CHAPTER ONE

BEYOND THE BEVELED MIRROR: MOURNING AND RECOVERY FROM CHILDHOOD MALTREATMENT ACROSS THE LIFESPAN*

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Introduction

> I had this thing when I was a child, this fantasy. My parents had a beveled mirror in their room and the regular mirror was in the center. I thought that everyone in the world must see me as in the beveled part of it, the part that was screwed up, with the eyes over here and the nose separate, in pieces, in shards, because that is how I felt – disconnected.. . .Before I came to Sanctuary, I never really knew what these symptoms were about because the grief was like something separate from me. Now I am feeling it in my body as well. Now it is all inside of me and I can feel the grief bubbling instead of just being outside of me somewhere.
>
> —Jodie, adult survivor of child maltreatment

When someone close to us dies, society generally accepts and even expects us to undergo a process of mourning. Death presents a tangible and comprehensible loss. Throughout history, cultures have built traditions and customs to provide a passage for the bereaved that enables us to let go of those who have died, in order to prepare us to create new attachments.

But society has yet to recognize the necessity and value of grieving for other kinds of losses besides those associated with death. A common denominator among the thousands of adults treated in the inpatient program we called Sanctuary, are the "little deaths" – of hope, of innocence, of love and of joy. For some, the sources of grief constituted the loss of already established assumptions and beliefs about self, home, family and society. For others, the

assaults to their integrity began when they were so young that they had no time to even develop a coherent assumptive world before their lives were shattered. Complicating the process of grieving for adult survivors, is the fact that the losses that accompany child maltreatment are cloaked in silence, lost in the shrouds of history, and largely unrecognized. In general, their grief for these losses is unaccepted, rejected, denied and stigmatized. But these "little deaths" remain as unremoved splinters in the survivor's psyche for decades, as Jodie's description illustrates. Although new protective psychic tissue may form over these wounds and new experiences may allow the child to develop assumptions about the world that contradict the traumatic and abusive experiences, the psychic splinters remain, surfacing again in adulthood, often triggered by a new insult to their well-being. Child neglect represents particular challenges for adult survivors because they must grieve for things they never had, and thus never had the chance to lose.

This chapter will focus on these losses. From 1985-2001 my colleagues and I specialized in the treatment of adult survivors of child abuse and neglect in our inpatient treatment programs and we followed many of them as outpatients[1] We have learned about how difficult it is to form healthy attachments as an adult when your childhood attachments have been so scarring that the pain of the past continues in the present. Attachment theory and our growing understanding of the impact of trauma and traumatic grief provided ways to understand how trauma and loss in childhood affects adult relationships and impacts the capacity to grieve.

The lessons they taught us have helped us to understand loss through the eyes of the children they once were. They taught us about the difficulties they encounter in grieving for the omissions that accompany child neglect as well as the more flagrant commissions of physical, emotional, and sexual abuse. In this chapter I will detail many of those losses through the testimony of several people who agreed to be interviewed and describe the process of recovery that for many begins in childhood and continues throughout their lifetime. Our treatment model uses an acronym to describe the phases of recovery that trauma survivors must work through in the process of their recovery: S.E.L.F. The four letters stand for "Safety", "Emotional Management", "Loss" and "Future"[2]. This chapter focuses on the "L" in Loss and we will look at the losses – and the discoveries – that accompany the healing process.

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[1] Bloom, *Creating Sanctuary: Toward the Evolution of Sane Societies;* Bills and Bloom, *From Chaos to Sanctuary*

[2] Bloom, Foderaro, & Ryan, *S.E.L.F.: A Trauma-Informed Psychoeducational Curriculum;* Foderaro, *Creating a nonviolent environment*

Attachment and Grief

The losses that accompany childhood exposure to terror and violence can only be grasped within the context of attachment theory. One of John Bowlby's great contributions was to recognize that attachment behavior is a fundamental part of our evolutionary heritage and therefore is critical to survival. Primates – including humans – need to attach from "cradle to grave" and any disruption in normal attachment relationships, particularly those being established in early childhood, is likely to cause developmental problems[3]. He recognized that "grief and mourning occur in infancy whenever the responses mediating attachment behavior are activated and the mother figure continues to be unavailable"[4]. He went on to discuss how "the experience of loss of mother in the early years is an antecedent of relevance in the development of personalities prone to depressive and other psychiatric illnesses and that these conditions are best understood as sequelae of pathological mourning"[5]. He identified four main variants of pathological responses by bereaved adults: 1) anxiety and depression, which he saw as the persistent and unconscious yearning to recover the lost person, originally adaptive because it produced strong motivation for reunion; 2) intense and persistent anger and reproach expressed towards others or the self and originally intended to achieve reunion with the lost relationship and discourage further separation; 3) absorption in caring for someone else who has also been bereaved, sometimes amounting to a compulsion; and 4) denial that the relationship is permanently lost[6]

Since Bowlby originally made these astute observations, other clinicians and researchers have been busily extending his work to show the relationship between disrupted attachment in childhood as a result of maltreatment and the development of adult pathology[7]. As far back as 1963, Khan discussed the idea of cumulative trauma, and the impact of protective failures: "cumulative trauma is the result of the breaches in the mother's role as a protective shield over the whole course of the child's development, from infancy to adolescence"[8]. He went on to discuss how this can leave a person vulnerable to breakdown later in life. There is a long-established connection between childhood loss and depression[9] and between suicidal behavior in

[3] Bowlby, *Development psychiatry comes of age*
[4] Bowlby, *Grief and Mourning in Infancy and Early Childhood,* p.9
[5] Ibid, p.11
[6] Bowlby, *Pathological Mourning and Childhood Mourning*
[7] De Zulueta, *From Pain to Violence*
[8] Khan, *The concept of cumulative trauma*
[9] Bowlby, *Attachment and Loss*

adolescents as well as adults and disrupted attachment[10]. In the last decades, other workers have concretized the relationship between insecure forms of attachment in childhood and the evolution of personality disorders[11]. Fonagy and colleagues have helped illuminate the important relationship between disrupted attachment and borderline states[12], while Liotti has written about the development of dissociative disorders within an attachment framework[13]. Others have looked at both highly conflicted families and violent couples from the point of view of disrupted childhood attachment relationships[14], while other investigators have provided abundant theoretical and evidence-based data showing how the disrupted childhood attachment relationships of parents can be carried over into the ways in which they parent their own children[15].

Complex Post-Traumatic Stress Disorder

Of the adult patients we treated, most had been victims of severe physical, psychological, sexual abuse and neglect. Some had experienced only one form of child maltreatment, many had experienced two or more. Childhood maltreatment is associated with a wide variety of physical, psychological, and social dysfunction in childhood and in adulthood and there is now a significant body of literature reviewing various aspects of comorbidity[16]. There are well-established connections between chronic depressive disorders, somatization disorder, anxiety disorders, and various personality disorders especially borderline personality disorder and childhood exposure to overwhelming and

[10] Adam, *Suicidal Behavior and Attachment*

[11] West & Keller, *Psychotherapy Strategies for Insecure Attachment in Personality Disorders*

[12] Fonagy, et al, *Attachment, the reflective self, and borderline states*

[13] Liotti, *Disorganized/Disoriented Attachment in the Psychotherapy of the Dissociative Disorders; Disorganization of Attachment as a Model for Understanding Dissociative Pathology*

[14] Henry & Homes, *Childhood Revisited: The Intimate Relationships of Individuals from Divorced and Conflict-Ridden Families;* Roberts & Noller, *The Associations between Adult Attachment and Couple Violence;*

[15] Main and Hesse, *Parents' Unresolved Traumatic Experiences Are Related to Infant Disorganized Attachment Status:*

[16] Ellason and Ross. Childhood Trauma and Psychiatric Symptoms; Koss et al. Deleterious Effects of Criminal Victimization on Women's Health and Medical Utilization; Grady. Posttraumatic Stress Disorder and Comorbidity: Recognizing the Many Faces of PTSD; Leserman et al. Impact of Sexual and Physical Abuse Dimensions on Health Status: Development of an Abuse Severity Measure.

traumatic events[17]. However, many of the patients we see enter treatment carrying two, three, or even more psychiatric labels, many of the same diagnostic categories that have been implicated as the long-term results of disrupted attachment relationships. In many ways, the trauma-related disorders can be seen as disorders of disrupted attachment.

Children can be maltreated in a number of different ways and it is common for maltreated children to have multiple victimization experiences. In a large survey of an HMO adult population performed by the Center for Disease Control in Atlanta and Kaiser Permanente of San Diego, a third of respondents reported belonging to at least one category of exposure to adverse childhood experiences or "ACE's". The categories of adverse childhood experiences included: psychological, physical, or sexual abuse; emotional or physical neglect; witnessing violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned.

The overlapping symptoms and complex clinical picture characteristic of adults who have experienced childhood maltreatment is more comprehensible if we formulate the problem as one of "complex post-traumatic stress disorder"[18]. Field trials for DSM-IV, demonstrated that there are significant differences between survivors of disasters who suffer from post-traumatic stress disorder and childhood survivors of maltreatment[19]. These differences fall into seven major categories of dysfunction: alterations in regulating affective arousal, alterations in attention and consciousness, somatization, alterations in self-perception, alterations in perception of the perpetrator, alterations in relations to others, and alterations in systems of meaning. These symptom clusters have been demonstrated to differentiate acute adult onset trauma syndromes associated with disaster victims from adult victims of childhood interpersonal violence and abuse.

