherently and demonstrably hypocritical, but that cannot be discussed or pointed out. Another way to protect the web of deceit is through secrecy and the enforced maintenance of ignorance. Gradually, all positive experiences and emotions are eroded, leaving only negative relational interactions within the system. To the extent the deceitful edifice is threatened, violence or the threat of violence will occur (Courtois, 1988; Slater, 1991). If you are a part of a sick system, the system will define

your reality. The more you fight against the system, the more you will be labeled sick because you are insisting on the acceptance of a potentially subversive reality. If you violently oppose the sick system you become part of the sickness. If you do not oppose the system, you collude with it. The dilemma is apparently unsolvable and therefore, members of the system must enter a kind of group trance in which they agree together silently and unconsciously not to see the inherent sickness in the system, not to discuss or critique its underlying assumptions and never to comment on its contradictions.

In the psychiatric field in the 1960's, living in such a situation was considered "schizophrenogenic". I prefer to think of it as "traumatogenic", increasing the likelihood that individuals within such a system will be exposed to uncontrollable and traumatic events. In addition, I propose that trauma is a central organizing principle of human thought, feeling, belief and behavior that has been largely overlooked in considering its impact on the formation and maintenance of human institutions. Traumatic experience and exposure to perpetration becomes the starting point of sick systems. When faced with the real or perceived threat of death, human beings will do whatever it takes to survive. Traumatic experiences frequently produce situations that lead to impossible social and moral dilemmas for the traumatized person resulting in a sense of shame, guilt, and mortification that must be disguised, dissociated and suppressed. Overwhelming feelings and perceptions associated with the trauma and its aftereffects must initially be sealed off in the interests of survival, but even after immediate threats to survival have ceased, the most horrific aspects of the trauma are sealed away as "speechless terror". Shameful secrets of unacceptable conduct must be denied for fear that the entire system will collapse in the heat of emotional expression, that leaders will have to be sacrificed, that unbearable punishment will occur. In order to justify extreme contradictory behavior, definitions of reality may become so massively distorted, that to someone outside the system, they appear "psychotic". The unresolved impact of trauma is then passed on from generation to generation as each family and social group of the system supports and perpetuates the group myths, deceptions, and rationalizations for behavior that was morally contradictory, even if necessary for survival. Through the perpetuation of group trance and group memory, the events that form the nidus of unresolved trauma may actually have happened many generations before, but in the timelessness of trauma, are kept alive as if they were only yesterday.

The traumatogenic impact of unresolved trauma presents itself socially in a number of ways that perpetuate the cycle of violence through family violence, state violence, and war (Bloom and Reichert, 1998). Child rearing practices that leave the child feeling unsafe, abandoned, neglected or violated, particularly when those practices are socially condoned, are likely to be repeated in the next and subsequent generations. Sexist practices that place women in subordinate positions, leaving them open to the abuse of power and violation of boundaries impacts negatively on their parenting skills. Sexist practices that routinely condition men to be violent and to resolve problems with violence, impair men's capacity to create and maintain healthy relationships, lead them into situations in which they are likely to be exposed to overwhelming trauma, and impair their capacity to nurture the next generation. Racial,

religious, ethnic, and gender-based hatred creates a multitude of situations that make traumatic events more likely to happen. So does poverty, particularly when impoverished people live in environments characterized by great extremes in economic distribution. Rapid changes in technology, the structure of the family and the dispersal of overwhelming amounts of information can also contribute to the creation of unsafe environments, stressing individuals, families, or entire societies more than they are able to bear. And then there is a long history of religious and philosophical support for and even encouragement of violence as a means to an end, whether that end is more land, more wealth or salvation.

