

The Meaning of Trauma for Human Spirituality

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Trauma arises when an individual cannot manage the arousal he or she feels and give meaning to frightening experiences. This orientation is contained in the American Psychiatric Association's classic definition of posttraumatic stress disorder, which refers to threatening experiences outside the realm of normal experience.

As I see it, trauma has two principal components: overwhelming negative arousal, and overwhelming negative cognition. The former component is especially relevant to young children. Specifically, as the development of the brainstem is not complete until the age of eight years, younger children are not yet fully equipped to effectively modulate arousal. Trauma involves an inability to handle effectively the physiological responses of stress in situations of threat.

The second component of trauma—overwhelming negative cognition—is captured in Judith Herman's formulation that to experience trauma is "to come face to face with human vulnerability in the natural world and with the capacity for evil in human nature." Beyond hurricanes, tornadoes, and earthquakes, this description illuminates the traumatic nature of living with the kind of abuse, neglect and deprivation experienced by children and youth who experience maltreatment and severe adversity.

It also highlights the fact that it is dangerously simple to accept the "diagnosis" approach contained with the official definition of PTSD as a psychological "disorder." I say this in agreement with Bonnie Burstow, who wrote: "People who are not traumatized maintain the illusion of safety moment to moment by editing out such facts

as the pervasiveness of war, the subjugation of women and children, everyday racist violence, religious intolerance, the frequency and unpredictability of natural disasters, the ever-present threat of sickness and death and so on. People who have been badly traumatized are less likely to edit out these very real dimensions of reality. Once traumatized, they are no longer shielded from reality by a cloak of invulnerability. “ (p. 435) It is too easy for professionals to “diagnose” traumatized kids (and adolescents and adults, for that matter), and not appreciate that they are confronting realities that hardly register in the consciousness of many, if not most of us who live in “the normal world.”

I think of a woman who had been an abused child and years later made the following report as part of a film Cornell University’s Family Life Development Center produced: “One day someone called the police and they came to our house while my mamma was out. They asked me if my mama had been beating me, and I said ‘no.’ When my mama came home she asked me if I had told the police that she beat me and I told her I hadn’t. ‘Why didn’t you tell the police that I beat you?’ she asked me. I looked at her and said, ‘cause you could kill me mama.” Whatever, “symptoms” she displayed, this child knew something about “reality” that few of us appreciate, that *your mother could beat you to death.*

Acute and Chronic Trauma

It’s important to distinguish between acute and chronic trauma, what psychiatrist Lenore Terr called “Type I” and “Type II” trauma. Acute trauma refers to a single overwhelming event that has not been preceded by other such events. This can be conceived of as “single-blow” trauma. Chronic trauma refers to long-standing exposure to persistent overwhelming events, what might be called “existential” trauma.

But I join with Eldra Solomon and Kathleen Heide in arguing that even calling it “chronic” (Type II) trauma does not do justice to the massive developmental challenges some kids face growing up. It’s worth quoting their 1999 definition of a third type of trauma: “Type III trauma is more extreme. It results from multiple and pervasive violent events beginning at an early age and continuing for years. Typically, the child was the victim of multiple perpetrators, and one or more close relatives...Generally, force is used and the abuse has a sadistic quality.” (p. 204)

When Solomon and Heide took a look at 23 possible long-term effects of the three types of trauma, they found that only two were “typically” found with Type I cases (“full detailed memory” and “PTSD symptoms”). For Type II trauma there were four additional effects commonly observed (“poor self-esteem/self concept,” “interpersonal distrust,” “feelings of shame,” and “dependency”). But for Type III trauma, there were typically all these plus sixteen more (20 in total)! These additional symptoms included *many* of the issues commonly found among the killers I have interviewed over the years (including “emotional numbing,” “foreshortened sense of the future,” “rage,” “affective dysregulation,” “narcissism,” “impulsivity,” and “dissociative symptoms”).

Of special note is the fact that about the only long-term effect *not* typically found in Type III that was found with Type I is “full, detailed memory.” As Solomon and Heide note, this alone is a major social problem. It means that whereas Type I trauma cases are likely to be recognized (because the trauma victim can recount the traumatic incident and thus be recognized as a victim), individuals who experience Type III trauma are often not identified. They are likely to be “misdiagnosed” based upon the long-term effects of the experiences they frequently cannot “remember” with a full and detailed account because of dissociation and their habitual coping tactics. Sad but true.