When viewed from the point of view of the grief literature, difficulties with managing affect and alterations in attention and consciousness may reflect two of the final adult personality outcomes of two of Bowlby's sequelae of pathological mourning. The unrelenting yearning and searching for the lost love relationship, and the defenses built up to protect against this yearning can be seen as an underpinning for many of the symptoms that lead people to seek treatment. The persistent anger and reproach originally intended to achieve reunion and discourage more separation are common problems for our patients in all of their relationships and strongly color the nature of the therapeutic alliance.

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[17] Kessler et al, *Posttraumatic Stress Disorder in the National Comorbidity Survey;* Solomon & Davidson, *Trauma: Prevalence; Impairment; Service Use; and Cost.*
[18] Herman, *Trauma and Recovery*
[19] Roth et al, *Complex PTSD in Victims Exposed to Sexual and Physical Abuse*

Alterations in self-perception, in perception of the perpetrator and in relationships with others all can be understood in the context of an expectable developmental outcome in the face of disrupted early attachments. It is well established from studies of captive victims of all kinds – political prisoners, torture survivors, hostages, and both adult and child victims of family violence – that when people are placed in situations of inescapable danger for prolonged periods of time, they may develop very strange relationships with their captors and alter their perception of themselves. This phenomenon has become known as "trauma-bonding"[20]. Trauma-bonding is a relationship that is based on terror and the twisting and manipulation of normal attachment behavior in service of someone else's malevolent intent. People who are terrorized experience the perpetrator as being in total control, the source of pain but also the source of pain relief; the source of threat but also the source of hope. Victims come to internalize the experience of helplessness and the role of perpetrator and then later in life, unconsciously recreate the pattern of these early and traumatizing relationships in new relationships. Successful grieving means letting go of these patterns as well as letting go of the former abusive relationships, even though these relationships are also associated with a deep sense of fear and foreboding at their loss.

Somatization may represent not just the effects of prolonged stress but also the long-term effects of suppressed grief on the body. In the ACE's study, there was a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied. People who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, and greater than or equal to fifty sexual intercourse partners, and sexually transmitted disease; and 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease[21]. In another study looking at the connection in women between childhood adverse experiences and physical health, a history of childhood maltreatment was significantly associated with several adverse physical health outcomes including perceived poor overall health, greater physical and emotional disability,

[20] James, *Handbook for Treatment of Attachment Trauma Problems in Children*
[21] Felitti et al, *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.*

increased number of distressing physical symptoms and a greater number of health risk behaviors[22].

Disrupted systems of meaning can be understood as the logical outgrowth of growing up within intimate childhood contexts of mistrust, deceit, hypocrisy and cruelty that are embedded within a larger social context that insists that children are to be valued, loved, cherished and protected from harm. A child's exposure to deliberate malevolence at the hands of a primary caretaker powerfully confuses the ability of the child to correlate his or her own experience of reality with the realities of other people. The contradictions are shattering. Most importantly, perhaps, this bears on the issue of justice, a fundamental human striving, rooted in our primate-derived sense of reciprocity, the basis of all social relationships. If children are treated unjustly, they will seek justice for their hurt. If their family or their larger society denies them justice, then they will seek revenge, either against themselves, others, or both. When children discover that the adults who hurt them were never held accountable for the infliction of harm by the society, not only does this cause disruption in the attachment relationship with the perpetrator, but also with the self, the other members of the family and the society at large. As Charny points out, *"The avoidance of defining perpetration of evil as a disturbance in its own right reaches its bizarre extreme in the classic literature on child abuse – violence to the child. According to the prevailing definitions, the majority of parents who abuse children are not emotionally disturbed. . . it is utter nonsense to ignore the fact that anyone who seriously abuses his or her child is seriously disturbed*"[23].

Traumatic Grief

While attachment theorists have been carefully formulating theory and analyzing data from the perspective of developmental psychopathology[24], clinicians and researchers in the overlapping fields of traumatic stress studies and thanatology have been broadening our understanding of what happens to people who are traumatized and the ways in which traumatic bereavement differs from normal bereavement. Jacobs has described traumatic grief in relation to any death that is personally devastating and is characterized by traumatic separation. Traumatic grief has been shown to be associated with impaired role performance, functional impairment, subjective sleep disturbance,

[22] Walker et al, *Adult Health Status of Women with Histories of Childhood Abuse and Neglect.*
[23] Charney, *Evil in Human Personality,* p. 483
[24] Cichetti & Lynch, *Failures in the expectable environment and their impact on individual development*

low self-esteem, depression and anxiety, as well as a high risk of cancer, cardiac disorders, alcohol and tobacco consumption, and suicidal ideation[25]. Other authors have looked at the various ways that traumatic bereavement and exposure to death and dying affect various populations and age groups[26], while still others have looked at the way entire communities grieve after mass tragic events[27].

Rando has written extensively about the treatment of complicated mourning and has connected unresolved grief to many of the symptoms of chronic and complex post-traumatic stress disorder. She has also looked at the difficulties survivors encounter mourning someone who has victimized them, as is so often the case in survivors of childhood maltreatment[28]. At least since Lindemann's seminal work[29], the connection between the normal somatic manifestations of grief and symptoms of complicated mourning have been recognized[30].

Although the literature is by now rich and persuasive in conceptualizing the relationship between traumatic loss and disrupted attachment, relatively little has been detailed about the losses the do not involve actual death, but that do represent extraordinary loss for adults who were maltreated as children. These "little" losses occur in the context of a long-standing pattern characterized by the absence of sustaining and loving caregiver behavior. As children, our patients often had parents who were physically present, but the nature of their parenting was so abusive and/or neglectful that their losses are not even seen as losses at all, but a way of life.

Nonetheless, recovery from loss requires the working through of a mourning process. Ochberg has described some of the necessary tasks required to complete the process of grief[31]. Mourners must be able to express their emotions, understand the meaning of the lost person or object, be able to surface and work through the ambivalence in the relationship, all of which will eventually free them up to attach trust and love to new significant others and find appropriate replacements for the lost relationships. These tasks are very difficult to complete for adult survivors of child abuse and neglect. Being raised in abusive homes characterized by disruptive attachment relationships almost guarantees that people will have difficulty in managing their emotions. The

[25] Jacobs, *Traumatic Grief*
[26] Figley, *Traumatology of Grieving;* Figley et al., *Death and Trauma*
[27] Zinner and Williams, *When a Community Weeps*
[28] Rando, *Treatment of Complicated Mourning*
[29] Lindemann, *Symptomatology and Management of Acute Grief*
[30] Engel, *A Challenge for Medical Research;* Rando, *Treatment of Complicated Mourning*
[31] Ochberg, *Post-Traumatic Therapy and Victims of Violence*

problems associated with disrupted meaning schemas will make it difficult for them to understand the meaning of the lost person, lost experience, lost self. Trauma-bonding may make it feel very unsafe to deal with the ambivalence in the earlier relationship, even if it occurred decades before. The consequent lack of resolution interferes with the capacity to establish new, safe, and loving relationships, to even find appropriate people to love in order to replace the old abusive ones. Some people will stay aloof from relationships altogether so as not to become involved in more abuse. Others, having no other internalized standard, use the abusive relationships as their only norm. In this way the past becomes the present.

As has long been pointed out in the field of grief studies, failure to complete the tasks of grieving can impair future development and adaptation. Lack of grief resolution can also impact on physical health. The ACEs study mentioned earlier may provide connecting links between traumatic grief, traumatic stress, disrupted attachment and childhood maltreatment[32].

Recovery From The Impact Of Child Maltreatment

There is by now an extensive literature on the treatment of people who suffer from the complex syndromes related to a past history of child maltreatment. Since Janet first talked about the process of trauma resolution and the need to "liquidate" traumatic memory, there has been an understanding that trauma treatment progresses in stages, or perhaps more accurately, phases[33]. Like the descriptions of bereavement, however, these phases are dynamic, interpenetrating and spiraling, rather than indicative of a clear stepwise progression.

We use the acronym "S.E.L.F." to describe the way we understand this dynamic movement. Our patients have helped us develop the concepts over the last fifteen years, and as a result the S.E.L.F. model has become a practical and useful way for our patients and their therapists to map out a road to recovery. "S" represents "Safety" – the starting point for all efforts at healing. We understand that there are four levels of safety: physical safety or the ability to be safe from physical or sexual harm; psychological safety or the ability to be safe with oneself; social safety or the ability to be safe with others; and moral safety or the ability to live and work within a personal and professional context whose guiding value is a respect for life[34].

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[32] Edwards et al, *Adverse Childhood Experiences and Health-Related Quality of Life as an Adult*

[33] Van der Kolk & van der Hart, *Pierre Janet on Post-traumatic stress.*

[34] Bloom, *Creating Sanctuary: Toward the Evolution of Sane Societies*

In practical terms, adults generally enter treatment because in any of a number of ways, they are not safe. They may be self-mutilating, have attempted or are threatening suicide. They may be abusing drugs or alcohol, have an eating disorder, or are becoming increasingly nonfunctional because of escalating anxiety. They may be in dangerous relationships or placing themselves at unnecessary risk without understanding why or feeling able to control their behavior. Whatever the reason, the first step in recovery is to confront existing issues of safety, develop a plan for the restoration of safety and implement that plan.

