A Working Model for Trauma: The Relationship Between Trauma and Violence

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Full Text: The Congress statement asks the question "What turns people to violence?" I want to focus my contribution to the Congress by examining the relationship between trauma and violence. I believe that persons who have been traumatized, by whatever circumstances, are more likely to choose violence as an option to resolve their future conflicts and stress. I see prenatal and birth trauma as a special case because the earliness of the trauma 1) increases the difficulty that the self experiences as it attempts to differentiate from the trauma, and 2) distorts connection with others who are extensions of one's early boundaries and protection. What follows is a model that seeks to explain the relationship between trauma and violence and points to some ways that we can work with them. But first, here are the Merriam Webster Dictionary's definitions of our two themes: Violence: "1) exertion of physical force so as to injure or abuse; 2) intense, turbulent or furious and often destructive action or force" Trauma: "from Greek: to wound, to pierce; 1) an injury to living tissue caused by an extrinsic agent;" surgeons traumatize a person when they put a scalpel to skin and wound them in surgery, "2) a disordered psychic or behavioral state resulting from mental or emotional stress or physical injury" TRAUMATIC REACTIONS AS A RESPONSE TO VIOLENCE What is the common experience of any level of violence? Let's hear what some experts say. "Traumatic reactions," notes psychiatrist Judith Herman, "occur when action is of no avail," "when no defense or escape from or resistance to extreme violation, pain, death or damage (of oneself or of others) is felt to be possible. Powerlessness, helplessness, and terror are the hallmarks of the traumatic encounter." "Traumatic events breach the attachments of family, friendship, love and community," "undermine the belief systems that give meaning to human experience," and "violate the victim's faith in a natural or divine order."1 Self-relations psychologist Stephen Gilligan describes the piercing quality of violent trauma as a break in the psychic sheathe that holds the field of our relatedness to self, others and our environment.2 OVERVIEW We, like all other animals, are instinctively "wired" so that if an overwhelming trauma breaks through our social defenses, that is, invades our boundaries, breaks us away from our connection and our ability to trust, robs us of our identity, our power, our autonomy, and severs us from our sense of grounding and centering; if these things happen, then we have two more levels of back-up-defenses: the limbic level reflexes, fight/freeze/flee responses, and the core shock level reflexes. These two levels, limbic and shock, are encoded into our systems, within weeks of conception, to ensure our survival. Imagine three concentric circles (see Fig. 1). The outer circle represents the relational or social resources. The second circle represents the limbic reflexes, and the center of the diagram is the shock reflex level of defenses. Relational Level Resources The first part of this working model for trauma and violence, I call the "Relational Self". On the outer circle, called the Relational level, there are three resource positions. One position is called "Boundaries," another is "Trust" and the last is "Connection." If you or I have these three resources, then you also have the other elements that you need to be a relational person: identity, power, autonomy, and grounding. These resources we develop relationally, that is, we develop them in relationship to others. You form them first in the womb. As a fetus your first relationship is to your world/mother with the womb surrounding you and the umbilical cord connecting you to her. As infants and then children, your parents and other caretakers extend their relational resources to you to use until you have fully developed your own.

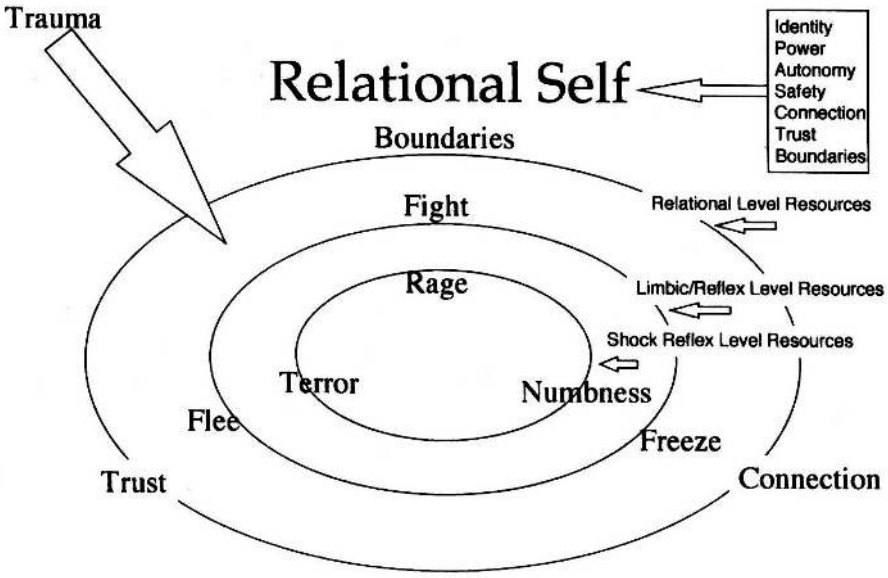

Fig. 1.