Solomon and Heide capture this well when they write, "Asking the client how he or she would like his or her life to be different 5 years from now can be an effective diagnostic tool. A Type III survivor typically either looks at the therapist like he or she is crazy or with a sense of bewilderment. The client may say that he or she cannot even think about tomorrow or next week. The concept of having a future in 5 years is almost incomprehensible." (p.206)

An experience that is cognitively overwhelming may stimulate conditions in which the process required to "understand" these experiences itself has harmful side effects. That is, in coping with a traumatic event, the child may be forced into patterns of behavior, thought, and emotion that are themselves "abnormal" when contrasted with patterns prior to the event, as well as when compared with patterns characterized by the un-traumatized child.

Children - particularly elementary school-age children (6-11 years of age) who may be too old to benefit from the parental buffering that can insulate younger children - are especially vulnerable to trauma caused by threat and fear. For example, results from a study conducted by psychiatrists Jonathan Davidson and Rebecca Smith showed that children exposed to a trauma before age ten were three times more likely to exhibit of post traumatic stress disorder than those exposed after age twelve (56% vs. 18%).

What symptoms are associated with PTSD in children exposed to acute trauma? While symptoms may vary according to age, developmental level, and individual characteristics of the child, sleep disturbances, day dreaming, extreme startle responses, and emotional numbing are common responses. Children may also display a repetitive pattern of play in which they re-enact the trauma. As Bruce Perry and his colleagues have demonstrated,

they may even experience biochemical changes in their brains that impair social and academic behavior, as well as psychological problems that interfere with learning, behavior, and parent-child relationships.

Children who experience disruptions in their relationships with their parents, along with intense traumatic stress, are especially vulnerable to permanent “psychic scars.” These may manifest as excessive sensitivity to stimuli associated with the trauma and diminished expectations for the future.

While some children may suffer permanent effects of trauma, others will achieve resolution and return to normal functioning shortly after the experience. Many children will require months to fully process the trauma. The good news is that most kids will recover from a single incident of trauma within a year—e.g. as was found by John Saigh and his colleagues in their study of young kids exposed to the 9/11 attacks in New York City in 2001.

Coping with Chronic Trauma

The more common variety of trauma seen in the lives of people who are troubled and troubling is not acute trauma, but rather chronic danger and repeated overwhelming violent and abusive experiences characteristic of Type III. Chronic traumatic danger imposes a requirement for developmental adjustment, as the long list of effects observed by Solomon and Heide shows.

From the perspective of Jean Piaget’s developmental theory, these developmental adjustments result from the inability of the child to assimilate traumatic experiences into existing conceptual frameworks (schemas as Piaget called them). Rather, traumatic experiences require the child to alter existing concepts to permit

the new experiential information to be known. This involves what Piaget termed accommodation.

In the case of chronic danger, children must accommodate their psychic realities so that they allow for the processing of life's atrocities. Put simply, children must adopt a negative view of the world. Lev Vygotsky's model of development provides additional dimensions to this analysis. By focusing on the intrinsically social nature of development, this approach highlights the role of adults in mediating the child's experience of trauma.

The key is the concept of "Zone of Proximal Development," which posits that children are capable of one level of functioning on their own, but a higher level in relationships with the "teacher" (i.e. anyone who guides the child towards enhanced development by offering responses that are emotionally validating and developmentally challenging).

This provides a developmental grounding for understanding the "natural" therapeutic efforts of adults (as parents) and for the "programmatic" efforts of professionals (as teachers and therapists). It is why having even one parent who is psychologically available, stable and nurturing can go a long way towards helping a child heal from even chronic trauma.

We found this years ago in our study of Palestinian children dealing with the chronic trauma of the uprising against the Israeli military and police forces known as the Intifada. Children whose mothers were psychologically available to them to engage in the processing of trauma were better off emotionally than kids whose mothers were not available, or were unwilling to engage in the process with their children.

It is also why the emergence of “trauma-focused” child therapy is so important for the well being of children who do experience chronic trauma in their families and communities. Kids who have grown up with access to neither the “natural” healing of psychologically available parents nor the “professional” healing offered by therapists, and we can see the results in what they do and say and feel as young adults.

