TRAUMA
AND
RECOVERY

The Aftermath of Violence—
From Domestic Abuse
to Political Terror

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With a New Epilogue by the Author

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mitted participants in the movement. As in the case of rape, the psychological investigations of domestic violence and child sexual abuse led to a rediscovery of the syndrome of psychological trauma. The psychologist Lenore Walker, describing women who had fled to a shelter, initially defined what she called the "battered woman syndrome."[76] My own initial descriptions of the psychology of incest survivors essentially recapitulated the late nineteenth-century observations of hysteria.[77]

Only after 1980, when the efforts of combat veterans had legitimated the concept of post-traumatic stress disorder, did it become clear that the psychological syndrome seen in survivors of rape, domestic battery, and incest was essentially the same as the syndrome seen in survivors of war. The implications of this insight are as horrifying in the present as they were a century ago: the subordinate condition of women is maintained and enforced by the hidden violence of men. There is war between the sexes. Rape victims, battered women, and sexually abused children are its casualties. Hysteria is the combat neurosis of the sex war.

Fifty years ago, Virginia Woolf wrote that "the public and private worlds are inseparably connected . . . the tyrannies and servilities of one are the tyrannies and servilities of the other."[78] It is now apparent also that the traumas of one are the traumas of the other. The hysteria of women and the combat neurosis of men are one. Recognizing the commonality of affliction may even make it possible at times to transcend the immense gulf that separates the public sphere of war and politics—the world of men—and the private sphere of domestic life—the world of women.

Will these insights be lost once again? At the moment, the study of psychological trauma seems to be firmly established as a legitimate field of inquiry. With the creative energy that accompanies the return of repressed ideas, the field has expanded dramatically. Twenty years ago, the literature consisted of a few out-of-print volumes moldering in neglected corners of the library. Now each month brings forth the publication of new books, new research findings, new discussions in the public media.

But history teaches us that this knowledge could also disappear. Without the context of a political movement, it has never been possible to advance the study of psychological trauma. The fate of this field of knowledge depends upon the fate of the same political movement that has inspired and sustained it over the last century. In the late nineteenth century the goal of that movement was the establishment of secular democracy. In the early twentieth century its goal was the abolition of war. In the late twentieth century its goal was the liberation of women. All of these goals remain. All are, in the end, inseparably connected

CHAPTER 2

Terror

PSYCHOLOGICAL TRAUMA is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.

It was once believed that such events were uncommon. In 1980, when post-traumatic stress disorder was first included in the diagnostic manual, the American Psychiatric Association described traumatic events as "outside the range of usual human experience."[1] Sadly, this definition has proved to be inaccurate. Rape, battery, and other forms of sexual and domestic violence are so common a part of women's lives that they can hardly be described as outside the range of ordinary experience. And in spite of the number of people killed in war over the past century, military trauma, too, must be considered a common part of human experience; only the fortunate find it unusual.

Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threat to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe. According to the *Comprehensive Textbook of Psychiatry*, the common denominator of psychological trauma is a feeling of "intense fear, helplessness, loss of control, and threat of annihilation."[2]

The severity of traumatic events cannot be measured on any single

dimension; simplistic efforts to quantify trauma ultimately lead to meaningless comparisons of horror. Nevertheless, certain identifiable experiences increase the likelihood of harm. These include being taken by surprise, trapped, or exposed to the point of exhaustion.[3] The likelihood of harm is also increased when the traumatic events include physical violation or injury, exposure to extreme violence, or witnessing grotesque death.[4] In each instance, the salient characteristic of the traumatic event is its power to inspire helplessness and terror.

The ordinary human response to danger is a complex, integrated system of reactions, encompassing both body and mind. Threat initially arouses the sympathetic nervous system, causing the person in danger to feel an adrenalin rush and go into a state of alert. Threat also concentrates a person's attention on the immediate situation. In addition, threat may alter ordinary perceptions: people in danger are often able to disregard hunger, fatigue, or pain. Finally, threat evokes intense feelings of fear and anger. These changes in arousal, attention, perception, and emotion are normal, adaptive reactions. They mobilize the threatened person for strenuous action, either in battle or in flight.

Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over. Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory. Moreover, traumatic events may sever these normally integrated functions from one another. The traumatized person may experience intense emotion but without clear memory of the event, or may remember everything in detail but without emotion. She may find herself in a constant state of vigilance and irritability without knowing why. Traumatic symptoms have a tendency to become disconnected from their source and to take on a life of their own.

This kind of fragmentation, whereby trauma tears apart a complex system of self-protection that normally functions in an integrated fashion, is central to the historic observations on post-traumatic stress disorder. A century ago, Janet pinpointed the essential pathology in hysteria as "dissociation": people with hysteria had lost the capacity to integrate the memory of overwhelming life events. With careful investigative techniques, including hypnosis, Janet demonstrated that the traumatic memories were preserved in an abnormal state, set apart from ordinary consciousness. He believed that the severing of the normal connections of

memory, knowledge, and emotion resulted from intense emotional reactions to traumatic events. He wrote of the "dissolving" effects of intense emotion, which incapacitated the "synthesizing" function of the mind.[5]

Fifty years later Abram Kardiner described the essential pathology of the combat neurosis in similar terms. When a person is overwhelmed by terror and helplessness, *"the whole apparatus for concerted, coordinated and purposeful activity is smashed.* The perceptions become inaccurate and pervaded with terror, the coordinative functions of judgment and discrimination fail . . . the sense organs may even cease to function. . . . The aggressive impulses become disorganized and unrelated to the situation in hand. . . . The functions of the autonomic nervous system may also become disassociated with the rest of the organism."[6]

Traumatized people feel and act as though their nervous systems have been disconnected from the present. The poet Robert Graves recounts how in civilian life he continued to react as though he were back in the trenches of the First World War: "I was still mentally and nervously organized for War. Shells used to come bursting on my bed at midnight, even though Nancy shared it with me; strangers in the daytime would assume the faces of friends who had been killed. When strong enough to climb the hill behind Harlech and visit my favorite country, I could not help seeing it as a prospective battlefield."[7]

The many symptoms of post-traumatic stress disorder fall into three main categories. These are called "hyperarousal," "intrusion," and "constriction." Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender.

HYPERAROUSAL

After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment. Physiological arousal continues unabated. In this state of hyperarousal, which is the first cardinal symptom of post-traumatic stress disorder, the traumatized person startles easily, reacts irritably to small provocations, and sleeps poorly. Kardiner proposed that "the nucleus of the [traumatic] neurosis is a *physioneurosis.*"[8] He believed that many of the symptoms observed in combat veterans of the First World War—startle reactions, hyperalertness, vigilance for the return of danger, nightmares, and psychosomatic complaints—could be understood as resulting from

chronic arousal of the autonomic nervous system. He also interpreted the irritability and explosively aggressive behavior of traumatized men as disorganized fragments of a shattered "fight or flight" response to overwhelming danger.

Similarly, Roy Grinker and John Spiegel observed that traumatized soldiers of the Second World War "seem to suffer from chronic stimulation of the sympathetic nervous system. . . . The emergency psychological reactions of anxiety and physiological preparedness . . . have overlapped and become not episodic, but almost continuous. . . . Eventually the soldier is removed from the environment of stress and after a time his subjective anxiety recedes. But the physiological phenomena persist and are now maladaptive to a life of safety and security."[9]

After the Vietnam War, researchers were able to confirm these hypotheses, documenting alterations in the physiology of the sympathetic nervous system in traumatized men. The psychiatrist Lawrence Kolb, for example, played tapes of combat sounds to Vietnam veterans. The men with post-traumatic stress disorder showed increased heart rate and blood pressure when the tapes were played. Many became so distraught that they asked to discontinue the experiment. Veterans without the disorder and those who had not experienced combat were able to listen to the combat tapes without emotional distress and without significant physiological responses.[10]

A wide array of similar studies has now shown that the psychophysiological changes of post-traumatic stress disorder are both extensive and enduring. Patients suffer from a combination of generalized anxiety symptoms and specific fears.[11] They do not have a normal "baseline" level of alert but relaxed attention. Instead, they have an elevated baseline of arousal: their bodies are always on the alert for danger. They also have an extreme startle response to unexpected stimuli, as well as an intense reaction to specific stimuli associated with the traumatic event.[12] It also appears that traumatized people cannot "tune out" repetitive stimuli that other people would find merely annoying; rather, they respond to each repetition as though it were a new, and dangerous, surprise.[13] The increase in arousal persists during sleep as well as in the waking state, resulting in numerous types of sleep disturbance. People with post-traumatic stress disorder take longer to fall asleep, are more sensitive to noise, and awaken more frequently during the night than ordinary people. Thus traumatic events appear to recondition the human nervous system.[14]

INTRUSION

Long after the danger is past, traumatized people relive the event as though it were continually recurring in the present. They cannot resume the normal course of their lives, for the trauma repeatedly interrupts. It is as if time stops at the moment of trauma. The traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and as traumatic nightmares during sleep. Small, seemingly insignificant reminders can also evoke these memories, which often return with all the vividness and emotional force of the original event. Thus, even normally safe environments may come to feel dangerous, for the survivor can never be assured that she will not encounter some reminder of the trauma.

Trauma arrests the course of normal development by its repetitive intrusion into the survivor's life. Janet described his hysterical patients as dominated by an "idée fixe." Freud, struggling to come to grips with the massive evidence of combat neuroses after the First World War, remarked, "The patient is, one might say, fixated to the trauma. . . . This astonishes us far too little."[15] Kardiner described "fixation on the trauma" as one of the essential features of the combat neurosis. Noting that traumatic nightmares can recur unmodified for years on end, he described the perseverative dream as "one of the most characteristic and at the same time one of the most enigmatic phenomena we encounter in the disease."[16]

Traumatic memories have a number of unusual qualities. They are not encoded like the ordinary memories of adults in a verbal, linear narrative that is assimilated into an ongoing life story. Janet explained the difference:

> [Normal memory,] like all psychological phenomena, is an action; essentially it is the action of telling a story. . . . A situation has not been satisfactorily liquidated . . . until we have achieved, not merely an outward reaction through our movements, but also an inward reaction through the words we address to ourselves, through the organization of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history. . . . Strictly speaking, then, one who retains a fixed idea of a happening cannot be said to have a "memory" . . . it is only for convenience that we speak of it as a "traumatic memory."[17]

The frozen and wordless quality of traumatic memories is captured in Doris Lessing's portrait of her father, a First World War combat veteran

who considered himself fortunate to have lost only a leg, while the rest of his company lost their lives, in the trenches at Passchendaele: "His childhood and young man's memories, kept fluid, were added to, grew, as living memories do. But his war memories were congealed in stories that he told again and again, with the same words and gestures, in stereotyped phrases. . . . This dark region in him, fate-ruled, where nothing was true but horror, was expressed inarticulately, in brief, bitter exclamations of rage, incredulity, betrayal."[18]

Traumatic memories lack verbal narrative and context; rather, they are encoded in the form of vivid sensations and images.[19] Robert Jay Lifton, who studied survivors of Hiroshima, civilian disasters, and combat, describes the traumatic memory as an "indelible image" or "death imprint."[20] Often one particular set of images crystallizes the experience, in what Lifton calls the "ultimate horror." The intense focus on fragmentary sensation, on image without context, gives the traumatic memory a heightened reality. Tim O'Brien, a combat veteran of the Vietnam War, describes such a traumatic memory: "I remember the white bone of an arm. I remember the pieces of skin and something wet and yellow that must've been the intestines. The gore was horrible, and stays with me. But what wakes me up twenty years later is Dave Jensen singing 'Lemon Tree' as we threw down the parts."[21]

In their predominance of imagery and bodily sensation, and in their absence of verbal narrative, traumatic memories resemble the memories of young children.[22] Studies of children, in fact, offer some of the clearest examples of traumatic memory. Among 20 children with documented histories of early trauma, the psychiatrist Lenore Terr found that none of the children could give a verbal description of the events that had occurred before they were two and one-half years old. Nonetheless, these experiences were indelibly encoded in memory. Eighteen of the 20 children showed evidence of traumatic memory in their behavior and their play. They had specific fears related to the traumatic events, and they were able to reenact these events in their play with extraordinary accuracy. For example, a child who had been sexually molested by a babysitter in the first two years of life could not, at age five, remember or name the babysitter. Furthermore, he denied any knowledge or memory of being abused. But in his play he enacted scenes that exactly replicated a pornographic movie made by the babysitter.[23] This highly visual and enactive form of memory, appropriate to young children, seems to be mobilized in adults as well in circumstances of overwhelming terror.

These unusual features of traumatic memory may be based on alterations in the central nervous system. A wide array of animal experiments

show that when high levels of adrenaline and other stress hormones are circulating, memory traces are deeply imprinted.[24] The same traumatic engraving of memory may occur in human beings. The psychiatrist Bessel van der Kolk speculates that in states of high sympathetic nervous system arousal, the linguistic encoding of memory is inactivated, and the central nervous system reverts to the sensory and iconic forms of memory that predominate in early life.[25]

Just as traumatic memories are unlike ordinary memories, traumatic dreams are unlike ordinary dreams. In form, these dreams share many of the unusual features of the traumatic memories that occur in waking states. They often include fragments of the traumatic event in exact form, with little or no imaginative elaboration. Identical dreams often occur repeatedly. They are often experienced with terrifying immediacy, as if occurring in the present. Small, seemingly insignificant environmental stimuli occurring during these dreams can be perceived as signals of a hostile attack, arousing violent reactions. And traumatic nightmares can occur in stages of sleep in which people do not ordinarily dream.[26] Thus, in sleep as well as in waking life, traumatic memories appear to be based in an altered neurophysiological organization.

Traumatized people relive the moment of trauma not only in their thoughts and dreams but also in their actions. The reenactment of traumatic scenes is most apparent in the repetitive play of children. Terr differentiates between normal play and the "forbidden games" of children who have been traumatized: "The everyday play of childhood . . . is free and easy. It is bubbly and light-spirited, whereas the play that follows from trauma is grim and monotonous. . . . Play does not stop easily when it is traumatically inspired. And it may not change much over time. As opposed to ordinary child's play, post-traumatic play is obsessively repeated. . . . Post-traumatic play is so literal that if you spot it, you may be able to guess the trauma with few other clues."[27]

Adults as well as children often feel impelled to re-create the moment of terror, either in literal or in disguised form. Sometimes people reenact the traumatic moment with a fantasy of changing the outcome of the dangerous encounter. In their attempts to undo the traumatic moment, survivors may even put themselves at risk of further harm. Some reenactments are consciously chosen. The rape survivor Sohaila Abdulali describes her determination to return to the scene of the trauma:

> I've always hated feeling like something's got the better of me. When this thing happened, I was at such a vulnerable age—I was seventeen—I had to prove they weren't going to get me down. The guys who raped me told

me, "If we ever find you out here alone again we're going to get you." And I believed them. So it's always a bit of a terror walking up that lane, because I'm always afraid I'll see them. In fact, no one I know would walk up that lane at night alone, because it's just not safe. People have been mugged, and there's no question that it's dangerous. Yet part of me feels that if I don't walk there, then they'll have gotten me. And so, even more than other people, I *will walk up that lane.*[28]

More commonly, traumatized people find themselves reenacting some aspect of the trauma scene in disguised form, without realizing what they are doing. The incest survivor Sharon Simone recounts how she became aware of a link between her dangerous risk-taking behavior and her childhood history of abuse:

For a couple of months, I had been playing chicken on the highway with men, and finally I was involved in an auto accident. A male truck driver was trying to cut me off, and I said to myself in the crudest of language, there's no f——ing way you're going to push your penis into my lane. Like right out of the blue! Boom! Like that! That was really strange.

