AN ELEPHANT IN THE ROOM:

THE IMPACT OF TRAUMATIC STRESS ON INDIVIDUALS AND GROUPS

SANDRA L. BLOOM, M.D.
WWW.SANCTUARYWEB.COM

INTRODUCTION

If you are an American, you have a greater than 50:50 chance of experiencing an event that is commonly recognized as traumatic at sometime in your lifetime and a substantial minority of you will experience three or more traumatic events. Of those of you who do sustain a trauma, at least 25% will go on to develop post-traumatic stress disorder (PTSD), a combined physical and psychological disorder that remains chronic, severe, and permanent in 40% of cases (Friedman 2000). If you do develop PTSD, you are eight times as likely as anyone else to end up being diagnosed with three or more psychiatric problems (Kessler, Sonnega et al. 1995). If you are raped or physically assaulted, your likelihood of developing PTSD rises dramatically: depending on the study you read, 50-70% of rape victims develop PTSD. This is particularly disturbing because if you are an adult American woman, you stand a one in eight chance of being raped and a fifty-fifty chance of suffering from violence at the hand of an intimate partner (Kilpatrick, Edmunds et al. 1992; National Victim Center 1993). If you are pregnant, you have up to a one in four chance of being battered and over 32,000 pregnancies each year are attributable to rape (National Victim Center 1993). If you are an adolescent girl, you have a one in five chance of being battered or raped by someone you are dating (Silverman, Raj et al. 2001). If you happen to suffer from a severe mental illness, you have a 97% chance of being violently victimized at some point in your life (Goodman, Rosenberg et al. 1997). And these numbers just cover the impact of

adult exposure to trauma. There is insufficient space in this paper to explore the enormously devastating impact of child abuse and neglect but suffice it to say that the more categories of childhood adverse events you have sustained, the greater the likelihood that you will suffer from severe substance abuse problems, will try to commit suicide, and will have a greater likelihood of suffering from heart disease, cancer, liver disease, skeletal fractures, and lung disease (Felitti, Anda et al. 1998).

If over half of the population are at such risk for so many significant health and mental health problems – and here I have only touched the surface of the extensive body of research that substantiates the connection between trauma exposure and a panoply of serious and long-term, sometimes lethal problems – it is odd that so little attention has been paid to the role traumatic experience plays in our individual and social health to say nothing of the impact on historical and political events as well as institutional organization and ethical systems of belief. One would think that the interconnections between traumatic experience and many other problems would be as obvious as, say – an elephant in the middle of a small room. But even in the field of mental health treatment, where the issue of exposure to trauma would seem to be most apparent and unavoidable, identification of the traumatic origins of many psychiatric problems still struggles for recognition. The serious study of trauma has waxed and waned over the centuries, usually tied to a social movement, but only in the last twenty years has an extensive body of scientific research begun to illuminate the many ways in which stress, particularly overwhelming stress, affects the minds, bodies, and meaning schemas of individuals (Herman 1992).

At this point we can only speculate about what meaning can be derived from generalizing the findings about individuals to larger social contexts, but given the high incidence of trauma in the population, it would appear to be a potentially fruitful field of study. In our evolutionary past, human survival depended upon a number of adaptations evolved from earlier species that offer key insights about the ways we continue to be influenced by our evolutionary past, even while social evolution radically alters the environment to which we must now adapt. It may not be an exaggeration to assert that the traits and abilities that

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

guaranteed our species survival in the evolutionary past now threaten our continued individual and collective survival in the present (Ehrenreich 1998). To explore this further, in this chapter we will look at what happens to individuals and groups when a threat occurs, the ways in which the original coping responses to stress become disabling problems under the influence of recurrent threat, and the implications of what we now know about the psychobiology of stress for individual and social healing (Bloom 2004). It is my premise that parallel processes are at work in all human systems and they can stand in as metaphors, if not actual representations, for each other. The result of the parallel process nature of human systems is that our organizations and society as a whole frequently recapitulate for individuals the very experiences that have proven so toxic for them, while individual reenactment tends to shape the structure and function of those institutions. This complex, multigenerational interaction can produce ever worsening dysfunction in both individuals and systems.

Given the actual incidence of exposure to trauma and the negative impact of multiple traumatic experiences, viewing this as purely an individual problem is not enough. It is critical that we design cultures that are less traumatizing and that offer more opportunities for individuals and families to recover from exposure to violence. It is possible that simultaneous individual and institutional change could redirect the course of social evolution in a less destructive direction. In order to promote social evolution rather than devolution, we require a different framework within which to think about the problems that confront us, a framework that enables us to strategize alternative forms of action that control the same biological drives that if not checked may lead us over the precipice to destruction. You cannot begin to solve a problem unless you have correctly identified exactly what the problem is. It is the premise of this chapter that we have not correctly identified the problem and that we are still struggling to see the full shape and size of the elephant in the room.

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

WHEN TERROR STRIKES

Unlike other mammals, we come into the world ill prepared to do battle with the natural enemies that surrounded us in our evolutionary past. Helpless for a prolonged period after birth, bearing fragile bodies that lack substantial protection, we have few natural defenses. Like all mammals, we are equipped to respond to emergencies with what is called the "fight-flight-freeze" reaction, also known as the "human stress response"(Horowitz 1986; Horowitz 2003). The stress response is a total body-mind mobilization of resources. Powerful neurochemicals flood our brain and body. Our attention becomes riveted on the potential threat and our capacity for reasoning and exercising judgment is negatively impacted by the rising anxiety and fear. This state of extreme hyperarousal serves a protective function during an emergency, preparing us to respond rapidly to any perceived threat, preferentially steering us toward action and away from the time-consuming effort of thought and language. Taking action appears to be the only solution to this extraordinary experience of tension, so we are compelled to act on impulses that often direct us to aggressively defend ourselves rather than to submit or run away.

Our method for remembering things, processing new memories, and accessing old memories is radically changed when under stress. A growing body of evidence indicates that there are actually two different memory systems in the brain—one for verbal learning and remembering that is based on words, and another that is largely nonverbal (Van der Kolk 1996b). The memory we consider our "normal" memory is a system based on language. Under normal conditions, the two kinds of memory function in an integrated way. Our verbal and nonverbal memories are thus usually intertwined and complexly interrelated. However, the human verbally based memory system is particularly vulnerable to high levels of stress. Like our animal ancestors who lacked verbal communication, we become less attentive to words and far more focused on threat-related signals in the environment- all of the nonverbal content of communication. As fear rises, we may lose language functions altogether, possibly mediated by the effect of rising levels of cortisol on the language centers of the brain (Van der Kolk

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

1996b; Van der Kolk 1996a; McEwen and Magarinos 1997; Roozendaal, Quirarte et al. 1997; Van der Kolk, Burbridge et al. 1997).

Without words, the mind shifts to a mode of cognition characterized by visual, auditory, olfactory, and kinesthetic images, physical sensations, and strong emotions. This system of processing information is adequate under conditions of danger because it is a more rapid method for assimilating information. By quickly providing data about the circumstances surrounding the danger and making rapid comparisons to previous experience, people may have a vastly increased possibility of survival in the face of threat.

However, there is a problematic side to this emergency adaptation. When the capacity to encode information in language is radically altered under severe stress and the person experiences "speechless terror", the result may be amnesia for the traumatic event—the memory is there, but there are no words attached to it, so it can be neither talked about nor thought about, though it may be expressed through behavior and physical symptoms (Van der Kolk 1994).