In the course of learning to manage safety by inhibiting dangerous or damaging behavior, however, it quickly becomes obvious to people that their unsafe behaviors have been serving a useful purpose. The behaviors have helped them exert control over emotions that are otherwise overwhelming, toxic, oppressive and extremely painful. In order to be safe, they must learn how to manage emotions in health-promoting ways. This process is reflected in the "E" phase of S.E.L.F.: Emotional Management. With enough social support, cognitive restructuring, skill development, inner fortitude and perseverance, our patients allow themselves to trade in their self-destructive behaviors for healthier relationship. But the very act of taking such a relational risk with therapists, teachers, friends, and family opens the door to the next phase of S.E.L.F: Loss.

Unresolved, Stigmatized, Disenfranchised LOSS

Adults who were maltreated as children carry around with them the impact of delayed, unresolved, "stigmatized" loss[35]. According to the descriptions of stigmatized grief, the incidents giving rise to the loss happen suddenly, are associated with violence, result in others fearing contagion and blaming the victim and result in victims believing they should have done something to prevent the events, or that they deserve what happened. Several of the characteristics of stigmatized grief describe the situation of abused children. In some cases, as in sexual abuse, the loss of a secure relationship with the parent can be quite sudden and unexpected. Child abuse is clearly associated with violence and the victims are usually told that they have done something to deserve the violence. Their parents and society-at-large tends to blame them and frequently they are told that if they had behaved differently they could have prevented it. Social denial of the magnitude of the problem is still a prominent feature of our social environment.

[35] Sprang and McNeil, *The Many Faces of Bereavement*

Victims' grief is delayed because most abused children learn how to adapt to even astonishingly difficult circumstances in order to survive, but they do pay a price. A later crisis or loss in adult life may unmask an underlying vulnerability that has been lurking beneath the apparently normal surface of their lives for years. The losses they sustain are unresolved because for most survivors of childhood abuse, there is no clearly established and socially acceptable pathway for grief resolution if actual physical death has not been involved. Their losses cannot even be acknowledged as loss. Their grief is stigmatized because it is seen as a "blemish of individual character"[36]. The losses associated with childhood maltreatment that are only recognized or surfaced in adulthood are not considered legitimate reasons for grief, by the larger society. They are not "legitimate" mourners.

According to Doka, who has written about "disenfranchised" grief, there are three general types: those individuals whose relationships are socially unrecognized, illegitimate, or in other ways unsanctioned; those persons whose loss does not fit the typical norms of appropriateness; and those people whose ability to grieve is in question or who are not considered to be legitimate grievers[37]. Victims of child maltreatment experience many losses that carry with them no social legitimacy. In the case of victims of sexual abuse, the losses they sustain are often not only unrecognized but are denied by the perpetrator and by other family members. Victims of other forms of maltreatment are frequently labeled as "whiners" or "complainers" who manipulate others with their "victim mentality". As for normative appropriateness, the society at large barely is willing to deal with death as a legitimate cause for bereavement behavior. The social attitude towards most other losses is generally, "get over it". And even among therapists and otherwise supportive others, there may be great resistance to empathizing with the grief victims feel at finally having to give up a relationship with someone who has been abusive, dangerous and cruel or letting go of a behavior that has helped them cope and feel in control, even if that behavior appears "crazy". They are not legitimate grievers because the losses they experience are usually not considered appropriate causes for grief. After all, they survived, didn't they?

Bearing Witness to Childhood Loss

The seven categories associated with complex post-traumatic stress disorder are a useful way to classify the various losses our patients experience. In the following pages, several people were willing to share their experiences of

[36] Goffman, *Stigma*
[37] Doka, *Living with Grief after Sudden Loss*

loss secondary to childhood abuse and neglect. When interviewed, each person was at a different point in her personal recovery and each one had suffered unique experiences. All, however were able to relate to the concept of loss and the questions I asked them in the interview. I have changed their names and identifying information and after transcribing their conversations, received their permission to use the quotations I have included.

Samantha (S) is in her thirties and has been diagnosed with schizoaffective disorder. She has a history of self-mutilation, suicide attempts, multiple hospitalizations, substance abuse and has been considered to be chronically mentally ill. Along with everything else, she episodically has a thought disorder and has difficulty separating reality from her paranoid ideation. She has been tried on many medications and is currently on antidepressants, antianxiety medication, and antipsychotic agents . She is living in a sheltered apartment, is no longer self-mutilating, and is determined to get well. Despite her long history of mental health problems, Samantha managed to complete college. She recognizes that she is currently grieving for the many losses she has sustained throughout her life as the result of her extremely abusive, chaotic, neglectful, and dangerous home life. She was sexually abused by her father, physically abused and neglected by both parents, both of whom were and still are, active alcoholics.

Jodie (J) is also in her thirties. College-educated, she has a responsible position in business. Sexually abused by a relative beginning at a very young age, she lived with a number of symptoms until seeking treatment. She originally sought treatment because of post-traumatic symptoms secondary to her involvement in a violent relationship.

Helen (H) is thirty-seven years old, college educated and employed by a state government agency. She suffered physical abuse at the hands of her father, emotional abuse by her mother, and severe neglect from both parents. One of five children, her graduate school trained father, refused to spend money on the family home or his children so that there was not even sufficient clothing or shoes or heat in the house when they were growing up. Neither Helen nor her siblings were given sufficient health care as children, and these tangible omissions were paralleled by a complete lack of affection, love, or empathic regard for the children. She originally sought treatment because her frequent negative encounters with authority figures and co-workers made it impossible for her to hold a job.

Rachel (R) is in her early forties and runs a successful hair salon with her husband. She was raised by a mother who she describes as a hippy who ran with the avant-garde set in New York City in the 50's and 60's and left her children to fend for themselves emotionally, while at least providing for them financially.

Losses Secondary to Child Maltreatment

Alterations in ability to manage emotions

Children require loving and empathic relationships in order to develop properly. The immature central nervous system needs caregivers who are willing to serve as protective shields against overwhelming arousal. The hallmark characteristic of all forms of child maltreatment is empathic failure[38]. When exposure to abuse and neglect corrupts the family environment, children lose – or fail to develop – the ability to modulate their own level of emotional arousal and as a result they are forced to use whatever coping skills they happen to hit on that calms them down. Often those coping skills are self-destructive – drugs, alcohol, aggression, self-abuse – but these behaviors within the child or the adult's control are preferable to the noxious experience of overwhelming distress. The inability to manage emotions in a relational, constructive way means that later you must grieve for how much more difficult life is and has been for you than it is for other people. It means that you lose a sense of being safe and secure in the world, if you ever had it in the first place. The prolonged effects of exposure to overwhelming stress means that it is very difficult to finish the grieving process that enable you to make more successful relationships because being able to grieve means being able to tolerate and work through very painful emotional experiences.

✓ Loss of ability to manage emotions like other people

Samantha has great difficulty in managing her emotions, especially now that she has given up self-abuse as a way of coping. Samantha provides us with an example of one way in which maltreated children, without supportive adults to help them adequately express themselves, may fail to develop the ability to associate feelings with words, also known as alexithymia[39]. As a result, she lives with what is now a state of pain and finds verbal expression difficult. People from more secure homes learn how to use other people as resources to help manage feelings when they are overwhelming, but children deprived of empathic care have great difficulty relying on others or even knowing how to get the help they need.

> **S.** My day-to-day living now is so painful because I never really felt anything and now I am. I had no words to attach to even asking for help. Even now I struggle with feeling and talking.

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[38] Weil, *Early Deprivation of Empathic Care*
[39] Krystal, *Integration and Self Healing*

S. There was nothing else, nothing else but self-abuse. Anytime I felt anything I had to dissociate. I couldn't handle feelings at all.

✓ Loss of a sense of safety

A basic sense of safety is what serves as the foundation for all developmental achievements. Children who grow up in violent homes are robbed of this basic necessity. For them, emotional, intellectual and creative energy must be put in the service of protecting their minds and bodies from assaults at the hands of the people they are supposed to be able to trust. Samantha's home was so chaotic, violent and deprived that the listener is more amazed at her capacity to go on, despite her limitations, then the extent and magnitude of those limitations. Rebecca talks about the terrible and pervasive anxiety that accompanies a child without context, a child living with emotional neglect, while Helen focuses on the daily fear of living with the violence of physical and verbal abuse.

S. All my life I had to worry about things like how early in the day I should wet my pants so I could go home and check on what was happening at home. It was pure chaos – addiction to drugs and alcohol, sexual and physical abuse. I had to be one step ahead all the time.

S. My sister's best friend was killed in the house too – she was 12 and I was 10. They were playing with guns and it went off accidentally. The girl and my sister were getting high, they got out the gun, I had the gun and my sister went to get the gun from me and the girl was shot in the head. Then my father started shooting at all of the kids to teach them a lesson.

R. I remember always feeling afraid. I was always afraid of going out to the playground for recess at school, but things were even worse if it rained. Then we would have to go to the cafeteria and I would be terrified. I would get so distressed that the teacher would send me home with my brother and I would miss more time from school and make my brother miss school as well.

H. I was always afraid of my father because of his violence, his angry outbursts. My mother was verbally abusive but not violent, just haranguing. I was not safe in those regards. Did I fear for my life? Not really, but there was never a sense of safety or comfort.