I had not really been dealing with any of the incest issues. I knew vaguely there was something there and I knew I had to deal with it and I didn't want to. I just had a lot of anger at men. So I let this man smash into me and it was a humongous scene. I was really out of control when I got out of the car, just raging at this man. I didn't tell my therapist about it for about six weeks—I just filed it away. When I told I got confronted—it's very dangerous—so I made a contract that I would deal with my issues with men.[29]

Not all reenactments are dangerous. Some, in fact, are adaptive. Survivors may find a way to integrate reliving experiences into their lives in a contained, even socially useful manner. The combat veteran Ken Smith describes how he managed to re-create some aspects of his war experience in civilian life:

I was in Vietnam 8 months, 11 days, 12 hours, and 45 minutes. These things you remember. I remember it exactly. I returned home a much different person from when I left. I went to work as a paramedic, and I found a considerable amount of self-satisfaction out of doing that work. It was almost like a continuance of what I had been doing in Vietnam, but on a much, much lower capacity. There was no gunshot trauma, there was no burn trauma, I wasn't seeing sucking chest wounds or amputations or shrapnel. I was seeing a lot of medical emergencies, a lot of diabetic emergencies, a lot of elderly people. Once in awhile there would be an auto accident, which would be the juice. I would turn on the sirens and know

I'm going to something, and the adrenalin rush that would run through my body would fuel me for the next 100 calls.[30]

There is something uncanny about reenactments. Even when they are consciously chosen, they have a feeling of involuntariness. Even when they are not dangerous, they have a driven, tenacious quality. Freud named this recurrent intrusion of traumatic experience the "repetition compulsion." He first conceptualized it as an attempt to master the traumatic event. But this explanation did not satisfy him. It somehow failed to capture what he called the "daemonic" quality of reenactment. Because the repetition compulsion seemed to defy any conscious intent and to resist change so adamantly, Freud despaired of finding any adaptive, life-affirming explanation for it; rather, he was driven to invoke the concept of a "death instinct."[31]

Most theorists have rejected this Manichaean explanation, concurring with Freud's initial formulation. They speculate that the repetitive reliving of the traumatic experience must represent a spontaneous, unsuccessful attempt at healing. Janet spoke of the person's need to "assimilate" and "liquidate" traumatic experience, which, when accomplished, produces a feeling of "triumph." In his use of language, Janet implicitly recognized that helplessness constitutes the essential insult of trauma, and that restitution requires the restoration of a sense of efficacy and power. The traumatized person, he believed, "remains confronted by a difficult situation, one in which he has not been able to play a satisfactory part, one to which his adaptation has been imperfect, so that he continues to make efforts at adaptation."[32]

More recent theorists also conceptualize intrusion phenomena, including reenactments, as spontaneous attempts to integrate the traumatic event. The psychiatrist Mardi Horowitz postulates a "completion principle" which "summarizes the human mind's intrinsic ability to process new information in order to bring up to date the inner schemata of the self and the world." Trauma, by definition, shatters these "inner schemata." Horowitz suggests that unassimilated traumatic experiences are stored in a special kind of "active memory," which has an "intrinsic tendency to repeat the representation of contents." The trauma is resolved only when the survivor develops a new mental "schema" for understanding what has happened.[33]

The psychoanalyst Paul Russell conceptualizes the emotional rather than the cognitive experience of the trauma as the driving force of the repetition compulsion. What is reproduced is "what the person needs to

feel in order to repair the injury." He sees the repetition compulsion as an attempt to relive and master the overwhelming feelings of the traumatic moment.[34] The predominant unresolved feeling might be terror, helpless rage, or simply the undifferentiated "adrenaline rush" of mortal danger.

Reliving a trauma may offer an opportunity for mastery, but most survivors do not consciously seek or welcome the opportunity. Rather, they dread and fear it. Reliving a traumatic experience, whether in the form of intrusive memories, dreams, or actions, carries with it the emotional intensity of the original event. The survivor is continually buffeted by terror and rage. These emotions are qualitatively different from ordinary fear and anger. They are outside the range of ordinary emotional experience, and they overwhelm the ordinary capacity to bear feelings.

Because reliving a traumatic experience provokes such intense emotional distress, traumatized people go to great lengths to avoid it. The effort to ward off intrusive symptoms, though self-protective in intent, further aggravates the post-traumatic syndrome, for the attempt to avoid reliving the trauma too often results in a narrowing of consciousness, a withdrawal from engagement with others, and an impoverished life.

CONSTRICTION

When a person is completely powerless, and any form of resistance is futile, she may go into a state of surrender. The system of self-defense shuts down entirely. The helpless person escapes from her situation not by action in the real world but rather by altering her state of consciousness. Analogous states are observed in animals, who sometimes "freeze" when they are attacked. These are the responses of captured prey to predator or of a defeated contestant in battle. A rape survivor describes her experience of this state of surrender: "Did you ever see a rabbit stuck in the glare of your headlights when you were going down a road at night. Transfixed—like it knew it was going to get it—that's what happened."[35] In the words of another rape survivor, "I couldn't scream. I couldn't move. I was paralyzed . . . like a rag doll."[36]

These alterations of consciousness are at the heart of constriction or numbing, the third cardinal symptom of post-traumatic stress disorder. Sometimes situations of inescapable danger may evoke not only terror and rage but also, paradoxically, a state of detached calm, in which terror, rage, and pain dissolve. Events continue to register in awareness, but it

is as though these events have been disconnected from their ordinary meanings. Perceptions may be numbed or distorted, with partial anesthesia or the loss of particular sensations. Time sense may be altered, often with a sense of slow motion, and the experience may lose its quality of ordinary reality. The person may feel as though the event is not happening to her, as though she is observing from outside her body, or as though the whole experience is a bad dream from which she will shortly awaken. These perceptual changes combine with a feeling of indifference, emotional detachment, and profound passivity in which the person relinquishes all initiative and struggle. This altered state of consciousness might be regarded as one of nature's small mercies, a protection against unbearable pain. A rape survivor describes this detached state: "I left my body at that point. I was over next to the bed, watching this happen. . . . I dissociated from the helplessness. I was standing next to me and there was just this shell on the bed. . . . There was just a feeling of flatness. I was just there. When I repicture the room, I don't picture it from the bed. I picture it from the side of the bed. That's where I was watching from."[37] A combat veteran of the Second World War reports a similar experience: "Like most of the 4th, I was numb, in a state of virtual disassociation. There is a condition . . . which we called the two-thousand-year-stare. This was the anesthetized look, the wide, hollow eyes of a man who no longer cares. I wasn't to that state yet, but the numbness was total. I felt almost as if I hadn't actually been in a battle."[38]

These detached states of consciousness are similar to hypnotic trance states. They share the same features of surrender of voluntary action, suspension of initiative and critical judgment, subjective detachment or calm, enhanced perception of imagery, altered sensation, including numbness and analgesia, and distortion of reality, including depersonalization, derealization, and change in the sense of time.[39] While the heightened perceptions occurring during traumatic events resemble the phenomena of hypnotic absorption, the numbing symptoms resemble the complementary phenomena of hypnotic dissociation.[40]

Janet thought that his hysterical patients' capacity for trance states was evidence of psychopathology. More recent studies have demonstrated that although people vary in their ability to enter hypnotic states, trance is a normal property of human consciousness.[41] Traumatic events serve as powerful activators of the capacity for trance.[42] As the psychiatrist David Spiegel points out, "it would be surprising indeed if people did *not* spontaneously use this capacity to reduce their perception of pain during acute trauma."[43] But while people usually enter hypnotic states under

controlled circumstances and by choice, traumatic trance states occur in an uncontrolled manner, usually without conscious choice.

The biological factors underlying these altered states, both hypnotic trance and traumatic dissociation, remain an enigma. The psychologist Ernest Hilgard speculates that hypnosis "may be acting in a manner parallel to morphine."[44] The use of hypnosis as a substitute for opiates to produce analgesia has long been known. Both hypnosis and morphine produce a dissociative state in which the perception of pain and the normal emotional responses to pain are severed. Both hypnosis and opiates diminish the distress of intractable pain without abolishing the sensation itself. The psychiatrists Roger Pitman and van der Kolk, who have demonstrated persistent alterations in pain perception in combat veterans with post-traumatic stress disorder, suggest that trauma may produce long-lasting alterations in the regulation of endogenous opioids, which are natural substances having the same effects as opiates within the central nervous system.[45]

Traumatized people who cannot spontaneously dissociate may attempt to produce similar numbing effects by using alcohol or narcotics. Observing the behavior of soldiers in wartime, Grinker and Spiegel found that uncontrolled drinking increased proportionately to the combat group's losses; the soldiers' use of alcohol appeared to be an attempt to obliterate their growing sense of helplessness and terror.[46] It seems clear that traumatized people run a high risk of compounding their difficulties by developing dependence on alcohol or other drugs. The psychologist Josefina Card, in a study of Vietnam-era veterans and their civilian peers, demonstrated that men who developed post-traumatic stress disorder were far more likely to have engaged in heavy consumption of narcotics and street drugs, and to have received treatment for problems with alcohol or drug abuse after their return from the war.[47] In another study of 100 combat veterans with severe post-traumatic stress disorder, Herbert Hendin and Ann Haas noted that 85 percent developed serious drug and alcohol problems after their return to civilian life. Only 7 percent had used alcohol heavily before they went to war. The men used alcohol and narcotics to try to control their hyperarousal and intrusive symptoms—insomnia, nightmares, irritability, and rage outbursts. Their drug abuse, however, ultimately compounded their difficulties and further alienated them from others.[48] The largest and most comprehensive investigation of all, the National Vietnam Veterans Readjustment Study, reported almost identical findings: 75 percent of men with the disorder developed problems with alcohol abuse or dependence.[49]

Although dissociative alterations in consciousness, or even intoxication, may be adaptive at the moment of total helplessness, they become maladaptive once the danger is past. Because these altered states keep the traumatic experience walled off from ordinary consciousness, they prevent the integration necessary for healing. Unfortunately, the constrictive or dissociative states, like other symptoms of the post-traumatic syndrome, prove to be remarkably tenacious. Lifton likened "psychic numbing," which he found to be universal in survivors of disaster and war, to a "paralysis of the mind."[50]

Constrictive symptoms, like intrusive symptoms, were first described in the domain of memory. Janet noted that post-traumatic amnesia was due to a "constriction of the field of consciousness" which kept painful memories split off from ordinary awareness. When his hysterical patients were in a hypnotic trance state, they were able to replicate the dissociated events in exquisite detail. His patient Irene, for example, reported a dense amnesia for a two-month time period surrounding her mother's death. In trance, she was able to reproduce all the harrowing events of those two months, including the death scene, as though they were occurring in the present.[51]

Kardiner also recognized that a constrictive process kept traumatic memories out of normal consciousness, allowing only a fragment of the memory to emerge as an intrusive symptom. He cited the case of a navy veteran who complained of a persistent sensation of numbness, pain, and cold from the waist down. This patient denied any traumatic experiences during the war. On persistent questioning, without formal use of hypnosis, he recalled the sinking of his ship and the many hours he had spent awaiting rescue in the icy water, but he denied having any emotional reaction to the event. However, as Kardiner pressed on, the patient became agitated, angry, and frightened:

> The similarities between the symptoms of which he complained . . . and his being submerged in cold water from his waist down, were pointed out to him. He admitted that when he closed his eyes and *allowed himself to think* of his present sensations, he still imagined himself clinging to the raft, half submerged in the sea. He then said that while he was clinging to the raft, his sensations were extremely painful and that he thought of nothing else during the time. He also recalled the fact that several of the men had lost consciousness and had drowned. To a large extent, the patient obviously owed his life to his concentration of the painful sensations occasioned by the cold water. Hence the symptom represented a . . . reproduction of the original sensations of being submerged in the water.[52]

In this case, the constrictive process resulted not in complete amnesia but in the formation of a truncated memory, devoid of emotion and meaning. The patient did not "allow himself to think" about the meaning of his symptom, for to do so would have brought back all the pain, terror, and rage of narrowly escaping death and witnessing the deaths of his comrades. This voluntary suppression of thoughts related to the traumatic event is characteristic of traumatized people, as are the less conscious forms of dissociation.

The constrictive symptoms of the traumatic neurosis apply not only to thought, memory, and states of consciousness but also to the entire field of purposeful action and initiative. In an attempt to create some sense of safety and to control their pervasive fear, traumatized people restrict their lives. Two rape survivors describe how their lives narrowed after the trauma:

> I was terrified to go anywhere on my own. . . . I felt too defenseless and too afraid, and so I just stopped doing anything. . . . I would just stay home and I was just frightened.[53]

> I cut off all my hair. I did not want to be attractive to men. . . . I just wanted to look neutered for awhile because that felt safer.[54]

The combat veteran Ken Smith describes how he rationalized the constriction in his life that occurred after combat, so that for a long time he did not recognize how much he was ruled by fear: "I worked exclusively midnight to eight or eleven to seven. Never understood why. I was so concerned about being awake at night, because I had this thing about being *afraid of the night.* Now I know that; then I didn't. I rationalized it because there wasn't as much supervision, I got more freedom, I didn't have to listen to the political infighting bullshit, nobody really bothered me, I was left alone."[55]

Constrictive symptoms also interfere with anticipation and planning for the future. Grinker and Spiegel observed that soldiers in wartime responded to the losses and injuries within their group with diminished confidence in their own ability to make plans and take initiative, with increased superstitious and magical thinking, and with greater reliance on lucky charms and omens.[56] Terr, in a study of kidnapped schoolchildren, described how afterward the children came to believe that there had been omens warning them of the traumatic event. Years after the kidnapping, these children continued to look for omens to protect them and guide

their behavior. Moreover, years after the event, the children retained a foreshortened sense of the future; when asked what they wanted to be when they grew up, many replied that they never fantasized or made plans for the future because they expected to die young.[57]

In avoiding any situations reminiscent of the past trauma, or any initiative that might involve future planning and risk, traumatized people deprive themselves of those new opportunities for successful coping that might mitigate the effect of the traumatic experience. Thus, constrictive symptoms, though they may represent an attempt to defend against overwhelming emotional states, exact a high price for whatever protection they afford. They narrow and deplete the quality of life and ultimately perpetuate the effects of the traumatic event.

THE DIALECTIC OF TRAUMA

In the aftermath of an experience of overwhelming danger, the two contradictory responses of intrusion and constriction establish an oscillating rhythm. This dialectic of opposing psychological states is perhaps the most characteristic feature of the post-traumatic syndromes.[58] Since neither the intrusive nor the numbing symptoms allow for integration of the traumatic event, the alternation between these two extreme states might be understood as an attempt to find a satisfactory balance between the two. But balance is precisely what the traumatized person lacks. She finds herself caught between the extremes of amnesia or of reliving the trauma, between floods of intense, overwhelming feeling and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action. The instability produced by these periodic alternations further exacerbates the traumatized person's sense of unpredictability and helplessness.[59] The dialectic of trauma is therefore potentially self-perpetuating.