Now let us introduce an external force attempting to violate, intrude upon your space. We hope that you use your relational self to negotiate with that force, to keep it from harming you. You have boundaries, that is the ability to say no, to move away, to know where your boundaries are. You have trust, that is, trust in your self, trust in your ability to pick out who is safe and who is not. And finally, you have connections, that is, you sense that you are connected to yourself, to other people and your environment in a way that's going to be effective for getting help and support when you need it. In many cases your boundaries and trust and connection are able to manage and to deal with outside intrusive forces and deal with these forces effectively. Limbic Reflex Level Resources Sometimes, however, the trauma can overwhelm the relational level despite its resources, penetrate it, and start to break apart some of what holds it together. In our diagram, this is the second or middle of the three-sided rings (see Fig. 2). Should that occur, you have another layer of defenses, beneath the first level. This second level of defenses are the Limbic Reflex level which we know as the fight, flight or freeze reflexes.

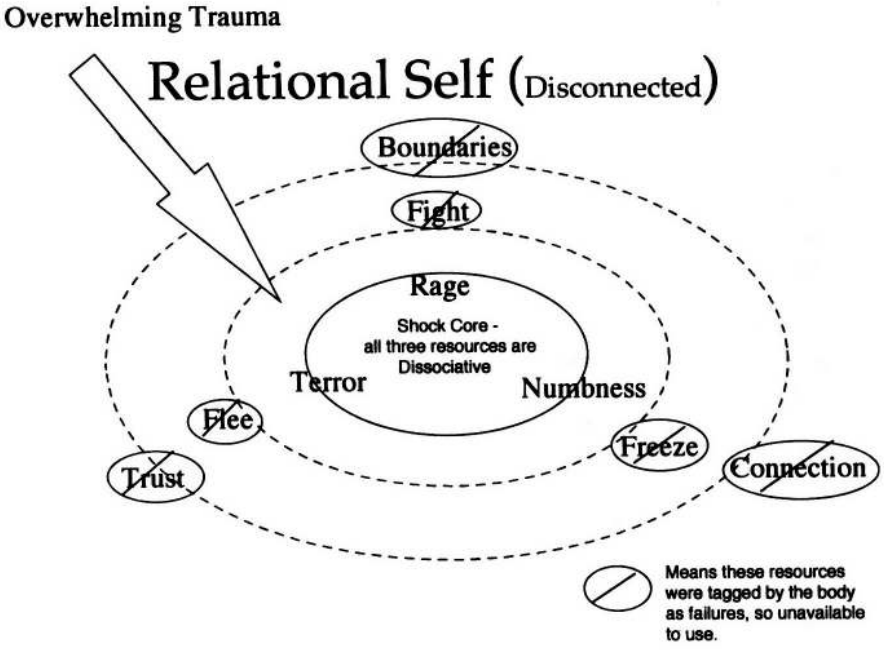

Fig. 2.