As the level of arousal increases "dissociation" – the loss of integrated function of memory, sensation, perception and identity - may be triggered as an adaptive response to this hyperaroused state, physiologically buffering the central nervous system and the body by lowering heart rate and reducing anxiety and pain. This internal state of "freeze" helps to temporarily reduce the overwhelming nature of the stress response and allows us to stay calm and function rather than experience emotions that are more than we can bear (Van der Kolk and Fisler 1996; Van der Kolk, Pelcovitz et al. 1996; Bloom 2003).

When overly stressed, human beings cannot think clearly, nor can we consider the long-term consequences of behavior. It is impossible to weigh all of the possible options before making a decision or to take the time to obtain all the necessary information that goes into making good decisions. Decisions tend to be based on impulse and immediate consequences without consideration to unintended consequences. As a result, such decisions tend to be inflexible, oversimplified, extremist, directed towards action, and often very poorly constructed (Janis 1982). But although our cognitive function may be oriented entirely toward the

present emergency, our associational brain guarantees that we can make hundreds, even thousands of associations to any event, and the more dangerous the event, the more likely that we will make a multitude of interconnected associations. Later, traumatic memories may be triggered by any reminder of the previous event(Van der Kolk 1996b; Van der Kolk, Burbridge et al. 1997). Like a complex spider web, a seemingly distant connection can trigger a rapid network of associations that culminates in a physical and sensory experience that is called a "flashback".

THE THREATENED GROUP

In our evolutionary past, the development of extended social networks increased the likelihood that vulnerable offspring would be protected and in combination with our expanding intelligence, made hunting and food gathering far more successful. Human beings could accomplish much more in groups than any one individual could on his or her own. Part of the evolved response to stress that built on our capacity for attachment was a strong inclination to gather together in groups whenever threatened (Forsyth 1990). Under severe stress, emotional arousal becomes so intense that if emotional responses are not buffered by others through social contact and physical touch, our central nervous system is left exposed to unrelenting overstimulation. The result can be long-lasting harm to our bodies as well as our psyches. Our capacity to manage overwhelming emotional states is shaped by our experience with early childhood attachments and is maintained throughout life via our attachment relationships.

Under threat human beings will more closely bond together with their identified group, close ranks, and prepare for defense of the group. Human groups under stress tend to become less democratic and more hierarchical and authoritarian, a group structure that lends itself to rapid response. But this rapidity of response sacrifices more complex group processing of information that is typical of democratic interactions. A leader rapidly emerges within such a group, a complex process that is an interaction between the individual characteristics of the leader, the needs of the group, and the contextual demands of the moment. Under such conditions, the vast majority of human beings

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

become more suggestible to the influence of a persuasive, strong, assertive and apparently confident leader who promises the best defense of the group, thereby containing the overwhelming anxiety of every member of the group. A leader who is attempting to be thoughtful and cautious may instead be considered equivocating or weak when he or she fails to adequately channel the group's anxiety by taking action. Likewise, a leader who drives the group toward action, regardless how ill-considered, may be lauded as strong, noble, and courageous.

Decisions are made quickly and the process of decision making is characterized by extremist thinking, a deterioration of complex processes into oversimplified, dichotomous choices. Decisions are often made autonomously by the leader with relatively little input and the input that he receives is likely to be significantly colored by the pressure everyone feels to conform to standards of group cohesion and unanimity. As stress increases, the leader is compelled to take action to reduce the threat while the followers simultaneously become more obedient to the leader in order to insure coordinated group effort.

The development of human moral reasoning and our desire for justice can be recognized in early evolutionary development as well. Social relationships are built on the logic of reciprocity, or "tit-for-tat", probably the basis of all cooperative relationships (Axelrod 1984). Out of betrayed reciprocal relationships comes the natural desire for retaliation or revenge. Out of this innate desire for revenge comes our need to achieve satisfaction for injury and eventually our uniquely human system of laws designed in part to contain and channel vengeance (Bloom 2001). Under stress, in-group cohesion and territoriality increase and the desire for retaliation for real or imagined violations is increased. Internal conflict and dissent from the group opinion is actively suppressed while out-group projection of hostility onto an external enemy is encouraged, combining to produce a cohesive and organized group that is prepared to fight whoever is designated as the enemy.

Longstanding interpersonal conflicts within the group seem to evaporate and everyone pulls together toward the common goal of group survival producing an exhilarating and even intoxicating state of

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

unity, oneness and a willingness to sacrifice one's own well-being for the sake of the group. This is a survival strategy ensuring that in a state of crisis decisions can be made quickly and efficiently thus better ensuring survival of the group, even while individuals may be sacrificed.

THREATENED MEANING

The development of language was a profound leap forward for the human species. The spoken and later the written word enabled us to share information so that something learned by one individual could be easily and rapidly dispersed among the entire group. Through language, learning could be transmitted not only over space, but over time, so that the knowledge of one generation could be passed on to the next. As our memory system became increasingly more complex we developed two integrated forms of memory, one based on words, the other on nonverbal experience derived from our bodies and our senses. Over time, in fact, we became more and more word-dependent, ultimately basing our sense of reality, our sense of time, and even our sense of self on our word-based intelligence and shared memory, often minimizing or even excluding the importance of nonverbal intelligence, relegated to the largely disrespected sphere of "intuition" or "the arts".

As emotions, intelligence, relational capacity, language and memory became more fully integrated and as we could compare contemporary experience with the wisdom of the previous generations while anticipating the future, we became desperately aware of our own mortality, a realization so overpowering and awesome that it demanded the creation of meaning systems that could serve to buffer our vulnerable central nervous system against the terror inspired by the mystery of death. Mythology, religion, philosophy all reflect this meaning-making necessity (Becker 1973; Pyszczynski, Solomon et al. 2003). Through the creation of shared culture, we became able to fend off the terror of inevitable death. We live with protective illusions of invulnerability that are necessary for health but exposure to overwhelming stress shatters these necessary illusions and for a time, at least, the trauma survivor lives within a world of unreality, a place of devastating confusion, anxiety, and loss (Janoff-Bulman 1992; Schumaker 1995). Traumatized groups may also deteriorate rapidly

when the cultural underpinnings of reality are likewise shattered and this group effect may compound the individual's disorientation as well.

But what happens when the violation of this meaning space is not a result of one car accident, or one rape, or one flood? What happens when this mind-body-spirit wrenching goes on repeatedly? The tragedy that lies behind our magnificent evolutionary success emerges most fully when a human being is repeatedly traumatized, particularly when that exposure begins in childhood. This effect is multiplied when the traumatized individual is living within a traumatized group. Under such conditions, evolutionary survival mechanisms, so adapted to our continued existence, become dangerous threats and impediments to further growth.

WHEN TERROR BECOMES A WAY OF LIFE

If people are exposed to danger repeatedly, their bodies become unusually sensitive so that even minor threats can trigger off this sequence of physical, emotional, and cognitive responses – a state of chronic hyperarousal (Van der Kolk and Greenberg 1987). Each episode of danger connects to every other episode of danger in their minds, so that the more danger they are exposed to, the more sensitive they are to danger (LeDoux 1996) . With each experience of fight-flight-freeze, their mind forms a network of connections that is triggered with every new threatening experience.

When hyperarousal stops being a state and turns into a trait, human beings lose their capacity to accurately assess and predict danger leading to avoidance and re-enactment instead of adaptation and survival (Van der Kolk 1989). Prolonged hyperarousal can have disastrous physical effects as biological systems become progressively exhausted. This hyperaroused state makes it likely that people will seek out any substance – drugs, alcohol, food – or behavior that helps provide relief, calm, or distraction.