In the course of time, this dialectic undergoes a gradual evolution. Initially, intrusive reliving of the traumatic event predominates, and the victim remains in a highly agitated state, on the alert for new threats. Intrusive symptoms emerge most prominently in the first few days or weeks following the traumatic event, abate to some degree within three to six months, and then attenuate slowly over time. For example, in a large-scale community study of crime victims, rape survivors generally reported that their most severe intrusive symptoms diminished after three to six months, but they were still fearful and anxious one year following

the rape.[60] Another study of rape survivors also found the majority (80 percent) still complaining of intrusive fears at the one-year mark.[61] When a different group of rape survivors were recontacted two to three years after they had first been seen in a hospital emergency room, the majority were still suffering from symptoms attributable to rape. Trauma-specific fears, sexual problems, and restriction of daily life activities were the symptoms these survivors reported most commonly.[62]

The traumatic injury persists over even a longer period. For example, four to six years after their study of rape victims at a hospital emergency room, Ann Burgess and Lynda Holmstrom recontacted the women. By that time, three-fourths of the women considered themselves to have recovered. In retrospect, about one-third (37 percent) thought it had taken them less than a year to recover, and one-third (37 percent) felt it had taken more than a year. But one woman in four (26 percent) felt that she still had not recovered.[63]

A Dutch study of people who were taken hostage also documents the long-lasting effects of a single traumatic event. All of the hostages were symptomatic in the first month after being set free, and 75 percent were still symptomatic after six months to one year. The longer they had been in captivity, the more symptomatic they were, and the slower they were to recover. On long-term follow-up six to nine years after the event, almost half the survivors (46 percent) still reported constrictive symptoms, and one-third (32 percent) still had intrusive symptoms. While general anxiety symptoms tended to diminish over time, psychosomatic symptoms actually got worse.[64]

While specific, trauma-related symptoms seem to fade over time, they can be revived, even years after the event, by reminders of the original trauma. Kardiner, for example, described a combat veteran who suffered an "attack" of intrusive symptoms on the anniversary of a plane crash which he had survived eight years previously.[65] In a more recent case, nightmares and other intrusive symptoms suddenly recurred in a Second World War combat veteran after a delay of thirty years.[66]

As intrusive symptoms diminish, numbing or constrictive symptoms come to predominate. The traumatized person may no longer seem frightened and may resume the outward forms of her previous life.[67] But the severing of events from their ordinary meanings and the distortion in the sense of reality persist. She may complain that she is just going through the motions of living, as if she were observing the events of daily life from a great distance. Only the repeated reliving of the moment of horror temporarily breaks through the sense of numbing and disconnection. The alienation and inner deadness of the traumatized person is captured in Virginia Woolf's classic portrait of a shell-shocked veteran:

> "Beautiful," [his wife] would murmur, nudging Septimus that he might see. But beauty was behind a pane of glass. Even taste (Rezia liked ices, chocolates, sweet things) had no relish to him. He put down his cup on the little marble table. He looked at people outside; happy they seemed, collecting in the middle of the street, shouting, laughing, squabbling over nothing. But he could not taste, he could not feel. In the tea-shop among the tables and the chattering waiters the appalling fear came over him—he could not feel.[68]

The constraints upon the traumatized person's inner life and outer range of activity are negative symptoms. They lack drama; their significance lies in what is missing. For this reason, constrictive symptoms are not readily recognized, and their origins in a traumatic event are often lost. With the passage of time, as these negative symptoms become the most prominent feature of the post-traumatic disorder, the diagnosis becomes increasingly easy to overlook. Because post-traumatic symptoms are so persistent and so wide-ranging, they may be mistaken for enduring characteristics of the victim's personality. This is a costly error, for the person with unrecognized post-traumatic stress disorder is condemned to a diminished life, tormented by memory and bounded by helplessness and fear. Here, again, is Lessing's portrait of her father:

> The young bank clerk who worked such long hours for so little money, but who danced, sang, played, flirted—this naturally vigorous, sensuous being was killed in 1914, 1915, 1916. I think the best of my father died in that war, that his spirit was crippled by it. The people I've met, particularly the women, who knew him young speak of his high spirits, his energy, his enjoyment of life. Also of his kindness, his compassion and—a word that keeps recurring—his wisdom. . . . I do not think these people would have easily recognized the ill, irritable, abstracted, hypochondriac man I knew.[69]

Long after the event, many traumatized people feel that a part of themselves has died. The most profoundly afflicted wish that they were dead. Perhaps the most disturbing information on the long-term effects of traumatic events comes from a community study of crime victims, including 100 women who had been raped. The average time elapsed since the rape was nine years. The study recorded only major mental health problems, without paying attention to more subtle levels of post-traumatic symptomatology. Even by these crude measures, the lasting,

destructive effects of the trauma were apparent. Rape survivors reported more "nervous breakdowns," more suicidal thoughts, and more suicide attempts than any other group. While prior to the rape they had been no more likely than anyone else to attempt suicide, almost one in five (19.2 percent) made a suicide attempt following the rape.[70]

The estimate of actual suicide following severe trauma is riddled with controversy. Popular media have reported, for example, that there were more deaths of Vietnam veterans by suicide after the war than deaths in combat. These accounts appear to be highly exaggerated, but mortality studies nevertheless suggest that combat trauma may indeed increase the risk of suicide.[71] Hendin and Haas found in their study of combat veterans with post-traumatic stress disorder that a significant minority had made suicide attempts (19 percent) or were constantly preoccupied with suicide (15 percent). Most of the men who were persistently suicidal had had heavy combat exposure. They suffered from unresolved guilt about their wartime experiences and from severe, unremitting anxiety, depression, and post-traumatic symptoms. Three of the men died by suicide during the course of the study.[72]

Thus, the very "threat of annihilation" that defined the traumatic moment may pursue the survivor long after the danger has passed. No wonder that Freud found, in the traumatic neurosis, signs of a "daemonic force at work."[73] The terror, rage, and hatred of the traumatic moment live on in the dialectic of trauma.

CHAPTER 3

Disconnection

TRAUMATIC EVENTS CALL INTO QUESTION basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis.

The damage to relational life is not a secondary effect of trauma, as originally thought. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community. Mardi Horowitz defines traumatic life events as those that cannot be assimilated with the victim's "inner schemata" of self in relation to the world.[1] Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation.[2] The rape survivor Alice Sebold testifies to this loss of security: "When I was raped I lost my virginity and almost lost my life. I also discarded certain assumptions I had held about how the world worked and about how safe I was."[3]

The sense of safety in the world, or basic trust, is acquired in earliest life in the relationship with the first caretaker. Originating with life itself, this sense of trust sustains a person throughout the lifecycle. It forms the basis of all systems of relationship and faith. The original experience of care makes it possible for human beings to envisage a world in which they belong, a world hospitable to human life. Basic trust is the foundation of

belief in the continuity of life, the order of nature, and the transcendent order of the divine.[4]

In situations of terror, people spontaneously seek their first source of comfort and protection. Wounded soldiers and raped women cry for their mothers, or for God. When this cry is not answered, the sense of basic trust is shattered. Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion. When trust is lost, traumatized people feel that they belong more to the dead than to the living. Virginia Woolf captures this inner devastation in her portrait of the shell-shocked combat veteran Septimus Smith:

> This was now revealed to Septimus; the message hidden in the beauty of words. The secret signal which one generation passes, under disguise, to the next is loathing, hatred, despair. . . . One cannot bring children into a world like this. One cannot perpetuate suffering, or increase the breed of these lustful animals, who have no lasting emotions, but only whims and vanities, eddying them now this way, now that. . . . For the truth is . . . that human beings have neither kindness, nor faith, nor charity beyond what serves to increase the pleasure of the moment. They hunt in packs. Their packs scour the desert and vanish screaming into the wilderness.[5]

THE DAMAGED SELF

A secure sense of connection with caring people is the foundation of personality development. When this connection is shattered, the traumatized person loses her basic sense of self. Developmental conflicts of childhood and adolescence, long since resolved, are suddenly reopened. Trauma forces the survivor to relive all her earlier struggles over autonomy, initiative, competence, identity, and intimacy.

The developing child's positive sense of self depends upon a caretaker's benign use of power. When a parent, who is so much more powerful than a child, nevertheless shows some regard for that child's individuality and dignity, the child feels valued and respected; she develops self-esteem. She also develops autonomy, that is, a sense of her own separateness within a relationship. She learns to control and regulate her own bodily functions and to form and express her own point of view.

Traumatic events violate the autonomy of the person at the level of

basic bodily integrity. The body is invaded, injured, defiled. Control over bodily functions is often lost; in the folklore of combat and rape, this loss of control is often recounted as the most humiliating aspect of the trauma. Furthermore, at the moment of trauma, almost by definition, the individual's point of view counts for nothing. In rape, for example, the purpose of the attack is precisely to demonstrate contempt for the victim's autonomy and dignity. The traumatic event thus destroys the belief that one can *be oneself* in relation to others.

Unsatisfactory resolution of the normal developmental conflicts over autonomy leaves the person prone to shame and doubt. These same emotional reactions reappear in the aftermath of traumatic events. Shame is a response to helplessness, the violation of bodily integrity, and the indignity suffered in the eyes of another person.[6] Doubt reflects the inability to maintain one's own separate point of view while remaining in connection with others. In the aftermath of traumatic events, survivors doubt both others and themselves. Things are no longer what they seem. The combat veteran Tim O'Brien describes this pervasive sense of doubt:

> For the common soldier . . . war has the feel—the spiritual texture—of a great ghostly fog, thick and permanent. There is no clarity. Everything swirls. The old rules are no longer binding, the old truths no longer true. Right spills over into wrong. Order blends into chaos, love into hate, ugliness into beauty, law into anarchy, civility into savagery. The vapors suck you in. You can't tell where you are, or why you're there, and the only certainty is overwhelming ambiguity. In war you lose your sense of the definite, hence your sense of truth itself, and therefore it's safe to say that in a true war story nothing is ever absolutely true.[7]

As the normal child develops, her growing competence and capacity for initiative are added to her positive self-image. Unsatisfactory resolution of the normal developmental conflicts over initiative and competence leaves the person prone to feelings of guilt and inferiority. Traumatic events, by definition, thwart initiative and overwhelm individual competence. No matter how brave and resourceful the victim may have been, her actions were insufficient to ward off disaster. In the aftermath of traumatic events, as survivors review and judge their own conduct, feelings of guilt and inferiority are practically universal. Robert Jay Lifton found "survivor guilt" to be a common experience in people who had lived through war, natural disaster, or nuclear holocaust.[8] Rape produces essentially the same effect: it is the victims, not the perpetrators, who feel guilty. Guilt may be understood as an attempt to draw some useful lesson

from disaster and to regain some sense of power and control. To imagine that one could have done better may be more tolerable than to face the reality of utter helplessness.[9]

Feelings of guilt are especially severe when the survivor has been a witness to the suffering or death of other people. To be spared oneself, in the knowledge that others have met a worse fate, creates a severe burden of conscience. Survivors of disaster and war are haunted by images of the dying whom they could not rescue. They feel guilty for not risking their lives to save others, or for failing to fulfill the request of a dying person.[10] In combat, witnessing the death of a buddy places the soldier at particularly high risk for developing post-traumatic stress disorder.[11] Similarly, in a natural disaster, witnessing the death of a family member is one of the events most likely to leave the survivor with an intractable, long-lasting traumatic syndrome.[12]

The violation of human connection, and consequently the risk of a post-traumatic disorder, is highest of all when the survivor has been not merely a passive witness but also an active participant in violent death or atrocity.[13] The trauma of combat exposure takes on added force when violent death can no longer be rationalized in terms of some higher value or meaning. In the Vietnam War, soldiers became profoundly demoralized when victory in battle was an impossible objective and the standard of success became the killing itself, as exemplified by the body count. Under these circumstances, it was not merely the exposure to death but rather the participation in meaningless acts of malicious destruction that rendered men most vulnerable to lasting psychological damage. In one study of Vietnam veterans, about 20 percent of the men admitted to having witnessed atrocities during their tour of duty in Vietnam, and another 9 percent acknowledged personally committing atrocities. Years after their return from the war, the most symptomatic men were those who had witnessed or participated in abusive violence.[14] Confirming these findings, another study of Vietnam veterans found that every one of the men who acknowledged participating in atrocities had post-traumatic stress disorder more than a decade after the end of the war.[15]

The belief in a meaningful world is formed in relation to others and begins in earliest life. Basic trust, acquired in the primary intimate relationship, is the foundation of faith. Later elaborations of the sense of law, justice, and fairness are developed in childhood in relation to both caretakers and peers. More abstract questions of the order of the world, the individual's place in the community, and the human place in the natural order are normal preoccupations of adolescence and adult development.

Resolution of these questions of meaning requires the engagement of the individual with the wider community.

Traumatic events, once again, shatter the sense of connection between individual and community, creating a crisis of faith. Lifton found pervasive distrust of community and the sense of a "counterfeit" world to be common reactions in the aftermath of disaster and war.[16] A combat veteran of the Vietnam War describes his loss of faith: "I could not rationalize in my mind how God let good men die. I had gone to several . . . priests. I was sitting there with this one priest and said, 'Father, I don't understand this: How does God allow small children to be killed? What is this thing, this war, this bullshit? I got all these friends who are dead.' . . . That priest, he looked me in the eye and said, 'I don't know, son, I've never been in war.' I said, 'I didn't ask you about war, I asked you about God.' "[17]

The damage to the survivor's faith and sense of community is particularly severe when the traumatic events themselves involve the betrayal of important relationships. The imagery of these events often crystallizes around a moment of betrayal, and it is this breach of trust which gives the intrusive images their intense emotional power. For example, in Abram Kardiner's psychotherapy of the navy veteran who had been rescued at sea after his ship was sunk, the veteran became most upset when revealing how he felt let down by his own side: "The patient became rather excited and began to swear profusely; his anger was aroused clearly by incidents connected with his rescue. They had been in the water for a period of about twelve hours when a torpedo-boat destroyer picked them up. Of course the officers in the lifeboats were taken off first. The eight or nine men clinging to the raft the patient was on had to wait in the water for six or seven hours longer until help came."[18]

The officers had been rescued first, even though they were already relatively safe in lifeboats, while the enlisted men hanging onto the raft were passed over, and some of them drowned as they awaited rescue. Though Kardiner accepted this procedure as part of the normal military order, the patient was horrified at the realization that he was expendable to his own people. The rescuers' disregard for this man's life was more traumatic to him than were the enemy attack, the physical pain of submersion in the cold water, the terror of death, and the loss of the other men who shared his ordeal. The indifference of the rescuers destroyed his faith in his community. In the aftermath of this event, the patient exhibited not only classic post-traumatic symptoms but also evidence of pathological

grief, disrupted relationships, and chronic depression: "He had, in fact, a profound reaction to violence of any kind and could not see others being injured, hurt, or threatened. . . . [However] he claimed that he felt like suddenly striking people and that he had become very pugnacious toward his family. He remarked, 'I wish I were dead; I make everybody around me suffer.' "[19]

The contradictory nature of this man's relationships is common to traumatized people. Because of their difficulty in modulating intense anger, survivors oscillate between uncontrolled expressions of rage and intolerance of aggression in any form. Thus, on the one hand, this man felt compassionate and protective toward others and could not stand the thought of anyone being harmed, while on the other hand, he was explosively angry and irritable toward his family. His own inconsistency was one of the sources of his torment.

