OBEDIENCE TO INSANITY: SOCIAL COLLUSION IN THE CREATION AND MAINTENANCE OF DISSOCIATIVE STATES

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TABLE OF CONTENTS

	Page
Irrational Authority	2
Superstitious Belief	3
Trauma	4
Concept of Dissociation	6
Forms of Dissociation	7
Society's Need for Dissociation	8
Roles and the Game of Dissociation	8
Dosing	9
Dysponesis	9
Double-Bind	11
Implications for Individuals	11
Implications for Society	13
Sociotherapy	15
Summary	16
References	17

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We live in a violent society. We teach this violence to our children at the same time we subscribe to a cultural reaction formation that we are a good and loving society. This defense mechanism shields us from knowing that we are acting irrationally in socializing our children.

Our society, in a misguided attempt at self-preservation, holds a superstitious belief that its members must live with the infliction of pain and the sacrifice of well-being and that its newest members must be forced, during socialization, to accept this proposition since they would naturally recoil from such an idea. Our society holds a basic belief that order and integrity depend on traumatizing children. It, therefore, must keep its members in a state of dissociation so they are not overwhelmed by the dissonance which comes from holding such a belief.

A significant number of children are actively traumatized while those who are not suffer their own trauma (passive trauma) by witnessing the abuse and by continuing to live in a society that perpetrates the damage. They are further injured by suffering the suppression of their own reality.

Initially, the agents of society, parents and caregivers, break the wills of children and force acceptance of the dissociative model. They then suppress or disguise any evidence in actively traumatized children that they are being abused and suppress recognition in children who passively witness the traumatization. I would like to suggest that this passive injury to the self-system, by witnessing and acquiescing to this violation, is traumatizing in and of itself. The need for this suppression stems from the fact that an openly protesting child would uncover the process and reveal the cultural reaction formation.

When large numbers of children are pummeled into a state of insensibility by living in dysfunctional social arrangements, society creates psychosocial systems of dissociation and ignores the signs of protest coming from its brutalized children. This misguided pain-management and forced social order is accomplished by the creation and maintenance of dissociative models including alcoholism, drug addiction, compulsive overeating, excessive manic behavior (workaholism and exercise), addiction to violence (sports, weaponry and war), and escapist entertainment (pornography). Society also instructs children in the rituals of dissociation and provides the venues, materials and substances for these activities.

Social methods of dissociation are supplemented by a collusive double-binding of children involving society in general and the specific agents of socialization, i.e., the parents, wherein children learn there is no one to whom they may turn for

protection. Dissociation is further supplemented by the reinforcement of positive, growth promoting social ideals and beliefs which are incongruous with the actual traumatizing behaviors in the family.

In the next section, I would like to look at the role of irrational authority in causing and perpetuating dissociation.

IRRATIONAL AUTHORITY

It is the position of this paper that the authority figures in society who transmit the model of dissociation from one generation to the next, primarily parents and caregivers, may be considered irrational or "insane" since their recommended course of action leaves children disoriented, numb and/or unconscious.

Children need to believe their perceptions are accurate and can be trusted to guide their behavior and keep them safe from harm. They are obedient to what they believe is true and follow what they hope is the best path for finding happiness and joy. Children look to authority to help them define what is real and to make sound decisions in relating to others. The support of responsible authority gives them confidence in developing their own abilities to live in the world.

"Insanity" begins when children are compelled to deny their reality of pain and abuse. Once children have accepted that violations of the self-system are to be tolerated without protest, they lose sight of what is real. They no longer trust authority to guide them or keep them safe from harm. Without the mirroring of trustworthy authority, children are unable to comprehend what is happening to them. They are paralyzed by indecision and survive by acquiescing to the demands of irrational authority to go unconscious of the violation of self.

Fromm (1956) states that an essential conflict between parents and children results from children's reaction to parental authority, the children's fear of it and submission to it. He distinguishes between rational and irrational authority. Rational authority is objective and is based on the ability of the person in authority to function properly with respect to the task of guidance he or she has to perform. Irrational authority, on the other hand, is based on the power authority has over those subjected to it and on the awe and fear with which the latter reciprocates.