✓ Loss of ability to complete mourning

The disruption in the developing ability to manage emotions makes enduring and working through loss extremely difficult. Our patients have great

difficulties in tolerating the painful affects that accompany the resurfacing of unresolved grief. As a result of the process of therapy Samantha has learned about the importance of grieving and is allowing herself to grieve as best as she can. She is even struggling to educate the staff of the transitional living facility where she lives about the importance of the grieving process. Jodie has come out on the other side of the mourning phase of her treatment, at least for now, and has come to recognize how much her failure to grieve has impacted on her developmental progress. Helen has not yet really even begun to grieve. Before she can allow herself to work through her losses, she must allow herself to feel the emotions associated with the losses in the first place. Helen's protective mechanism as a child was to detach herself from relationships and from her own emotional states and now those states have become foreign to her.

> ***S.*** My doctor and the staff of Sanctuary encourage me to work through my grief, but even with them it feels too big to manage sometimes, especially in front of someone. With my doctor, I have to take care of how she is going to manage my feelings and I feel protective of her. With where I live now, a lot is going to be about me educating them. They seem to miss the whole grieving piece. And that makes it harder for me to deal with it, because I need them to understand. I am still struggling to put words to how I feel. I don't have words. One of the things I am working on is staying in the present, keeping the past and the present separate. I get pissed off, because why should I have to educate them when they are supposed to be helping me?
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> ***J.*** I am not avoiding grieving any longer but it took a long time to get to it – about twenty-nine years.
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> ***H.*** I don't like people seeing me sad or emotional in any way. It is embarrassing to have emotions in front of people. Particularly crying in front of someone. People tell me that I should have sadness about not having a relationship with my parents. I don't talk to them. But I don't feel it. They are probably right. This male therapist I was seeing kept telling me that I have a lot of anger towards my parents and one day I had an explosion of anger towards them. I guess you could be quite debilitated by it, if it is bad enough. But that is just conjecture. Like people don't let themselves get angry because they might do something violent. But that is all intellectual.

Alterations in Attention and Consciousness

Exposure to chronic states of physiological hyperarousal interferes with the capacity to learn, to voluntarily direct attention, and to maintain focus[40]. Traumatized children have little ability to self-protect. Confronted with the

[40] Putnam, and Trickett, *Child Sexual Abuse;* Perry, *The Boy Who Was Raised as a Dog*

massive physiological hyperarousal that accompanies exposure to violence, there is little they can do to fight back or to flee. But they can dissociate – fragment their experience in a way that protects them against the very real danger of physiological overload. But the price they pay for this protection is substantial – the loss of a sense of wholeness, of an integrated self that adults from functional families simply take for granted.

✓ Loss of wholeness

Jodie's experience gave me the title for this chapter. She offers her childhood experience of fragmentation up as a way of helping us understand what this "beveled mirror" effect looks like, feels like. And then she goes on to describe the separateness, the state of dissociation she felt that she now understands as grief.

> ***J.*** I had this thing when I was a child, this fantasy. My parents had a beveled mirror in their room and the regular mirror was in the center. I thought that everyone in the world must see me as in the beveled part of it, the part that was screwed up, with the eyes over here and the nose separate, in pieces, in shards, because that is how I felt – disconnected. I had this fantasy that my parents must be paying doctors all over the world to fix everyone's eyes so that they would see me as they would see a normal person because nobody knew really, what was going on inside of me. I was around seven or eight.

> ***J.*** Before I came to Sanctuary, I never really knew what these symptoms were about because the grief was like something separate from me. Now I am feeling it in my body as well. Now it is all inside of me and I can feel the grief bubbling instead of just being outside of me somewhere. I thought of this separate entity as a kind of blackness that was separate from me. It held so much power that it could control me and turn me against myself like wanting to kill myself or wanting to starve myself or just doing negative things to myself. I really thought about it as a separate thing. I knew it had something to do with my trauma – that the trauma was still controlling me. I could tell by the power and the impact it had on me that it had something to do with the past.

Alterations in Relationships

Abused children lose relationships. Some maltreated children, have no one to relate to from the very beginning. But many parents are adequate in supplying an infant's basic needs but cannot handle the demands of a growing, active child. For such a child, the loss of the formerly nurturing parent can be experienced as a death for which there are no words. The loss of early attachment relationship is devastating in its impact upon the capacity to

establish safe and trusting relationships as an adult. And it is not just individual relationships that are affected. It is within the family that we first learn about political, social and economic arrangements between people. Dysfunction in the family relationships will directly carry over into school, the workplace, and the community-at-large. As a result, many survivors of systematic abuse do not feel a sense of place in their social system, and they do not know how to achieve such a place without paying a price similar to the one they have already paid in their families. History repeats itself in the life of the individual inside and outside of the family and then history repeats itself on the part of the whole group.

✓ Loss of attachment relationships

As Samantha's story illustrates, children can lose siblings, friends, pets and other important relationships secondary to the abuse. Her story about the puppy, below, is particularly poignant because in responding with understandable rage to her father's perfidy, she becomes complicit in his murderous behavior, yet another loss that she cannot begin to touch. The priest's failure to respond is another way that her capacity to trust other human beings is compromised, based on a realistic notion of what she could expect from other people. When Jodie's parents failed to protect her from the sexual proclivities of her mother's stepfather, even though he had previously molested her mother, she experiences a secondary empathic failure, one that is possibly even harder to resolve than the original abusive incident. For abused and neglect children, relationships with animals can take on an even greater significance than the usually deep attachment that secure children have with their pets. In Helen's case, the pets were as neglected as the children and there was nothing she could do to help herself or them. Sometimes siblings can serve as buffers against the abuse of the parents, but in cases like Helen's, the children are turned against each other, competitively struggling for what little affection and care that is available.

> ***S.*** My older sister was removed from our home when she was ten by Child Protective Services. I was 8 at the time. I was responsible for the younger children. My little sister that died was my baby doll. My father made me watch while he smothered her. I still have flashbacks about that. I was afraid about what was going to happen next. I got in the crib with her and tried to wake her up afterward, and then when my mother came home, my father blamed me, said I had killed her. Mother didn't believe him. They called it a crib death.

> ***S.*** I had gotten a puppy for Christmas and my father knew it meant so much to me, after my sister was killed. I could attach to the puppy. But he would destroy anything I liked. He took the puppy and me into the bathroom, put peanut butter

between my legs and had the puppy lick it. I put rat poison in the honey my father used in his cereal and he gave some to the puppy. The puppy died, but my father didn't. He got sick, that's all. I had my father's baby when I was in 8th grade. I already had had one abortion. I went to the priest for help and told him who the father was. The priest told me to keep going to church and did nothing else about it.

J. I remember longing for protection from my mom, that she would act like a parent instead of a sibling that I was supposed to take care of. I had a longing for a dad that didn't rage and try to make us something we weren't and a longing for a grandfather who didn't use me for whatever he wanted

H. I remember losing one particular teacher in third grade who was really good to me. This teacher recognized my plight. And I lost pet cats that died. They were sickly because my parents wouldn't pay for veterinary care and they would die off. They were very important to me. Also, I had a close relationship with my younger sister and when I was about 9 or 10, my older sister convinced her I was the devil incarnate. I had five brothers and sisters but no one would play with me. My older sister had this practice of taking away my friends and one of them was my younger sister. It happened several times. I also lost two very close friends because of her. I have had devastating experiences when boyfriends broke up with me over the past fifteen years – a number of times. In the last ten years, three have broken up with me. The last one was that we couldn't agree on children – I didn't want any and he did.

✓ Loss of the capacity to establish safe and trusting relationships

Children who come from abusive and neglecting homes may have no models for relationship other than the ones they experience at the hands of their parents. Without such a model it is extremely difficult to establish trusting and safe relationships with others. We are conservative creatures and we tend to repeat the past because we so easily adapt and form habits. If the definition of relationship that we behaviorally experience is one based on empathic failure, it will be difficult for us to establish any other kind of relationship, even as adults. Samantha's tentative moves to create a friendship in college is brave, and for awhile effective, but even so, the course of normal endings or change takes on a significance for her that is overwhelming because of all the unresolved experiences of loss from the past. She has no pathway for knowing how to lose and begin again. Her extreme vulnerability to the disorganization of loss manifests as eruptions in clearly symptomatic behavior. Jodi, aware of the dangers of vulnerability, spends most of her life keeping herself away from confronting the demands of intimacy, although she is aware of her fear and clearly wants to overcome it. Helen stays away from intimacy as well, and what

relationships she has now are with men. She overtly declares that she cannot trust women. Although both parents were abusive, her mother emotionally violated her with verbal abuse, manipulation, deception, and cruelty.

S. It makes me so sad to remember trying to keep one step ahead of what was going to happen. The energy that took deprived me of ability to have any relationships myself. I now realize that is almost the biggest part of what I have to deal with now. At least now I can make a connection with someone, but I cannot transfer it to friendships. It has affected my ability to make attachments – once they are gone they are gone. My doctor is the first person that I can't say that about. So, never having the opportunity to have friends, to go through that process of finding out that you can work through conflict, that has been a big loss.

S. I was in college and I had made a friend who was older than me. I felt very attached to her and when she graduated I felt that she was leaving me. I was hospitalized shortly after that for the first time. I was drinking a lot at the time. The closer it got to the feelings about this woman, the more the drinking increased, along with blackouts, terrible flashbacks, reliving everything. I was sure my father was there, chasing me.

J. I have been shut down emotionally and socially from people for my whole life. Also, whenever I reached out to people I felt like my self would be lost if I was rejected.