How do a child’s accommodations to traumatic events manifest? Without effective adult “teaching” (in the Vygotskian sense), they are likely to include persistent posttraumatic stress syndrome, alterations of personality, and major changes in patterns of behavior and values—all the “symptoms” noted by Solomon and Heide in their analysis of Type III trauma cases. Chronic traumatic danger demands that children rewrite their stories, and redirect their behavior.

These accommodations are likely to be especially pronounced when the danger derives from violent overthrow of day-to-day social reality, when communities are substantially altered, when displacement occurs, or when children lose important members of their families and social networks. In the case of children exposed to the chronic horrors of Pol Pot’s Khmer Rouge regime in Cambodia in the 1970s, a study by Grant Marshall and his colleagues found that more than 60% of the survivors exhibited persistent symptoms of PTSD 20 years after exposure.

According to psychiatrist Bessel Van der Kolk, explosive outbursts of anger, flashbacks, nightmares, hypervigilance, psychic numbing, constriction of affect, impaired social functioning, and the loss of control over one’s life are all characteristic of the chronically traumatized child. In the long run, effects can include a wide range of effects on pro-social behavior and moral

development, including anti-social behavior, using drugs as “self-medication,” and diminished future orientation.

Acute trauma is generally amenable to resolution through some combination of what the National Child Traumatic Stress Network calls “psychological first aid,” in the form of reassurance, and the passage of time as things return to normal. Chronic trauma is not so amenable to resolution because there is no possibility of a simple therapy of reassurance: a “return to normal” is not a solution because normal *is* the problem.

Research by Bruce Perry and others has demonstrated that chronic exposure to trauma in childhood can have effects on the development of the brain by over-stimulating more primitive parts of the brain at the expense of the more sophisticated regions. This can produce over-development of the amygdala (that processes emotions, particularly anger and fear) to the detriment of the more sophisticated parts of the brain (e.g. the prefrontal cortex) that are involved in higher reasoning processes. This negative effect is most clear when chronic trauma is experienced in early childhood, but given the malleability of the brain even in adulthood adolescents who experience chronic trauma can also be affected.

It seems clear that some people approach traumatic events with what has been called “hardiness.” For example, research by psychologist George Bonanno finds that soldiers who are rated high on hardiness before they go off to war are less likely to suffer symptoms of trauma or serious depression when they go through combat.

Others resist the effects of traumatic experiences by developing unrealistically positive views of themselves, by repressing memories of the events to avoid confronting them, and by practicing positive emotions to displace sadness, grief and anger. In moderation all of

these may contribute to successful coping. But if all this is simply a short term strategy to cover over unresolved disturbing thoughts and feelings it probably will not succeed in the long run. This is not hardiness so much as it is short sighted denial. True hardiness seems to be the most promising avenue for dealing with the horrors of the world because it is more than simply refusing to confront traumatic experiences through self-delusion or repression, it is a matter of coping with adversity through positive strength.

What are the elements of this true hardiness? One is commitment rather than alienation. Those who do not withdraw socially and philosophically show greater resistance to the effects of experiencing traumatic events. In the face of the traumatic events one teenager may say, "No matter what happens I still believe there is goodness in the world," while a second responds with, "I think all you can do is get as far away as you can and just forget about it."

A second component of true hardiness is feeling in control rather than feeling powerless. It is understandable that if kids feel totally out of control they are more likely to succumb to the psychological and philosophical effects of traumatic events. One child responds, "There are things I can do to stay safe," while another says, "I am completely at the mercy of those who are trying to hurt me; there's nothing I can do about it." A third element of hardiness is seeing the world in terms of challenge rather than threat. One kid says, "We can find ways to make things more peaceful and I can be a part of those efforts," while another says, "All I feel is fear; fear that it will happen again and there is nothing I can do about it."

While hardiness is essential, we must be careful not to assume that kids who are coping well with trauma in their day-to-day activities ("functional resilience") are necessarily at peace inside ("existential resilience"). I have known traumatized people who are very

competent and successful on the outside but who are tormented on the inside.

Related to this point is the fact that it is not enough to look at the effects of trauma in the short run. Some people maintain functional resilience for long periods—even for the rest of their lives—while falling prey to trauma-induced existential despair later. A study of Dutch resistance fighters who were involved in the struggle against the occupying Nazi forces during World War II revealed that eventually *all* of them showed some effects of their traumatic experiences, although in some cases it was not until decades later.