Similar oscillations occur in the regulation of intimacy. Trauma impels people both to withdraw from close relationships and to seek them desperately. The profound disruption in basic trust, the common feelings of shame, guilt, and inferiority, and the need to avoid reminders of the trauma that might be found in social life, all foster withdrawal from close relationships. But the terror of the traumatic event intensifies the need for protective attachments. The traumatized person therefore frequently alternates between isolation and anxious clinging to others. The dialectic of trauma operates not only in the survivor's inner life but also in her close relationships. It results in the formation of intense, unstable relationships that fluctuate between extremes. A rape survivor describes how the trauma disrupted her sense of connection to others: "There's no way to describe what was going on inside me. I was losing control and I'd never been so terrified and helpless in my life. I felt as if my whole world had been kicked out from under me and I had been left to drift alone in the darkness. I had horrible nightmares in which I relived the rape. . . . I was terrified of being with people and terrified of being alone."[20]

Traumatized people suffer damage to the basic structures of the self. They lose their trust in themselves, in other people, and in God. Their self-esteem is assaulted by experiences of humiliation, guilt, and helplessness. Their capacity for intimacy is compromised by intense and contradictory feelings of need and fear. The identity they have formed prior to the trauma is irrevocably destroyed. The rape survivor Nancy Ziegenmayer testifies to this loss of self: "The person that I was on the morning of November 19, 1988, was taken from me and my family. I will never be the same for the rest of my life."[21]

VULNERABILITY AND RESILIENCE

The most powerful determinant of psychological harm is the character of the traumatic event itself. Individual personality characteristics count for little in the face of overwhelming events.[22] There is a simple, direct relationship between the severity of the trauma and its psychological impact, whether that impact is measured in terms of the number of people affected or the intensity and duration of harm.[23] Studies of war and natural disasters have documented a "dose-response curve," whereby the greater the exposure to traumatic events, the greater the percentage of the population with symptoms of post-traumatic stress disorder.[24]

In the national study of Vietnam veterans' readjustment to civilian life, soldiers who did a tour of duty in Vietnam were compared to soldiers who had not been assigned to the war theater, as well as to civilian counterparts. Fifteen years after the end of the war, over a third (36 percent) of the Vietnam veterans who had been exposed to heavy combat still qualified for a diagnosis of post-traumatic stress disorder; by contrast, only 9 percent of the veterans with low or moderate combat exposure, 4 percent of the veterans who had not been sent to Vietnam, and 1 percent of the civilians had the disorder.[25] Approximately twice the number of veterans who still had the syndrome at the time of the study had been symptomatic at some time since their return. Of the men exposed to heavy combat, roughly three in four had suffered from a post-traumatic syndrome.[26]

With severe enough traumatic exposure, no person is immune. Lenore Terr, in her study of schoolchildren who had been kidnapped and abandoned in a cave, found that all the children had post-traumatic symptoms, both in the immediate aftermath of the event and on follow-up four years later. The element of surprise, the threat of death, and the deliberate, unfathomable malice of the kidnappers all contributed to the severe impact of the event, even though the children were physically unharmed.[27] Ann Burgess and Lynda Holmstrom, who interviewed rape survivors in a hospital emergency room, found that in the immediate aftermath of the assault, every woman had symptoms of post-traumatic stress disorder.[28]

Follow-up studies find that rape survivors have high levels of persistent post-traumatic stress disorder, compared to victims of other crimes.[29] These malignant effects of rape are not surprising given the particular nature of the trauma. The essential element of rape is the physical, psychological, and moral violation of the person. Violation is, in fact, a

synonym for rape. The purpose of the rapist is to terrorize, dominate, and humiliate his victim, to render her utterly helpless. Thus rape, by its nature, is intentionally designed to produce psychological trauma.

Though the likelihood that a person will develop post-traumatic stress disorder depends primarily on the nature of the traumatic event, individual differences play an important part in determining the form that the disorder will take. No two people have identical reactions, even to the same event. The traumatic syndrome, despite its many constant features, is not the same for everyone. In a study of combat veterans with post-traumatic stress disorder, for example, each man's predominant symptom pattern was related to his individual childhood history, emotional conflicts, and adaptive style. Men who had been prone to antisocial behavior before going to war were likely to have predominant symptoms of irritability and anger, while men who had high moral expectations of themselves and strong compassion for others were more likely to have predominant symptoms of depression.[30]

The impact of traumatic events also depends to some degree on the resilience of the affected person. While studies of combat veterans in the Second World War have shown that every man had his "breaking point," some "broke" more easily than others.[31] Only a small minority of exceptional people appear to be relatively invulnerable in extreme situations. Studies of diverse populations have reached similar conclusions: stress-resistant individuals appear to be those with high sociability, a thoughtful and active coping style, and a strong perception of their ability to control their destiny.[32] For example, when a large group of children were followed from birth until adulthood, roughly one child in ten showed an unusual capacity to withstand an adverse early environment. These children were characterized by an alert, active temperament, unusual sociability and skill in communicating with others, and a strong sense of being able to affect their own destiny, which psychologists call "internal locus of control."[33] Similar capacities have been found in people who show particular resistance to illness or hardiness in the face of ordinary life stresses.[34]

During stressful events, highly resilient people are able to make use of any opportunity for purposeful action in concert with others, while ordinary people are more easily paralyzed or isolated by terror. The capacity to preserve social connection and active coping strategies, even in the face of extremity, seems to protect people to some degree against the later development of post-traumatic syndromes. For example, among survivors of a disaster at sea, the men who had managed to escape by

cooperating with others showed relatively little evidence of post-traumatic stress disorder afterward. By contrast, those who had "frozen" and dissociated tended to become more symptomatic later. Highly symptomatic as well were the "Rambos," men who had plunged into impulsive, isolated action and had not affiliated with others.[35]

A study of ten Vietnam veterans who did not develop post-traumatic stress disorder, in spite of heavy combat exposure, showed once again the characteristic triad of active, task-oriented coping strategies, strong sociability, and internal locus of control. These extraordinary men had consciously focused on preserving their calm, their judgment, their connection with others, their moral values, and their sense of meaning, even in the most chaotic battlefield conditions. They approached the war as "a dangerous challenge to be met effectively while trying to stay alive," rather than as an opportunity to prove their manhood or a situation of helpless victimization.[36] They struggled to construct some reasonable purpose for the actions in which they were engaged and to communicate this understanding to others. They showed a high degree of responsibility for the protection of others as well as themselves, avoiding unnecessary risks and on occasion challenging orders that they believed to be ill-advised. They accepted fear in themselves and others, but strove to overcome it by preparing themselves for danger as well as they could. They also avoided giving in to rage, which they viewed as dangerous to survival. In a demoralized army that fostered atrocities, none of these men expressed hatred or vengefulness toward the enemy, and none engaged in rape, torture, murder of civilians or prisoners, or mutilation of the dead.

The experiences of women who have encountered a rapist suggest that the same resilient characteristics are protective to some degree. The women who remained calm, used many active strategies, and fought to the best of their ability were not only more likely to be successful in thwarting the rape attempt but also less likely to suffer severe distress symptoms even if their efforts ultimately failed. By contrast, the women who were immobilized by terror and submitted without a struggle were more likely not only to be raped but also to be highly self-critical and depressed in the aftermath. Women's generally high sociability, however, was often a liability rather than an asset during a rape attempt. Many women tried to appeal to the humanity of the rapist or to establish some form of empathic connection with him. These efforts were almost universally futile.[37]

Though highly resilient people have the best chance of surviving relatively unscathed, no personal attribute of the victim is sufficient in

itself to offer reliable protection. The most important factor universally cited by survivors is good luck. Many are keenly aware that the traumatic event could have been far worse and that they might well have "broken" if fate had not spared them. Sometimes survivors attribute their survival to the image of a connection that they managed to preserve, even in extremity, though they are well aware that this connection was fragile and could easily have been destroyed. A young man who survived attempted murder describes the role of such a connection:

> I was lucky in a lot of ways. At least they didn't rape me. I don't think I could have lived through that. After they stabbed me and left me for dead, I suddenly had a very powerful image of my father. I realized I couldn't die yet because it would cause him too much grief. I had to reconcile my relationship with him. Once I resolved to live, an amazing thing happened. I actually visualized the knot around my wrists, even though my hands were tied behind my back. I untied myself and crawled into the hallway. The neighbors found me just in time. A few minutes more and it would have been too late. I felt that I had been given a second chance at life.[38]

While a few resourceful individuals may be particularly resistant to the malignant psychological effects of trauma, individuals at the other end of the spectrum may be particularly vulnerable. Predictably, those who are already disempowered or disconnected from others are most at risk. For example, the younger, less well-educated soldiers sent to Vietnam were more likely than others to be exposed to extreme war experiences. They were also more likely to have few social supports on their return home and were consequently less likely to talk about their war experiences with friends or family. Not surprisingly, these men were at high risk for developing post-traumatic stress disorder. Soldiers who had any preexisting psychological disorder before being sent to Vietnam were more likely to develop a wide range of psychiatric problems upon return, but this vulnerability was not specific for the post-traumatic syndrome.[39] Similarly, women who had psychiatric disorders before they were raped suffered particularly severe and complicated post-traumatic reactions.[40] Traumatic life events, like other misfortunes, are especially merciless to those who are already troubled.

Children and adolescents, who are relatively powerless in comparison to adults, are also particularly susceptible to harm.[41] Studies of abused children demonstrate an inverse relationship between the degree of psychopathology and the age of onset of abuse.[42] Adolescent soldiers are more likely than their more mature comrades to develop post-traumatic stress disorder in combat.[43] And adolescent girls are particularly vulnerable to the trauma of rape.[44] The experience of terror and disempowerment during adolescence effectively compromises the three normal adaptive tasks of this stage of life: the formation of identity, the gradual separation from the family of origin, and the exploration of a wider social world.

Combat and rape, the public and private forms of organized social violence, are primarily experiences of adolescence and early adult life. The United States Army enlists young men at seventeen; the average age of the Vietnam combat soldier was nineteen. In many other countries boys are conscripted for military service while barely in their teens. Similarly, the period of highest risk for rape is in late adolescence. Half of all victims are aged twenty or younger at the time they are raped; three-quarters are between the ages of thirteen and twenty-six.[45] The period of greatest psychological vulnerability is also in reality the period of greatest traumatic exposure, for both young men and young women. Rape and combat might thus be considered complementary social rites of initiation into the coercive violence at the foundation of adult society. They are the paradigmatic forms of trauma for women and men respectively.

THE EFFECT OF SOCIAL SUPPORT

Because traumatic life events invariably cause damage to relationships, people in the survivor's social world have the power to influence the eventual outcome of the trauma.[46] A supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome.[47] In the aftermath of traumatic life events, survivors are highly vulnerable. Their sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connection with others.

The emotional support that traumatized people seek from family, lovers, and close friends takes many forms, and it changes during the course of resolution of the trauma. In the immediate aftermath of the trauma, rebuilding of some minimal form of trust is the primary task. Assurances of safety and protection are of the greatest importance. The survivor who is often in terror of being left alone craves the simple presence of a sympathetic person. Having once experienced the sense of total isolation, the survivor is intensely aware of the fragility of all human

connections in the face of danger. She needs clear and explicit assurances that she will not be abandoned once again.

In fighting men, the sense of safety is invested in the small combat group. Clinging together under prolonged conditions of danger, the combat group develops a shared fantasy that their mutual loyalty and devotion can protect them from harm. They come to fear separation from one another more than they fear death. Military psychiatrists in the Second World War discovered that separating soldiers from their units greatly compounded the trauma of combat exposure. The psychiatrist Herbert Spiegel describes his strategy for preserving attachment and restoring the sense of basic safety among soldiers at the front: "We knew once a soldier was separated from his unit he was lost. So if someone was getting tremulous, I would give him the chance to spend the night in the kitchen area, because it was a little bit behind, a little bit protected, but it was still our unit. The cooks were there, and I would tell them to rest, even give them some medication for sleep, and that was like my rehab unit. Because the traumatic neurosis doesn't occur right away. In the initial stage it's just confusion and despair. In that immediate period afterwards, if the environment encourages and supports the person, you can avoid the worst of it."[48]

Once the soldier has returned home, problems of safety and protection do not generally arise. Similarly in civilian disasters and ordinary crimes, the victim's immediate family and friends usually mobilize to provide refuge and safety. In sexual and domestic violence, however, the victim's safety may remain in jeopardy after the attack. In most instances of rape, for example, the offender is known to the victim: he is an acquaintance, a work associate, a family friend, a husband, or a lover.[49] Moreover, the rapist often enjoys higher status than his victim within their shared community. The people closest to the victim will not necessarily rally to her aid; in fact, her community may be more supportive to the offender than to her. To escape the rapist, the victim may have to withdraw from some part of her social world. She may find herself driven out of a school, a job, or a peer group. An adolescent rape survivor describes how she was shunned: "After that, it was all downhill. None of the girls were allowed to have me in their homes, and the boys used to stare at me on the street when I walked to school. I was left with a reputation that followed me throughout high school."[50]

Thus the survivor's feelings of fear, distrust, and isolation may be compounded by the incomprehension or frank hostility of those to whom she turns for help. When the rapist is a husband or lover, the traumatized person is the most vulnerable of all, for the person to whom she might ordinarily turn for safety and protection is precisely the source of danger.

If, by contrast, the survivor is lucky enough to have supportive family, lovers, or friends, their care and protection can have a strong healing influence. Burgess and Holmstrom, in their follow-up study of rape survivors, reported that the length of time required for recovery was related to the quality of the person's intimate relationships. Women who had a stable intimate relationship with a partner tended to recover faster than those who did not.[51] Similarly, another study found that the rape survivors who were least symptomatic on follow-up were those who reported the greatest experience of intimate, loving relationships with men.[52]

Once a sense of basic safety has been reestablished, the survivor needs the help of others in rebuilding a positive view of the self. The regulation of intimacy and aggression, disrupted by the trauma, must be restored. This requires that others show some tolerance for the survivor's fluctuating need for closeness and distance, and some respect for her attempts to reestablish autonomy and self-control. It does not require that others tolerate uncontrolled outbursts of aggression; such tolerance is in fact counterproductive, since it ultimately increases the survivor's burden of guilt and shame. Rather, the restoration of a sense of personal worth requires the same kind of respect for autonomy that fostered the original development of self-esteem in the first years of life.

Many returning soldiers speak of their difficulties with intimacy and aggression. The combat veteran Michael Norman testifies to these difficulties: "Unsettled and irritable, I behaved badly. I sought solitude, then slandered friends for keeping away. . . . I barked at a son who revered me and bickered with my best ally, my wife."[53] This testimony is borne out in studies. The psychologist Josefina Card found that Vietnam veterans commonly reported difficulties getting along with their wives or girlfriends, or feeling emotionally close to anyone. In this regard they differed significantly from their peers who had not been to war.[54] Another study of Vietnam veterans' readjustment documented a profound impact of combat trauma. Men with post-traumatic stress disorder were less likely to marry, more likely to have marital and parenting problems, and more likely to divorce than those who escaped without the disorder. Many became extremely isolated or resorted to violence against others. Women veterans with the same syndrome showed similar disruptions in their close relationships, although they rarely resorted to violence.[55]

In a vicious cycle, combat veterans with unsupportive families appear to be at high risk for persistent post-traumatic symptoms, and those who have post-traumatic stress disorder may further alienate their families.[56] In a study of the social support networks of returning soldiers, the psychologist Terence Keane observed that all the men lost some of their important connections in civilian life while they were away at war. The men without post-traumatic stress disorder gradually built back their support networks once they returned home. But the men who suffered from the persistent syndrome could not rebuild their social connections; as time passed, their social networks deteriorated even further.[57]

The damage of war may in fact be compounded by the broad social tolerance for emotional disengagement and uncontrolled aggression in men. The people closest to the traumatized combat veteran may fail to confront him about his behavior, according him too much latitude for angry outbursts and emotional withdrawal. Ultimately, this compounds his sense of inadequacy and shame and alienates those closest to him. The social norms of male aggression also create persistent confusion for combat veterans who are attempting to develop peaceful and nurturant family relationships. The social worker Sarah Haley quotes a veteran with post-traumatic stress disorder who had managed to marry and have a family, only to develop an acute recurrence of his symptoms when his toddler son began to play with war toys: "I thought I could handle it, but on Christmas morning between the GI Joe doll and a toy machine gun I came unglued. . . . We'd had a bad time with the three year old and I didn't know how to sort it out. . . . I guess I was naive. All kids go through it, but it really threw me because I'd been like that in Vietnam. I thought I'd made him like that and I had to make him stop."[58]

This man was preoccupied with the gratuitous cruelties he had committed as a soldier and with the fact that no one in a position of authority had intervened to prevent them. His irritability at home reminded him of his earlier uncontrolled aggression in Vietnam. Ashamed of both his past actions and his current behavior, he "felt like a poor excuse for a father" and wondered whether he even deserved to have a family. This man, like many other combat veterans, was struggling with the same developmental issues of aggression and self-control as his preschool child. The trauma of combat had undone whatever resolution of these issues he had attained in early life.