H. No, I don't have a best friend. I did have one for fourteen years, between age 18 and 32, but she had a multiple personality disorder of sorts and once I got into therapy and she didn't, we stopped being able to identify with each other. I don't have a boyfriend, or close relationships with my siblings. I have a couple of friends that I can call for some support and some intimate conversations. If you add them together, they are like having one best friend – all men.

✓ Loss of feeling like a meaningful part of the community, of society

Feeling like a member of society is about feeling related. Victims of child abuse often experience themselves as "beyond the pale", stigmatized, outsiders, aliens. Neglected children may have particular holes in their comprehension of what is expected of them, how they are to behave. Peers commonly reject neglected children and as a result these children may miss out on a particularly important facet of the socialization experience. Helen talks about how as an adult, she has had to learn how to live in society, how to get along with others in order to even function in a job.

H. I am avoiding it [grieving] and I'm not there yet. I don't think I have much grief experience. The last nine years have been about learning how to live in society. I am learning how to do that after coming from a family that couldn't do that. How to relate to people I work with, how to have friends, how to accomplish something.

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

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

As adults, people often maintain the same connection with their parenting figures as they had as a child and consequently, experience similar fears, powerlessness and helplessness in the face of their parents, or in the face of their internal image of their parents. We may experience that internal image as "the voice of conscience" and have taken it on board as our own, without fully realizing that it is the internalized voice of an abusive parent. As a result, even within our own minds we continue to reenact the childhood trauma between ourselves and our parents. As outsiders, we may look at a young, six-foot-two man, intimidated and quivering before a frail old man, half his size and fail to understand that the grown man is experiencing the same terrors as when his now frail father would beat him into submission every day after school. Our perceptions of ourselves do not just automatically change as we mature, nor do our perceptions of the people who have perpetrated violence against us. Without working through the grief and the anger connected to the relationship we can remain terrorized and humiliated by past figures in our lives, even though they may be out of sight or even dead. In the process we lose our sense of self-esteem, we lose any role models that guarantee our success in the world, we lose the capacity to figure out how to resolve problems without violence, we lose the ability to let go of the past and move on as a whole person, and along the way we miss out on many important educational and vocational opprortunities that could have led our lives in very different directions.

✓ Loss of self-esteem

Helen talks about how her childhood impacted – and is still impacting – her self-esteem. The physical and emotional impoverishment of her childhood, deliberately induced by her parents – profoundly affected her view of herself in a multitude of ways. She has been struggling for years, and with great perseverance, to reclaim her natural birthright, but she knows she still has years to go. In the conversation she reveals her continuing relationship with the perpetrators she no longer sees and how their influence, now deeply embedded in her psyche, continues to exert a powerful influence over the way she treats herself.

H. The way I was raised had a terribly devastating effect on my self-esteem. It is getting better because I have been in therapy for nine years. I still have years ahead to repair the damage. It is now to the point that I can at least hold a job. For the longest time I couldn't hold a job without being fired. People like me more now. I had abusive relationships for a long time. I deprived myself of basic things, that most people have, even though I can afford them – like a decent place to live. I still live in a seedy place. I don't have a microwave, or a computer or a VCR, even though I could. I don't take nice trips to places. My self-esteem was really bad ten years ago, but there is still significant headway to be made. I realize that in not allowing myself to have things I am repeating the pattern of my parents. Money does play a factor. Not having money growing up, I tend to put a lot away.

✓ Loss of successful role models

Human beings are great imitators. "Children will do as we do, not as we say" is an expression we have all grown up with. Having viable role models for normal human development is vitally necessary for every child. Unfortunately, this is one of the mechanisms for the intergenerational transmission of faulty attachment relationships. Abusive and neglectful parents provide lousy models for how people are supposed to behave – as parents, as adults, as citizens. Rebecca puts it most succinctly and perhaps cynically. Jodie talks about how difficult it has been for her to develop anything resembling a healthy relationship with a man. Helen's role models were astonishingly barren of any redeeming human qualities.

R. **"**I was raised by wolves".

J. My mom is a very asexual, very inhibited person and I also grieve about that because I had nobody to look up to for that type of a role model. It is hard trying to create a self or a person that you don't really know since there is no one to model yourself after. At least you can know enough to say, "I don't want to be

like that", but if you don't have something there to work with, you can't really say that. I also had no positive male role model that is actually a good human being. I have had a hard time relating to men in general because of that. I haven't been able to see men – I have basically negated half of the population because I was so afraid of them. Or I shut them out because of knowing I was going to be rejected and not knowing how to be a woman because I never saw that either. I was always looking for that as a child.

H. My father is highly intelligent but he has some kind of a personality disorder. He was very cheap. He wouldn't buy clothing for his children, didn't want to pay to fix a furnace so we had to live without heat for years. He wouldn't take us for medical care. He had his master's degree in microbiology, was very smart, but did not have a single friend. I lived my whole life in complete, abject, poverty. He did and still does insist on the house being in a state of disrepair to keep the taxes down and puts junk in the yard to keep the taxes down. It was too embarrassing to bring friends home. He was violent towards his kids, although he didn't drink. It was meted out based on how much a threat you were to him. My brother was intelligent and he got 80% of the violence – he would break chairs over his head. I was ambitious and so I got about 15% of the violence. He is not a nice person. Very opinionated and feels he can tell the world how to run their lives. My mother is a schizoid personality and cannot form relationships with anyone, even with her children. She is bright, but incompetent in life. She is verbally abusive to her own family, but outside of the family she puts on an act of a loving mother, then she is nasty.

✓ Loss of ability to resolve problems or conflicts in a positive way

How do we learn to resolve problems or conflicts? As children, we watch how the adults around us resolve problems and if they are successful, we develop the confidence that we can do that too. If we don't expect the world to mistreat us, we often create self-fulfilling prophecies and we don't get mistreated. Children raised in abusive families have very different experiences. They learn that the way adults resolve conflicts is through abuse, violence, or denial. The child who refuses to imitate the behavior of his or her violent family will be faced with an empty spot where good judgment and problem-solving skills should be. In Helen's case, this meant that she became overly reliant on the judgment of others, even though she had no guideposts for how to choose people to relate to who have good judgment and conflict resolution skills. In situations of conflict, it is vitally important that people know what their boundaries are, and know how to protect them without over-reacting or under-reacting. Helen has had to gradually develop such skills – it didn't come "naturally".

H. There are many ways I have had problems in my ability to resolve problems or conflicts. My mother was very big on telling us how stupid we were, so I grew up thinking I was stupid, so whenever I was in a disagreement with someone I would go with their way of doing things because I thought they were smarter than me, including men who wanted to date me. Other things too, like people advising me to get into dangerous or unsuitable situations - I would go along with them because I thought, "I am stupid!" therefore, they must know more than I do. Only in the last three or four years have I realized that I can use my own judgment. It is not because I am stupid, it is often because they are. And also, I would just do what other people wanted. I had a lack of boundaries, difficulty in setting my own boundaries. I was prone to have problems in work situations, trouble with authority figures. I would get petulant and resentful. Of course you don't like authority when the authority figures you know are so abusive. I would tell my boss off, and so then I often had to quit before I got fired. That was one of the first things I was able to change as a result of psychotherapy.

✓ Loss of capacity to individuate/separate/let go of the past

The compromised ability to handle emotions that accompanies childhood abuse leads to the inability to mourn. The inability to mourn means that it is very difficult to let go of the past. The past remains a living, haunting presence instead. Helen is beginning to understand that depriving herself of material goods, when she does not have to do so, is a form of reenactment, a way of not grieving for what has been lost in the past and will never be restored. She still reacts to people in the present as if her mother was talking to her and cannot fully differentiate her reactions in the present from the triggered memories of the hurtful past. It is as if her mother is still with her much of the time, even though she has not spoken to her parents in years. In this way, her mother could be dead but still continuing to influence her behavior in the present as if she were right by her side.

H. I have a big problem with people who are histrionic or have any kind of affect or phony behavior. I have to put my hands over my ears and walk away. My mother used to put on an act of being a good mother and if I am in a store and someone waits on me who is overly nice, I walk away. My mother had an affected air in public and then when she would come home she would be terribly nasty. I can't say "good morning" because it is too phony. I sometimes see it on TV and I have to walk out of the room. It is a sincerity factor, not an emotional factor. I can pick up lying too, but for years I never paid attention to it – I felt too stupid to know better. It has 100% to do with the other person's intention – that is the issue. It all goes back to my mother. I also live in the past by generally depriving myself – I haven't let go of that. There are a lot of things but it would take some time to think them out. For example, allowing myself to be successful

at something. Often I will find myself sabotaging myself. I just feel uncomfortable, conflicted about being successful.

✓ Loss of educational/vocational opportunities

If, as a child, people who are older and bigger than you, repeatedly tell you that you are stupid, worthless, ugly, or crazy, the brainwashing takes hold and it becomes difficult, if not impossible, for you to face with confidence, the challenges that life brings. But every human being needs an identity and for too many adults abused as children, their identity becomes that of – as Samantha puts it – "a professional mental patient", or as Helen explains it, "a person too stupid to make good judgments". To relinquish such an identity and claim a new and better one, the survivor must be willing to tolerate the grief associated with all of the lost opportunities that will never be restored and Samantha has begun to wrestle with her own personal losses. Helen made some critical life decisions based on a desperate attempt to get from her parents what they were and are unable to give – love and acceptance. In doing so, she sacrificed many opportunities and has lost educational and vocational time that she can never get back.

