In last month’s column we looked at the growing linkages between disrupted attachment, child maltreatment, and traumatic grief (Bloom, 2000). This month we will delve more deeply into the specific losses that adult survivors experience and must work through in their process of healing.

Adults who were maltreated as children carry around with them the impact of delayed, unresolved, “stigmatized” loss (Sprang & McNeil, 1995). According to the descriptions of stigmatized grief, incidents giving rise to loss happen suddenly, are associated with violence, result in others fearing contagion and blaming the victim and result in victims believing they should have done something to prevent the events, or that they deserve what happened. Several of the characteristics of stigmatized grief describe the situation of abused children. In some cases, as in sexual abuse, the loss of a secure relationship with the parent can be quite sudden and unexpected. For children who are physically or emotionally abused, the sudden loss of the good-enough mother who is replaced by the abusive mother. Child abuse is clearly associated with violence and the victims are usually told that they have done something to deserve the violence. Their parents and society-at-large tend to blame them and frequently they are told that if they had behaved differently they could have prevented it. Social denial of the magnitude of the problem is still a prominent feature of our social environment.

Victims’ grief is delayed because most abused children learn how to adapt to even astonishingly difficult circumstances in order to survive, but they do pay a price. A later crisis or loss in adult life may unmask an underlying vulnerability that has been lurking beneath the apparently normal surface of their lives for years. The losses they sustain are unresolved because for most survivors of childhood abuse, there is no clearly established and socially acceptable pathway for grief resolution if actual physical death has not been involved. Their losses cannot even be acknowledged as loss. Their grief is stigmatized because it is seen as a “blemish of individual character” (Goffman, 1963).

The losses associated with childhood maltreatment that are only recognized or surfaced in adulthood are not considered legitimate reasons for grief, by the larger society. They are not “legitimate” mourners.

According to Doka (1989), who has formulated a related concept, there are three general types of “disenfranchised grief. Individuals whose relationships are socially unrecognized, illegitimate, or in other ways unsanctioned are the first of these groups. Doka focused attention on the grief work for victims of AIDS, particularly homosexual AIDS victims, but arguably even less sanctioned are the relationships between victim and perpetrator. This is especially so in the case of incest in which the relationship is close, ambivalent and overloaded with conflict. The second group include those persons whose loss does not fit the typical norms of appropriateness. Victims of child maltreatment experience many losses that carry with them no social legitimacy. In the case of victims of sexual abuse, the losses they sustain are often not only unrecognized but are denied by the perpetrator and by other family members, and in many ethnic groups, talking about family matters outside of the family is absolutely forbidden. Victims of other forms of maltreatment are frequently labeled as “whiners” or “complainers” who manipulate others with their “victim mentality”. The third group includes those people whose ability to grieve is in question or who are not considered to be legitimate griever. As for normative appropriateness, the society at large barely is willing to deal with death as a legitimate cause for bereavement behavior. The social attitude towards most other losses is generally, “get over it”. And even among therapists and otherwise supportive others, there may be great resistance to empathizing with the grief that victims feel at finally having to give up a relationship with someone who has been abusive, dangerous and cruel or letting go of a behavior that has helped them cope and feel in control, even if that behavior appears “crazy”. They are not legitimate griever because the losses they experienced are usually not considered appropriate causes for grief. After all, they survived, didn’t they?

It is possible to look at the variety of loss experiences that survivor’s must recover from through the lens of “complex post-traumatic stress disorder” (Herman, 1992; van der Kolk et al., 1994). Field trials for DSM-
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IV (American Psychiatric Association, 1994), demonstrated that there are significant differences between survivors of disasters who suffer from post-traumatic stress disorder and childhood survivors of maltreatment. These differences fall into seven major categories of dysfunction: alterations in regulating affective arousal, alterations in attention and consciousness, somatization, alterations in self-perception, alterations in perception of the perpetrator, alterations in relations to others, and alterations in systems of meaning. Derived from clinical experience with over seven thousand survivors of childhood maltreatment, we are developing a sense for the all-encompassing nature of the losses for which our patient must grieve.