Women traumatized in sexual and domestic life struggle with similar issues of self-regulation. In contrast to men, however, their difficulties may be aggravated by the narrow tolerance of those closest to them.

Society gives women little permission either to withdraw or to express their feelings. In an effort to be protective, family, lovers, or friends may disregard a survivor's need to reestablish a sense of autonomy. Family members may decide on their own course of action in the aftermath of a traumatic event and may ignore or override the survivor's wishes, thereby once again disempowering her.[59] They may show little tolerance for her anger or may swallow up her anger in their own quest for revenge. Thus survivors often hesitate to disclose to family members, not only because they fear they will not be understood but also because they fear that the reactions of family members will overshadow their own. A rape survivor describes how her husband's initial reaction made her feel more anxious and out of control: "When I told my husband, he had a violent reaction. He wanted to go after these guys. At the time I was already completely frightened and I didn't want him exposed to these people. I made myself very clear. Fortunately he heard me and was willing to respect my wishes."[60]

Rebuilding a sense of control is especially problematic in sexual relations. In the aftermath of rape, survivors almost universally report disruption in their previously established sexual patterns. Most wish to withdraw entirely from sex for some period of time. Even after intimate relations are resumed, the disturbances in sexual life are slow to heal.[61] In sexual intercourse, survivors frequently reencounter not only specific stimuli that produce flashbacks but also a more general feeling of being pressured or coerced. A rape survivor reports how her boyfriend's response made her feel revictimized: "During the night, I woke up to find him on top of me. At first I thought [the rapist] was back and I panicked. My boyfriend said he was just trying to get me 'used to things' again, so that I wouldn't be frigid for the rest of my life. I was too drained to fight or argue, so I let him. My mind was completely blank during it. I felt nothing. The next day I took my last exam, packed my things, and left. I broke up with my boyfriend over the summer."[62]

Because of entrenched norms of male entitlement, many women are accustomed to accommodating their partners' desires and subordinating their own, even in consensual sex. In the aftermath of rape, however, many survivors find they can no longer tolerate this arrangement. In order to reclaim her own sexuality, a rape survivor needs to establish a sense of autonomy and control. If she is ever to trust again, she needs a cooperative and sensitive partner who does not expect sex on demand.

The restoration of a positive view of the self includes not only a renewed sense of autonomy within connection but also renewed self-

respect. The survivor needs the assistance of others in her struggle to overcome her shame and to arrive at a fair assessment of her conduct. Here the attitudes of those closest to her are of great importance. Realistic judgments diminish the feelings of humiliation and guilt. By contrast, either harsh criticism or ignorant, blind acceptance greatly compounds the survivor's self-blame and isolation.

Realistic judgments include a recognition of the dire circumstances of the traumatic event and the normal range of victim reactions. They include the recognition of moral dilemmas in the face of severely limited choice. And they include the recognition of psychological harm and the acceptance of a prolonged recovery process. Harshly critical judgments, by contrast, often superimpose a preconceived view of both the nature of the traumatic event and the range of appropriate responses. And naively accepting views attempt to dismiss questions of moral judgment with the assertion that such concerns are immaterial in circumstances of limited choice. The moral emotions of shame and guilt, however, are not obliterated, even in these situations.

The issue of judgment is of great importance in repairing the sense of connection between the combat veteran and those closest to him. The veteran is isolated not only by the images of the horror that he has witnessed and perpetrated but also by his special status as an initiate in the cult of war. He imagines that no civilian, certainly no woman or child, can comprehend his confrontation with evil and death. He views the civilian with a mixture of idealization and contempt: she is at once innocent and ignorant. He views himself, by contrast, as at once superior and defiled. He has violated the taboo of murder. The mark of Cain is upon him. A Vietnam veteran describes this feeling of being contaminated:

> The town could not talk and would not listen. "How'd you like to hear about the war?" he might have asked, but the place could only blink and shrug. It had no memory, and therefore no guilt. The taxes got paid and the votes got counted and the agencies of government did their work briskly and politely. It was a brisk, polite town. It did not know shit about shit, and did not care to know. [The veteran] leaned back and considered what he might've said on the subject. He knew shit. It was his specialty. The smell, in particular, but also the numerous varieties of texture and taste. Someday he'd give a lecture on the topic. Put on a suit and tie and stand up in front of the Kiwanis club and tell the fuckers about all the wonderful shit he knew. Pass out samples, maybe.[63]

Too often, this view of the veteran as a man apart is shared by civilians, who are content to idealize or disparage his military service while avoiding detailed knowledge of what that service entailed. Social support for the telling of war stories, to the extent that it exists at all, is usually segregated among combat veterans. The war story is closely kept among men of a particular era, disconnected from the broader society that includes two sexes and many generations. Thus the fixation on the trauma—the sense of a moment frozen in time—may be perpetuated by social customs that foster the segregation of warriors from the rest of society.[64]

Rape survivors, for different reasons, encounter similar difficulties with social judgment. They, too, may be seen as defiled. Rigidly judgmental attitudes are widespread, and the people closest to the survivor are not immune. Husbands, lovers, friends, and family all have preconceived notions of what constitutes a rape and how victims ought to respond. The issue of doubt becomes central for many survivors because of the immense gulf between their actual experience and the commonly held beliefs regarding rape. Returning veterans may be frustrated by their families' naive and unrealistic views of combat, but at least they enjoy the recognition that they have been to war. Rape victims, by and large, do not. Many acts that women experience as terrorizing violations may not be regarded as such, even by those closest to them. Survivors are thus placed in the situation where they must choose between expressing their own point of view and remaining in connection with others. Under these circumstances, many women may have difficulty even naming their experience.[65] The first task of consciousness-raising is simply calling rape by its true name.[66]

Conventional social attitudes not only fail to recognize most rapes as violations but also construe them as consensual sexual relations for which the victim is responsible. Thus women discover an appalling disjunction between their actual experience and the social construction of reality.[67] Women learn that in rape they are not only violated but dishonored. They are treated with greater contempt than defeated soldiers, for there is no acknowledgment that they have lost in an unfair fight. Rather, they are blamed for betraying their own moral standards and devising their own defeat. A survivor describes how she was criticized and blamed: "It was just so awful that [my mother] didn't believe I had gotten raped. She was sure I had asked for it. . . . [My parents] so totally brainwashed me that I wasn't raped that I actually began to doubt it. Or maybe I really wanted it. People said a woman can't get raped if she doesn't want to."[68] By contrast, supportive responses from those closest to the survivor can

detoxify her sense of shame, stigma, and defilement. Another, more fortunate rape survivor describes how a friend comforted her: "I said, 'I'm fourteen years old and I'm not a virgin any more.' He said, 'This doesn't have anything to do with being a virgin. Some day you'll fall in love and you'll make love and *that* will be losing your virginity. Not the act of what happened' (he didn't say *rape*). 'That doesn't have anything to do with it.' "[69]

Beyond the issues of shame and doubt, traumatized people struggle to arrive at a fair and reasonable assessment of their conduct, finding a balance between unrealistic guilt and denial of all moral responsibility. In coming to terms with issues of guilt, the survivor needs the help of others who are willing to recognize that a traumatic event has occurred, to suspend their preconceived judgments, and simply to bear witness to her tale. When others can listen without ascribing blame, the survivor can accept her own failure to live up to ideal standards at the moment of extremity. Ultimately, she can come to a realistic judgment of her conduct and a fair attribution of responsibility.

In their study of combat veterans with post-traumatic stress disorder, Herbert Hendin and Ann Haas found that resolving guilt required a detailed understanding of each man's particular reasons for self-blame rather than simply a blanket absolution. A young officer, for example, who survived after a jeep in which he was riding ran over a mine and exploded, killing several men, blamed himself for surviving while others died. He felt that he should have been driving the jeep. On the face of it, this self-criticism was completely unfounded. Careful exploration of the circumstances leading up to the disaster revealed, however, that this officer had been in the habit of avoiding responsibility and had not done everything he could to protect his men. When ordered by an inexperienced commander to embark upon the trip in the jeep, he had not objected, even though he knew that the order was unwise. Thus, by an act of omission, he had placed himself and his men in jeopardy. In this metaphorical sense, he blamed himself for not being "in the driver's seat."[70]

Similar issues surface in the treatment of rape survivors, who often castigate themselves bitterly, either for placing themselves at risk or for resisting ineffectively. These are precisely the arguments that rapists invoke to blame the victim or justify the rape. The survivor cannot come to a fair assessment of her own conduct until she clearly understands that no action on her part in any way absolves the rapist of responsibility for his crime.

In reality, most people sometimes take unnecessary risks. Women often take risks naively, in ignorance of danger, or rebelliously, in defiance of danger. Most women do not in fact recognize the degree of male hostility toward them, preferring to view the relations of the sexes as more benign than they are in fact. Similarly, women like to believe that they have greater freedom and higher status than they do in reality. A woman is especially vulnerable to rape when acting as though she were free—that is, when she is not observing conventional restrictions on dress, physical mobility, and social initiative. Women who act as though they were free are often described as "loose," meaning not only "unbound" but also sexually provocative.

Once in a situation of danger, most women have little experience in mobilizing an effective defense. Traditional socialization virtually ensures that women will be poorly prepared for danger, surprised by attack, and ill equipped to protect themselves.[71] Reviewing the rape scenario after the fact, many women report ignoring their own initial perceptions of danger, thereby losing the opportunity for escape.[72] Fear of conflict or social embarrassment may prevent victims from taking action in time. Later, survivors who have disregarded their own "inner voice" may be furiously critical of their own "stupidity" or "naiveté." Transforming this harsh self-blame into a realistic judgment may in fact enhance recovery. Among the few positive outcomes reported by rape survivors is the determination to become more self-reliant, to show greater respect for their own perceptions and feelings, and to be better prepared for handling conflict and danger.[73]

The survivor's shame and guilt may be exacerbated by the harsh judgment of others, but it is not fully assuaged by simple pronouncements absolving her from responsibility, because simple pronouncements, even favorable ones, represent a refusal to engage with the survivor in the lacerating moral complexities of the extreme situation. From those who bear witness, the survivor seeks not absolution but fairness, compassion, and the willingness to share the guilty knowledge of what happens to people in extremity.

Finally, the survivor needs help from others to mourn her losses. All of the classic writings ultimately recognize the necessity of mourning and reconstruction in the resolution of traumatic life events. Failure to complete the normal process of grieving perpetuates the traumatic reaction. Lifton observes that "unresolved or incomplete mourning results in stasis and entrapment in the traumatic process."[74] Chaim Shatan, observing combat veterans, speaks of their "impacted grief."[75] In ordinary bereave-

ment, numerous social rituals contain and support the mourner through this process. By contrast, no custom or common ritual recognizes the mourning that follows traumatic life events. In the absence of such support, the potential for pathological grief and severe, persistent depression is extremely high.

THE ROLE OF THE COMMUNITY

Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world. In this process, the survivor seeks assistance not only from those closest to her but also from the wider community. The response of the community has a powerful influence on the ultimate resolution of the trauma. Restoration of the breach between the traumatized person and the community depends, first, upon public acknowledgment of the traumatic event and, second, upon some form of community action. Once it is publicly recognized that a person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. These two responses—recognition and restitution—are necessary to rebuild the survivor's sense of order and justice.

Returning soldiers have always been exquisitely sensitive to the degree of support they encounter at home. Returning soldiers look for tangible evidence of public recognition. After every war, soldiers have expressed resentment at the general lack of public awareness, interest, and attention; they fear their sacrifices will be quickly forgotten.[76] After the First World War, veterans bitterly referred to their war as the "Great Unmentionable."[77] When veterans' groups organize, their first efforts are to ensure that their ordeals will not disappear from public memory. Hence the insistence on medals, monuments, parades, holidays, and public ceremonies of memorial, as well as individual compensation for injuries. Even congratulatory public ceremonies, however, rarely satisfy the combat veteran's longing for recognition, because of the sentimental distortion of the truth of combat. A Vietnam veteran addresses this universal tendency to deny the horror of war: "If at the end of a war story you feel uplifted, or if you feel that some small bit of rectitude has been salvaged from the larger waste, then you have been made the victim of a very old and terrible lie."[78]

Beyond recognition, soldiers seek the meaning of their encounter with killing and death in the moral stance of civilian community. They need to know whether their actions are viewed as heroic or dishonorable, brave or cowardly, necessary and purposeful or meaningless. A realistically accepting climate of community opinion fosters the reintegration of soldiers into civilian life; a rejecting climate of opinion compounds their isolation.

A notorious example of community rejection in recent history involves the war in Vietnam, an undeclared war, fought without formal ratification by the established processes of democratic decision-making. Unable to develop a public consensus for war or to define a realistic military objective, the United States government nevertheless conscripted millions of young men for military service. As casualties mounted, public opposition to the war grew. Attempts to contain the antiwar sentiment led to policy decisions that isolated soldiers both from civilians and from one another. Soldiers were dispatched to Vietnam and returned to their homes as individuals, with no opportunity for organized farewells, for bonding within their units, or for public ceremonies of return. Caught in a political conflict that should have been resolved before their lives were placed at risk, returning soldiers often felt traumatized a second time when they encountered public criticism and rejection of the war they had fought and lost.[79]

Probably the most significant public contribution to the healing of these veterans was the construction of the Vietnam War Memorial in Washington, D.C. This monument, which records simply by name and date the number of the dead, becomes by means of this acknowledgment a site of common mourning. The "impacted grief" of soldiers is easier to resolve when the community acknowledges the sorrow of its loss. This monument, unlike others that celebrate the heroism of war, has become a sacramental place, a place of pilgrimage. People come to see the names, to touch the wall. They bring offerings and leave notes for the dead—notes of apology and of gratitude. The Vietnam veteran Ken Smith, who now organizes services for other veterans, describes his first visit to the memorial: "I remembered certain guys, I remembered certain smells, I remembered certain times, I remembered the rain, I remembered Christmas eve, I remembered leaving. I'd been in a couple of nasty things there; I remembered those. I remembered faces. I remembered. . . . To some people, it's like a cemetary, but to me it's more like a cathedral. It's more like a religious experience. It's kind of this catharsis. It's a hard thing to explain to somebody: I'm a part of that and I always will be. And because I was able to come to peace with that, I was able to draw the power from it to do what I do."[80]

In the traumas of civilian life, the same issues of public acknowledgment and justice are the central preoccupation of survivors. Here the formal arena of both recognition and restitution is the criminal justice system, a forbidding institution to victims of sexual and domestic violence. At the basic level of acknowledgment, women commonly find themselves isolated and invisible before the law. The contradictions between women's reality and the legal definitions of that same reality are often so extreme that they effectively bar women from participation in the formal structures of justice.