S. I am just now getting in touch with all the losses of my adult life. I have no clue about all of the opportunities I have missed, all those lost years. I have been stuck for fifteen years. I have been a professional mental patient. I was forbidden to go away to college by my father even though I had full scholarships to Bucknell and Duquesne. But I did go to community college.

H. All my choices in life were formed by those experiences. I majored in something I didn't want to – chemistry - because I thought it could get my parents to like me. My father was a microbiologist and my mother was interested in environmental concerns. But I had no interest in chemistry, and I am an environmentalist but largely because I am a moral person. I would have majored in history and English. But I had to choose something that would get them to like me. That was not where my aptitude lay so it took me seven years instead of four. Now I am basically a writer. If I had had any sense of self I wouldn't have done that. I would have gone away to college, but I thought we were too poor. I have led a very restricted life, went to a state college. Not that my parents paid for anything, I did. But I didn't see how I could go from abject poverty to going into debt for college. When you don't have money you don't feel you can pay it back.

Somatization

Descriptions of the mourning process have always been strongly colored by the somatic presentation of grief. But our patients are grieving events

from the long buried past and grieving for events that may not be considered "appropriate" causes for grief. Nonetheless, their descriptions of their own grieving processes reveal to us that when loss is worked through, the body does a great deal of the work along with the mind. The body remembers what the mind forgets, "the body keeps the score"[41]. In the case of chronic grief, this can mean the loss of health and well being. In the particular case of sexual abuse, it can also mean the loss of a healthy and fulfilling sexuality.

✓ Physical sensations associated with grief

Samantha talks about her experience of grief as utterly paralyzing and powerfully physical. She also must contend with her conflicts about crying, so typical of the abused and neglect child who is not allowed to express normal and appropriate affect without shame and punishment. As in Jodie's case, it is quite typical for victims of child abuse to describe themselves as having died or as being dead, or a part of them as being dead. The grieving process is one of restoring life, an internal sort of resurrection. Jodie also can now talk about the transformative process of moving the grief out of her psyche along with an associated feeling of badness and hopelessness, and into her body to be available to be worked through.

> ***S.*** I am in the midst of it now. I feel heavy. Almost like I can seem ok, just feeling really sad and then I become paralyzed and unable to move. The people at the apartment try to get me out of bed but I cannot move. It gets into my body so much because I cannot get it out. They are trying to figure out how much is real and how much is isolation. I am holding back the tears because if they come they won't stop. I can't let anybody see me that way. My body gets so involved and that has surprised me – I feel so overstimulated and overwhelmed. My muscles start to spasm, my body feels like it is on fire, I have no clue how to get through that. It feels like there should be openings in the ends of my fingers so it can come out. I also have a thought disorder so if I get overstimulated, I can confuse reality with the sensations. Crying can bring a sense of relief.
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> ***J.*** The abuse started when I was two. When I was working with [her therapist] in a therapy session about another traumatic experience, I was holding my arm and he asked me why I was holding my arm and it was because I wanted to strike out at my grandfather, like my grandfather was in the room, but only in those ways, not in fantasy ways. Like a body memory. It was when my body was finally waking up for the first time and everything was being integrated and all these feelings were flooding in and I was still trying to find a balance between being completely overstimulated and being shutdown and dead and that was one of the things that came up.

[41] Van der Kolk, *The body keeps the score.*

J. Just recently I have been having experience with it physically, but in the past it was just an overwhelming sense of badness and hopelessness combined with that little inkling of wishing and hoping that things had been different.

✓ Loss of physical health and well-being

The state of chronic hyperarousal associated with post-traumatic stress disorder puts a terrible burden on the body as is demonstrated by the stress-related comorbid conditions that accompany trauma-related syndromes. We also know something about the impact of acute grief on physical health and mortality. But we are only beginning to comprehend what the impact of chronic and unresolved grief may be on the well being and health of the physical body, including the immune system. Jodie connects her previous eating disorder, stomach problems, and migraines to her sustained grief. Helen is convinced that her physical problems are related to chronic stress.

J. My body would always feel things, like I had an eating disorder and always had stomach problems and migraines. I never really knew what these symptoms were about because the grief was like something separate from me. Now I am feeling it in my body as well. Now it is all inside of me and I can feel the grief bubbling instead of just being outside of me somewhere. I felt physically disconnected and dead both spiritually and physically until I started to the work at Sanctuary. Only in the last two years have I been able to integrate the emotions and the physical aspects of myself.

H. I have my theories about the connection between stress, anxiety, and autoimmune disorders. I had a lot of anxiety and for most of my life didn't even realize I was anxious. I think that had physical effects. I had muscle spasms in my back that have gone away since I started therapy. I had endometriosis, which I think was related to anxiety, though doctors would say that's not possible. I had to be operated on to take care of that - a cyst was removed ten years ago. I have had hormone treatments and birth control pills to treat the problem. However anxiety affects your body. For awhile I was underweight, in my late teens, early twenties, because I was too anxious to eat.

✓ Loss of sexual function

Sexual abuse is particularly damaging to one's capacity to engage in loving, enjoyable and relational sexual behavior. Some sexually abused people avoid sexual relationships altogether, as in Jodie's case. Others engage in promiscuous sex without enjoying it or without being able to establish true intimacy. Helen, physically abused but not sexually abused used sex as a form of exchange because she was bewildered about the nature of establishing

healthy and reciprocal relationships. As she is struggling to achieve a better state of health, she has stopped the former behavior but has not yet learned how to achieve an intimate, loving sexual relationship.

J. I have not been able to have satisfying, successful physical relationships with either sex.

H. Before I got into therapy my relationships with men weren't productive but at least I knew how to relate on a dysfunctional level, so I could relate to them. In my twenties I had lots of relationships. Because I was so deprived of basic necessities, when someone would do something for me, I felt I owed them something, including sex.

Alterations in Systems of meaning

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

✓ Loss of innocence, loss of childhood

The innocence and protection that cherished children receive serve as a protective buffer, a stable foundation, for whatever storms a person must survive later in life. While maltreated children are young, they may not even recognize that their childhood was missing something. Only later as they grow and compare themselves to others do they come to recognize the pain of all they missed.

S. The most basic losses are easier to face. Like never being a kid, realizing all the jobs I had in my family related to protecting my parents and taking care of them and my siblings. Never being a kid – never having time to even think about me or how I felt.

J. The loss that has most affected me has been the loss of innocence in childhood. And the grief in coming to terms with the childhood that I never had and the hopes and dreams that were destroyed along with it that every child is supposed to have and carry into adulthood and grow out of in a natural way when they get their hard knocks in life, but not when they are two.

✓ The loss of what wasn't there and should have been

The losses one feels as a result of childhood neglect pose a particularly difficult problem because, as Jodie puts it, it is "grieving for what you don't know". It is hard to make sense of, hard to feel you have a right, hard to get anyone else to understand the sadness of losing something you never had. There are empty holes where meaning, purpose and fulfillment should be. There are things you can't do, ways of relating that are absent and arduous to discover as an adult.

J. Neglect is grieving for what you don't know. Some fantasy that what you don't know is supposed to be there. And then there is the fantasy of what you see in the movies or television of what other families show to the outside world, which of course isn't reality either. So you really don't have any idea, you just know something is missing, something that is not there that should have been, something is missing inside of you but you don't really know what it is.

H. To lose something you have to have it first. I never had a family member die that I was close to. But some people would say I experienced a loss in having no parental affection, no material support from my parents, no medical support, or a decent place to live. The basic fundamentals of living were not provided.

✓ Loss of moral clarity

A particularly challenging problem for many survivors is making some sense out of the role they were forced to play – actively or passively – in the violation of others. Here, Samantha touches on the choices she was compelled to make between self and others. Samantha was made to witness and be the victim of the most serious criminal behavior on the part of her father, while neither her mother, nor other bystanders, did anything to stop him. And for those of us who listen to these stories, even more puzzling is this question: How does a child like Helen or Samantha still develop concepts of ethics and morality growing up in conditions of such depravity?

> ***S.*** He was sexually abusing me and he would threaten to hurt the other children if I didn't cooperate with him and let him do whatever he wanted

> ***H.*** I am actually a very moral person. But why is that? Because one of my brothers turned out to be very immoral but he has turned himself around. My parents were like law-abiding sociopaths. You dare not do anything against the law, even things that people commonly do. Like cheating on financial aid packages. They were bluntly honest when they didn't have to be. So, I am on the highly responsible moral end – that has been my approach in life.

✓ Loss of ability/desire/willingness to have children

For most people, starting a family, being able to create a future is not perceived as a gift but a right. For abused children such a "right" can be instead funneled into the fervent desire not to reproduce, often for fear of reproducing the same trauma, grief and rage that the children have themselves experienced. If a child's parents took no joy in parenting, it is difficult to even comprehend the possibility of joyous engagement with a child. Helen begins by speaking very rationally about her decision not to have children, having previously admitted that her last significant relationship stopped seeing her when the man she was seeing ended it because he wanted to have children and she did not. As she describes her relationship with his nephews, she lights up and talks about how special they were, but when she actually imagines children for herself its, "not for me".

> ***H.*** I know I don't want children. Or at least I don't think I do. It just does not appeal to me. I find nothing attractive about that scenario. I am not really sure why. I know one factor is that I dislike the loss of freedom involved. But the other reason is that it seems like a dreadful experience. I don't see kids as being appealing types of people. They seem to have negative attributes about them. I did meet a few kids in my life that I really liked, including my ex-boyfriend's

nephews. They were really cute but that does not sway my opinion. When I imagine my own, it's not for me.