Alterations in ability to manage emotions

Children require loving and empathic relationships in order to develop properly. The immature central nervous system needs caregivers who are willing to serve as protective shields against overwhelming arousal. The hallmark characteristic of all forms of child maltreatment is empathic failure (loss of empathic other) (Weil, 1992). Since emotional modulation occurs in the context of early empathic experiences with significant others, exposure to abuse and neglect means that children lose — or fail to develop — the ability to modulate their own level of emotional arousal. As a result they are forced to use whatever coping skills they happen to hit on that calms them down and prevents physiological hyperarousal and even death. Often those coping skills are self-destructive — drugs, alcohol, aggression, compulsive behaviors, self-abuse — but these behaviors within the child’s or the adult’s control are preferable to the noxious experience of overwhelming distress. The inability to manage emotions in a relational, constructive way means that later you must grieve for how much more difficult life is and has been for you than it is for other people (Loss of ability to manage emotions like other people). It means that you lose a sense of being safe and secure in the world, if you ever had it in the first place (Loss of a sense of safety). The prolonged effects of exposure to overwhelming stress means that it is very difficult to finish the grieving process that enable you to make more successful relationships. After all, being able to grieve means being able to tolerate and work through very painful emotional experiences (Loss of the ability to complete mourning).

Alterations in attention and consciousness

Exposure to chronic states of physiological hyperarousal interferes with the capacity to learn, to voluntarily direct attention, and to maintain focus (Loss of cognitive focus) (Perry, 1994; Putnam & Trickett, 1993). The disorganization of attention and concentration may have profound impact on later educational and vocational opportunities (Loss of educational and vocational opportunities). Traumatized children have little ability to self-protect. Confronted with the massive physiological hyperarousal that accompanies exposure to violence, there is little they can do to fight back or to flee. But they can dissociate — fragment their experience in a way that protects them against the very real danger of physiological overload. But the price they pay for this protection is substantial — memories, feelings, identity are fragmented. This sense of an integrated self is something that adults raised in functional families simply take for granted and is truly known only in its absence (Loss of a sense of wholeness, self-integrity).

Alterations in relationships

Abused children routinely lose relationships. Some maltreated children, have no one to relate to from the very beginning of their lives. However, many parents are adequate in supplying an infant’s basic needs but cannot handle the demands of a growing, active child. For such a child, the loss of the formerly nurturing parent can be experienced as a death for which there are no words (Loss of early attachment relationships). This loss of attachment is devastating in its impact upon the capacity to establish relational safety as an adult (Loss of ability to create safe and trusting relationships). And it is not just individual relationships that are affected. It is within the family that we first learn about political, social and economic arrangements between people. Dysfunction in the family relationships will directly carry over into the school, the workplace, and the community-at-large. As a result, many survivors of systematic abuse do not feel a sense of place in their social system. They do not know how to achieve such a place without paying a price similar to the one they have already paid in their families and consequently the are subjected to further abuse (Loss of meaningful place in community; Loss of ability to self-protect). History repeats itself in the life of the individual inside and outside of the family and then history repeats itself on the part of the whole group.

Alterations in self-perception and perception of the perpetrator(s)

We develop a sense of self-esteem in the context of our significant relationships. The baby learns to view himself or herself with the same regard that he or she sees mirrored in the mother’s and father’s eyes. Likewise, abused and neglected children come to believe the image of themselves that their parents create, an image that often has very little to do with the reality of the children’s abilities, skills, or dispositions. They are told they are bad, evil, or worthless, just like their faithless Aunt Sadie or Uncle Bill. Repeat a lie frequently enough and people come to believe it. Children are particularly vulnerable to this kind of parental systematic brainwashing because of the large power imbalance that exists between parents and children (Loss of the good self).

As adults, people often maintain the same connection with their parenting figures as they had as a child and
consequently, experience similar fears, powerlessness and helplessness in the face of their parents, or in the face of their internal image of their parents. We may experience that internal image as "the voice of conscience" and have internalized it as our own, without fully realizing that it is the internalized voice of an abusive parent. As a result, even within our own minds we continue to reenact the childhood trauma between ourselves and our parents. As outsiders, we may look at a young, six-foot-two man, intimidated and quivering before a frail old man, half his size and fail to understand that the grown man is experiencing the same terrors as when his now frail father would beat him into submission every day after school. Our perceptions of ourselves do not just automatically change as we mature, nor do our perceptions of the people who have perpetrated violence against us. Without working through the grief and the anger connected to the relationship we can remain terrorized and humiliated by past figures in our lives, even though they may be out of sight or even dead (Loss of coherence between child and adult identity).