Only in the late twentieth century, and arguably only because this century has been so devastatingly violent, have we begun to see the real impact of trauma and to develop a language to describe the impact of unresolved trauma. And only in this century have we been compelled through personal testimony, movies, television and all forms of mass communication to hear the voice of those who bear witness to this violence. The burden for this blindness, muteness and deafness about the extraordinary impact of trauma has led to a focus on individual culpability for wrongful acts but barely a recognition that this blindness, muteness and deafness is a result of the tragic nature of human evolution and experience. Human evolution has given us the fight-or-flight response with all its advantages and drawbacks; large brains that require many years of protected development; powerful, language-based memory systems that make thousands of associations to every event but which are very susceptible to stress; an innate sense of reciprocity that leads to the concept of fairness and a search for vengeance when the rule of reciprocity is violated; and an innate need to attach to others of our own kind for mutual defense and the safe rearing of offspring. As scholars like Barbara Ehrenreich are beginning to demonstrate, the impact of traumatic experience on our evolutionary course must have been a significant one. Exposure to overwhelming events and human evolution are intimately entwined. In her book, *Blood Rites*, Barbara Ehrenreich (1998) has pointed out that, "*The original trauma, meaning of course, not a single event but a long-standing condition - was the trauma of being hunted by animals and eaten*". Ehrenreich goes on to say: "*Here, most likely, lies the source of our human habit of sacralizing violence: in the terror inspired by the devouring beast and in the powerful emotions, associated with courage and altruism, that were required for group defense*" (p. 47). The denial of the impact of being prey and the inclination to identify with the perpetrator, therefore, can be seen as a fundamental part of our evolution. What may be new in our history is not that violence is sacred but that violence is virtually the only thing that IS sacred, the one thing in every society that we must not meddle with. "*Once we acknowledge that our distant ancestors were prey as well as predators, we can imagine human evolution being driven, not only by appetite, but by the imperative of defense. . . . the defense hypothesis challenges all past thinking on human violence and our peculiarly human ambivalence toward it*" (p. 52 & 56). The importance of traumatic experience must be denied because it reminds us of our archaic experience of helplessness and vulnerability, as individuals and as a species. Historically, this vulnerability was overcome and protection achieved through modeling our behavior after the predators

we feared. We have become so successful at it that we have defeated every predator that existed in our evolutionary environment. And yet nameless fears, a fundamental sense of helplessness, and a revulsion towards vulnerability remain, deeply embedded in our psyches, compelling the reenactment of behavior that has always helped us feel stronger, more powerful, and safe – even while it is driving us to destruction.

As a result of our evolutionary heritage we are simultaneously hallowed and damned. We have defeated the animal enemy and largely tamed the forces of nature, but we keep on behaving as if the enemy is still out there when all that is left to threaten us is our own kind. Individual victims of trauma continue to behave in mind and body as if the perpetrator were still in the room with them, even though he may be long dead. As a species, we are behaving in the same way. And as an entire species, we do not have the time required to wait on changes in biological evolution that would better equip us to create and sustain truly sane societies. Like my individual patients, unless we can achieve enough safety to enable us to resolve our traumatic pasts we will continue to repeat the past and as one anonymous wag commented, *“every time history repeats itself, the price goes up”*. The next steps in evolution must therefore be consciously decided and then socially and morally constructed. This is perhaps why so many of us in the field of traumatic stress studies have turned toward political, not just psychotherapeutic conversations and actions. Dr. Jonathan Shay, after years of working with Vietnam veterans, studied the ancient Greeks and has concluded that *“A bearer of unhealed trauma is disabled for democratic participation”* (Shay, 1995). Dr. Judith Herman, after decades of involvement with victims of child physical and sexual abuse has commented that *“the systematic study of psychological trauma . . . depends on the support of a political movement . . . in the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting”* (Herman, 1992, p. 9).

The place to begin is the beginning. We must do whatever it takes to protect children – all children – from the ravages of war, regardless of whether that war is in the family or in the state. George Albee has pointed out that *“saving children means social revolution”* (1992, p. 311) and he is clearly correct. As long as children have fewer rights than slaves, as long as they can be routinely subjected to behaviors for which adults can be imprisoned if they do the same thing to another adult, we can have no peace. Raising children with a “do as I say, not as I do” philosophy can produce only children who are inured to hypocrisy and deceit. If we want to produce sane, responsible and peaceful societies, than nonviolence must begin at home. If we want morally responsible children, then we must raise them in morally safe environments. All human rights are important, but no human rights will be truly guaranteed until the rights of children are established practice and any infringement on those rights becomes unthinkable.

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