✓ Loss of purpose, meaning, joy in life, will to live

Samantha describes the utter emptiness of her life before she got into treatment and contrasts that later with how much better she feels. Helen describes her recognition that she is "stuck" between being dysfunctional and being functional, as she calls it, still not feeling much purpose or joy in her life. But it is Rebecca who is most revealing about her experiences of neglect and how she remains unable to find much purpose in living, to view her life as a precious gift.

S. There was nothing else, nothing else but self-abuse.

H. Basically, the reason I got into therapy was because I was having trouble making career decisions, though I had some insight based on watching TV that my family was dysfunctional. But then I realized how screwed up I was, I couldn't keep a job, my friends were crazy, I had no focus in my life. So what happened was, I was in therapy for a long time and it helped me learn to relate to society better, and I realized that I was out of focus and in disarray. And it helped me understand just how much in disarray. I am going from being dysfunctional but I'm not functional yet. I am in the middle, so I don't feel much purpose and joy – because I am stuck there.

R. As a result of the neglect I experienced as a child, I am unable to "view life as a gift" but instead I experience life as a burden that I didn't ask for.

Process of Recovery

Samantha, Jodie and Heather are all very different people, with different problems, coming from very varied backgrounds. But all three are in the process of recovery. They, as well as others, have helped us begin to understand the nature of that process and some of the tasks that must be completed, particularly as these tasks relate to the grieving process.

Recognizing the problem

People suffering from chronic, unresolved grief can present for treatment in many different ways. The most obvious and probably frequent manifestation is chronic depression that responds only partially or episodically to antidepressant medications. These patients are high utilizers of psychiatric and medical services, repeatedly seeking out some kind of direction or relief.

Because of current changes in the health care system minimizing any form of therapy except medication, these patients are likely to receive inadequate or poor care. Chronic suicidality and a preoccupation with death may be indicators of the same problem. It is not uncommon for patients to make early progress in treatment and then "hit the wall" of grief without knowing that is what is happening. Progress in treatment slows, the patient appears to be continually circling around the same issues that go nowhere, and the therapist may becomes increasingly frustrated, bored, and angry. The resort to a change in medication or adding medications is a frequent response to this situation.

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

Continuing to behaviorally reenact negative relationships despite insight and a commitment to treatment can also be a sign that the survivor is avoiding taking on the task of grieving. The yawning dark chasm that grief represents may feel overwhelming, endless, a bottomless pit, particularly when those feelings are not identified as what they are – feelings of bereavement – and legitimized as part of the normal process of mourning. Here Jodie points out how important it was to have someone support but not interfere with, her process, someone wise enough to know that not all human problems can be fixed with a pill.

> ***J.*** In the process of my treatment, I was stuck for about three months. My doctor helped me so much. It looked like depression on the outside but on the inside I was doing all this processing and little bits and pieces would come out, of very distinct emotion and very compact emotion, but it looked on the outside as if I was depressed. Other people might have treated it with medicine to get me out of it but she knew I was going through the grieving stage, and I was. The internal processing that I was doing was leading me towards grieving and towards putting the pieces together. If I had been in a different program I don't know what would have happened because I felt very stuck. If the only treatment I had received was medication at the time, I could have been stuck there for years rather than months.

Experiencing the grief

The hardest part of the grieving process may be allowing the process to begin. People whose attachments have been disrupted are so ill-equipped to process loss and have confidence that the pain will come and will go again, that

they often spend decades doing everything they can think of to avoid confronting the pain of the past. Having toyed around the edges of grief for so many years, they may view it as something they can keep at bay and never have to resolve, not fully realizing just how much the past is robbing them of a vibrant present. So the first task is letting the experience happen, feeling the enormity and uncontrolled nature of grief, and then, as Jodie has, coming to recognize that in struggling to control an act of nature, you are simply prolonging and being controlled by a process that would otherwise, pass on.

> ***J.*** It was more like a welling up from inside of very, very strong feelings – sadness and despair. But now I know that it is inside me and that it cannot control me and I can control it or work with it. I still have body reactions. I still have stomach problems. But I pretty much can know where it comes from. Writing about it helps a lot.

Loss of previous coping skills

Grieving for the past losses that accompany childhood abuse means giving up reliable coping skills. As long as the survivor is not safe with himself or herself, s/he cannot learn to manage affect and without learning how to safely manage affect, it is impossible to safely work through the grief. But this does mean sacrificing habits that have helped manage overwhelming affect for decades – things like drugs and alcohol, compulsive working, smoking, destructive eating behaviors, and as in Samantha's case, self-mutilation. Coming out the other end of the tunnel, Jodie is able to recognize how comfortable it was to repeat the predictable past, how safe even if it was miserable.

> ***S.*** Today, there was a group session. A younger person had overdosed as a manipulation and a lot of the group focused on self-harm and suicidal behavior. I couldn't stay for it. I was so upset because three and a half years ago I was a self-abuser and I made a commitment to no self-harm and that option is not available to me anymore. I got so sad and felt so alone in the group. I was the only one who totally gave it up. It's another loss. It's so much easier to cut yourself, to scratch and stop the feeling. If that was available to me, then I wouldn't be in pain now. I am not sure you can grieve without giving up the self-harm. If you haven't, there is really danger. The more subtle danger is having compartmentalized everything in my life and then I get stuck in another repetitive pattern, especially with a thought disorder.

> ***J.*** The unknown used to be very scary to me just because at least in my old patterns of reenactment I knew how I was going to react to things. I knew I was going to be left alone and that is just how it was going to be. So the only danger or fear I have now is, what is going to happen next, but it is more exciting than scary to me. Right now at least.

Fearing loss of attachments

For many adults who were abused as children, the key to recovery is the restitution of the capacity to attach. But in allowing oneself to attach there is also the fear of losing that precious attachment. Implicit in the process of therapy is that inevitable loss, because therapy cannot substitute for the creation of a long-lasting support system that you don't have to pay for. Samantha, having allowed herself to attach to her therapist, recognizes that the love is not unconditional. Her therapist has structured the relationship so that now, for Samantha to continue with the relationship, she has to value herself at least as much as the therapist does. Balanced properly, the fear of losing attachments, of losing a potentially better future than the awful past, can be a powerful incentive for positive change.

S. It wasn't until I decided I was going to live - that's what has made the difference. The thing that changed things was video work – I had tried to hang myself and came into the hospital. I was doing video work about my mother – her voice was so dominant and internalized that I could not separate from it. My doctor came back from vacation and found me in the hospital after trying to hang myself and she was totally pissed off. I knew I had to get pretty serious pretty quick. So I worked really hard at the video stuff, really hard.

Losing attachments

Recovery can mean losing attachments as well, and although the relationships may be highly pathological, they are all the person knows, and something is better than nothing. Jodie describes how working towards her own recovery necessitated getting out of the relationship she had. Helen describes, with some regret, how important it has been for her to be out of relationships altogether in order to avoid getting into more bad ones.

J. I had an unhealthy relationship when I first entered the Sanctuary. I think I probably wasn't in the process of fully grieving yet but in the process of trying to get to some recovery path and still somehow grieve the childhood I didn't have. I moved through that relationship and that person did not react very well to my becoming healthier.

H. I stopped talking to my parents. That was the biggest change. I haven't talked to them in over eight years. I have had to avoid getting into relationships while I try to figure out how a functional relationship works. So in the past six and a half years I have only dated for a year. I am avoiding relationships until I feel I am not so impaired, until I can figure out what I want and need. I guess my relationships with men before I got into therapy weren't productive but at least I

knew how to relate on a dysfunctional level, so I could relate to them. Now I wish sometimes I could still because at least I could be relating to somebody.

Giving up the fantasy of restoration

Inside every adult abused as a child, there is a child hoping to be rescued, actively fantasizing about how different things will be someday. Continuing the symptomatic self-destructive behavior is a disguised way of holding on, of waiting for the rescue that never comes. Grieving for the losses of the past means giving up the fantasy that amends will be made, that the loveless parents will turn into loving ones, that innocence will be retrieved – the fantasy of restoration. Jodie describes that process of holding on, toying with the fantasy, and letting go, seeing in her sister an earlier version of herself. Samantha talks about the process of allowing herself to be overwhelmed by the grief as a fundamental part of being able to let go of the fantasy that her parents would ever be there for her and how critical her present therapeutic relationship was in helping her let go of that continuing engagement with them through her own self-harming behavior.

J. I find myself wavering once in a while about still wanting it to be, or wishing it had been, different. But overall, no, I have let it go. I can see my sister going through the same process. She hasn't been in therapy yet and she is still at the point of saying "wouldn't it be nice to move back to [the Midwest] where my parents are and stay in a little house in the back" – still looking to them for certain things that they are never going to be able to give.

S. We were talked about discharge for Monday. On Friday I got hysterical crying – I could not stop. The nurses started to panic. But my doctor told them to leave me alone, that it was something I needed to do. I was wailing. I was realizing that no matter what I do, my parents are not going to come through. I remembered when I had been anorexic at [another hospital]. The social worker who was working with me called my parents to try to get them involved and I heard them on the speakerphone saying not to bother them until the situation was grave. Through this feeling of overwhelming loss I felt in the hospital, I finally gave up on my parents. I thought of my mom's mom who had killed herself. The next day in the community, I felt like shit, I didn't want any help. My doctor challenged me and said that if I wanted to be like my parents, she didn't want any part of it, that as long as I keep hurting myself I am like my parents. That was the last time I did anything to hurt myself.