Childhood exposure to trauma, has even more dire consequences than when an adult experiences a traumatic event for the first time. Children's brains are still forming. The release of powerful neurohormones, particularly during critical and sensitive moments in

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

development, is thought to have such a profound impact on the developing brain that the brain may organize itself around the traumatic event. We are only beginning to understand how the effects of chronic stress set the stage for long-term physical as well as emotional and social problems (Perry and Pate 1994; Perry 1995; Perry, Pollard et al. 1995; Felitti, Anda et al. 1998).

The experience of overwhelming terror destabilizes the internal system that regulates emotional arousal. Usually, people respond to a stimulus based on the level of threat that the stimulus represents. People who have been traumatized lose this capacity to modulate arousal and manage affect and this loss of control can negatively impact on a number of important functions. Emotional management is critical to learning and the capacity to exercise reasoned judgment. Emotions prioritize thinking by directing attention to important information. Emotions are sufficiently vivid and available to be used as aids for judgment and memory. Emotional mood swings change one's perspective, encouraging multiple points of view, and emotional states differentially encourage specific problem approaches (Mayer and Salovey).

Children who are exposed to repeated episodes of overwhelming arousal do not have the kind of safety and protection that they need for normal brain development and therefore they may never develop normal modulation of arousal and this severely compromises their capacity for emotional management. As a result they are chronically irritable, angry, unable to manage aggression, impulsive, and anxious. The compromised emotional management interferes with learning and the development of mature thought processes (Perry 1994).

This failure to develop healthy ways of managing emotional arousal also interferes with relationships. Mature emotional management endows us with the abilities to interpret the meanings that emotions convey regarding relationships, to understand complex feelings, and to recognize likely transitions among emotions. The gradual acquisition of this emotional intelligence allows us to monitor emotions in relation to ourselves and others while giving us the ability to manage emotion in ourselves and others by moderating negative emotions and enhancing

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

pleasant ones without repressing or exaggerating the information they convey (Mayer and Salovey).

Children – and the adults they become – who experience compromised emotional management are likely to experience high levels of anxiety when alone and/or in interpersonal interactions. They will understandably therefore do anything they can to establish some level of self-soothing and self-control. Under such circumstances, people frequently turn to substances, like drugs or alcohol, or behaviors like sex or eating or risk-taking behavior, or even engagement in violence, including self-mutilation, all of which help them to calm down, at least temporarily, largely because of the internal chemical effects of the substance or behavior (van der Kolk, Perry et al. 1991). Human beings, human touch, could also serve as a self-smoothing device, but for trauma survivors, trusting human beings may be too difficult.

Compromised emotional management skills are also one mechanism of intergenerational transmission since these skills build up over time in the interaction between parent and child. A parent who has compromised skills will be unable to provide the important emotional learning experiences that their children require. Instead, the children will adapt to the parental style of managing emotions.

Human beings deplore being helplessness. Placed into situations of helplessness, we will do anything to escape and restore a sense of mastery. But helplessness is a hallmark characteristic of a traumatic experience. Helplessness in the face of danger threatens survival and our carefully established sense of invulnerability and safety. Worse yet, repetitive exposure to helplessness is so toxic to emotional and physiological stability that in service of continued survival, survivors are compelled to adapt to the helplessness itself, a phenomenon that has been termed "learned helplessness" (Seligman 1992). Like animals in a cage, with enough exposure to helplessness people will adapt to adversity and cease struggling to escape from the situation thus conserving vital resources and buffering the vulnerable central nervous system against the negative impact of constant overstimulation. Then, rather than change situations that could be altered for the better, they will change their definitions of "normal" to fit the situation to which they have become adapted. Later, even when change is possible, the

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

formerly adaptive response of simply buckling down and coping can create a serious obstacle to positive change, empowerment, and mastery. This may contribute to the dynamic of revictimization (Van der Kolk 1989).

As a result of this adjustment, people who have had repeated experiences of helplessness will exhibit a number of apparently contradictory behaviors. On the one hand they may demonstrate "control issues" by trying to control other people, themselves, their own feelings – anything that makes them feel less helpless. The threat of or use of violence is a way to control other people that is frequently effective. At the same time, they are likely to be willing to turn over control to substances or behaviors that are destructive, or to people who cannot be trusted. They may have difficulties discriminating between abusive and healthy authority and may be willing to give up control to abusive authorities. Springing from similar experiences and dynamics, one victim goes on to become a perpetrator, another to become revictimized, another becomes neither, all reflecting multiple and complex decision paths that the person begins walking very early in life.

The adjustment to adversity also keeps them from making positive changes when they could do so. Once a human being has adjusted to adverse conditions, these conditions are accepted as "normal" and any change from what feels normal is resisted. Changed conditions become a habit. We are basically conservative creatures and we resist changing habits once we have developed them and the more associated the habit formation has been with danger and surviving a threat, the less likely we are to change it and the more likely we are to resist attempts to get us to change. Instead we unknowingly shift our internal norms. Once we have reset our norms, we tend to repeat the past simply because it seems oddly comfortable to do so, even when cognitively we appraise the situation as being less than ideal. When the past is a traumatic one, then we are likely to be victimized again and again in a progressively downward spiral, while we internally believe that there is really nothing we can do about it – it's just the way things are.

Our very complex brains and powerful memories distinguish us as the most intelligent of all animals, and yet it is this very intelligence that

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

leaves us vulnerable to the effects of trauma such as flashbacks, body memories, post-traumatic nightmares and behavioral reenactments. Exposure to trauma alters people's memory, producing extremes of remembering too much and recalling too little. Unlike other memories, traumatic memories appear to become etched in the mind, unaltered by the passage of time or by subsequent experience (Cahill 1997; Stein, Koverola et al. 1997; Bremner and Narayan 1998; Bremner 1999). But without verbal content, traumatic memories are not integrated into the narrative stream of consciousness but instead remain as unintegrated fragments of experience that can then intrude into consciousness when triggered by reminder of a previous event.

A flashback is a sudden intrusion of a fragment of past experience into present consciousness. A flashback may take the form of a visual image, a smell, a taste, some other physical sensation including severe pain, and is usually accompanied by powerful and noxious emotions. Even thinking of flashbacks as "memories" is inaccurate and misleading. When someone experiences a flashback, he does not remember the experience, but relives it. Often the flashback is forgotten as quickly as it happens because the two memory systems are so disconnected from each other. Every time a flashback occurs, the complex sequence of psychobiological events that characterize the "fight-flight-freeze" response is triggered resulting in a terror reaction to the memories themselves. The result is a vicious cycle of flashback-hyperarousal-dissociation that further compromises function. As the survivor tries to cope with this radical departure from normal experience, he or she will do anything to interrupt the vicious cycle – drugs, alcohol, violence, eating, sex, risk-taking behaviors, self-mutilation – all can temporarily produce an interruption. But each in its own way compounds the individual's growing problems.

Our dependence on language means that wordless experiences cannot be integrated into consciousness and a coherent sense of identity, nor will those experiences rest quietly. Instead, the survivor become haunteds by an unnarrated past. Since the sense of "self" refers to a verbally-based identity, experiences that have not been encoded in words are not recognized as a part of the "self". Lacking an ability to talk

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

to themselves – an internal dialogue that is going on all the time – controlling impulses is exceedingly difficult.

