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The Grief That Dare Not Speak Its Name: Part III

Dealing with the Ravages of Childhood Abuse

SANDRA L. BLOOM

In the previous two columns we looked at the connections between grieving, traumatic grief and disrupted attachment and the specific losses entailed in surviving childhood abuse and neglect. This month we will take a closer look at recovery from these losses.

Investigators in the field of traumatic stress studies have studied some of the necessary tasks required to complete the process of grieving. Mourners must be able to express their emotions, understand the meaning of the lost person or object, be able to surface and work through the ambivalence in the relationship, all of which will eventually free them up to attach trust and love to new significant others and find appropriate replacements for the lost relationships (Ochberg, 1988).

These tasks are especially difficult to complete for adult survivors of child abuse and neglect. Being raised in abusive homes characterized by disruptive attachment relationships almost guarantees that people will have difficulty in managing their emotions. The problems associated with disrupted meaning schemas will make it difficult for them to understand the meaning of the lost person, lost experience, lost self. Trauma-bonding may make it feel very unsafe to deal with the ambivalence in the earlier relationship, even if it occurred decades before. The consequent lack of resolution interferes with the capacity to establish new, safe, and loving relationships, to even find appropriate people to love in order to replace the old abusive ones. Some people will stay aloof from relationships altogether so as not to become involved in more abuse. Others, having no other internalized standard, use the abusive relationships as their only norm. In this way the past becomes the present. As has long been pointed out in the field of grief studies, failure to complete the tasks of grieving can impair future development and adaptation (Engel, 1961).

Recognizing the problem

Completing the tasks of mourning requires, first of all, the recognition that one is suffering from unresolved grief. For survivors of childhood abuse and neglect this recognition and identification of the problem can be a serious barrier to improvement. The stigma associated with many of the losses for which people must grieve further decreases the likelihood that their chronic symptoms will be understood within the context of mourning (Bloom, 2000 a, b). The recognition of the importance of grief work to the process of recovery has become so important that both Herman's stage model of recovery (Herman, 1992) and the S.A.G.E. Model, developed out of experience with over seven thousand inpatient survivors of childhood trauma, include mourning or grieving as one of the key components (Foderaro & Ryan, 2000).

People suffering from chronic, unresolved grief can present for treatment in many different ways. The most obvious and frequent manifestation is chronic depression that responds only partially or episodically to antidepressant medications. These patients are high utilizers of psychiatric and medical services, repeatedly seeking out some kind of guidance or relief. Because of current changes in the health care system in the U.S. that minimizes any form of therapy except medication, these patients are likely to receive inadequate or poor care. Chronic suicidality and a preoccupation with death may be indicators of the same problem. It is not uncommon for patients to make early progress in treatment and then "hit the wall" of grief without knowing that is what is happening. Terrified by the prospect of sinking into the "black hole" ahead of them, and having no framework for understanding the nature of grief or the process of passage through mourning, people often fall back on their own time-tested, self-destructive coping skills. Progress in treatment slows, the patient appears to be continually circling around the same issues that go nowhere, and the therapist may become increasingly frustrated, bored, and angry. The resort to a change in medication or adding medications is a frequent response to this situation, further avoiding immersion in the mourning process.

Chronic somatic complaints often accompanied by the overuse or abuse of prescription pain medications is common. When physical symptoms are a manifestation of unresolved grief, the pattern may be one of "doctor hopping" or drug-seeking while the person and their health care providers seek a physical solution to a nonphysical problem. The result is bound to be an
increasing level of frustration, chronicity, and compounded rage on the part of everyone involved.

The inability to play, have fun, experience pleasure is a frequent accompaniment of chronic and unresolved grief. The avoidance of feelings, particularly sadness, an inability to cry while continuing to hold on to objects representing the loss are other signs of impacted grief. Unresolved grief may also manifest through a preoccupation with violence to self or to others, including children and pets. There may be attempts to escape the sadness through substance abuse, compulsive sexual or other relational behavior, excessive religiosity, or involvement in cults, gangs, political activities, work or other groups that serve to divert attention away from the wounded area.

Continuing to behaviorally reenact negative relationships despite insight and a commitment to treatment can also be a sign that the survivor is avoiding taking on the task of grieving. The yawning dark chasm that grief represents may feel overwhelming, endless, a bottomless pit, particularly when those feelings are not identified as what they are — feelings of bereavement — and legitimized as part of the normal process of mourning.