He further states: "It happens that, in most cultures, human relationships are greatly determined by irrational authority. People function, in our society,... by becoming adjusted to their social role at the price of giving up part of their own will, their originality and spontaneity. While every human being represents the whole of mankind with all its potentialities, any

functioning society is and has to be primarily interested in its own preservation." (p.517)

I would now like to lay the groundwork for understanding society's drive to force dissociation by focusing on the conflict brought about by society's need for preservation and the child's need for autonomy and safety. The conflict is between a child's need to act in accordance with the direct knowledge of reality and society's irrational belief about necessary behavaior. The uninhibited child has the capacity to clearly know and recognize deprivation, injury and threat. Such a child responds by protesting the violation and by seeking to avoid trauma. This spontaneity of protest conflicts directly with a superstitious belief in our culture about the necessity for living with sacrifice and pain (Smith, 1987).

SUPERSTITIOUS BELIEF

A naive laboratory rat, when placed in a cage, may run around the cage, do somersaults and then accidentally fall on the food dispensing lever. When this is repeated enough times, the rat seems to believe that racing around the cage is a necessary causal component in securing food. It appears our society shares a similar belief about the necessity for living with sacrifice and pain.

This belief originates when a group or culture chooses denial and avoidance in dealing with reality. Mitchell (1984,1985), in an intriguing series of experiments, found that mice which usually alternate choosing arms in a T-maze about 50 percent of the time will rapidly stop alternating and go in only one direction if they are consistently shocked at the point of choice. The animals perseverate in choosing the familiar arm even when they receive further shock after the choice of the familiar arm. More provocative and significant still is the fact that they will perseverate even though they have experienced shock termination by choosing the alternate no-shock arm earlier in the learning trials.

Mitchell suggests that traumatized animals no longer make choices based on feeling pleasure and pain but revert instead to a more primitive form of non-associative learning concerned with maintaining the familiar and avoiding the new (neophobia). This primitive form of learning operates along a novelty-familiarity continuum which is independent of the hedonic "law of effect" governed by pleasure and pain.

This perserveration, I believe, forms the genesis of the superstitious perseveration found in individuals, the family, and society. For instance, the misery that exists in an alcoholic home lessens considerably when the family members make new choices, stop their avoidance behaviors and face their problems directly. Yet, when the family believes that survival is always

accompanied by pain and despair, it will continue in the status quo of dysfunctional living. There is thus perpetuated a tragic circularity in which dysfunctional families socialize their children by using traumatization at important choice points. The children then grow to adulthood perseverating in the belief that traumatization is required for "safety," social integration and order.

When a society believes the social order requires that a certain percentage of members be deprived, tortured or killed in order to preserve or maintain the well-being of the remaining members, e.g., the draft, it needs to be willing to set aside a pool of victims to propitiate the false gods (irrational authority) who ordain that practice. The problem with this model is that no one escapes being traumatized. The inner child of the victimizer identifies with the brutalized children, or inner children of adult victims, and reacts with horror at the de-structuring or destroying of a self-system. No one is safe since today's victimizers may be tomorrow's victims.

In a society with a superstitious, irrational belief about causality, there are few people available to model or validate rational behavior in regard to preserving and protecting the self. Children are not told that there is a cultural belief about sacrifice not far removed from throwing people in a volcano in order for the crops to grow. I believe there would be few volunteers if free choice and not coercion was used to accomplish the task of sacrifice. Of course, in this social arrangement there will be differential sacrifice. Some will die, some will be sexually abused, and many will live with anxiety and despair.

Each new generation of parents, educators, theologians and politicians (the authority figures in the culture) brings a new set of people but what remains the same is the insane belief about the causal necessity for living with abuse. Once a bad idea is enshrined, it is extremely difficult to eradicate.

TRAUMA

In order to investigate the process of social collusion and dissociation, it is important to first look at the effects of trauma. I want to define trauma in a way that grounds it in the body--ultimately the things which happen to children during abuse are rooted in the physiology, although there are important mental and emotional components. I want to define trauma as the optimal arousal of the sympathetic nervous system by pain or the threat of pain. During a time of abuse, the fight or flight mechanism in a child is brought to peak arousal. The child is scrambling to avoid being hurt or injured. However, optimal arousal con only go on for so long. If the child cannot escape or avoid the violence, then the parasympathetic nervous system is evoked, reverses the arousal, and the child begins to go into shock.