Working with the nonverbal

It may not be possible to resolve grief, particularly longstanding, unresolved, traumatic grief, through the use of verbal abilities alone. From what

we now understand about the way the brain processes overwhelming experience, we need art, enactment, story and ritual to help us safely integrate the verbal and nonverbal aspects of our experience. As Samantha described earlier, the work she did using video therapy was vital to her progress and here Jodie touches on the importance of her artwork in surfacing feelings and making the entire experience available for verbal integration.

> ***J.*** It starts with just feelings and emotions and I do a lot of artwork as well. The trauma happened before I was verbal. It started just with putting a lot on paper with colors and shapes and then I became able to write the words. But it started just as dictating what was happening in my life and looking at it as an outside observer, as if I were a director or something. Finally I became integrated so I could talk as it was happening to me. But I still think in colors a lot. I think it will make me a better artist and a more integrated person.

The vital nature of social support

Social support throughout the grieving process is vital to the course of normal bereavement. Just as vital is the restoration of social support for the victims of grief that has been disenfranchised and stigmatized. Jodie talks about how vital it was for her to get validation of the work she was engaged in during the most deadened part of her grieving experience.

> ***J.*** The worst thing is not to got get validation that you are doing anything. I remember one day when my doctor showed me a graph that I was actually at the peak of doing the work and for someone like me that meant all the difference in the world. It was awful, feeling so down, to think that I was stuck for that long and not doing any work after all the work I had done. I felt like I was in the valley. There would be nothing worse than throwing more medicine at someone like that because you just feel like you aren't getting anywhere, like "Oh my God, I am back at the beginning and I am never going to get out of all this".

Making meaning

We now understand how vital it is for trauma survivors to make meaning out of their experience[42]. But making meaning out of an abusive childhood is a difficult task. Samantha survived with her integrity as a human being intact because she was intelligent and she had a vivid fantasy life in which people behaved differently and she modeled herself after the people that she did not know, but that she saw. Jodie is actively wrestling with her own sense of spirituality and her relationship with a higher power and with forgiveness.

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[42] Janoff-Bulman, *Shattered Assumptions*

S. I can't make sense out of it. There were senseless acts of violence abuse, neglect, but they also crossed the line into making bad things happen. They created violence when it didn't have to happen. I want to make sense out of it. I think a lot of people lose their will to survive. All the time this was going on I knew I was different from the other kids. I knew it wasn't happening to other people. I knew our family was different, that people could not understand me because I was different. I created a life in my head that was a fantasy. The only way I could get to sleep was a fantasy of other families in my head, other brothers and sisters from other people I saw but could never approach. I created all kinds of scenarios like that. I dreamed it could be different. I was always aware of people and what they did. I always knew what was going on around me. I never miss a trick, I guess it is what you call hypervigilance. I would watch what other people did and the decisions they made, people who were passionate about things in their lives, their work, other things and that is what keeps me going. I want to have that kind of passion about things. Being a part of something deeper than routine and ritual. I have some ideas about educating people about misconceptions, misperceptions about people who are victimized and people who are trying to help. So many doctors told me you will never get better, you have this or that disease. I have the opportunity to contribute something other people can't - art, writing. There are times I don't use it for healing but just for fun, just to express myself.

J. Somehow I have actually only recently come to terms with an idea of God or spirituality. For the first time this weekend I looked up at the stars and thanked God for my family and at least the best they thought they could do at the time. I was raised Catholic, but I am not Catholic now, mostly because of issues with the Catholic Church. I have looked at many different things trying to find an organized religion that I can relate to and haven't really found anything yet. So I was just kind of thanking the universe, or the idea of God, unformed as yet. I guess I was thanking my parents despite all of their flaws that they still have now. They have finally managed to come together as a unit, far away from us, and have managed to make a go of it somehow. My father has been broken, he has not been able to find a job for four or five years. He's got migraines every day, but though this is awful to say, he is much more easy to be around, I can relate to him as a person now. My Mom is now the main breadwinner of the family so things have completely switched and she is finding it in her power somehow, although of course, she won't talk about it. She is still the meek person but she is finding some kind of self-confidence. It is interesting to see. My sister is turning into an interesting young woman, very caring, and my brother is as well and I was just thanking God for that.

J. It still doesn't make any sense to me. I still don't understand how anyone could do that to a child. I can understand how things can go through the generations and how my Mom and Dad had their own awful childhoods but at some point someone has to be accountable for it, somebody has to stop it. And I haven't really made sense of that yet.

Making sense of the intergenerational nature of abuse

Part of the struggle to make some meaning out of the abusive past is about the struggle to understand how, if not why, this could have happened. The automatic question that arises in some point on the road to recovery, is "what happened to my parents that they could have so mistreated me?" Jodie has learned that her abuser also had abused her mother, who suffered from childhood amnesia as well. Helen attributes much of her family pathology to her great-grandmother, an active participant in the Klu Klux Klan.

J. My abuser was my Mom's stepfather who also did things to her that I am just finding out. She doesn't remember a lot of her childhood but she remembers when she first got engaged to my Dad that there was a lot of alcohol in the family and her stepfather exposed himself to her when she was just getting engaged. Her mother found out and wanted to get her out of the house.

H. I was able to figure out something about why my parents behaved the way they did. My father was always putting me down for going to college, considered me selfish for going to college. He did that because he didn't want his children to succeed because they would see he was a failure. He gave the impression that failure was a badge of honor. If I got too successful I might figure out that he didn't really want it that way, that it was just a show he was putting on. My mother called me stupid because she was so incompetent. I met my father's mother and she was very abusive. My mother is a harder story but I know enough of the family history to know there was a lot of dysfunction. My great grandmother was in the women's auxiliary of the Klu Klux Klan. I heard stories about her. She used to go to lynchings, and kept momentos of them. When you have that in your history it is going to affect you. She was a terrible woman.

Moving on

As the grieving process progresses, the darkness begins to lift and survivors become involved in the process of moving on that is represented by the "F" in S.E.L.F. - "Future". Here Samantha compares her own progress to the absence of any change in her siblings while recognizing that there is always going to be pain. She can talk about how hard it is, and has been.

S. I think I have an uncanny sense of perception about people and integrity about people. When I see it I am drawn to it. I lost a lot but I really can't say what my life would have been like without it. All I know is that it is getting better, I look at my brothers and sisters but they are still addicted and not learning to feel and they are not where I am. As hard as it is, it is exciting self-discovery.

S. People don't get the grieving thing. There are always anniversaries, always reminders. No matter how far I get in my life I am always going to feel a

heartache, a loss for the things I never even knew were available or couldn't get to because I was so sick. A lot of grieving for me, is that I never thought it would be this hard, I never realized how much work is involved in taking responsibility for myself, how much I have to struggle just to let people know how I really am. I never expected anything to be this hard. That is the kind of thing I would like to give to people for a week, just to know how difficult it is. To keep moving forward and to have them get it.

Transforming the pain

Ultimately, we hope that adult survivors of childhood abuse and neglect will be able to transform their pain into something of value to themselves and others, what Judy Herman has called a "survivor mission"[43]. Helen talks about how she believes that good has already come from bad in that she is proud of some characteristics that she has developed that she attributes to her abusive past. Jodie shares her creative aspirations and how her wish is to be able to change the world for children as a result of working through her own painful experiences.

H. I think there is always something to be said for every experience. I don't have a sense of entitlement that I know some people have and I am glad I don't and that comes from not having very much. I don't have the sense of materialism that other people have. I think that the insight you get from going through that experience and then evaluating the experience in therapy gives you insight about human nature I wouldn't otherwise have and gives me in the ability to apply it to other situations. I can deal with harsh situations better than the average person.

J. I can feel that I am on the verge of turning my experiences into something positive. For the first time I feel like I am grieving as an integrated person and it feels like there might be positive energy coming out of that. I remember talking to my therapists in the beginning about anger and grief and asking them why I couldn't turn it all into something positive right away, why can't I just take a shortcut? But you have to go through the intermediate shit before you can do that. I can feel I am on the verge of finally doing that. I think in terms of my creativity. I think it has affected my creativity. And I think in terms of what I want to do and being able to change the world – that sounds too idealistic – but to affect children's lives in a positive way. I don't think I could have done it in the same way if I hadn't gone through it myself.

[43] Herman, *Trauma and Recovery*

Conclusion

Grief is one of the natural outcomes of human attachment. Predictably then, anything that interferes with the course of attachment produces the potential for loss and bereavement. The more trauma the person has experienced, the more likely it is that traumatic and complicated grieving will be involved. Individually and socially we are relatively comfortable with supporting the mourning process when someone has literally died. But the losses attendant upon child abuse and neglect are not usually about literal death, although actual death – particularly traumatic death - of an attachment figure can compound and complicate other losses. Instead, the losses that adults must recapitulate and work through in order to recover, are long delayed, sometimes tangible, but at other times, metaphorical, spiritual, or moral losses. In this chapter I have reviewed those losses utilizing the testimony of several adult survivors who volunteered to share their experiences. Finding a new life path always means shedding the old, and the recovery process involves loss as well if the survivor is to move past the fragmentation of childhood trauma – is to get "beyond the beveled mirror" and heal.

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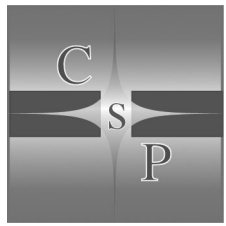

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