"Traumatic reenactment" is the term we use to describe the lingering enactment and automatic repetition of the past. The very nature of traumatic information processing determines the reenactment behavior. As human beings, we are physically designed to function at a maximum level of integration and any barrier to this integration seems to produce some innate compensatory mechanism that potentially allows us to overcome it. Based on what we know about the split between verbal and nonverbal thought, it may be that the most useful way of understanding traumatic reenactment is through the language of drama. For healing to occur, victims must give words and meaning to their overwhelming experiences. The traumatized person is cut off from language, deprived of the power of words, trapped in speechless terror. The only way that the nonverbal brain can "speak" is through behaviors. This is the language of symptoms, of pathology, of deviant behavior in all its forms. Unfortunately, we have largely lost the capacity for nonverbal interpretation, and we have ceased to take the time to examine and understand repetitive patterns of behavior. As a result, most of these symptomatic "cries for help" fall on deaf ears. Instead, the society judges, condemns, excludes and alienates the person who is behaving in an asocial, self-destructive, or antisocial way without hearing the meaning in the message. Trapped in a room with no exit signs, they hunker down and adapt to ever-worsening conditions, unaware that there are many opportunities for change and terrified that taking any risk to get out of their dilemma could lead to something even worse.

Exposure to chronic severe stress may disrupt the attachment system so that stress – instead of social support – is associated with anxiety relief, an outcome known as *addiction to trauma,* further damaging the attachment system and creating an increased likelihood that people will turn to self-destructive behavior, addictive substances, violence and thrill-seeking as a way of regulating their internal environments (Van der Kolk, Greenberg et al. 1985; Van der Kolk, Greenberg et al. 1989). Even more ominous for repeatedly traumatized people is their pronounced tendency to use highly abnormal and dangerous

relationships as their normative idea of what relationships are supposed to be (Herman 1992). *Trauma-bonding* describes a relationship based on terror and the twisting of normal attachment behavior into something perverse and cruel (James 1994). Relationships to authority also become damaged. Human beings first learn about power relationships in the context of the family. If we experience fair, kind and consistent authority figures then we will internalize that relationship to authority both in the way we exert control over our own impulses and in the way we deal with other people. If we have been exposed to harsh, punitive, abusive, inconsistent authority then the style of authority that we adopt is likely to be similarly abusive.

The human ability to form healthy attachments to other people allows us to successfully transit through the process of grieving after a loss. People who have disrupted attachment experiences have difficulties with grieving. New losses tend to open up old wounds that never heal. Arrested grief is extremely problematic because it is impossible to form healthy new attachments without first finishing with old attachments. In this way, unresolved loss becomes another dynamic that keeps an individual stuck in time, unable to move ahead, unable to go back. Compounded and unresolved grief is frequently in the background of lives based on traumatic reenactment (Bloom 2002).

As this process of prolonged hyperarousal, helplessness, emotional numbing, disrupted attachment and reenactment unfolds, people's sense of who they are, how they fit into the world, how they relate to other people, and what the point of it all is, can become significantly limited in scope. As this occurs, they are likely to become increasingly depressed. The attempt to avoid any reminders of the previous events, along with the intrusive symptoms, like flashbacks and nightmares, comprise two of the interacting and escalating aspects of post-traumatic stress syndrome, set in the context of a more generalized physical hyperarousal. As these alternating symptoms come to dominate traumatized people's lives, they feel more and more alienated from everything that gives their lives meaning – favorite activities, other people, a sense of direction and purpose, a sense of spirituality, a sense of community. It is not surprising, then, that slow self-destruction through addictions, or fast self-destruction through suicide, may be the

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

final outcome of these syndromes. For other people, rage at others comes to dominate the picture and these are the ones who end up becoming significant threats to other people as well as themselves.

Children who are traumatized do not have developed coping skills, a developed sense of self, or self in relation to others. Their schemas for meaning, hope, faith, and purpose are not yet fully formed. They are in the process of developing a sense of right and wrong, of mercy balanced against justice. All of their cognitive processes, like their ability to make decisions, their problem-solving capacities, and learning skills are still being acquired. As a consequence, the responses to trauma are amplified because they interfere with the processes of normal development. Living in a system of contradictory and hypocritical values impairs the development of conscience, of a faith in justice, of a belief in the pursuit of truth.

We are meaning-making animals. We must be able to make sense of our experience, to order chaos and structure our reality. Traumatic experience robs people of a sense of meaning and purpose. It shatters basic assumptions about the nature of life and reality (Janoff-Bulman 1992). Close contact with traumatic death or threats to our own mortality cannot be accepted but can only be transcended and trauma dramatically interferes with our capacity to grow, to change, and to move on. Shared cultural beliefs largely determine the way human beings cope with the terror of inevitable death and traumatic experiences disrupt the individual's sense of individual and cultural identity (Pyszczynski, Solomon et al. 2003). Losing the capacity for psychic movement, they deteriorate into a repetitive cycle of reenactment, stagnation and despair.

The end result of this complex sequence of posttraumatic events is repetition, stagnation, rigidity and a fear of change all in the context of a deteriorating life. As emotional, physical and social symptoms of distress pile upon each other, victims try desperately to extricate themselves by using the same protective devices that they used to cope with threat in the first place – dissociation, avoidance, aggression, destructive attachments, damaging behaviors, and addictive substances. The response to threat has become so ingrained and automatic that victims experience control as beyond them and as their

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

lives deteriorate, their responses become increasingly stereotyped and rigid.

RECURRING THREATS IN GROUP LIFE

Group responses to stress are measures that may be extremely effective during an acute state of crisis. However, chronic and recurring threats to the group can lead to states as dangerous for a family, an organization or a nation as chronic hyperarousal is to the health and wellbeing of the individual. When a group atmosphere becomes one of constant crisis, with little opportunity for recuperation before another crisis manifests, the toxic nature of this atmosphere tends to produce a generally increased level of tension, irritability, short-tempers and even abusive behavior.

The urgency to act in order to relieve this tension compromises decision making because group members are unable to weigh and balance multiple options, arrive at compromises, and consider long-term consequences of their actions under stress. Decision-making in such groups tends to deteriorate over time with increased numbers of poor and impulsive decisions, compromised problem-solving mechanisms, and overly rigid, extremist and dichotomous thinking and behavior. Interpersonal conflicts that were suppressed during the initial crisis return, often with a vengeance, but conflict resolution mechanisms, if ever in place, deteriorate further under the influence of chronic stress.

Unable to engage in complex decision making, group problem-solving is compromised making it more likely that the group will turn to – or continue to support - leaders who appear strong and decisive, and who urge repetitive but immediate action that temporarily relieves tension and may even bring a sense of exhilaration. Leaders may become increasingly autocratic, bullying, deceitful and dogmatic, trying to appear calm and assured in front of their followers while narrowing their circle of input to a very small group of trusted associates. As the leader becomes increasingly threatened, sensing the insecurity of his decisions and his position, these small groups of associates feel increasingly pressured to conform to whatever the boss wants and are more likely to engage in groupthink (Janis 1982). In this process, judgment and diversity of opinion are sacrificed in service of group

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

cohesion and as this occurs, the quality of decision making becomes compromised, progressively and geometrically compounding existing problems.

Escalating control measures are used to repress any dissent that is felt to be dangerous to the unity of what has become focused group purpose. This encourages a narrowing of input from the world outside the group. Research has demonstrated that when threatened by death, people will more strongly support their existing cultural belief systems and actively punish those who question those belief systems (Pyszczynski, Solomon et al. 2003). So, any subgroups that attempt to protect against unfolding events are harshly punished.

If group cohesion begins to wane, leaders may experience the relaxing of control measures as a threat to group purpose and safety. They may therefore attempt to mobilize increasing projection onto the designated external enemy who serves a useful purpose in activating increased group cohesion while more strenuously suppressing dissent internally. This cycle may lead to a state of chronic repetitive conflict externally and escalating repressive measures internally.