During this phase, it is important to provide information and guidance that helps the survivor begin to structure and engage with the process of grieving. A vast literature is available on mourning, most of which is applied to the formal experience of dealing with death, some of which has been utilized under other conditions of loss and bereavement. Guiding and supporting the development of bereavement rituals that involve not just internal psychic work but also action in the outside world is vitally important. Grieving is a total body-self-relational experience.

Experiencing the grief

The hardest part of the grieving process may be allowing the process to begin. People whose attachments have been disrupted are so ill-equipped to process loss and have confidence that the pain may come but will go again, that they often spend decades doing everything they can to avoid confronting the pain of the past. Having toyed around the edges of grief for so many years, they may view it as something they can keep at bay and never have to resolve, not fully realizing just how much the past is robbing them of a vibrant present. Consequently, the first task is letting the experience happen, feeling the enormity and uncontrolled nature of grief, and then, coming to recognize that in struggling to control an act of nature, you are simply prolonging and being controlled by a process that would otherwise, pass on.

Providing education and support is an essential part of assisting survivors to confront the pain of the past. Knowing that grieving is a process and not a permanent state of being is critical information to hold on to through the darkest hours. During the acute stages, when physiological arousal is at a renewed high, medication may help restore some physiological stability. This may be a time for the connection or reconnection with deeper spiritual and philosophical beliefs and systems. Religion has paid for more attention to mourning than has psychology and a fundamental part of coming to grips with loss is connecting to some form of higher meaning, purpose, and even mystery.

Learning new coping skills

Grieving for losses that accompany childhood abuse means giving up coping skills that have been reliable in the past — drugs, alcohol, self-mutilation, abusive relationships, dissociation. Coming to terms with loss requires an ability to tolerate working through self-blame, survivor guilt, and normal guilt. As long as the survivor is not safe with himself or herself, s/he cannot learn to manage affect and without learning how to safely manage affect, it is impossible to safely work through the grief. But this does mean sacrificing habits that have helped manage overwhelming affect for decades, habits that are usually destructive to self and others. This means that before grief work can really begin, the groundwork must be laid for new and healthier coping skills that involve both self-soothing and relational soothing.

Learning how to handle anger more effectively is a vital coping skill for getting through the grieving process, since anger is a normal part of grief. In addition, there is much for an adult survivor of child maltreatment to be angry and rightly indignant about. Growing up in abusive homes ill equips children for learning how to turn anger into assertiveness and self-affirmation. Instead, these children often have no alternative but to direct their anger inappropriately, most frequently towards themselves, sometimes towards other people, pets, or objects. Before they can successfully grieve, they must be able to cope with anger without turning to any form of violence. This may take a significant amount of therapeutic relational work, skills building, and rehearsal before survivors feel confident in their ability to successfully negotiate the process of mourning.

Giving up the fantasy of restoration

Inside every adult abused as a child, there is a child hoping to be rescued, actively fantasizing about how different things will be someday. Continuing the symptomatic self-destructive behavior is a disguised way of holding on, of waiting for the rescue that never comes. Grieving for the losses of the past means giving up the fantasy that amends will be made, that the loveless parents will turn into loving ones, that innocence will be retrieved — the fantasy of restoration. Seeking justice can be a way of transforming a traumatic experience into a positive attribute. On the other hand, the relentless search for justice that never comes, or never can be found, may serve as a defense against grief, a way of staying stuck instead of moving on. In the therapy context it is vital to explore the fantasies that attend any legal action the survivor may pursue in this regard. If the motivation is largely based on hopes of restoration, of making everything fine, of
Learning new attachment behavior

For many adults who were abused as children, the key to recovery is the restitution of the capacity to attach. For many maltreated children, there is no established pattern for how one goes about creating healthy relationships. As we mature, the only way we learn about how to build relationships is via the building of relationships and in abusive situations, this learning is truly circular, self-reinforcing, and destructive. As a result, a great deal of attention must be paid to the concrete details of how to choose safe relationships, how to connect to others, and then how to stay connected in a healthy way. This learning can be slow and laborious. Because so many survivors are skilled and successful in other areas of their lives, it is easy for a therapist to assume too much, to be relatively unaware of the depth of relational impairment, deficits that the survivor may have been masking for decades in a persistent effort to “fit in”. Delving deeper, however, the astute therapist can encounter the profound loneliness and difficulties sustaining intimacy so characteristic of maltreated children.