If relational boundaries fail to be effective in stopping the intrusion, we back up their loss by fighting. If our trusting relationships fail to protect us, we may back up their loss by fleeing. If our supportive connections fail us, we may back up their loss by freezing. This occurs at a body-reflex level. We are "wired" instinctively with these responses. When the cerebral cortex, which functions on the outer level, has been pierced by a trauma, we move next to the Limbic reflex line of defenses. These defenses are part of our encoding in the limbic area of our brain system, our nervous system. In terms of strategy, the freeze response is quite smart if you're confronting a grizzly bear. The strategy is to stand still and not make any sounds or movements at all. The fight response is better for confronting a mountain lion. You're supposed to yell, AGRAHHH! and wave your arms and look bigger than you are. The flee response is very smart if you see that mountain lion or that grizzly bear far enough away that you can run away from it before you might have to use one of the other two defenses. Sometimes, however, trauma is able to pierce not only the relational level, but also the limbic/reflex level. The limbic reflex defenses may fail, just as did the first, or relational resources. If this occurs, the body tags or labels both the relational and limbic resources as failures. This means that the next time an intrusive agent attempts to invade, these defenses have been marked now, at a body level, as ones that won't work, so they are unavailable.3 Shock Reflex Level Resources The last level of defense that our nervous systems are "wired" to provide is the shock level reflexes. Our diagram shows the shock level as the third or central three-pointed ring. At the shock level, the three dimensions of resource are rage, terror and numbness. This core shock area is dynamic, as are all of the three levels. By dynamic I mean, you don't just use one resource, you travel among all of them. We each have our favorite places to go. Note also that all three of these states-rage, terror, and numbness-at the shock level, are dissociative. There's dissociative rage, dissociative terror and dissociative numbness. Dissociation is a survival strategy to disconnect ourselves from the trauma. If we did not use the shock level when confronted by an overwhelming trauma we may die. RESPONSES TO TRAUMA: TRANSFORMATION, RIGID FUNDAMENTALISM, AND FRAGMENTATION I see three ways that people deal with the impacts of trauma. They are transformation, rigid fundamentalism, and fragmentation.4 The preferable option is transformation. A transformative process can help us to heal the outer levels which have been damaged or lost, and rebuild them, so that when intrusion arrives, we have our resource levels operational again. That's the transformative way. I will return to describing transformation in the last section on therapeutic approaches. There is also the rigid or fundamentalist way of dealing with life as a trauma survivor, which I will discuss next. Furthermore, there's the fragmented way of being a trauma survivor. The rigid fundamentalist operates at the limbic reflex level. And the fragmented person operates at the shock reflex level. Both have in them the dynamics of violence. Rigid Fundamentalist Self What does the rigid strategy look like? I have been doing a lot of reading about fundamentalism.5 Its features fit this model well (see Fig. 3). Suppose you or I have boundaries, trust and connection all tagged as failures, so the relational level isn't working very effectively. We also have the shock level which has been activated. It's zinging around in all kinds of ways and sending out symptoms saying: "AHHHH! I'm in trouble. Help me! This is bad that is happening to me!" In an attempt to prevent fragmentation a very thick and rigid boundary is created at the limbic reflex level. People who adopt a rigid fundamentalist strategy project their unresolved traumas out into their interactions with the world. The be lief that such a person has, is that he or she is always under attack. I call their projection of the trauma the AAO, the Always Attacking Other. You may know it as the alien, the devil, the bad guy. Thus you have a rigid boundary to keep you safe, and you're always fighting, fleeing or freezing. You are mostly fighting, because rigidity favors fighting. People using a fundamentalist strategy also project their lost relational and limbic resources out onto an idealized object. Because you've lost this outer sense of yourself, i.e., your boundaries, trust, connection, power, identity, autonomy etc., you must find a substitute for them, which I call the I.O., Idealized Object. For many years, my idealized object was my therapist. The idealized object could also be god, country, race, religion, therapeutic approaches, capitalism or any of the "isms." The Idealized Object becomes a

substitute protective canopy for the resources the person has lost to trauma. The idealized object becomes a substitute for boundaries, a substitute for connection and a substitute for trust. It gives you a substitute identity, a substitute sense of power. Now think of how a fundamentalist relates to this. "I have lost boundaries, trust and connection with myself and so I need to project onto someone/thing else to hold this canopy of defenses for me because I'm not connected to my own."

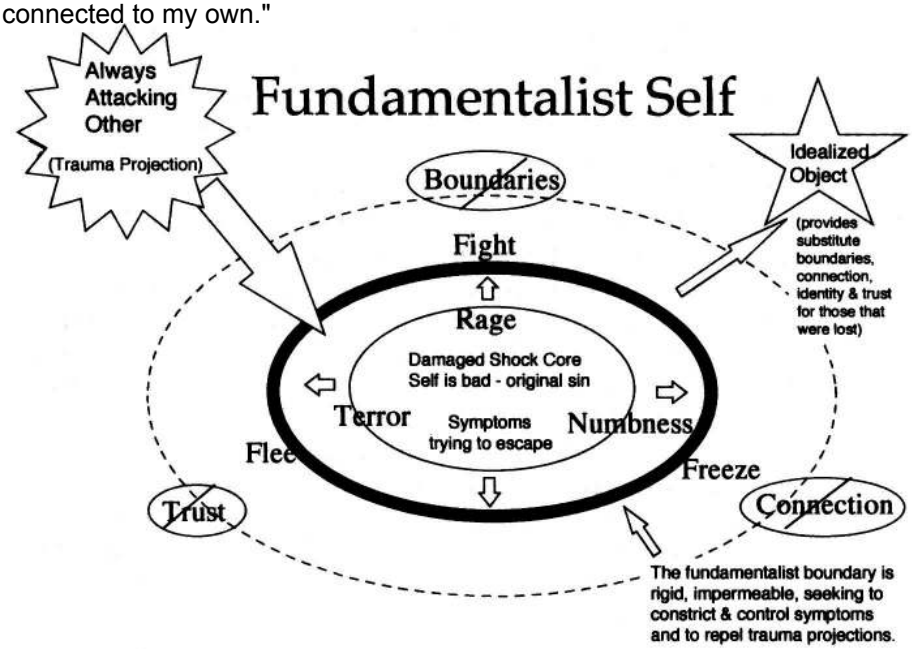

Fig. 3.