Women quickly learn that rape is a crime only in theory; in practice the standard for what constitutes rape is set not at the level of women's experience of violation but just above the level of coercion acceptable to men. That level turns out to be high indeed. In the words of the legal scholar Catherine MacKinnon, "rape, from women's point of view, is not prohibited; it is regulated."[81] Traditional legal standards recognize a crime of rape only if the perpetrator uses extreme force, which far exceeds that usually needed to terrorize a woman, or if he attacks a woman who belongs to a category of restricted social access, the most notorious example of which is an attack on a white woman by a black man. The greater the degree of social relationship, the wider the latitude of permitted coercion, so that an act of forced sex committed by a stranger may be recognized as rape, while the same act committed by an acquaintance is not. Since most rapes are in fact committed by acquaintances or intimates, most rapes are not recognized in law. In marriage, many states grant a permanent and absolute prerogative for sexual access, and any degree of force is legally permitted.[82]

Efforts to seek justice or redress often involve further traumatization, for the legal system is often frankly hostile to rape victims. Indeed, an adversarial legal system is of necessity a hostile environment; it is organized as a battlefield in which strategies of aggressive argument and psychological attack replace those of physical force. Women are generally little better prepared for this form of fighting than for physical combat. Even those who are well prepared are placed at a disadvantage by the systematic legal bias and institutional discrimination against them. The legal system is designed to protect men from the superior power of the state but not to protect women or children from the superior power of men. It therefore provides strong guarantees for the rights of the accused but essentially no guarantees for the rights of the victim. If one set out by design to devise a system for provoking intrusive post-traumatic symptoms, one could not do better than a court of law. Women who have

sought justice in the legal system commonly compare this experience to being raped a second time.[83]

Not surprisingly, the result is that most rape victims view the formal social mechanisms of justice as closed to them, and they choose not to make any official report or complaint. Studies of rape consistently document this fact. Less than one rape in ten is reported to police. Only 1 percent of rapes are ultimately resolved by arrest and conviction of the offender.[84] Thus, the most common trauma of women remains confined to the sphere of private life, without formal recognition or restitution from the community. There is no public monument for rape survivors.

In the task of healing, therefore, each survivor must find her own way to restore her sense of connection with the wider community. We do not know how many succeed in this task. But we do know that the women who recover most successfully are those who discover some meaning in their experience that transcends the limits of personal tragedy. Most commonly, women find this meaning by joining with others in social action. In their follow-up study of rape survivors, Burgess and Holmstrom discovered that the women who had made the best recoveries were those who had become active in the antirape movement. They became volunteer counselors at rape crisis centers, victim advocates in court, lobbyists for legislative reform. One woman traveled to another country to speak on rape and organize a rape crisis center.[85] In refusing to hide or be silenced, in insisting that rape is a public matter, and in demanding social change, survivors create their own living monument. Susan Estrich, a rape survivor and professor of law, gives her testimony:

> In writing about rape I am writing about my own life. I don't think I know a single woman who does not live with some fear of being raped. A few of us—more than a few, really—live with our own histories. . . . Once in a while—say at two o'clock in the morning when someone claiming to be a student of mine calls and threatens to rape me—I think that I talk too much. But most of the time, it isn't so bad. When my students are raped (and they have been), they know they can talk to me. When my friends are raped, they know I survived.[86]

CHAPTER 4

Captivity

A SINGLE TRAUMATIC EVENT can occur almost anywhere. Prolonged, repeated trauma, by contrast, occurs only in circumstances of captivity. When the victim is free to escape, she will not be abused a second time; repeated trauma occurs only when the victim is a prisoner, unable to flee, and under the control of the perpetrator. Such conditions obviously exist in prisons, concentration camps, and slave labor camps. These conditions may also exist in religious cults, in brothels and other institutions of organized sexual exploitation, and in families.

Political captivity is generally recognized, whereas the domestic captivity of women and children is often unseen. A man's home is his castle; rarely is it understood that the same home may be a prison for women and children. In domestic captivity, physical barriers to escape are rare. In most homes, even the most oppressive, there are no bars on the windows, no barbed wire fences. Women and children are not ordinarily chained, though even this occurs more often than one might think. The barriers to escape are generally invisible. They are nonetheless extremely powerful. Children are rendered captive by their condition of dependency. Women are rendered captive by economic, social, psychological, and legal subordination, as well as by physical force.

Captivity, which brings the victim into prolonged contact with the perpetrator, creates a special type of relationship, one of coercive control. This is equally true whether the victim is taken captive entirely by force, as in the case of prisoners and hostages, or by a combination of force, intimidation, and enticement, as in the case of religious cult members,

battered women, and abused children. The psychological impact of subordination to coercive control may have many common features, whether that subordination occurs within the public sphere of politics or within the private sphere of sexual and domestic relations.

In situations of captivity, the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator. Little is known about the mind of the perpetrator. Since he is contemptuous of those who seek to understand him, he does not volunteer to be studied. Since he does not perceive that anything is wrong with him, he does not seek help—unless he is in trouble with the law. His most consistent feature, in both the testimony of victims and the observations of psychologists, is his apparent normality. Ordinary concepts of psychopathology fail to define or comprehend him.[1]

This idea is deeply disturbing to most people. How much more comforting it would be if the perpetrator were easily recognizable, obviously deviant or disturbed. But he is not. The legal scholar Hannah Arendt created a scandal when she reported that Adolf Eichmann, a man who committed unfathomable crimes against humanity, had been certified by half a dozen psychiatrists as normal: "The trouble with Eichmann was precisely that so many were like him, and that the many were neither perverted nor sadistic, that they were, and still are, terribly and terrifyingly normal. From the viewpoint of our legal institutions and of our moral standards of judgment, this normality was much more terrifying than all the atrocities put together."[2]

Authoritarian, secretive, sometimes grandiose, and even paranoid, the perpetrator is nevertheless exquisitely sensitive to the realities of power and to social norms. Only rarely does he get into difficulties with the law; rather, he seeks out situations where his tyrannical behavior will be tolerated, condoned, or admired. His demeanor provides an excellent camouflage, for few people believe that extraordinary crimes can be committed by men of such conventional appearance.

The perpetrator's first goal appears to be the enslavement of his victim, and he accomplishes this goal by exercising despotic control over every aspect of the victim's life. But simple compliance rarely satisfies him; he appears to have a psychological need to justify his crimes, and for this he needs the victim's affirmation. Thus he relentlessly demands from his victim professions of respect, gratitude, or even love. His ultimate goal appears to be the creation of a willing victim. Hostages, political prisoners, battered women, and slaves have all remarked upon the captor's

curious psychological dependence upon his victim. George Orwell gives voice to the totalitarian mind in the novel *1984:* "We are not content with negative obedience, nor even with the most abject submission. When finally you surrender to us, it must be of your own free will. We do not destroy the heretic because he resists us; so long as he resists us we never destroy him. We convert him, we capture his inner mind, we reshape him. We burn all evil and all illusion out of him; we bring him over to our side, not in appearance, but genuinely, heart and soul."[3] The desire for total control over another person is the common denominator of all forms of tyranny. Totalitarian governments demand confession and political conversion of their victims. Slaveholders demand gratitude of their slaves. Religious cults demand ritualized sacrifices as a sign of submission to the divine will of the leader. Perpetrators of domestic battery demand that their victims prove complete obedience and loyalty by sacrificing all other relationships. Sex offenders demand that their victims find sexual fulfillment in submission. Total control over another person is the power dynamic at the heart of pornography. The erotic appeal of this fantasy to millions of terrifyingly normal men fosters an immense industry in which women and children are abused, not in fantasy but in reality.[4]

PSYCHOLOGICAL DOMINATION

The methods that enable one human being to enslave another are remarkably consistent. The accounts of hostages, political prisoners, and survivors of concentration camps from every corner of the globe have an uncanny sameness. Drawing upon the testimony of political prisoners from widely differing cultures, Amnesty International in 1973 published a "chart of coercion," describing these methods in detail.[5] In tyrannical political systems, it is sometimes possible to trace the actual transmission of coercive methods from one clandestine police force or terrorist group to another.

These same techniques are used to subjugate women, in prostitution, in pornography, and in the home. In organized criminal activities, pimps and pornographers sometimes instruct one another in the use of coercive methods. The systematic use of coercive techniques to break women into prostitution is known as "seasoning."[6] Even in domestic situations, where the batterer is not part of any larger organization and has had no formal instruction in these techniques, he seems time and again to reinvent them. The psychologist Lenore Walker, in her study of battered women, observed that the abusers' coercive techniques, "although unique for each individual, were still remarkably similar."[7]

The methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma. They are the organized techniques of disempowerment and disconnection. Methods of psychological control are designed to instill terror and helplessness and to destroy the victim's sense of self in relation to others.

Although violence is a universal method of terror, the perpetrator may use violence infrequently, as a last resort. It is not necessary to use violence often to keep the victim in a constant state of fear. The threat of death or serious harm is much more frequent than the actual resort to violence. Threats against others are often as effective as direct threats against the victim. Battered women, for example, frequently report that their abuser has threatened to kill their children, their parents, or any friends who harbor them, should they attempt to escape.

Fear is also increased by inconsistent and unpredictable outbursts of violence and by capricious enforcement of petty rules. The ultimate effect of these techniques is to convince the victim that the perpetrator is omnipotent, that resistance is futile, and that her life depends upon winning his indulgence through absolute compliance. The goal of the perpetrator is to instill in his victim not only fear of death but also gratitude for being allowed to live. Survivors of domestic or political captivity often describe occasions in which they were convinced that they would be killed, only to be spared at the last moment. After several cycles of reprieve from certain death, the victim may come to view the perpetrator, paradoxically, as her savior.

In addition to inducing fear, the perpetrator seeks to destroy the victim's sense of autonomy. This is achieved by scrutiny and control of the victim's body and bodily functions. The perpetrator supervises what the victim eats, when she sleeps, when she goes to the toilet, what she wears. When the victim is deprived of food, sleep, or exercise, this control results in physical debilitation. But even when the victim's basic physical needs are adequately met, this assault on bodily autonomy shames and demoralizes her. Irina Ratushinskaya, a political prisoner, describes the methods of her captors:

> All those norms of human behavior which are inculcated in one from the cradle are subjected to deliberate and systematic destruction. It's normal to want to be clean? . . . Contract scabies and skin fungus, live in filth, breathe the stench of the slop bucket—then you'll regret your misdemeanors!

> Women are prone to modesty? All the more reason to strip them naked during searches. . . . A normal person is repelled by coarseness and lies? You will encounter such an amount of both that you will have to strain all your inner resources to remember that there is . . . another reality. . . . Only by a maximum exertion of will is it possible to retain one's former, normal scale of values.[8]

In religious cults, members may be subjected to strict regulation of their diet and dress and may be subjected to exhaustive questioning regarding their deviations from these rules. Similarly, sexual and domestic prisoners frequently describe long periods of sleep deprivation during sessions of jealous interrogation as well as meticulous supervision of their clothing, appearance, weight, and diet. And almost always with female prisoners, whether in political or in domestic life, control of the body includes sexual threats and violations. A battered woman describes her experience of marital rape: "It was a very brutal marriage. He was so patriarchal. He felt he owned me and the children—that I was his property. In the first three weeks of our marriage, he told me to regard him as God and his word as gospel. If I didn't want sex and he did, my wishes didn't matter. One time . . . I didn't want it so we really fought. He was furiously angry that I would deny him. I was protesting and pleading and he was angry because he said I was his wife and had no right to refuse him. We were in bed and he was able to force himself physically on me. He's bigger than I am and he just held me down and raped me."[9]

Once the perpetrator has succeeded in establishing day-to-day bodily control of the victim, he becomes a source not only of fear and humiliation but also of solace. The hope of a meal, a bath, a kind word, or some other ordinary creature comfort can become compelling to a person long enough deprived. The perpetrator may further debilitate the victim by offering addictive drugs or alcohol. The capricious granting of small indulgences undermines the psychological resistance of the victim far more effectively than unremitting deprivation and fear. Patricia Hearst, held hostage by a terrorist cell, describes how her compliance was rewarded by small improvements in the conditions of her imprisonment: "By agreeing with them, I was taken out of the closet more and more often. They allowed me to eat with them at times and occasionally I sat blindfolded with them late into the night as they held one of their discussion meetings or study groups. They allowed me to remove my blindfold when I was locked in the closet for the night and that was a blessing."[10]

Political prisoners who are aware of the methods of coercive control devote particular attention to maintaining their sense of autonomy. One form of resistance is refusing to comply with petty demands or to accept rewards. The hunger strike is the ultimate expression of this resistance. Because the prisoner voluntarily subjects himself to greater deprivation than that willed by his captor, he affirms his sense of integrity and self-control. The psychologist Joel Dimsdale describes a woman prisoner in the Nazi concentration camps who fasted on Yom Kippur in order to prove that her captors had not defeated her.[11] Political prisoner Natan Sharansky describes the psychological effect of active resistance: "As soon as I announced my hunger strike I got rid of the feeling of despair and helplessness, and the humiliation at being forced to tolerate the KGB's tyranny. . . . The bitterness and angry determination that had been building up during the past nine months now gave way to a kind of strange relief; at long last I was actively defending myself and my world from *them.*"[12]

The use of intermittent rewards to bind the victim to the perpetrator reaches its most elaborate form in domestic battery. Since no physical barrier prevents escape, the victim may attempt to flee after an outburst of violence. She is often persuaded to return, not by further threats but by apologies, expressions of love, promises of reform, and appeals to loyalty and compassion. For a moment, the balance of power in the relationship appears to be reversed, as the batterer does everything in his power to win over his victim. The intensity of his possessive attention is unchanged, but its quality is dramatically transformed. He insists that his domineering behavior simply proves his desperate need and love for her. He may himself believe this. Further, he pleads that his fate is in her hands, and that she has the power to end the violence by offering ever greater proofs of her love for him. Walker observes that the "reconciliation" phase is a crucial step in breaking down the psychological resistance of the battered woman.[13] A woman who eventually escaped a battering relationship describes how these intermittent rewards bound her to her abuser: "It was really cyclical actually . . . and the odd thing was that in the good periods I could hardly remember the bad times. It was almost as if I was leading two different lives."[14]

Additional methods, however, are usually needed to achieve complete domination. As long as the victim maintains any other human connection, the perpetrator's power is limited. It is for this reason that perpetrators universally seek to isolate their victims from any other source of information, material aid, or emotional support. The stories of political

prisoners are filled with accounts of their captors' attempts to prevent communication with the outside world and to convince them that their closest allies have forgotten or betrayed them. And the record of domestic violence is filled with accounts of jealous surveillance, such as stalking, eavesdropping, and intercepting letters or telephone calls, which results in solitary confinement of the battered woman within her home. Along with relentless accusations of infidelity, the batterer demands that his victim prove her loyalty to him by giving up her work and, with it, an independent source of income, her friendships, and even her ties to her family.