This entire process tends to increase instead of decreasing the sense of fear and insecurity on the part of everyone within the group and as leaders focus exclusively on physical security the group may be willing to sacrifice other forms of safety and well-being in order to achieve an elusive sense of physical security that remains threatened. In doing so the group may endorse rapid changes that result in the creation of new rules without considering the unintended consequences that may include the widespread loss of rights, liberty and freedom. In order to restore the illusion of safety that can then only be secured through an endless escalation of hostility, aggression and defense, projection onto an external enemy, suppression of internal conflict, and demands for greater group loyalty all intensify. Group norms shift radically but insidiously, the changes cloaked within a fog of what appears to be rational decision making.

As time goes on and the recurrent stress continues, the group will adapt to adversity by accepting changed group norms. Although this adjustment to changed group norms feels normal, actual behavior

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

becomes increasingly aberrant and ineffective. When someone mentions the fact of the changed norms, about the differences between the way things are now and the way they used to be (when the group was more functional), the speaker is likely to be silenced or ignored. As a result there is an escalating level of acceptance of increasingly aberrant behavior.

Like individuals, groups can forget their past and the more traumatic and conflicted the past the more likely it is that groups will push memories out of conscious awareness. Critical events and group failure change us and change our groups, but without memory we lose the context. As in families, so too in societies, past traumas are frequently known and not-known – historically recognized but never really talked about, mourned, or resolved. This is particularly true when the past traumas are also associated with guilt. Studies have shown that institutions do have memory and that once interaction patterns have been disrupted these patterns can be transmitted through a group so that one "generation" unconsciously passes on to the next norms that alter the system and every member of the system. But without a conscious memory of events also being passed on, group members in the present cannot make adequate judgments about whether the strategy, policy, or norm is still appropriate and useful in the present (Menzies 1975). This process can present an extraordinary resistance to healthy group change.

Groups that have experienced repeated stress and traumatic loss can also experience disrupted attachment. In such a system there will be a devaluation of the importance of relationships. People are treated as widgets, replaceable parts that have no significant individual identity or value. There is a lack of concern with the well-being of others as the group norm, perhaps under the guise of "don't take it personally – it's just business". In groups with disrupted attachment schemata there is a high frequency of acceptance or even active encouragement of addictive behavior including substance abuse. There is also an unwillingness and inability to work through loss so that people leaving the group are dealt with summarily and never mentioned again. The result is that the group becomes more stagnant and disconnected from

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

a meaningful environment, group loyalty plummets and productivity declines.

A group that cannot change, like an individual, will develop patterns of reenactment, repeating the past strategies over and over without recognizing that these strategies are no longer effective. With every repetition there is instead further deterioration in functioning. Healthier and potentially healing individuals may enter the group but are rapidly extruded as they fail to adjust to the reenactment role that is being demanded of them. Less autonomous individuals may also enter the group and are drawn into the reenactment pattern. In this way, one autocratic and abusive leader leaves only to be succeeded by another.

When guilt is involved, it is common to find projection and displacement of unpleasant realities onto an external enemy. The continued use of projection over time causes increased internal group splitting and a loss of social integration. Absent a language that engages feeling and the multiple narratives of history, a group cannot heal from past traumatic events and is therefore compelled in overt or symbolized ways, to repeat those events.

Similar to a chronically stressed individual, as group stress persists, a pattern of group failure begins to emerge. Unable to deal with the increasing complexities of an ever-changing world because of the rigidity and stagnation of problem solving and decision making, the group looks, feels, and acts angry, depressed and anxious, but helpless to effect any change. There is an increasing rate of illness, addiction, and antisocial acts among the individuals within the group. Burnout, personality distortions, and acting-out behavior all increase. Conflicts arise repeatedly and are not resolved or even addressed. As this deterioration continues, group members feel increasingly demoralized and hopeless, concerned that the group mission and value system has been betrayed in countless ways.

Alienation begins to characterize the social milieu and evidence for it can be seen in increased internal splitting and dissension, rampant hypocrisy, a loss of mutual respect and tolerance, apathy, cynicism, hopelessness, helplessness, loss of social cohesiveness and purpose, loss of a sense of shared social responsibility for the more unfortunate

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

members of any population, and the loss of a shared moral compass. Alienation is the end result of in unwillingness or inability to work through the fragmentation, dissociation, and disrupted attachment attendant upon repetitive traumatic experience. Increasing feelings of alienation are symptoms of severe degradation and stagnation and signal that the time for systemic change is at hand if the organism is to survive. System-wide corruption, systematic deceit, empathic failures, abusive laws, increasingly punitive laws, hypermoralism, hypocrisy and a preoccupation and glorification of violence are all symptomatic of impending group bankruptcy or system failure.

In this parallel process way, human systems can inadvertently recapitulate the very experiences that have proven to be so toxic for the individuals who populate those very groups. Groups designed to help people survive more successfully may end up becoming "trauma-organized systems", inadvertently organized around interactively repeating the patterns of repetition that are keeping the individuals they are serving from learning, growing, and changing. The inefficient or inadequate fulfillment of the mission of the group – since all groups have as their evolutionary mission mutual protection - takes a toll on individuals within the group, wastes money and resources. This vicious cycle also lends itself to a world view that the most injured people in any group are the cause of the problem and that their situations are hopeless and they cannot really be helped and the failure of group support leads to a self-fulfilling prophecy as the injured individuals continue to deteriorate.

INDIVIDUAL RECOVERY FROM THE EFFECTS OF REPETITIVE TRAUMA

Recovery from even severe and repetitive exposure to trauma is possible but the road to recovery is challenging, variable and may be remarkably complex. The reasons for this complexity lie in the extent and many-layered aspects of the injuries that people sustain. Similar to physical healing, psychological healing requires safety and protection from further injury. Healing from trauma requires enormous psychological courage and endurance. Like lancing an abscess, the toxic memories and emotions must be drained – or as a 19th century pioneer,

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

Pierre Janet, described it, "liquidated" (van der Kolk and van der Hart 1989; Van der Kolk, Brown et al. 1989).

This is a painful process that human beings naturally resist. For change to occur, there has to be enough "heat" to move the person out of the stable, but unhealthy, equilibrium state at which they have arrived. Much of what occurs in life and in treatment requires movement into "far-from-equilibrium" conditions as the chaos theorists call it (Goldstein 1994; Masterpasqua and Perna 1997; McClure 1998). Recovery requires that people do things that do not feel natural or comfortable at all but that do destabilize equilibrium – endure pain, change habits, face unpleasant memories, end destructive relationships, initiate healthier relationships, accept vulnerability, tolerate the breakdown of meaning, grieve for losses, try new things. Critical to the willingness to engage in this process is an emerging vision of something better, a life after trauma, where the past no longer haunts the present. This is the new "attractor" that draws the survivor toward it, allowing him or her to move into a new equilibrium state. Given all this, it is not surprising that many people do not heal – it is more surprising that so many do (Bloom 1997).

The first step in healing is to achieve a higher level of safety. This requires recognition of the nature and extent of the injuries that people have sustained: injuries to the ability to achieve basic physical safety; injuries to the ability to be safe with oneself – psychological safety; injuries to the ability to be safe with others – social safety; and freedom from harm within a shared value system – ethical safety. The achievement of safety is relational in that the traumatized individual must be willing to commit to the active pursuit of nonviolence while the social group must be willing to supply whatever resources the individual requires to reduce threat, minimize physiological hyperarousal, attend to physical illness, and learn affect management and cognitive-behavioral skills necessary to become safe (Bloom 1994; Bloom 2000; Foderaro and Ryan 2000; Foderaro 2001; Abramovitz and Bloom 2003; Bloom, Bennington-Davis et al. 2003).