The child is confused and dazed and, in extreme cases, begins to go unconscious. Blood pressure drops, muscle coordination is lost and perception of both inside and outside stimulation is substantially reduced (in effect, the child becomes numb). When this happens often enough, the child becomes habituated to a cycle of trauma and shock, periods of high arousal followed by a precipitous drop into disorientation and collapse.

Children can only sustain the optimal arousal of the fight or flight mechanism for so long before there is a collapse in the machinery of existence. Neo-cortical supremacy with its reasonable evaluation and controlled direction of response is rapidly lost during trauma and the child begins to suffer disorientation, near shock and shock. This absence of fundamental control leads to a profound loss of ontological security bringing a sense of annihilation. To live with the fear of constantly impending annihilation, children must distance or dissociate from 1) the actual events of trauma, 2) the memories of trauma, and 3) the feelings surrounding the loss of ontological security. When children are repeatedly brought to peak arousal through stimulation that could injure or destroy them, they must dissociate from the traumatizing experiences in order to preserve the capacity to function at all.

We live in a culture in which countless children suffer severe trauma during socialization. The prevalence of reported sexual abuse ranges as high as 31 percent for males and 62 percent for females (Finkelhor, 1986). There are an estimated 28 million children of alcoholics who have been found to suffer post-traumatic stress disorder (Booz-Allen Report, 1974; Smith, 1987). Other severely dysfunctional families also have been found to produce post-traumatic effects in their children (Russell, 1984).

The trauma does not have to be from active abuse but can be from neglect and abandonment as well. Spitz's (1946) work with infants who were not touched except for basic care showed that stimulus deprivation can lead to marasmus and death. Tronick's (1986) research with mother-child interactions revealed that an infant will go blank, become limp and drool if the mother turns her face away when the infant seeks social contact.

There are also many ways in which older children can be traumatized in society: contact sports, gang violence, drive by shootings, violent TV shows and TV news, and exposure to violence through homelessness and the latch key syndrome.

A child who has been terrified, deprived, beaten or sodomized loses the mental capacity to be consciously present with the event. The fight or flight mechanism operates for a limited time before there is a massive shut-down. For children who live with chronic confusion and numbness, perception, evaluation and response become rigid and inflexible and they are prone to

continue in the destructive social behavior which is being demonstrated.

Children are left in an anhedonic state and are concerned not with seeking pleasure and avoiding pain but with perseverating in the familiar dissociative pattern, struggling to remain ontologically present and avoid falling into ontological annihilation in the form of de-personalization, unconsciousness or death. When pleasure is sought, it is as a temporary counter to the pervasive sense of demoralization which is suppressed by the dissociative techniques learned in the family.

CONCEPT OF DISSOCIATION

The concept of dissociation is not clearly understood. Hicks (1987) cites Frisholz as indicating that "there is no generally accepted metapsychological definition of dissociation." (p.252) However, dissociation has been studied in both the medical and psychological communities since the time of Janet and Freud. More recently, Braun has used the generic definition of dissociate as "to sever the association of one thing from another." (1986, p.7)

I would like to propose looking at dissociation as a state of connectedness in which the traumatic experiences, in terms of content and feeling, are not fully known. Dissociation is not a true severing. The material is always pushing to get through expressing itself in painful symptom patterns. Memories about the loss of ontological security are always threatening to break through into conscious awareness. These memories are too important to be dormant. They represent the fundamental experiences of a child that shape how the child views the world. Dissociation is not a perfect defense. The dissociated material cannot be truly forgotten. There is a need to hold onto the evidence because it represents the security of a real experience--a previous reality in which the self-system was threatened with injury or annihilation.

Dissociation is not only an attempt to distance from the contents of memory, the stimuli which represent early trauma, but also to distance from the emotions engendered by these stimuli--feelings which are a response to the stimulation of memory. Dissociation is, therefore, a twofold defense designed to distance from traumatic experience by suppressing (1) stimuli (memories, thoughts, and beliefs) as well as (2) responses (feelings surrounding the loss of basic security).

Dissociation is both a functional or cognitive phenomenon and a purely physical one. Cognitive non-attention leads to denial or distortion of traumatic content. Physical dissociation includes endogenous and exogenous substances which mask the feelings. Exogenous substances include adrenalin and endorphins;

exogenous substances include legal and illegal drugs, alcohol, sugar, caffeine and nicotine (Smith, 1987). Traumatized children and adults become addicted to both.