One of the forces at work in living with trauma is the fact that memories of the emotions of trauma do not decay; they remain fresh. My mother was a child during the bombing of London during World War II, more than half a century ago, and yet each time a new war starts she is forced to relive her childhood fear. I remember speaking with her on the phone at the start of the 1991 Gulf War, when the nighttime CNN coverage of the US-led attacks on Baghdad brought the sights and sounds of bombing home via the television set. I held the phone and listened to her sobbing as she recalled her own fear and terror.

Once you have the feeling of danger, it takes very little new threat to sustain it. In fact, it only requires an occasional re-supply of threat to keep fear alive. Psychologists who study learning find that patterns of behavior and feeling last longest when they get "intermittent" reinforcement, that is, when the reinforcement only comes infrequently rather than being constant. This is why gambling is such an easy pattern to learn and a hard one to break. You rarely win, but when you do it is enough to keep you coming back over and over again. And it is why children's fears are hard to stop once they take hold.

Trauma changes you forever. The discussion of the timing and form of trauma's effects, immediate vs. long term, and through social behavior vs. through internal feelings and attitudes, alerts us to the complex challenges we face in understanding how to deal with traumatic events. The psychological boundaries children bring to trauma are less well developed, and thus they are more vulnerable and trauma can more readily impinge directly on day-to-day emotional wellbeing. Perhaps equally important, when our psychological and philosophical resources are less well developed, it is likely that what happens really happens—in the sense captured by the characterization of trauma as “an event from which you never fully recover.”

Whether or not being in a horrible situation actually registers is to some degree a matter of age (and thus stage of development). When I was in Kuwait for UNICEF at the end of the Gulf War in 1991, I witnessed an example of this first hand. A Kuwaiti mother described how she had escaped from Kuwait one night early in the months of the Iraqi occupation of her country. She told her two daughters that they were going to play “the escape game.” “In this game,” she told the girls, “you have to be very quiet and stay close to me in the darkness while we walk to our friend’s car.” Her five-year-old daughter accepted this as a game and nothing more, and as a result was calm during the whole ordeal. Her 10-year-old daughter, on the other hand, realized that the “game” was really a dangerous escape act and knew that if they were caught the consequences would be terrible. She was terrified until they reached safety in Saudi Arabia, and even then had bad dreams about the experience for weeks following it.

This same theme was developed in the 1997 academy award winning film “Life is Beautiful,” in which an Italian Jewish father (Guido) shields his young son (Joshua) from the horrors of being

interned in a concentration camp by persuading him it is all actually a game. It's excruciating and inspiring to watch the lengths to which Guido goes to protect his son. So long as children can live within the cocoon of these protective adult-created worlds they can and do feel safe.

When the cocoon bursts, however, young children are especially vulnerable to trauma. This, I think, is evident in the results of a general review of the topic conducted by psychiatrist Kenneth Fletcher. He reports that 27% of teenagers, 33% of middle schoolers, and 39% of younger children exhibit serious psychological symptoms when they actually encounter traumatic events. Although lower than the rate for young children, the 27% figure for teenagers is still quite significant.

Psychologists Davidson and Smith found that when exposed to comparable potentially traumatic events, 56% of children 10 or younger experienced these same symptoms compared with 18% of those 11 and older. And, a study conducted on the effects of a flash flood that demolished an entire town in West Virginia in 1972 (the Buffalo Creek disaster), reported that the group most vulnerable were the children between the ages of 6 and 11. This is just what you would expect in the real world in which parents try to protect children from trauma. In that world, younger children are more willing and able to be protected, teenagers are more able to protect themselves, and the children between these two groups are in the most vulnerable position of all, aware but relatively defenseless.

When it is tied to politics, trauma is inextricably linked to terrorism. Indeed, terrorism is all about traumatizing the enemy. In the 1979 movie "Apocalypse Now," a renegade American Special Forces officer fighting in the Vietnam War—Colonel Walter Kurtz (played by Marlon Brando)-- speaks with gruesome admiration for his enemy's understanding of this.