Another feature of the rigid fundamentalist model is that we project the badness of trauma inside. At your inner core, you have symptoms of your unresolved traumas that are trying to get out, but you have a rigid boundary that's trying to hold your symptoms within you, trying to control them into submission. Beneath the reflex level where you are functioning, the shock core level has been activated. From the shock level, one's core is yelling and screaming and behaving very badly, very inappropriately when judged against the control and rigidity that the psyche wants to impose. This is where the idea of a bad, uncontrollable core self is born. This is where the concept of original sin gets applied. "I am bad at my core, I am sinful in origin, I have origin-al sin." A final component that is sometimes present in the more extreme forms of the fundamentalist perspective is the apocalyptic. This is a belief that some day, my Idealized Object is going to finally come and wipe out this Always Attacking Other in a final violent confrontation that will end this fight forever. Do not limit your thinking to right-wing fundamentalism. Charles Strozier writes about the apocalyptic nature of New Age beliefs. They contain the specific expectation of an end to the world or age as we know it, sometimes violent, sometimes not, but an end to this chaotic age, to be replaced by a new age where such disorder has finally been conquered.6 The fundamentalist struggles with the inner self (original sin) and the projected trauma (the Always Attacking Other). These struggles set up the conditions for violence, violence against self (to control symptoms), and violence against others on whom we have projected our trauma. The Fragmented Self Finally our fragmented person (see Fig. 4). You have lost boundaries, you have lost trust, you have lost connection. You have lost an effective ability to fight or to flee or to freeze. What remains are just little bits and pieces of these two broken, pierced, shattered, outer levels of resource. What do we have left? We just have this shocked core. Our choices at this level are between rage, terror and numbness. The numbness can be overwhelming sometimes. You can't be in rage and terror all the time, so we often hide out in numbness. People who have been traumatized often find the trauma piercing down to the shock level reflexes. In response, they may try to compensate for a while with a rigid fundamentalist approach. But the fundamentalist approach can't hold. It is rigid, and you know what

happens to rigid structures. Under a certain amount of stress, they break and shatter. And so finally this rigid level that has been trying to hold, has now shattered. It leaves the core shock level, a fragmented self. There are three strategies, each with implications for violence, which are used by this fragmented self. Let's explore the logical extensions of these strategies. First strategy: if you don't have boundaries, and you aren't able to fight, but you do have rage, then you become a terrorist. second strategy: if you were terribly frightened but you can't flee and you don't trust anybody, then you have an anxiety disorder. Third strategy: if you can't connect and you can't just freeze, and you're down to numbness, then you have a schizoid disorder, or you disconnect. Lets review these routes. There is the disconnect or schizoid strategy, which originates in the shock level of the numbing reflex. There is the antisocial/terrorist strategy route, which originates in the shock rage. There is the panic, post traumatic stress disorder, anxiety route, originating in the shock terror. This is the fragmented self.

