

Keepers of the Monster:
Hope for Victims of Abuse

Abusive childhood experiences are devastating to an individual. Millions of words could never describe the trauma victims of abuse endure. In her support work for incest survivors, *Growing Through the Pain*, Catherine Bronson compares the monster of incest to the Greek mythological character, Medusa. She is a creature so horrible that she was locked away and “the world was warned, ‘Do not look upon this thing’” (Bronson, 3). Survivors of abuse feel that they are the keepers of the monster, and they carry it with them always. However, human beings are fearfully and wonderfully made and our capacity for recovery and resilience are awe-inspiring. Healthy, rewarding relationships can be a reality, even for those who have suffered as children.

Before discussing how individuals can recover from the effects of childhood abuse and trauma, it is important to gain a basic understanding of the definition of child abuse. *The Child Abuse Prevention Handbook*, distributed by the Attorney General of California, uses the following categories to describe abuse: “physical abuse, physical neglect, sexual abuse, and emotional abuse” (Lungren, 1). He further defines child abuse as, “the act of inflicting injury or the failure to act so that injury results” (Lungren, 1).

The National Center on Child Abuse and Neglect defines emotional abuse as: “acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, emotional or mental disorders.” The American Medical Association AMA describes Emotional Abuse as: “when a child is regularly threatened, yelled at, humiliated, ignored, blamed or otherwise emotionally mistreated” (Newton).

Emotional abuse can take many forms including, but not limited to: belittling,

coldness, corrupting, cruelty, extreme inconsistency, harassment, ignoring, inappropriate control, isolating, rejecting and terrorizing. (Newton)

“Physical child abuse is any physical force or action that results in or may result in a non-accidental injury of a child. Physical abuse may involve striking the child a single time or it may involve a pattern of occurrences. Physical abuse is usually connected to physical punishment or is confused with child discipline” (Barriere).

“Sexual abuse with children is when an older child, a youth or an adult uses a child or youth for his or her own sexual gratification. This includes incest. Incest with children is when the child is sexually violated by a parent, parent figure, older sibling, other relative, or other significant person in the child's family life” (Barriere).

Since neglect is chronic, neglected children and youth are constantly dealing with their needs not being met. Research is now showing that effects last well into adulthood, and not just emotionally, but physically as well. Many neglected children feel unworthy to interact with peers, may isolate themselves and may encounter peer rejection. Among the different groups of maltreated students, child neglect was associated with the poorest academic performance. (Barriere)

Rather than viewing these traumatic experiences as isolated incidents, it is important to recognize, as we have previously stated, that abusive childhood experiences inflict long-term pain on the individual. If left untreated, effects of the abuse can surface and cause challenges throughout an entire lifetime. It is impossible to fully examine the long list of effects, so we will highlight three of the most significant challenges and how those impact the ability of an individual to form healthy relationships.

Co-dependence is, according to Charles Whitfield, M.D., “a disease of lost selfhood” (Whitfield 3). It is a disease that causes the sufferer to completely lose their own identity, having no sense of their own feelings, needs and desires. Co-dependence is a disease born in unhealthy childhood relationships. “Children need security and healthy modeling of emotions in order to understand their own inner signals, when the family environment is filled with violence (chemical, emotional, physical, or sexual), the child must focus solely on the outside” (Bradshaw 9). In his groundbreaking book, *Homecoming*, John Bradshaw explains that “Co-dependent behavior indicates that the person’s childhood needs were unmet, and therefore he cannot know who he is” (9). A person suffering from co-dependence experiences an emotional emptiness inside, and they are completely dependent on sources outside of themselves to fill this emptiness. Co-dependent individuals may be overly dependent upon their loved ones, or in an extreme overreaction can have an unhealthy independence, unable to establish healthy attachments to their friends and loved ones. Co-dependence renders the sufferer nearly incapable of establishing a healthy, loving, balanced adult relationship.

Addictive/compulsive behaviors are frequently experienced by survivors of childhood abuse. Bradshaw defines addictive/compulsive behaviors as “a pathological relationship to any form of mood alteration that has life-damaging consequences” (21). Addictive activities can include alcohol, drugs, shopping, sex, gambling, or extreme religious ritualistic activities. These activities are used to distract an individual from emotions and thoughts that are painful and confusing.

The Adverse Childhood Experiences Study, conducted by Dr. Felitti, is an ongoing collaboration between Kaiser Permanente and the Center for Disease Control.

The ACE Study examines exposure to seven categories of challenging events during childhood and whether these experiences adversely affect adult health and increase the incidents of high risk behaviors. The study is still in progress, but the preliminary results are significant. “Persons 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, <50 sexual intercourse partners, and sexually transmitted disease; and a 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. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life” (Moeller, Bachman, and Moeller). Addictive behaviors of any kind destroy the ability of an individual to establish healthy patterns in relationships, and the evidence clearly indicates that adult survivors of childhood abuse have significantly higher incidents of addictive behaviors.