He describes an incident in which he and his troops entered a village to inoculate the children against childhood diseases as a way of winning over the minds and hearts of the people in an area being contested by the enemy (the Viet Cong), only to return a week later to discover that the enemy had cut off the arm of each child so inoculated as a way to terrorize the population. “Pure terror,” he calls it, the recognition that the enemy was willing to do anything to advance their cause, even to the point of cutting off the arms of children whose only crime was that they had been inoculated against measles and polio.

To witness such an action would be truly traumatic; it evokes overwhelming negative arousal and overwhelming negative cognitions. Even to know about it is profoundly disturbing, because once you know about the dark side of human experience things never look the same to you. Trauma really is an event which changes you forever, because it lets you in on the dark side of the human universe.

I experienced this awareness of the dark side of human experience on a visit to Cambodia in 1988. My colleagues and I were taken to see elementary school that had been used as a torture and execution center by the murderous Khmer Rouge regime. Preserved as a museum, it stands as a monument to trauma. But even more articulate were the “Killing Fields.” In one location that we visited, some 20,000 people had been executed and dumped into mass graves. The site had been excavated—most of the remains had been removed—but as the rain fell that day it still exposed bones. In the center of the two-acre site was a monument, a tower of skulls arranged by age—the skulls of infants and young children at the bottom, then adolescents, then adults. And then off to the right a few feet was a tree—like an oak tree—that was used to kill babies: just hold them by the feet and swing their skulls against the trunk.

Having this information in your head is what “overwhelming cognitions” is all about. To have seen and heard and smelled it happening would have constituted the “overwhelming arousal.” To have both together would have been authentically traumatizing, and I agree with psychiatrist Lenore Terr who says that that authentic traumatization requires both.

What are the effects of such traumatization on children and youth? Beyond the immediate psychological effects of this kind of trauma are effects that I think of as “philosophical.” By “philosophical,” I mean the effects of trauma on the way kids understand the meaning of life. These effects include a loss of confidence in the future, a decline in seeing a purpose to living, and a reduction of belief in the institutions of the community and the larger society. I have seen this often in kids living in violent situations without hope of solution and hope. They sometimes adopt a stance of "terminal thinking," as when you ask a 15 year old what he expects to be when he is 30 and he answers, "dead."

I have witnessed all these consequences of trauma in my work as an expert witness in murder trials, for most of the criminals I sit with and talk to are best understood as untreated traumatized children inhabiting adolescent or adult bodies.

Trauma comes in many forms, but at its core are what I think of as Three Dark Secrets. The first secret is that despite the comforting belief that we are physically strong and durable, the fact of the matter is that the human body can easily be maimed or destroyed by acts of physical violence. Images of graphic violence demonstrate the reality of this proposition.

I call this “Snowden’s Secret” after a character in Joseph Heller’s 1961 novel “Catch 22,” who is grievously wounded during a World

War II mission on an American military aircraft. Hit by anti-aircraft fire, Airman Snowden appears have suffered only a minor injury when first approached by fellow crewman Yossarian. However, when Snowden complains of feeling cold, Yossarian opens the young man's flak jacket, at which point Snowden's insides spill out onto the floor. This reveals Snowden's secret, that the human body which appears so strong and durable is actually just a fragile bag filled with gooey stuff and lumps, suspended on a brittle skeleton that is no match for steel. Otherwise sheltered individuals can learn this secret from their visual exposure to terrorist attacks, and it is one of the principal sources of trauma for most of us.

I remember vividly watching television in the first hours of the attack on September 11 and watching a young man in suit and tie recall to the interviewer that he had watched someone jump from the 100th floor of the Trade Tower and fall to his death, actually seeing this victim hit the pavement. With a stunned look and a pathetic voice the witness said, "I will never be the same after this." He's right.

The second secret is that the social fabric is as vulnerable as the physical body, that despite all their power and authority, our parents and leaders cannot necessarily keep us safe when an enemy wishes us harm. This is most evident with respect to children and their relationships with parents, teachers, and other adults, but it has currency for adults as well.

I call this "Dantrell's Secret" in commemoration of a little boy in Chicago who, in 1992, was walked to school by his mother. When they arrived teachers stood on the steps of the school and a police car was positioned at the street corner. Nonetheless, as seven-year-old Dantrell Davis walked the 75 feet from his mother to his teacher he was shot in the head and killed by a sniper in a gang related shooting. Learning this secret can turn otherwise good citizens away

from the structures of ordinary community authority to fend for themselves out of a sense of self defensive adaptation, knowing now that your leaders cannot protect you, that the social fabric of community power and authority is as fragile as the human body.