The destruction of attachments requires not only the isolation of the victim from others but also the destruction of her internal images of connection to others. For this reason, the perpetrator often goes to great lengths to deprive his victim of any objects of symbolic importance. A battered woman describes how her boyfriend demanded a ritual sacrifice of tokens of attachment: "He didn't hit me, but he got very angry. I thought it was because he was fond of me and he was jealous, but I didn't realize until afterwards that it was nothing to do with fondness. It was quite different. He asked me a lot of questions about who I had been out with before I knew him and he made me bring from the house a whole file of letters and photographs and he stood over me as I stood over an open drain in the road and I had to put them in one by one—tear them up and put them in."[15]

At the beginning of the relationship, this woman was able to persuade herself that she was making only a small symbolic concession. The accounts of battered women are filled with such sacrifices, reluctantly made, which slowly and imperceptibly destroy their ties to others. Many women in hindsight describe themselves as walking into a trap. The coerced prostitute and pornographic film star Linda Lovelace describes how she was gradually ensnared by a pimp, who first persuaded her to break her ties to her parents: "I went along with him. As I say these words, I realize that I went along with too much in those days. . . . No one was twisting my arm, not yet. Everything was mild and gradual, one small step and then another. . . . It started in such small ways that I didn't see the pattern until much later."[16]

Prisoners of conscience, who have a highly developed awareness of the strategies of control and resistance, generally understand that isolation is the danger to be avoided at all costs, and that there is no such thing as a small concession when the issue is preserving their connections with the outside world. As tenaciously as their captors seek to destroy their relationships, these prisoners tenaciously seek to maintain communication with a world outside the one in which they are confined. They deliberately practice evoking mental images of the people they love, in order to preserve their sense of connection. They also fight to preserve physical tokens of fidelity. They may risk their lives for the sake of a wedding ring, a letter, a photograph, or some other small memento of attachment. Such risks, which may appear heroic or foolish to outsiders, are undertaken for supremely pragmatic reasons. Under conditions of prolonged isolation, prisoners need "transitional objects" to preserve their sense of connection to others. They understand that to lose these symbols of attachment is to lose themselves.

As the victim is isolated, she becomes increasingly dependent on the perpetrator, not only for survival and basic bodily needs but also for information and even for emotional sustenance. The more frightened she is, the more she is tempted to cling to the one relationship that is permitted: the relationship with the perpetrator. In the absence of any other human connection, she will try to find the humanity in her captor. Inevitably, in the absence of any other point of view, the victim will come to see the world through the eyes of the perpetrator. Hearst describes entering into a dialogue with her captors, thinking she could outwit them, but before long she was the one outwitted:

> In time, although I was hardly aware of it, they turned me around completely, or almost completely. As a prisoner of war, kept blindfolded in that closet for two long months, I had been bombarded incessantly with the SLA's interpretation of life, politics, economics, social conditions, and current events. Upon my release from the closet, I had thought I was humoring them by parroting their clichés and buzz words without personally believing in them. Then . . . a sort of numbed shock set in. To maintain my own sanity and equilibrium while functioning day by day in this new environment, I had learned to act by rote, like a good soldier, doing as I was told and suspending disbelief. . . . Reality for them was different from all that I had known before, and their reality by this time had become my reality.[17]

Prisoners of conscience are well aware of the danger of ordinary human engagement with their captors. Of all prisoners, this group is the most prepared to withstand the corrosive psychological effects of captivity. They have chosen a course in life with full knowledge of its dangers, they have a clear definition of their own principles, and they have strong faith in their allies. Nevertheless, even this highly conscious and moti-

vated group of people realize that they are at risk of developing emotional dependence upon their captors. They protect themselves only by uncompromising refusal to enter into even the most superficial social relationship with their adversaries. Sharansky describes how he felt drawn to his captors: "I was becoming aware of all the human areas that the KGB men and I had in common. While this was natural enough, it was also dangerous, for the growing sense of our common humanity could easily become the first step in my surrender. If my interrogators were my only link to the outside world, I would come to depend on them and to look for areas of agreement."[18]

Whereas prisoners of conscience need to summon all their resources to avoid developing emotional dependence upon their captors, people who lack this remarkable degree of preparation, political awareness, and moral support usually develop some degree of dependence. Attachment between hostage and captor is the rule rather than the exception. Prolonged confinement while in fear of death and in isolation from the outside world reliably produces a bond of identification between captor and victim. Hostages, after their release, have been known to defend their captors' cause, to visit them in prison, and to raise money for their defense.[19]

The emotional bond that develops between a battered woman and her abuser, though comparable to that of a hostage and captor, has some unique aspects based on the special attachment between victim and perpetrator in domestic abuse.[20] A hostage is taken prisoner by surprise. She initially knows nothing about the captor, or she regards him as an enemy. Under duress, the hostage gradually loses her previous belief system; she eventually comes to empathize with the captor and to see the world from the captor's point of view. In domestic battering, by contrast, the victim is taken prisoner gradually, by courtship. An analogous situation is found in the recruitment technique of "love-bombing," practiced by some religious cults.[21]

The woman who becomes emotionally involved with a batterer initially interprets his possessive attention as a sign of passionate love. She may at first feel flattered and comforted by his intense interest in every aspect of her life. As he becomes more domineering, she may minimize or excuse his behavior, not only because she fears him but also because she cares for him. In order to resist developing the emotional dependence of a hostage, she will have to come to a new and independent view of her situation, in active contradiction to the belief system of her abuser. Not only will she have to avoid developing empathy for her abuser, but she will also have to suppress the affection she already feels. She will have to do this in spite of the batterer's persuasive arguments that just one more sacrifice, one more proof of her love, will end the violence and save the relationship. Since most women derive pride and self-esteem from their capacity to sustain relationships, the batterer is often able to entrap his victim by appealing to her most cherished values. It is not surprising, therefore, that battered women are often persuaded to return after trying to flee from their abusers.[22]

TOTAL SURRENDER

Terror, intermittent reward, isolation, and enforced dependency may succeed in creating a submissive and compliant prisoner. But the final step in the psychological control of the victim is not completed until she has been forced to violate her own moral principles and to betray her basic human attachments. Psychologically, this is the most destructive of all coercive techniques, for the victim who has succumbed loathes herself. It is at this point, when the victim under duress participates in the sacrifice of others, that she is truly "broken."

In domestic battery, the violation of principles often involves sexual humiliation. Many battered women describe being coerced into sexual practices that they find immoral or disgusting; others describe being pressured to lie, to cover up for their mate's dishonesty, or even to participate in illegal activities.[23] The violation of relationship often involves the sacrifice of children. Men who batter their wives are also likely to abuse their children.[24] Although many women who do not dare to defend themselves will defend their children, others are so thoroughly cowed that they fail to intervene even when they see their children mistreated. Some not only suppress their own inner doubts and objections but cajole their children into compliance or punish them for protesting. Once again, this pattern of betrayal may begin with apparently small concessions but eventually progresses to the point where even the most outrageous physical or sexual abuse of the children is borne in silence. At this point, the demoralization of the battered woman is complete.

Survivors of political imprisonment and torture similarly describe being forced to stand by helplessly while witnessing atrocities committed against people they love. In his tale of survival in the Nazi extermination camps at Auschwitz-Birkenau, Elie Wiesel chronicles the devotion and loyalty that sustained him and his father through unspeakable ordeals. He

describes numerous times when both braved danger in order to stay together, and many moments of sharing and tenderness. Nevertheless, he is haunted by the imagery of the few moments when he was faithless to his father: "[The guard] began to beat him with an iron bar. At first my father crouched under the blows, then he broke in two, like a dry tree struck by lightning, and collapsed. I had watched the whole scene without moving. I kept quiet. In fact I was thinking of how to get farther away so that I would not be hit myself. What is more, any anger I felt at that moment was directed, not at the [guard], but against my father. I was angry with him, for not knowing how to avoid Idek's outbreak. That is what concentration camp life had made of me."[25]

Realistically, one might argue that it would have been fruitless for the son to come to his father's aid, that in fact an active show of support for his father might have increased the danger to both. But this argument offers little comfort to the victim who feels completely humiliated by his helplessness. Even the feeling of outrage no longer preserves his dignity, for it has been bent to the will of his enemies and turned against the person he loves. The sense of shame and defeat comes not merely from his failure to intercede but also from the realization that his captors have usurped his inner life.

Prisoners, even those who have successfully resisted, understand that under extreme duress anyone can be "broken." They generally distinguish two stages in this process. The first is reached when the victim relinquishes her inner autonomy, world view, moral principles, or connection with others for the sake of survival. There is a shutting down of feelings, thoughts, initiative, and judgment. The psychiatrist Henry Krystal, who works with survivors of the Nazi Holocaust, describes this state as "robotization."[26] Prisoners who have lived through this psychological state often describe themselves as having been reduced to a nonhuman life form. Here is the testimony of Lovelace on reaching this state of degradation while being forced into prostitution and pornography: "At first I was certain that God would help me escape, but in time my faith was shaken. I became more and more frightened, scared of everything. The very thought of trying to escape was terrifying. I had been degraded every possible way, stripped of all dignity, reduced to an animal and then to a vegetable. Whatever strength I had began to disappear. Simple survival took everything: making it all the way to tomorrow was a victory."[27] And here is the description of a similarly debased experience by Jacobo Timerman, publisher and man of letters, who was imprisoned and tortured for political dissent: "Although I cannot transmit the magnitude

of that pain, I can perhaps offer some advice to those who will suffer torture in the future. . . . In the year and a half I spent under house arrest I devoted much thought to my attitude during torture sessions and solitary confinement. I realized that, instinctively, I'd developed an attitude of absolute passivity. . . . I felt I was becoming a vegetable, casting aside all logical emotions and sensations—fear, hatred, vengeance—for any emotion or sensation meant wasting useless energy."[28]

This state of psychological degradation is reversible. During the course of their captivity, victims frequently describe alternating between periods of submission and more active resistance. The second, irreversible stage in the breaking of a person is reached when the victim loses the will to live. This is not the same thing as becoming suicidal: people in captivity live constantly with the fantasy of suicide, and occasional suicide attempts are not inconsistent with a general determination to survive. Timerman, in fact, describes the wish for suicide in these extreme circumstances as a sign of resistance and pride. Suicide, he states, "means introducing into your daily life something that is on a par with the violence around you. . . . It's like living on an equal footing with one's jailers."[29] The stance of suicide is active; it preserves an inner sense of control. As in the case of the hunger strike, the captive asserts his defiance by his willingness to end his life.

Losing the will to live, by contrast, represents the final stage of the process that Timerman describes as adopting an "attitude of absolute passivity." Survivors of the Nazi extermination camps describe this uniformly fatal condition, which was given the name of "musulman." Prisoners who had reached this point of degradation no longer attempted to find food or to warm themselves, and they made no effort to avoid being beaten. They were regarded as the living dead.[30] The survivors of extreme situations often remember a turning point, at which they felt tempted to enter this terminal state but made an active choice to fight for life. Hearst describes this moment in her captivity:

> I knew that I was growing weaker and weaker from my confinement. But this time the clear sensation came over me that I was dying. There was a threshold of no return that I could sense and I felt that I was on the brink. My body was exhausted, drained of strength: I could not stand up even if I were free to walk away. . . . I was so tired, so tired; all I wanted to do was sleep. And I knew that was dangerous, fatal, like the man lost in Arctic snow who, having laid his head down for that delicious nap, never woke again. My mind, suddenly, was alive and alert to all this. I could see what was happening to me, as if I were outside myself. . . . A silent battle was

waged there in the closet, and my mind won. Deliberately and clearly, I decided that I would not die, not of my own accord. I would fight with everything in my power to survive.[31]

THE SYNDROME OF CHRONIC TRAUMA

People subjected to prolonged, repeated trauma develop an insidious, progressive form of post-traumatic stress disorder that invades and erodes the personality. While the victim of a single acute trauma may feel after the event that she is "not herself," the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all.

The worst fear of any traumatized person is that the moment of horror will recur, and this fear is realized in victims of chronic abuse. Not surprisingly, the repetition of trauma amplifies all the hyperarousal symptoms of post-traumatic stress disorder. Chronically traumatized people are continually hypervigilant, anxious, and agitated. The psychiatrist Elaine Hilberman describes the state of constant dread experienced by battered women: "Events even remotely connected with violence—sirens, thunder, a door slamming—elicited intense fear. There was chronic apprehension of imminent doom, of something terrible always about to happen. Any symbolic or actual sign of potential danger resulted in increased activity, agitation, pacing, screaming and crying. The women remained vigilant, unable to relax or to sleep. Nightmares were universal, with undisguised themes of violence and danger."[32]

Chronically traumatized people no longer have any baseline state of physical calm or comfort. Over time, they perceive their bodies as having turned against them. They begin to complain, not only of insomnia and agitation, but also of numerous types of somatic symptoms. Tension headaches, gastrointestinal disturbances, and abdominal, back, or pelvic pain are extremely common. Survivors may complain of tremors, choking sensations, or rapid heartbeat. In studies of survivors of the Nazi Holocaust, psychosomatic reactions were found to be practically universal.[33] Similar observations are reported in refugees from the concentration camps of Southeast Asia.[34] Some survivors may conceptualize the damage of their prolonged captivity primarily in somatic terms. Or they may become so accustomed to their condition that they no longer recognize the connection between their bodily distress symptoms and the climate of terror in which these symptoms were formed.

The intrusive symptoms of post-traumatic stress disorder also persist in survivors of prolonged, repeated trauma. But unlike the intrusive symptoms after a single acute trauma, which tend to abate in weeks or months, these symptoms may persist with little change for many years after liberation from prolonged captivity. For example, studies of soldiers who had been taken prisoner in the Second World War or the Korean War found that 35–40 years after their release the majority of these men still had nightmares, persistent flashbacks, and extreme reactions to reminders of their prisoner-of-war experiences.[35] Their symptoms were more severe than those of combat veterans of the same era who had not been captured or imprisoned.[36] After 40 years, survivors of the Nazi concentration camps similarly reported tenacious and severe intrusive symptoms.[37]

But the features of post-traumatic stress disorder that become most exaggerated in chronically traumatized people are avoidance or constriction. When the victim has been reduced to a goal of simple survival, psychological constriction becomes an essential form of adaptation. This narrowing applies to every aspect of life—to relationships, activities, thoughts, memories, emotions, and even sensations. And while this constriction is adaptive in captivity, it also leads to a kind of atrophy in the psychological capacities that have been suppressed and to the overdevelopment of a solitary inner life.

People in captivity become adept practitioners of the arts of altered consciousness. Through the practice of dissociation, voluntary thought suppression, minimization, and sometimes outright denial, they learn to alter an unbearable reality. Ordinary psychological language does not have a name for this complex array of mental maneuvers, at once conscious and unconscious. Perhaps the best name for it is *doublethink,* in Orwell's definition: "*Doublethink* means the power of holding two contradictory beliefs in one's mind simultaneously, and accepting both of them. The [person] knows in which direction his memories must be altered; he therefore knows that he is playing tricks with reality; but by the exercise of *doublethink* he also satisfies himself that reality is not violated. The process has to be conscious, or it would not be carried out with sufficient precision, but it also has to be unconscious, or it would bring with it a feeling of falsity. . . . Even in using the word *doublethink* it is necessary to exercise *doublethink.*"[38] The ability to hold contradictory beliefs simultaneously is one characteristic of trance states. The ability to alter perception is another. Prisoners frequently instruct one another in the induction of these states through chanting, prayer, and simple hypnotic techniques.