Post Traumatic Stress Disorder (PTSD) is a chronic disorder characterized by the constant “reexperiencing of the trauma, avoiding stimuli or situations associated with the trauma plus numbing of general responsiveness and symptoms of arousal” (Rosenhan, Seligman 35). Post-traumatic stress disorder can cause a number of symptoms that can be extremely disruptive. Experts group these symptoms into three groups: “intrusive memories, avoidance and numbing, and increased anxiety or emotional arousal” (The

Mayo Clinic, par. 5). Mental health professionals indicate that PTSD can place an individual at a higher risk of other challenges, such as: “depression, drug abuse, alcohol abuse, eating disorders, suicidal thoughts and actions” (The Mayo Clinic, par. 23). Untreated, it is unlikely that an individual will recover from PTSD. PTSD and its accompanying issues create significant barriers to an individual desiring a healthy emotional attachment to partners, friends and family.

When we think of children with an idealized mindset, we see them running and playing and interacting with other children. We get a sense of joy and light and hope. If we shift our perception to a more realistic perspective, such as a playground setting, some of the shine comes off. Their interactions are not so pure. There is an inherent struggle, both individually and collectively. A hierarchy of sorts emerges. Each little packet of energy carries with them the internalized memory of their life experience at home. In the playground they cast it into the sea of the broader world. Some wear these experiences externally. They might be initiators, leaders, or sometimes bullies. Others wear them in silence. Whether reflective, empathic, or withdrawn, they too are projecting their experience. Many children are a composite of these. What we are watching is an incredible dance of neural being. Children seem to suspend themselves in this state naturally. We have long forgotten the power of our past experiences. Some of us have problematic natures or balanced ones that seem to have their roots in childhood, though the origins have been obscured by time. What we are left with is the reaction to the forgotten sweet nurture, or the unjustly inflicted wound.

Dr. Levitt's Harvard symposium on "The Impact of Early Adversity on Brain Development" leads us to an understanding of "brain architecture", and how different

stressors and trauma leave their mark in early childhood development. Dr. Levitt goes on to explain how critical or "sensitive periods" can be engaged in a remedial fashion to dampen negative long term affects of trauma in relation to brain development. Though "alterations in the brain can be permanent", there are approaches to "reversing effects of trauma" if caught soon enough. Some types of stress impact all phases of a child's development; physical emotional and mental. What is proven to have the largest impact (both positive and negative) on all these factors is interaction. It is also noted that sustained quality treatments have the most weight, as children often have to return to the environment that produced the stress in the first place. (Nelson)

In childhood, as first memories and experiences are being molded, just how does the brain respond to threat? Dr. Bruce D. Perry, an eminent neuroscientist and therapist, has treated many children exposed to traumatic circumstances. On the brain and storing of memories, Dr. Perry ascertains in his book, *The Boy Who was Raised as a Dog*, the brain is altered by both good and bad experience. He states this is so because the brain is designed to change in response to "repetitive, patterned stimulation" (Perry 133). Indeed, he has seen much of the repetitive cyclic affects of trauma. He tells the story of Justin, a little boy who was severely neglected. Justin's mother and Grandmother died when he was a baby. He lived with his grandmother's 65-year-old companion, a reclusive man who raised dogs. Justin literally lived on the ground and in cages with the dogs. He could not walk and, having no verbal skills beyond screams, moans, hums and grunts, was unable to communicate. Scans revealed a terribly atrophied brain, and Justin's "head circumference was so small that he was below the second percentile for children his age" (129). "At the age of two, he had been given the diagnoses of 'static encephalopathy,'

meaning he had 'severe brain damage of unknown origin that was unlikely to improve'(128). Justin, now six, had pneumonia. Not allowing the nurses to treat him, he would rip his intravenous tubes out, scream and thrash and throw feces. Ironically his "hospital crib had iron bars, and a plywood top wired to it" (126). Dr. Perry, after careful observation, questioned whether Justin's symptoms of developmental delay were brought about as a "lack of appropriate stimulation, essentially a lack of opportunity, and not a lack of capacity"(130). He devised a treatment to see if the repetitive patterning of Justin's lack of upbringing could be replaced with more positive ones. A nurturing environment was stressed by the wise doctor, along with stimulating therapies to ensure success. Justin flourished. The doctor states, "his brain seemed to be like a sponge, thirsty for experiences it required, and eagerly soaking them up" (133). Within a few months he "was well enough to be placed in a foster home" (133), and in the months ahead it is said that "he made remarkable progress" (133). This was "the most rapid recovery seen of severe neglect at that time"(133). Dr. Perry impresses on us that "patterned, repetitive experiences in a safe environment can have an enormous impact on the brain" (134). His work is one of extreme cutting edge science, coupled with compassionate treatments/therapy. This is a very hard balance to attain, indeed. The technique of treatment developed by Dr. Perry, the neurosequential treatment model (NTM) is explained here: "These children need patterned, repetitive experiences [in a safe environment] appropriate to their developmental needs, needs that reflect the age at which they'd missed important stimuli or had been traumatized, not their current chronological age" (138). Through observation, Perry sought to identify "the areas of the

brain that have sustained the most damage, and then target their interventions appropriately” (139). (Perry)