It is a message that many American children learned with particular poignancy on September 11, 2001, as they watched the planes crash into the Trade Towers, over and over again, and again as they saw adults watch helplessly as the buildings collapsed minutes later. And it is a secret that millions of children the world over have learned from being exposed to political violence in all its forms.

The third secret is “Milgram’s Secret,” the knowledge that anything is possible when it comes to violence; there are no limits to human savagery. Stanley Milgram was a Yale University psychologist who conducted what was certainly among the most controversial experiments ever conducted by an American social scientist. He organized a study in which volunteers for an experiment on “memory” were positioned in front of a control board designed to allow them as “teacher” to administer electric shocks to an unseen “learner.” The question underlying the study was, would the “teachers” administer what they knew were painful electric shocks to the “learner” if they were told it was their duty to do so.

Before conducting the experiment Milgram surveyed people as to what they thought would happen in his experiment. Most people said that they thought “normal” people would refuse to inflict such torture and that only a few “crazy” sadists would do so. The results of the study were that although many participants were uncomfortable doing so, 65% of the “teachers” administered the torture—sometimes cursing the “learner” as they did so. This is Milgram’s Secret, that comforting assumptions about what is and what is not possible all disintegrate in the face of the human capacity to commit violence “for a good purpose.”

Milgram's Secret is coming to grips with the fact that any form of violence that can be imagined can be committed so long as the perpetrator believes he is justified in doing so. How many ways are there to kill and maim a human being? The news confronts children with the varieties of death and dying. Is there any form of mutilation that is out of bounds and beyond human possibility? Survivors of Nazi death camps, the Pol Pot Khmer Rouge terror in Cambodia, and abusive families know that the answer is "no." Children and youth who watch TV know it too. Anything is possible. It will take a long time to help children recover from all the traumatic images that flood over them.

True believers will fly planes into buildings at the cost of their own and thousands of other lives. True believers will strap explosives on their bodies, walk into a school full of children and detonate the explosives. True believers will spread lethal chemical, biological, and radioactive toxins in the food and water of a community. Whatever can be imagined can be done. Learning this secret can drive anyone, but particularly those who are psychologically or philosophically vulnerable, to emotional shut down or hedonistic self-destruction.

How do human beings learn these three dark secrets? In my experience, some learn them "the old fashioned way," by experiencing them first hand as the result of abuse, natural disaster, suffering a horrible accident, being witness to a violent crime, or living in a war zone. I've met all these people. A child in Omaha, Nebraska, said of his abusive mother, "she could kill me," and he is right. A girl in Nicaragua lived through an earth quake and says, "The ground started to move and the buildings fell down and I watched my mother die." A New York teenager grows sad and quiet and talks of dropping out of school after he recklessly drove the family car into a telephone pole and causes the death of his three

passengers, parts of whose bodies end up on his clothing because they were not wearing seat belts and are dismembered upon impact.

A young girl in Chicago played dead and watched as her mother was raped and killed by an intruder, and she does not speak for four weeks. A little boy in Croatia tells the story of how enemy soldiers came to his village and took his brother and father, and then, when asked to draw a picture of “life now” draws the body of a boy floating face down in the ocean. Two brothers in Kuwait tell of how they found an unexploded grenade after the Iraqi soldiers retreated in 1991, and they began to toss it around like a ball with their 10-year-old cousin until it exploded and killed him and cost one of the boys sight in his left eye.

“Face to face” is crucial! It is what instigates the “overwhelming arousal” component of trauma (and perhaps the overwhelming cognitions as well).

Healing builds upon Judith Herman’s formulation of trauma to tell us that healing the existential/spiritual challenge of trauma lies in coming face to face with human transcendence in the natural world and with the capacity for good in human nature. This includes, on the one hand, spiritual practice and other face to face encounters with the magnificence of the natural world—e.g. soulful encounters with animals (be they dogs or deer), and on the other, experiencing positive and nurturing relationships to “restore your belief in human goodness.” I find this in the good deeds of people around me and around the world.

Amen.