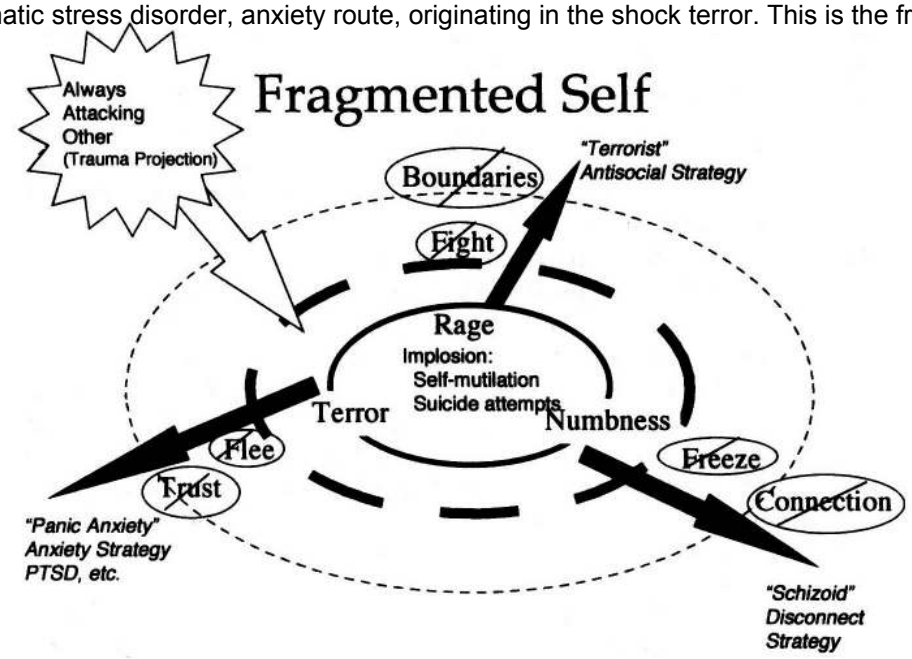

Fig. 4.

One can understand then how violence can happen with all three strategies. In the anxiety position you can become a perpetual victim of violence. In the antisocial position, the possibility of becoming a terrorist or perpetrator is very real. In the schizoid position you feel numb or dead. Your existence or your I-ness is wiped out, thus you may act out violently to have a sense of feeling alive. Raphael Ezekiel discusses this last option in The Racist Mind. He did a study of some of our country's most notorious Klansmen and Neo-Nazis. He also spent five years with a young group in Detroit, aptly named the Death's Head Strike Group. He gives us a description of fragmented selves. "Almost every strike group member, eighteen of twenty, who were interviewed, had lost a parent when young. Most often the loss was the father. The rate of loss was unusually high even for a poverty population. A few members spoke about parental alcoholism and violence. Seven members reported alcoholism, six reported family violence. Seven spontaneously mentioned spending time in detention centers, jails and prisons. Several had been farmed out to foster homes in their childhood. The members had grown up in neighborhoods where they had to fight a lot. This would not have been entirely easy, since most of them were rather thin, rather slight. They were not good physical specimens. A surprising number had been born with a childhood disease or deficiency, such as being born a blue baby, or born with half a liver. There are a lot of hospital stories in the interviews."7 Ezekiel goes on to observe: "These were people who at a deep level felt terror, that they were about to be extinguished. They felt that their lives might disappear at any moment. Joining a tough group made sense on the face of it, if you were afraid for your survival. In placing a swastika arm band on their sleeve they declared their identity with that force. And moreover in standing

shoulder to shoulder with comrades at demonstrations and withstanding the hostility of counterdemonstrators they found fresh evidence that they were alive and that they would not be extinguished."8 Ezekiel reveals a fragmented self, trying to work on its strategy to survive in the world. THERAPEUTIC APPROACHES Working with people who have been stimulated at the shock level is a very delicate task. Talk therapy often does not understand that the client's reflex nervous system has been activated in a way that may be disconnected from the cerebral cortex. Body therapy approaches may help people access their trauma, but these methods can sometimes restimulate the trauma and actually retraumatize the person, sending them into deeper fragmentation. The first therapeutic method I used to access my early trauma sent me reeling into full-blown post traumatic stress disorder for a year. I don't recommend it. If you cannot yet identify yourself or your clients in the fundamentalist or fragmented self models, please note that most of us have not permanently lost our relational selves in all, or even most, circumstances. The relational level of resources (boundaries, trust, connection) may be functioning fairly well in situations that are non-threatening, where we feel that we have some power over certain parts of our lives. It is only when our trauma is stimulated, by association or under stress, that we may reference to our former shock trauma and lose these outer relational resources. If your trauma happened very early, as we often confront in pre and peri-natal psychology, there is a greater possibility that association to the early trauma will occur in many areas of our lives. It takes only the slightest trigger when one is stimulated, to associate into pre and perinatal trauma, and then to go numb or go into terror or rage. Let's look at an example that has the potential for retraumatizing a person engaged in the disconnect or numbness strategy. People who feel numb (see Fig. 4) may be attracted to a kind of therapeutic approach that has the capacity to break through their shell of numbness. They've formed this hard shell of numbness to shield them from the Always Attacking Other, but along with the numbness, they also feel dead inside. People who favor the disconnect or numbness strategy may look for an intervention approach to help them feel alive. I think that some of these people, for the wrong reason, may seek out a primal therapeutic approach. They discover in primal work, an approach that will charge right in, and make them feel alive for a little while. However, for some, the primal approach may lead to even greater fragmentation. The therapy breaks through their numbness temporarily, and opens up traumatic memory. It confirms that something real happened, which is all to the good. But some clients aren't able to regain or reassemble their relational and limbic resources spontaneously after primal work. In these cases, the shell forms again, so the client needs another fix, another primal event, in order to make him feel alive again. Not everyone receives primal therapy this way, however, some people who are using a numbness strategy may be using their therapy as an addiction in an attempt to break through their numbness. How then does a healing process happen? What we try to do in the therapeutic process is to reconnect our clients to their lost resources. We try to help them find the parts of their fives that are working, that are not overwhelmed by the trauma/failed resource equation, that do function well. We help our clients then to reconnect to their functioning relational self. With a firm connection, we encourage our clients to bring these reconnected resources into the situation of the old trauma memory, and to make it different. Our hope is for people to acknowledge what happened, to grieve the losses, and reconnect to relational resources. The client is able to bring more resources to meet the old trauma because she is an adult now, or he has more power, more choices. If you're healing a baby, you have helpers that were not available when the baby was hurt the first time, so additional resources are brought in to repattern the old experience such that the baby or the person is able to meet the trauma but this time, to maintain relational resources. The therapist also has to reinvigorate the limbic level: the fight, flee, freeze reflexes, at a neural muscular level, so that these limbic reflexes are again functioning and alive. Our goal is to get back to a basic, functioning healthy person who mostly functions at the relational level but has backup systems that work when an input is overwhelming enough to break through the outer resources. We humans function like cells. The cell wall has to be permeable. It has to allow openings for nourishment and excretion and communication. It cannot be rigid. These three levels of resources must be able to be stressed without the self being destroyed. Each defense at each resource level is a gift. Each is designed