Traumatized people need to develop self-soothing techniques and new skills for managing overwhelming affect without losing control and acting out destructively. They must learn how not to dissociate under

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

stress. They are likely to require the enhanced development of better cognitive skills to improve decision making and problem solving as well as methods for resolving conflicts without resort to violence. They must learn to alter their attitudes toward authority figures and other people in their lives and this requires learning to trust other people – a difficult proposition under the best of circumstances. The tendency to unconsciously reenact the dynamics of a previous traumatic experience in current relationships must be skillfully and compassionately confronted and redirected. This may be profoundly difficult without specific trauma-resolution techniques that offer important but painful opportunities to integrate nonverbal fragments of past life experience into verbal narrative form enabling the past to be placed back within a proper time sequence and context. Recovery of the past necessitates engaging in the process of grieving for all that has been lost, otherwise, arrested grief will prevent forward movement and the restoration of the capacity for healthier relationships. Merging into and emerging out of this complex process of healing is the continuous search for meaning, the development of a post-injury values system, embedded within a restored cultural context.

The least understood – but arguably the most important ingredient for recovery from severe trauma – is vision. Without hope that life can be improved, that wounds can be healed, that obstacles can be overcome, a human being is unable to endure the painful work of resolving traumatic loss. Engendering hope is also relational, a existential leap of faith between survivors, the groups within which their lives are embedded, the people who went before them, those who come after them, and whatever version of a Higher Power inspires faith in them that there is some purpose beyond what can be immediately seen.

GROUP RECOVERY FROM THE EFFECTS OF REPETITIVE TRAUMA

Healing from recurrent trauma is not an exclusively individual process. Just as traumatic injury occurs within a social context so too does recovery from those injuries. Because recovery is so complex and healing needs to occur on so many levels simultaneously and

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

interactively, there is an interdependent relationship between individual and culture (Bloom 1998). The more damaged the individual is the more likely he or she is to contribute negatively to traumatic dynamics within the culture. Likewise, the more traumatized the culture is, the more difficult it will be for the traumatized individual to find the resources necessary to pursue recovery (Bloom 1996; Bloom and Reichert 1998).

Spared throughout most of our history of significant, externally derived national trauma, the events of September 11, 2001 permanently shattered a myth of invulnerability expressed in the often heard phrase, "America will never be the same again". In reality, we were in as much danger on September 10 as we were on September 12, but the shared cultural belief that death would have no dominion here, was lost. Beginning on September 11, 2001, the nation entered a state of repetitive alarm, fueled by the color-coded warning system that officials periodically used to frighten the population without providing any accompanying system of mastery that could assist people in successfully managing recurrent experiences of helplessness. The loss of a sense of security and the recurrent sense of helplessness was intolerable. Quickly, national mourning gave way to the drums of war and the grieving process was prematurely arrested and redirected in service of aggression. An intense desire for vengeance fueled the search for an external enemy and when the real enemy could not be found, an available enemy was substituted. A president who had low ratings before September 11, soared in popularity when he seized the opportunity to take action and satisfy the lust for blood revenge. He was rapidly celebrated as an icon of virtue who could not be criticized or questioned. The nation became severely divided between those who rated his leadership abilities on par with the greatest historical and military leaders, and those who believed that in what was described as recurrent deceitful words and actions he led the country into an unnecessary and protracted war and could be considered the most dangerous president the nation has ever had (Corn 2003; Dean 2004). Meanwhile, a Whitehouse that already had a reputation for secrecy became even more guarded about information, now under the guise of national security. Insiders said that there was little open and complex discussion and diverse points of view were not encouraged (Clarke

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

2004; Susskind 2004). Dissent was voluntarily stifled by the media, by government and by regular citizens (Chang 2002; Alterman 2003; Brown 2003). Safety was defined only in physical terms so that liberty was increasingly sacrificed in the name of security, while all attempts to discuss broader concepts of safety by exploring multicausal aspects of terrorism and terrorist attacks was forbidden, suppressed as unpatriotic and a threat to group cohesion (Conason 2003; Hartung 2003; Leone and Anrig 2003). Protest was forbidden and protestors punished. Wide-ranging laws were enacted with very little discussion about the long-term and potentially very negative consequences of the laws. Decisions were made that upon closer scrutiny were premature and poorly planned, particularly about going to war with Iraq and anticipation of the consequences of such a war (Johnson 2003; Mailer 2003; Rampton and Stauber 2003). Relationships with longstanding allies were broken and actions were taken that antagonized most of the rest of the world. Longstanding unresolved conflicts between parties, between races, between classes, between regions, between minority groups, and between religions all intensified and became more vituperative. This sequence of events describes a large group in the throes of reacting to severe and repetitive stress. As such, it provides an excellent case study for suggesting alternative and potentially more healing methods for groups to recover from traumatic events.

For a group as for an individual, paying attention only to physical safety does not make a group safe. A military response may be necessary. but if it is considered sufficient it may result in a group forced to live within an armed fortress, while true security remains elusive. Real safety depends on at least three other domains: respect for individual rights, a shared sense of social responsibility, and a system of ethical conduct that is expressed as strongly in deeds as in words. Because threats to physical safety rivet our attention, it requires courageous leaders to rein in the group desire for revenge and the longing to take action and to create enough calm to engage the members of the group in the more complex discussions entailed in discussing multiple and interactive layers of true safety. The true antidote to fear is not less democratic discussion but more. Studies indicate that large groups of people may make better decisions than even groups of experts (Surowiecki 2004). In times of stress it is even more critical that group leaders solicit diverse

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

points of view, encourage wide-ranging discussion of alternatives, and encourage dissent. It is especially useful if those who have not been immediately traumatized can be party to the discussion because they are likely to be able to convey a more balanced point of view. The wider the discussion the more likely it is that patterns of reenactment will become visible, that eroding norms will be recognized, and that stress-based responses will be slowed down. Groups must recognize that under conditions of extreme stress, decision making processes are likely to be compromised so decisions that must be made should be short-term and subject to later review. Time must be given to grieve for losses and to work through the attendant fear and anger and pain. Premature action should be discouraged. Most importantly perhaps, leaders must project a vision of hope, a reason for the group members to engage in the difficult work of recovery.

So, given an understanding of the dynamics of the individual and group stress response, what could we have done differently after September 11? All the attention paid to enhancing physical security measures were necessary. But they were simply not sufficient. An opportunity was lost to engage an entire social group in broad discussions about the root causes of terrorism in the globally connected world we live in, a discussion that would have been far more complex and difficult but potentially more fertile than the more simple-minded and singular recourse to war. A different leader could have encouraged calm, and discouraged premature action. He – or she – could have allowed sufficient time for mourning and restabilization, while meanwhile pursuing a wide diversity of opinions about how to proceed. Fertile dissent could have been encouraged. Resources could have been devoted to pursuing a strategy to locate and demilitarize the true enemies. The Homeland Security Act could have been more carefully crafted to provide more security without sacrificing our honored social norms of liberty and justice and time would have allowed it to be actually read by the people that voted on it. We could have had a leader who would have inspired us to hope for something better than a state of chronic fear while not denying the dire nature of the existing problems – a leader who could offer us a vision of what life after trauma could be if we are prepared to make the sacrifices necessary to share in the creation of a better world.

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

CONCLUSION

Expanding our understanding of the impact of stress is vitally important. The rapid rate of change, the growth of technology, and the widespread changes associated with globalization, population growth, and the spread of information all contribute to creating stressed social structures around the world. A significant part of the stress that we all face arises from the complexity involved in virtually every situation that confronts us from raising children to global peacemaking. In a globally interconnected world, with diminishing resources, burgeoning populations, and weapons of mass destruction poised on every side, species survival is contingent upon our ability to evolve socially more rapidly than can be accommodated by our biological evolution. Faced with the capacity of total species annihilation the only long-term solution possible is a radical shift in paradigm if we are to survive as a species. Since our physical evolution has left us with one foot in the 21st century and the other solidly planted in the Stone Age, this will require a leap in social evolution. To survive, we must deliberately and systematically come to understand the inherent dangers in responding to our present-day enemies as we once did to saber-tooth tigers. War is no longer a viable option because in an interconnected world it is an act of savage self-mutilation. Nonviolent resistance to violence, a more equitable dispersal of wealth, and an increase in democratic processes offer more complex solutions to the exceedingly complex problems that confront us.