These childhood experiences continue to impact on the adult's self-esteem, even though success in the world should realistically lead to heightened self-esteem (loss of realistic sense of self-esteem). Parents and significant others who have been abusive, irresponsible, and neglectful do not provide adequate role models for intimate relationships or for parenting, leaving the survivor with great holes where relational wisdom should be (Loss of adequate role models). Authority figures who routinely abuse authority and who use violence to enforce their authority are unable to teach good conflict resolution skills and as a result, adult survivors often lack the requisite skills for resolving the inevitable and demanding problems associated with interpersonal relationships (Loss of conflict resolution skills development). The tendency to reenact the past relationally means that it is very difficult for the adult survivor to engage in learning new and healthier forms of interpersonal engagement (Loss of the ability to stop repeating the past). And finally, growing up with abusive parenting produces such alterations in developmental pathways that many survivors miss out on learning the skills necessary to develop and maintain supportive friendships (Loss of friends).

Somatization

Clinical and poetic descriptions of the mourning process have always been strongly colored by the somatic presentations of grief. There is a growing body of literature connecting childhood maltreatment with a wide variety of physical problems in adulthood. In a recent survey of a large HMO adult population performed by the Center for Disease Control in Atlanta, more than half of respondents reported belonging to at least one, and one-fourth reported to belonging to two or more, categories of childhood exposures to adverse experiences or "ACE's". The seven categories of adverse childhood experiences included: psychological, physical, or sexual abuse; witnessing violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. In this study, there was a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied. People who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, and greater than or equal to fifty sexual intercourse partners, and sexually transmitted disease; and 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al, 1998). In another study looking at the connection in women between childhood adverse experiences and physical health, a history of childhood maltreatment was significantly associated with several adverse physical health outcomes including perceived poor overall health, greater physical and emotional disability, increased number of distressing physical symptoms and a greater number of health risk behaviors (Walker et al, 1999) (Loss of normal bodily function).

Adult survivors of childhood trauma are grieving events from the long buried past and grieving for events that may not be considered "appropriate" causes for grief. Nonetheless, their descriptions of their own grieving processes reveal to us that when loss is worked through, the body does a great deal of the work along with the mind. The body remembers what the mind forgets, the body keeps the score (van der Kolk, 1994). In the case of chronic grief, this can mean that one's body takes on a kind of autonomous level of functioning in which flashbacks are experienced through the body, resulting in a sense of further fragmentation and loss of integration (loss of health and well being). In the particular case of sexual abuse, it can also mean the absolute inability or relative difficulty in pursuing any kind of normal sexual relationship (Loss of a healthy and fulfilling sexuality).

Alterations in systems of meaning

Human beings are meaning-making animals. The structure and function of our minds compels us to make sense of our reality. In a very real way, we need to put everything we know and experience into some kind of logical, coherent, and integrated framework. Out of this framework, we develop a philosophy of life and derive the basic principles and assumptions that guide our decisions. It is exceedingly difficult to make sense of the world when you have not been cherished and protected as a child, when the very people who were supposed to love you were the people who abused, neglected, and abandoned you. This is particularly true.
when you grow up embedded in a society that routinely instructs you that children are to be cherished and protected while failing to guarantee their protection (Loss of institutional trust). Victims of childhood abuse must grieve for the children that was stolen from them, that they are given to believe is their birthright (Loss of innocence, loss of childhood). More subtle issues of neglect mean that survivors must grieve for what they did not have and should have been there (Loss of what wasn’t there and should have been). Early in their lives, victims of childhood abuse and neglect are exposed to the commission of deeds on the part of their caretakers that are deliberate, harmful and wrong. This early exposure to uncontrollable evil can have grave impact on the child’s moral development and make discovering moral clarity even more difficult (Loss of moral clarity). As a result of all of these experiences, many adults who were abused as children make conscious or semi-conscious decisions not to “inflict” themselves on another vulnerable human being. As a result they sacrifice their own desire to have children and in doing so, their own future (Loss of ability, willingness and/or desire to have children). The compounded result may be a joylessness, difficulty in finding purpose or meaning in life (Loss of purpose, meaning, joy in life, will to live).

In next month’s column we will look at what we are learning about the grieving process for adult survivors of childhood adverse experiences.

References


Dr. Sandra L. Bloom is Executive Director of the Sanctuary Programs, at Horsham Clinic, Ambler PA and Hampton Behavioral Health Center, Rancocas, NJ. She is Associate Medical Director of Horsham Clinic.