A large number of individuals in our society have experienced sufficient trauma to be functioning in a partially dissociated state most of the time. The social problem of addiction bears witness to our need for constant bolstering of unstable, endogenous, dissociative substances as painful thoughts and feelings break through amnestic barriers and defensive denial. We seek to numb the effects of both internal and external stimuli which trigger our post-traumatic stress responses.

FORMS OF DISSOCIATION

There are three basic forms of dissociation (Identity Report, Adult Children of Alcoholics, 1986):

Functional dissociation relies on the attentional defense mechanisms of repression, projection and rationalization. Repression is an outright denial of any existence of trauma, as found in amnesia and self-hypnosis. In projection, the pain and loss are seen as happening "over there to someone else." Rationalization softens the impact of pain by interpreting it as inevitable or deserved.

Direct physical dissociation depends on substances such as alcohol, sugar, nicotine and caffeine to alter the perception of feelings. Alcohol is a powerful depressant that both anesthetizes feelings and triggers the release of adrenaline which stimulates the body. Refined sugar can be used to induce a state of high arousal with subsequent hypoglycemia. In many cases, adrenaline, which is released in response to glucose exhaustion (Travell and Simons, 1983), increases the dissociative effect by causing a more severe cycle of agitated depression and hypoglycemic shock. Caffeine is a strong CNS stimulant which may have its own analgesic properties (Gilbert, 1976). Nicotine functions as both a stimulant and a sedative depending on the dose and the rate of ingestion. Nicotine also causes the release of adrenaline which adds to its stimulating effect (Russell, 1976).

Functionally induced physical dissociation uses negative excitement to bring about a state of physical dissociation. By focusing attention on phobias, obsessions, dreams and taboos and by compulsively tensing in response to these fears, people stimulate the pain mechanisms within their protective body armor to bring about the release of adrenaline, endorphins and melatonin (Brown, et al., 1985; Beck-Friis, et al., 1985; Lewy, et al., 1979) to chemically block the painful perception of fundamental insecurity.

All three forms of dissociation can be combined to preserve a fragile base of stability by offsetting the extremes of panic and ontological despair (Smith, 1987).

--SOCIETY'S NEED FOR DISSOCIATION--

It is tempting to see the people who actively traumatize children as being separate from the social body--an alien or aberrant group performing unsanctioned acts. Yet, in fact, they are fulfilling a function. They are the executors of the act of sacrifice required by the social belief of the necessity for propitiating the gods of insanity. The remaining members of society collude with the traumatizing members by being codependent (Beattie, 1987) on the idea that social order and integrity require activities which will result in damage to or loss of the self-system of certain members of the culture through violent socialization. Once a society has elected to live with such an irrational assumption, dissociating from the consequences of that decision becomes a matter of necessity.

--ROLES AND THE GAME OF DISSOCIATION--

There are four basic roles in what I will call the game of dissociation. This follows Berne's (1964) concept of games in which there is a designated set of actions leading to a specific result. There is also a person(s) who is the object(s) of the game--the one who is "it." In the social game of dissociation, all players are left not fully knowing the extent of damage and trauma. The primary roles are victim, victimizer, active enabler and passive enabler.

Active enablers are those in the family or society who do not overtly abuse the victims but who covertly support the victimizer in carrying out the trauma by physically and emotionally aiding the victimizer. A wife who pushes the daughter into incestuous relationship with the husband is an example of an active enabler. A husband who supplies liquor to a violent alcoholic wife is another.

Passive enablers are the members of society who know that sacrificial trauma is being carried out in their names by the executors of society's superstitious proscriptions. Thus, in a society where significant abuse occurs, all members are equally responsible for that abuse.

The game of dissociation is played with permutations and combinations of the three basic forms of dissociation: functional (attentional defense mechanisms), direct physical (chemical substances), and functionally induced (negative excitement). It consists of a series of ritualized, prescribed behaviors that leave the participants unaware of how they actually think and feel.

The game of dissociation as played in an alcoholic home may proceed as follows:

A husband who daily battles against feeling a lifetime of ontological despair may come home and say that he feels tired. His wife may tell him to have a drink and he will feel better. Instead, after a bout of drinking, he begins to be more morose. His wife berates him for his lethargy and a violent argument ensues. The oldest daughter attempts to intervene and is hit by the father whereupon the wife calls the police. All three experience an immense sense of negative excitement and are effectively distracted from sensing their basic state of despair.