So this then is the "elephant in the room" – the current and multigenerational impact of traumatic experience on individuals, families, institutions, and entire societies. As Braudel has noted, *"A civilization generally refuses to accept a cultural innovation that calls in question one of its own structural elements. Such refusals or unspoken enmities are relatively rare; but they always point to the heart of a civilization"* (Braudel 1994). The information that the study of traumatic experience reveals about the nature of human nature challenges the existing paradigmatic structures that support many of our present social structures. This paper suggests that we have a great deal to learn from

Bloom, S. L. (2009) *An Elephant In The Room: The Impact Of Traumatic Stress On Individuals and Groups*. In Brown, K. and Bergo, B. (eds) The Trauma Controversy: Philosophical and Interdisciplinary Dialogues. Albany: SUNY, 2009 (pp.143-169).

both the post-traumatic development of individual pathology and recovery from trauma-related syndromes. It is my hope that the implications of healing from traumatic events can help guide organizational and social policy efforts to accelerate the process of social evolution and transformation.

REFERENCES

Abramovitz, R. and S. L. Bloom (2003). "Creating Sanctuary in a residential treatment setting for troubled children and adolescents." Psychiatric Quarterly **74**(2): 119-135.

Alterman, E. (2003). What Liberal Media? The Truth About Bias and the News. New York, Basic Book.

Axelrod, R. (1984). The Evolution of Cooperation. New York, Basic Books.

Becker, E. (1973). The Denial of Death. New York, The Free Press.

Bloom, S. and M. Reichert (1998). Bearing Witness : Violence and Collective Responsibility. Binghamton NY, Haworth Press.

Bloom, S. L. (1994). The Sanctuary Model: Developing Generic Inpatient Programs for the Treatment of Psychological Trauma. Handbook of Post-Traumatic Therapy, A Practical Guide to Intervention, Treatment, and Research. M. B. Williams and J. F. Sommer, Greenwood Publishing**:** 474-49.

Bloom, S. L. (1996). "Every Time History Repeats Itself the Price Goes Up: The Social Reenactment of Trauma." Sexual Addiction and Compulsivity **3**(3): 161-194.

Bloom, S. L. (1997). Creating Sanctuary: Toward the Evolution of Sane Societies. New York, Routledge.

Bloom, S. L. (1998). By The Crowd They Have Been Broken, By the Crowd They Shall Be Healed: The Social Transformation of Trauma. Post-Traumatic Growth: Theory and Research on Change in the Aftermath of Crises. R. Tedeschi, C. Park and L. Calhoun. Mahwah, NJ, Lawrence Erlbaum.

Bloom, S. L. (2000). "Creating Sanctuary: Healing from systematic abuses of power." Therapeutic Communities: The International

Journal for Therapeutic and Supportive Organizations **21**(2): 67-91.

Bloom, S. L., Ed. (2001). Violence: A Public Health Epidemic and a Public Health Approach. London, Karnac.

Bloom, S. L. (2002). Beyond the beveled mirror: Mourning and recovery from childhood maltreatment. Loss of the Assumptive World: A Theory of Traumatic Loss. J. Kauffman. New York, Brunner-Routledge.

Bloom, S. L. (2003). Understanding the Impact of Sexual Assault: The Nature of Traumatic Experience. Maryland Heights, Missour, GW Medical Publishing, Maryland Heights, Missour.

Bloom, S. L. (2004). "Neither Liberty Nor Safety: The Impact Of Fear On Individuals, Institutions, And Societies, Part I." Psychotherapy and Politics International **2**(2).

Bloom, S. L., M. Bennington-Davis, et al. (2003). "Multiple opportunities for creating sanctuary." Psychiatric Quarterly **74**(2): 173-190.

Braudel, F. (1994). A History of Civilizations. New York, Allen Lane.

Bremner, J. D. (1999). "Does stress damage the brain?" Biol Psychiatry **45**(7): 797-805.

Bremner, J. D. and M. Narayan (1998). "The effects of stress on memory and the hippocampus throughout the life cycle: implications for childhood development and aging." Dev Psychopathol **10**(4): 871-85.

Brown, C., Ed. (2003). Lost Liberties: Ashcroft and the Assault on Personal Freedom. New York, The New Press.

Cahill, L. (1997). The neurobiology of emotionally influenced memory. Implications for understanding traumatic memory. . Psychobiology of Posttraumatic Stress Disorder. R. Yehuda and A. C. McFarlane. New York, New York Academy of Sciences. **821:** 238-246.

Chang, N. (2002). Silencing Political Dissent: How Post-September 11 Anti-Terrorism Measures Threaten Our Civil Liberties. New York, Seven Stories Press.

Clarke, R. A. (2004). Against All Enemies: Inside America's War on Terror. New York, Free Press.

Conason, J. (2003). Big Lies: The Right-Wing Propaganda Machine and How It Distorts the Truth. New York, St. Martin's Press.

Corn, D. (2003). The Lies of George W. Bush: Mastering the Politics of Deception. New York, Crown.

Dean, J. W. (2004). Worse Than Watergate: The Secret Presidency of George W. Bush. New York, Little, Brown and Co.

Ehrenreich, B. (1998). Blood Rites: Origins and History of the Passions of War. New York, Henry Holt.

Felitti, V. J., R. F. Anda, et al. (1998). "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study." Am J Prev Med 14(4): 245-58.

Foderaro, J. (2001). Creating a nonviolent environment: Keeping Sanctuary safe. In Violence: A Public Health Menace and a Public Health Approach. S. Bloom. London, Karnac Books.

Foderaro, J. and R. Ryan (2000). "SAGE: Mapping the course of recovery." herapeutic Communities: The International Journal for Therapeutic and Supportive Organizations 21(2, Special Issue): 93-104.

Forsyth, D. R. (1990). Group Dynamics, Second Edition. Pacific Grove, CA, Brooks/Cole.

Friedman, M. W. (2000). Post Traumatic Stress Disorder: The Latest Assessment and Treatment Strategies. Kansas City, MO, Compact Clinicals.

Goldstein, J. (1994). The Unshackled Organization. Portland, OR, Productivity Press.

Goodman, L. A., S. D. Rosenberg, et al. (1997). "Physical and sexual assault history in women with serious mental illness: prevalence, correlates, treatment, and future research directions." Schizophr Bull 23(4): 685-96.

Hartung, W. D. (2003). How Much Are You Making On the War, Daddy?: A Quick and Dirty Guide to War Profiteering in the Bush Administration. New York, Nation Books.

Herman, J. (1992). Trauma and Recovery. New York, Basic Books.

Horowitz, M. J., Ed. (1986). Stress response syndromes (2nd ed.). Northvale, NJ, Jason Aronson Press.

Horowitz, M. J. (2003). Treatment of Stress Response Syndromes. Washington, D. C., American Psychiatric Association Press.

James, B. (1994). <u>Handbook for Treatment of Attachment Trauma Problems in Children.</u> New York, Lexington Books.

Janis, I. L. (1982). Decision making under stress. <u>Handbook Of Stress: Theoretical And Clinical Aspects</u>. L. Goldberger and S. Breznitz. New York, Free Press**:** 69-87.