If the adult survivors can overcome these obstacles, and allow themselves to attach in a healthy way in the present, then they must be willing to detach, and therefore lose, the precious attachment to a depriving and abusing past – a past that is nonetheless the only one they have ever known. And implicit in the process of therapy is the prospect of ultimately losing attachment to a therapist who has served as the transition between loss and restoration. Though essential as a healing bridge, therapy cannot substitute for the creation of a long-lasting support system that the survivor creates on her/his own. The therapist must be committed to the patient’s resolution of grief and the ultimate termination of the therapeutic relationship. Balanced properly, the fear of losing healthier attachments, of losing a potentially better future than the awful past, can be a powerful incentive for positive change.

Giving up abusive attachments

Recovery can mean losing attachments as well, and although the relationships may be highly pathological, they are all the person knows, and something is better than nothing. As survivors work through the grief process, they gradually learn to let go of the abusive attachments. This may only mean symbolically letting go, but in other cases, there is no alternative but to actually withdraw from an on-going abusive relationship.

Working with the nonverbal

It may not be possible to resolve grief, particularly long-standing, unresolved, traumatic grief, through the use of verbal abilities alone. From what we now understand about the way the brain processes overwhelming experience, we need art, enactment, story and ritual to help us safely integrate the verbal and nonverbal aspects of our experience. So too, a ritual passage for mourning is present in every culture, throughout time, in recognition of the human need for structure, order and process. This requires a rethinking of the therapeutic process as one utilizing multiple modalities, often multiple therapists over time. It also requires a focus not just on thinking and insight, but also on the integration of thought, affect, and behavior. Mourning is not a purely intellectual process – it also requires that we do things to work our way through the grief. Since many of the losses are a product of stigmatized or disenfranchised grief, survivors often need the support, direction, encourage, and permission of their therapists in helping design and implement mourning rituals.

The vital nature of social support

Social support throughout the grieving process is vital to the course of normal bereavement. Just as vital is the restoration of social support for the victims of grief that has been disenfranchised and stigmatized. Much therapeutic groundwork may need to be established to help the survivor recognize and grieve for all the ways in which their sense of stigmatization has negatively impacted on the possibility of recovery before they can even begin to deal with the sources of original loss. To prepare for the grieving process, therapeutic attention needs to focus on helping the survivor develop a substantial support network that extends beyond the therapeutic alliance.

Making meaning

We now understand how vital it is for trauma survivors to make meaning out of their experience (Janoff-Bulman, 1992). But making meaning out of an abusive childhood is a difficult task. Legitimizing the need to grieve for the losses and identifying those losses can help place their experience within a more meaningful context. Connecting survivors’ personal suffering with the larger social and political context of human rights and systematic violation of these rights also helps to restore a sense of connection and purpose.

Making sense of the intergenerational nature of abuse

Part of the struggle to make some meaning out of the abusive past is about the struggle to understand how, if not why, this could have happened. The automatic question that arises in some point on the road to recovery, is “what happened to my parents that they could have so mistreated me?” A review of family biographical information can help the survivor place their own family story in context, as well as illuminating the past familial history of repeated failure in resolving long-standing grief and loss experiences. Largely unexplored is how unresolved grief gets passed
down from generation to generation through the intimate nature of the attachment relationships. And only gradually are we coming to accept the inherently tragic nature of intergenerational human experience.

Transforming the pain

As the grieving process progresses, the darkness begins to lift and survivors become involved in the process of moving on, not forgetting the past but no longer compelled to repeat it. Excitement about, interest in, and plans for the future begin to replace death wishes. Although adult survivors may remain vulnerable to traumatic reminders, relapses become less frequent and less severe. More time is spent in healthy pursuits than in running after ghosts of the past. Ultimately, we hope that adult survivors of childhood abuse and neglect are able to transform their pain into something of value to themselves and others, creating what Judy Herman has called a “survivor mission” (Herman, 1992). The losses that adults must recapitulate and work through in order to recover, are long delayed, sometimes tangible, but at other times, metaphorical, spiritual, or moral losses. When they have successfully transformed this engagement with death into engagement with life, no longer must their lives serve as memorials to the unspoken, stigmatized and unexpressed tragedies of the past.

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.