These methods are consciously applied to withstand hunger, cold, and pain. Alicia Partnoy, a "disappeared" woman in Argentina, describes her unsuccessful first attempt to enter a trance state: "It was probably hunger that triggered my curiosity for the extrasensory world. I started by relaxing my muscles. I thought that my mind, relieved of its weight, would travel in the direction I wanted. But the experiment failed. I was expecting that my psyche, lifted to the ceiling, would be able to observe my body lying on a mattress striped with red and filth. It didn't happen quite that way. Perhaps my mind's eyes were blindfolded too."[39]

Later, after learning meditation techniques from other prisoners, she was able to limit her physical perception of pain and emotional reactions of terror and humiliation by altering her sense of reality. Illustrating the degree to which she succeeded in dissociating her experience, she narrates it in the third person:

> "Take off your clothes."
> She stood in her underwear, her head up. She waited.
> "All clothes off, I told you."
> She took off the rest of her clothes. She felt as if the guards did not exist, as if they were just repulsive worms that she could erase from her mind by thinking of pleasant things.[40]

During prolonged confinement and isolation, some prisoners are able to develop trance capabilities ordinarily seen only in extremely hypnotizable people, including the ability to form positive and negative hallucinations and to dissociate parts of the personality. Elaine Mohamed, a South African political prisoner, describes the psychological alterations of her captivity:

> I started hallucinating in prison, presumably to try to combat loneliness. I remember someone asking me during the period of my trial, "Elaine, what are you doing?" I kept whipping up my hand behind me, and I said to him, "I'm stroking my tail." I had conceptualized myself as a squirrel. A lot of my hallucinations were about fear. The windows in my cell were too high to look through, but I would hallucinate something coming into my cell, like a wolf, for example. . . .
>
> And I started talking to myself. My second name is Rose, and I've always hated the name. Sometimes I was Rose speaking to Elaine, and sometimes I was Elaine speaking to Rose. I felt that the Elaine part of me was the stronger part, while Rose was the person I despised. She was the weak one who cried and got upset and couldn't handle detention and was going to break down. Elaine *could* handle it.[41]

In addition to the use of trance states, prisoners develop the capacity voluntarily to restrict and suppress their thoughts. This practice applies especially to any thoughts of the future. Thinking of the future stirs up such intense yearning and hope that prisoners find it unbearable; they quickly learn that these emotions make them vulnerable to disappointment and that disappointment will make them desperate. They therefore consciously narrow their attention, focusing on extremely limited goals. The future is reduced to a matter of hours or days.

Alterations in time sense begin with the obliteration of the future but eventually progress to the obliteration of the past. Prisoners who are actively resisting consciously cultivate memories of their past lives in order to combat their isolation. But as coercion becomes more extreme and resistance crumbles, prisoners lose the sense of continuity with their past. The past, like the future, becomes too painful to bear, for memory, like hope, brings back the yearning for all that has been lost. Thus, prisoners are eventually reduced to living in an endless present. Primo Levi, a survivor of the Nazi death camps, describes this timeless state: "In the month of August, 1944, we who had entered the camp five months before now counted among the old ones. . . . Our wisdom lay in 'not trying to understand,' not imagining the future, not tormenting ourselves as to how and when it would all be over; not asking others or ourselves any questions. . . . For living men, the units of time always have a value. For us, history had stopped."[42]

The rupture in continuity between present and past frequently persists even after the prisoner is released. The prisoner may give the appearance of returning to ordinary time, while psychologically remaining bound in the timelessness of the prison. In an attempt to reenter ordinary life, former prisoners may consciously suppress or avoid the memories of their captivity, bringing to bear all the powers of thought control that they have acquired. As a result, the chronic trauma of captivity cannot be integrated into the person's ongoing life story. Studies of prisoners of war, for example, report with astonishment that the men never discussed their experiences with anyone. Often those who married after liberation never told even their wives or children that they had been prisoners.[43] Similarly, studies of concentration camp survivors consistently remark on their refusal to speak of the past.[44] The more the period of captivity is disavowed, however, the more this disconnected fragment of the past remains fully alive, with the immediate and present characteristics of traumatic memory.

Thus, even years after liberation, the former prisoner continues to

practice doublethink and to exist simultaneously in two realities, two points in time. The experience of the present is often hazy and dulled, while the intrusive memories of the past are intense and clear. A study of concentration camp survivors found this "double consciousness at work" in a woman who had been liberated more than twenty years earlier. Watching Israeli soldiers passing outside her window, the woman reported that she knew the soldiers were leaving to fight at the frontier. Simultaneously, however, she "knew" that they were being driven to their deaths by a Nazi commander.[45] While she did not lose touch with the reality of the present, the compelling reality was that of the past.

Along with the alteration in time sense comes a constriction in initiative and planning. Prisoners who have not been entirely "broken" do not give up the capacity for active engagement with their environment. On the contrary, they often approach the small daily tasks of survival with extraordinary ingenuity and determination. But the field of initiative is increasingly narrowed within confines dictated by the perpetrator. The prisoner no longer thinks of how to escape, but rather of how to stay alive, or how to make captivity more bearable. A concentration camp inmate schemes to obtain a pair of shoes, a spoon, or a blanket; a group of political prisoners conspire to grow a few vegetables; a prostitute maneuvers to hide some money from her pimp; a battered woman teaches her children to hide when an attack is imminent.

This narrowing in the range of initiative becomes habitual with prolonged captivity, and it must be unlearned after the prisoner is liberated. A political dissident, Mauricio Rosencof, describes the difficulties of returning to a life of freedom after many years of imprisonment:

> Once we got out, we were suddenly confronted with all these problems. . . . Ridiculous problems—doorknobs, for instance. I had no reflex any longer to reach for the knobs of doors. I hadn't had to—hadn't been *allowed* to—for over thirteen years. I'd come to a closed door and find myself momentarily stymied—I couldn't remember what to do next. Or how to make a dark room light. How to work, pay bills, shop, visit friends, answer questions. My daughter tells me to do this or that, and one problem I can handle, two I can handle, but when the third request comes I can hear her voice but my head is lost in the clouds.[46]

This constriction in the capacities for active engagement with the world, which is common even after a single trauma, becomes most pronounced in chronically traumatized people, who are often described as passive or helpless. Some theorists have mistakenly applied the concept

of "learned helplessness" to the situation of battered women and other chronically traumatized people.[47] Such concepts tend to portray the victim as simply defeated or apathetic, whereas in fact a much livelier and more complex inner struggle is usually taking place. In most cases the victim has not given up. But she has learned that every action will be watched, that most actions will be thwarted, and that she will pay dearly for failure. To the extent that the perpetrator has succeeded in enforcing his demand for total submission, she will perceive any exercise of her own initiative as insubordination. Before undertaking any action, she will scan the environment, expecting retaliation.

Prolonged captivity undermines or destroys the ordinary sense of a relatively safe sphere of initiative, in which there is some tolerance for trial and error. To the chronically traumatized person, any action has potentially dire consequences. There is no room for mistakes. Rosencof describes his constant expectation of punishment: "I'm in a perpetual cringe. I'm constantly stopping to let whoever is behind me pass: my body keeps expecting a blow."[48]

The sense that the perpetrator is still present, even after liberation, signifies a major alteration in the victim's relational world. The enforced relationship during captivity, which of necessity monopolizes the victim's attention, becomes part of the victim's inner life and continues to engross her attention after release. In political prisoners, this continued relationship may take the form of a brooding preoccupation with the criminal careers of their captors or with more abstract concerns about the unchecked forces of evil in the world. Released prisoners often continue to track their captors and to fear them. In sexual, domestic, and religious cult prisoners, this continued relationship may take a more ambivalent form: the victim may continue to fear her former captor and to expect that he will eventually hunt her down, but she may also feel empty, confused, and worthless without him.

In political prisoners who have not been entirely isolated, the malignant relationship with the perpetrator may be mitigated by attachments to people who share their fate. Those prisoners who have had the good fortune to bond with others know the generosity, courage, and devotion that people can muster in extremity. The capacity to form strong attachments is not destroyed even under the most diabolical conditions: prisoner friendships flourished even in the Nazi death camps. A study of prisoner relationships in these camps found that the overwhelming majority of survivors became part of a "stable pair," a loyal buddy relationship of mutual sharing and protection, leading to the conclu-

sion that the pair, rather than the individual, was the "basic unit of survival."[49]

In isolated prisoners, however, where there is no opportunity to bond with peers, pair bonding may occur between victim and perpetrator, and this relationship may come to feel like the "basic unit of survival." This is the "traumatic bonding" that occurs in hostages, who come to view their captors as their saviors and to fear and hate their rescuers. Martin Symonds, a psychoanalyst and police officer, describes this process as an enforced regression to "psychological infantilism" which "compels victims to cling to the very person who is endangering their life."[50] He observes this process regularly in policemen who have been kidnapped and held hostage in the line of duty.

The same traumatic bonding may occur between a battered woman and her abuser.[51] The repeated experience of terror and reprieve, especially within the isolated context of a love relationship, may result in a feeling of intense, almost worshipful dependence upon an all-powerful, godlike authority. The victim may live in terror of his wrath, but she may also view him as the source of strength, guidance, and life itself. The relationship may take on an extraordinary quality of specialness. Some battered women speak of entering a kind of exclusive, almost delusional world, embracing the grandiose belief system of their mates and voluntarily suppressing their own doubts as a proof of loyalty and submission. Similar experiences are regularly reported by people who have been inducted into totalitarian religious cults.[52]

Even after the victim has escaped, it is not possible simply to reconstitute relationships of the sort that existed prior to captivity. For all relationships are now viewed through the lens of extremity. Just as there is no range of moderate engagement or risk for initiative, there is no range of moderate engagement or risk for relationship. No ordinary relationship offers the same degree of intensity as the pathological bond with the abuser.

In every encounter, basic trust is in question. To the released prisoner, there is only one story: the story of atrocity. And there are only a limited number of roles: one can be a perpetrator, a passive witness, an ally, or a rescuer. Every new or old relationship is approached with the implicit question: Which side are you on? The victim's greatest contempt is often reserved, not for the perpetrator, but for the passive bystander. Again we hear the voice of the coerced prostitute Lovelace, dismissing those who failed to intervene: "Most people don't know how hard I judge them because I don't say anything. All I do is cross them off the list. Forever. These men had their chance to help me and they didn't respond."[53] The same bitterness and sense of abandonment is expressed by the political prisoner Timerman: "The Holocaust will be understood not so much for the number of victims as for the magnitude of the silence. And what obsesses me most is the repetition of silence."[54]

Prolonged captivity disrupts all human relationships and amplifies the dialectic of trauma. The survivor oscillates between intense attachment and terrified withdrawal. She approaches all relationships as though questions of life and death are at stake. She may cling desperately to a person whom she perceives as a rescuer, flee suddenly from a person she suspects to be a perpetrator or accomplice, show great loyalty and devotion to a person she perceives as an ally, and heap wrath and scorn on a person who appears to be a complacent bystander. The roles she assigns to others may change suddenly, as the result of small lapses or disappointments, for no internal representation of another person is any longer secure. Once again, there is no room for mistakes. Over time, as most people fail the survivor's exacting tests of trustworthiness, she tends to withdraw from relationships. The isolation of the survivor thus persists even after she is free.

Prolonged captivity also produces profound alterations in the victim's identity. All the psychological structures of the self—the image of the body, the internalized images of others, and the values and ideals that lend a person a sense of coherence and purpose—have been invaded and systematically broken down. In many totalitarian systems this dehumanizing process is carried to the extent of taking away the victim's name. Timerman calls himself a "prisoner without a name." In concentration camps the captive's name is replaced with a nonhuman designation, a number. In political or religious cults and in organized sexual exploitation, the victim is often given a new name to signify the total obliteration of her previous identity and her submission to the new order. Thus Patricia Hearst was rebaptized Tania, the revolutionary; Linda Boreman was renamed Linda Lovelace, the whore.

Even after release from captivity, the victim cannot assume her former identity. Whatever new identity she develops in freedom must include the memory of her enslaved self. Her image of her body must include a body that can be controlled and violated. Her image of herself in relation to others must include a person who can lose and be lost to others. And her moral ideals must coexist with knowledge of the capacity for evil, both within others and within herself. If, under duress, she has betrayed her own principles or has sacrificed other people, she now has to live with the

image of herself as an accomplice of the perpetrator, a "broken" person. The result, for most victims, is a contaminated identity. Victims may be preoccupied with shame, self-loathing, and a sense of failure.

In the most severe cases, the victim retains the dehumanized identity of a captive who has been reduced to the level of elemental survival: the robot, animal, or vegetable. The psychiatrist William Niederland, in studies of survivors of the Nazi Holocaust, observed that alterations of personal identity were a constant feature of the "survivor syndrome." While the majority of his patients complained, "I am now a different person," the most severely harmed stated simply, "I am not a person."[55]

These profound alterations in the self and in relationships inevitably result in the questioning of basic tenets of faith. There are people with strong and secure belief systems who can endure the ordeals of imprisonment and emerge with their faith intact or strengthened. But these are the extraordinary few. The majority of people experience the bitterness of being forsaken by God. The Holocaust survivor Wiesel gives voice to this bitterness: "Never shall I forget those flames which consumed my faith forever. Never shall I forget that nocturnal silence which deprived me, for all eternity, of the desire to live. Never shall I forget those moments which murdered my God and my soul and turned my dreams to dust. Never shall I forget those things, even if I am condemned to live as long as God Himself. Never."[56]

These staggering psychological losses can result in a tenacious state of depression. Protracted depression is the most common finding in virtually all clinical studies of chronically traumatized people.[57] Every aspect of the experience of prolonged trauma works to aggravate depressive symptoms. The chronic hyperarousal and intrusive symptoms of post-traumatic stress disorder fuse with the vegetative symptoms of depression, producing what Niederland calls the "survivor triad" of insomnia, nightmares, and psychosomatic complaints.[58] The dissociative symptoms of the disorder merge with the concentration difficulties of depression. The paralysis of initiative of chronic trauma combines with the apathy and helplessness of depression. The disruption in attachment of chronic trauma reinforces the isolation of depression. The debased self-image of chronic trauma fuels the guilty ruminations of depression. And the loss of faith suffered in chronic trauma merges with the hopelessness of depression.

The intense anger of the imprisoned person also adds to the depressive burden. During captivity, the victim cannot express her humiliated rage at the perpetrator, for to do so would jeopardize her survival. Even after

release, the former prisoner may continue to fear retribution and may be slow to express rage against her captor. Moreover, she is left with a burden of unexpressed rage against all those who remained indifferent to her fate and who failed to help her. Occasional outbursts of rage may further alienate the survivor from others and prevent the restoration of relationships. In an effort to control her rage, the survivor may withdraw even further from other people, thus perpetuating her isolation.

Finally, the survivor may direct her rage and hatred against herself. Suicidality, which sometimes served as a form of resistance during imprisonment, may persist long after release, when it no longer serves any adaptive purpose. Studies of returned prisoners of war consistently document increased mortality as the result of homicide, suicide, and suspicious accidents.[59] Studies of battered women similarly report a tenacious suicidality. In one group of a hundred battered women, 42 percent had attempted suicide.[60]

Thus, former prisoners carry their captors' hatred with them even after release, and sometimes they continue to carry out their captors' destructive purposes with their own hands. Long after their liberation, people who have been subjected to coercive control bear the psychological scars of captivity. They suffer not only from a classic post-traumatic syndrome but also from profound alterations in their relations with God, with other people, and with themselves. In the words of the Holocaust survivor Levi: "We have learnt that our personality is fragile, that it is in much more danger than our life; and the old wise ones, instead of warning us 'remember that you must die,' would have done much better to remind us of this greater danger that threatens us. If from inside the Lager, a message could have seeped out to free men, it would have been this: take care not to suffer in your own homes what is inflicted on us here."[61]