to work. Health is strong enough relational strategies so that the deeper strategies, the limbic reflex and the shock reflex strategies, are very rarely needed. Disrupted relational defenses can be therapeutically restored so that rigid fundamentalist, antisocial or other destructive strategies do not have to be relied upon in daily life. References REFERENCES NOTES 1. Herman, Judith, MD, Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror, Basic Books, 1993. 2. Gilligan, Stephen, "The Relational Self: The expanding of love beyond desire," to appear in M. Hoyt (Ed.), Constructive Therapies. Volume 2: Expanding and integrating effective practices, New York: Guildord Press. And Gilligan, S., The Fight Against Fundamentalism: Searching for Soul in Erickson's Legacy," Erieksonian Methods: The Essence of the Story, ed. By Jeffrey Zeig, Brunner/Mazel: New York, 1994. 3. Levine, Peter, Ph.D., Encountering the Tiger: How the Body Heals Trauma, unpublished book, c. 1993, and also Lisbeth Marcher and Peter Bernhardt "Somatic Approaches to Traumatic Shock: A Review of the Work of the Bodynamic Institute," c. 1992. 4. Robert Jay Lifton, in The Protean Self: Human Resilience in an Age of Fragmentation, Basic Books, 1993, discusses three options in response: transformation, fundamentalism and fragmentation. Also Maureen O'Hara in "Future Mind: Is Humanity Headed for Psychic Breakdown or Consciousness Breakthrough in the Era of Globalization?" discusses three paths of response for human cultures to the transitions facing them: Global Psychic Evolution (boundaries fluid, structures emergent), Global Neurosis (rigidification of boundaries), Global Psychosis (boundary disintegration). 5. Marty, Martin E. and Scott Appleby, The Fundamentalism Project, Volumes I-TV and Strozier, Charles, Apocalypse: The Psychology of Fundamentalism in America, Beacon, 1994. 6. Strozier, Ibid. 7. Ezekiel, Raphael, The Racist Mind, Portraits of American Neo-Nazis and Klansmen, pp. 153-157, Viking, 1995. (Emphasis added) 8. Ezekiel, Ibid. AuthorAffiliation Wendy Pomeroy, M.Div., MBA AuthorAffiliation Wendy Pomeroy, M.Div., MBA, has studied pre- and peri-natal trauma since 1984. She is a psychotherapist and theologian. Wendy has an integrated approach to healing traumas and the whole self that blends her training in five different psychotherapies: Bodynamics, Hakomi, Self-Relations Ericksonian Hypnosis, Emerson Birth Trauma Resolution and Corrective Parenting. She has led dozens of workshops focusing on birth and trauma resolution in Washington, New York, Illinois, Connecticut and California.

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