Though there are many ways traumas are induced, early recognition and treatment is the best course for children experiencing their effects. No magic pill or quick cure to treat trauma exists. "Evidence indicates that individual and group cognitive-behavioral therapy reduces symptoms of PTSD, depression, anxiety and related behavior problems in traumatized children and adolescents. Cognitive-behavioral techniques include discussing or writing about traumatic experiences, learning relaxation techniques and replacing paralyzing fears with more realistic assessments" (Bower).

The pervasive nature of traumas, carry their sometimes disabling effects into adult life. These can be blanketed and compounded by codependency, and manifest in several ways. Codependency, the numerous addictive disorders and PTSD are a few examples. It is simple to conclude that any of these, alone or in combination, can have a corrosive effect on the quality of relationships of adults. Codependency, the disease of 'lost selfhood', is certainly devastating and often obscure. In spite of this, it is highly treatable. One prerequisite seems to be clear, "Ultimately, treatment for codependency will not be successful unless the patient learns to recognize and stop behavior that has negative consequences for the patient. Patients must move away from excessive caretaking and learn to address their own needs"("Codependency"). Codependency cannot be wished away. Books on this subject are plentiful, and groups have sprung up to accommodate treatment. Codependency Anonymous is one such group. Another avenue is psychotherapy, but as with most addictive disorders, a combination of treatment modes is most beneficial.

Along with the plethora of addictions, comes a myriad of groups for addictive disorders. The importance of groups in addictive disorders has been long understood. Members of a relatively healthy group assist each other in breaking down the denial which frequently accompanies addiction. The new member can usually identify with existing members, and group cohesion is one of sharing experience. These groups offer dynamic support and are plentiful in many communities. Several twelve step programs have sprung up since the advent of Alcoholics Anonymous. These include Addicts Anonymous, Cocaine-Addicts Anonymous, Emotions Anonymous, Gamblers Anonymous, Narcotics Anonymous, Codependence Anonymous, Over-Eaters Anonymous, Sex Addicts Anonymous, Smokers Anonymous, and the list goes on.

Group Therapy provides another avenue of exploration for the addict seeking identification and safety at the same time. These are often facilitated by a licensed therapist, who may lead the sessions. It is often desirable that the client simultaneously attend twelve step groups for their specific addiction. If an addict is physically sick, unusually overwhelmed or weakened by his addiction, a stay in a recovery facility may be helpful. This, coupled with sustained therapy or recovery group attendance, increases success potential. Abstinence is the primary goal of treatment and twelve step groups. Once obtained, underlying causes can then be tackled. Many people in twelve-step programs prefer that their choice of healing be viewed as a spiritual remedy in their journey through recovery.

Treatment of PTSD is no different, and viable treatments are now available. The Department of Veterans Affairs has done considerable research on PTSD, and states, "Cognitive-behavioral therapy (CBT) is one type of counseling. It appears to be the most

effective type of counseling for PTSD. There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. There is also a similar kind of therapy called eye movement desensitization and reprocessing (EMDR) that is used for PTSD. Medications have also been shown to be effective. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD" (Dept. of Veterans Affairs).

Edith Horning, a 46-year old survivor of sexual abuse told authors Ellen Bass and Laura Davis in their book, *The Courage to Heal*, "There's more than anger, more than sadness, more than terror. There's hope." We can certainly agree with Edith when we view how information has helped transform the public's understanding of the problems we face. A vast pool of self-help groups are now available. The therapeutic community has rallied to align themselves with these. Government and private funding institutes have provided monies to set up agencies and research projects geared at studying the ghostly dilemma of trauma in all its forms. We have finished off the twentieth century with twelve step and self-help phenomena, Bradshaw's inroads with codependency, and government agencies and outreach points. The internet has proven an affective and vital way to disseminate information, and keep all interested abreast of changes and trends. These avail to steer people in the right direction for getting help. Much work remains to be done; however, if the past 30 years have attested to what can be accomplished, then what lies ahead is not so daunting. It certainly is with the 'hope' that Edith alludes to that seeds of healing will continue to fall on fertile ground.

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