Janoff-Bulman, R. (1992). <u>Shattered assumptions: Towards a new psychology of trauma</u>. New York, Free Press.

Johnson, C. (2003). <u>The Sorrows of Empire: Militarism, Secrecy and the End of the Republic</u>. New York, Metropolitan Books.

Kessler, R. C., A. Sonnega, et al. (1995). "Posttraumatic stress disorder in the National Comorbidity Survey." <u>Arch Gen Psychiatry</u> **52**(12): 1048-60.

Kilpatrick, D. G., C. Edmunds, et al. (1992). Rape in America: A Report to the Nation. Charleston, SC: Medical University of South Carolina, National Center for Victims of Crime,Crime Victims Research and Treatment Center.

LeDoux, J. (1996). <u>The Emotional Brain: The Mysterious Underpinnings of Emotional Life.</u> New York, Simon and Schuster.

Leone, R. C. and G. Anrig, Eds. (2003). <u>The War on Our Freedoms: Civil Liberties in an Age of Terrorism</u>. Public Affairs, Perseus.

Mailer, N. (2003). <u>Why are We At War?</u> New York, Random House.

Masterpasqua, F. and P. A. Perna, Eds. (1997). <u>The Psychological Meaning of Chaos : Translating Theory Into Practice.</u> Washington, D.C.:, American Psychological Association.

Mayer, J. D. and P. Salovey (1997). What is emotional intelligence? <u>Emotional Development and Emotional Intelligence: Educational Implications</u>. P. Salovey and D. J. Sluyter. New York, Basic Books**:** 3-31.

McClure, B. A. (1998). <u>Putting a New Spin on Groups: The Science of Chaos.</u> Mahway, NJ, Lawrence Erlbaum Associates.

McEwen, B. S. and A. M. Magarinos (1997). Stress effects on morphology and function of the hippocampus. <u>Psychobiology of Posttraumatic Stress Disorder</u>. R. Yehuda and A. C. McFarlane. New York, New York Academy of Sciences. **821:** 271-284.

Menzies, I. E. P. (1975). A case study in the functioning of social systems as a defense against anxiety. <u>Group Relations Reader I.</u> A. D.

Colman and W. H. Bexton. Washington, D.C., A. K. Rice Institute Series.

National Victim Center (1993). Crime and Victimization in America: Statistical Overview. . Arlington, VA, National Victim Center.

Perry, B. (1994). Neurobiological sequelae of childhood trauma: PTSD in children. Catecholamine Function in Posttraumatic Stress Disorders: Emerging Concepts. M. Murburg. Washington, D.C., American Psychiatric Press**: 253-276.

Perry, B. (1995). Incubated in terror: Neurodevelopmental factors in the cycle of violence. Children, youth and violence: searching for solutions. J. Osofsky. New York, Guilford Press.

Perry, B. and J. Pate (1994). Neurodevelopment and the psychobiological roots of post-traumatic stress disorder. In The Neuropsychology of Mental Disorders: A Practical Guide. L. Koziol and C. Stout. Springfield, Charles C. Thomas**: 81-98.

Perry, B. D., R. Pollard, et al. (1995). "Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain. How " states" become "traits"." Infant Mental Health Journal **16**(271-291).

Pyszczynski, T., S. Solomon, et al. (2003). In the Wake of 9/11: The Psychology of Terror. Washington, D.C., American Psychological Association.

Rampton, S. and J. Stauber (2003). Weapons of Mass Deception: The Uses of Propaganda in Bush's War on Iraq. New York, Jeremy P. Tarcher.

Roozendaal, B., G. L. Quirarte, et al. (1997). Stress-activated hormonal systems and the regulation of memory storage. In:. Psychobiology of Post-traumatic Stress Disorder. R. Yehuda and A. C. McFarlane. New York, New York Academy of Sciences. **821:** 247-258.

Schumaker, J. F. (1995). The Corruption of Reality: A Unified Theory of Religion, Hypnosis, and Psychopathology. Amherst, NY, Prometheus books.

Seligman, M. (1992). Helplessness: On depression, development and death. New York, W. H. Freeman and Co.

Silverman, J. G., A. Raj, et al. (2001). "Dating violence against adolescent girls and associated substance use, unhealthy weight control,

sexual risk behavior, pregnancy, and suicidality." <u>Jama</u> **286**(5): 572-9.

Stein, M. B., C. Koverola, et al. (1997). "Hippocampal volume in women victimized by childhood sexual abuse." <u>Psychol Med</u> **27**(4): 951-9.

Surowiecki, J. (2004). <u>The Wisdom of Crowds: Why the Many are Smarter Than the Few and How Collective Wisdom Shapes Business, Economics, Societies and Nations</u>. New York, Doubleday.

Susskind, R. (2004). <u>The Price of Loyalty: George W. Bush, the White House, and the Education of Paul O'Neill</u>. New York, Simon & Schuster.

Van der Kolk, B. (1989). "The compulsion to repeat the trauma: Reenactment, revictimization, and masochism." <u>Psychiatric Clinics Of North America</u> **12**: 389-411.

Van der Kolk, B. (1994). "The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress." <u>Harvard Review of Psychiatry</u> **1**: 253-265.

Van der Kolk, B. and R. Fisler (1996). "Dissociation and the fragmentary nature of traumatic memories: Overview." <u>British Journal of Psychotherpay</u> **12**(3): 376-390.

Van der Kolk, B. and M. Greenberg (1987). The psychobiology of the trauma response: Hyperarousal, constriction, and addiction to traumatic reexposure. <u>Psychological Trauma</u>. B. Van der Kolk. Washington, D.C., American Psychiatric Press**:** 63-88.

Van der Kolk, B., M. Greenberg, et al. (1989). "Endogenous opioids, stress induced analgesia, and posttraumatic stress disorder." <u>Psychopharmacology Bulletin</u> **25**(417-442).

van der Kolk, B. and O. van der Hart (1989). "Pierre Janet and the breakdown of adaptation in psychological trauma." <u>American Journal of Psychiatry</u> **146**: 1530-1540.

Van der Kolk, B. A. (1996a). The complexity of adaptation to trauma self-regulation, stimulus discrimination, and characterological development. <u>Traumatic stress: The effects of overwhelming experience on mind, body and society</u>. B. A. van der Kolk, A. C. McFarlane and L. Weisaeth. New York, Guilford Press**:** 182-213.

Van der Kolk, B. A. (1996b). Trauma and memory. <u>Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society.</u> B. A. Van der Kolk, A. C. McFarlane and L. Weisaeth. New York, Guilford Press.

Van der Kolk, B. A., P. Brown, et al. (1989). "Pierre Janet on post-traumatic stress." <u>Journal of Traumatic Stress</u> **2**: 365-378.

Van der Kolk, B. A., J. A. Burbridge, et al. (1997). "The psychobiology of traumatic memory: Clinical implications of neuroimaging studies." <u>Annals New York Academy of Sciences</u> **821**: 99-113.

Van der Kolk, B. A., M. Greenberg, et al. (1985). "Inescapable shock, neurotransmitters, and addiction to trauma: Toward a psychobiology of post traumatic stress. ." <u>Biological Psychiatry</u> **20**(314-325).

Van der Kolk, B. A., D. Pelcovitz, et al. (1996). "Dissociation, somatization, and affect dysregulation: the complexity of adaptation to trauma." <u>American Journal of Psychiatry</u> **153**(7 Festschrift Supplement,): 83-93.

van der Kolk, B. A., J. C. Perry, et al. (1991). "Childhood origins of self-destructive behavior." <u>Am J Psychiatry</u> **148**(12): 1665-71.