--DOSING--

Whether we, in society, are engaged in actively abetting or passively enabling trauma, people in our society must walk a fine line in managing their dissociative states. We learn to "dose" dissociation (Horowitz, 1976, 1979). We remain close enough to symbolically remembered trauma or our collusion in it to feel a sense of control without being overwhelmed by the contents of our subconscious and the attendant feelings the material brings. We maintain the sense of security that accompanies the familiar reality of the trauma and its associated images, feelings, and beliefs.

We recreate, often in muted form, the original traumatic conditions which caused the dissociative state in order to avoid "evaluative dissonance"--a new perception which may allow enough stimulation to produce unpredictable change. We perseverate in familiar behaviors. We re-traumatize ourselves just enough to maintain perceptual and physical constancy, to keep a narrow range of familiar perceptions, and inhibit the expression of uncontrollable responses. If sufficient stimulation gets past our defensive barriers, either by psychic collapse of the defensive system or by a situational overwhelm which over-rides well established habituation, then panic ensues and "out of control" behavior takes place. Control becomes a matter of performing while skillfully dosing both trauma and dissociation.

DYSPONESIS

George Whatmore (1979) has coined the term dysponesis to mean the misuse of energy. Society expends a tremendous amount of effort and energy by ineffectively trying to cover up and live with the consequences of behaviors that bring injury and despair. Rather than dealing directly with dysfunction, society puts enormous energy into providing the venues and materials for activities which distract people from perceiving the debilitating effects of engaging in destructive behavior. A large majority of our social activity, production, manufacture and distribution is dysponetic.

For example, alcoholism, overeating and compulsive risk taking cause untold damage to the self-system of millions.

All this is done to mask the despair we feel in obeying the dictates of irrational authority. The defensive misuse of each individual's energy is cathected by the greater society in the creation and maintenance of dissociative structures and patterns. The athlete who is encouraged to use cortisone to play one more game while tearing up his ligaments and muscles typifies an aspect of cultural insanity. In another aspect, our attention is collectively focused on created issues--such as poverty, war, moral and political debates--which distract and anesthetize us through negative excitation. The institutions and organizations which carry out social action are left rigid and inflexible, and fundamental issues are not addressed. The central difficulty is that none of the activities leads to effective and permanent reconciliation of conflict.

The following statistics from the U.S. Bureau of the Census (Statistical Abstracts, 1989) give examples of how much dysponetic effort goes into avoiding the painful consequences of living in dysfunctional social arrangements by using substances and the creation of negative excitation. In 1988, 88,600,000 households had TV sets, 98 percent of all households. 51 percent had cable or pay TV and 58 percent had video cassette recorders. These households averaged 7.1 hours of viewing daily. A large number of the programs involved violence in one form or another. In 1987, there were 51,643,000 paid admissions to football games and 11,856,000 paid admissions to national hockey league games. During that same year, Americans spent $1,804,000 on firearms and hunting equipment. In 1987, the per capita consumption of sugar or corn sweeteners was 131 pounds. In 1987, Americans consumed per capita 26.5 gallons of coffee. In 1985, 48,792,000 Americans smoked cigarettes. In 1987, individual Americans consumed an average of 34.4 gallons of beer, 3.4 gallons of wine and 2.3 gallons of distilled liquor for a total of 40.1 gallons of alcoholic beverages. In 1987, there were 20,384 drunken drivers involved in fatal accidents. A 1985 study of 8,038 respondents conducted by the National Institute on Drug Abuse found that:

a) Of those ages 12-17, 23.7 percent had smoked pot and 55.9 percent had drunk alcohol at least once, while 12.3 percent had used in the preceding 30 days and 31.5 percent had drunk in the preceding 30 days;

b) Of those ages 18-25, 60.5 percent had smoked pot and 92.8 percent had drunk alcohol at least once, while 21.9 percent had used in the preceding 30 days and 71.5 percent had drunk in the preceding 30 days;

c) Of those ages 26 and older, 27.2 percent had smoked pot and 89.3 percent had drunk alcohol at least once, while 6.2 percent had used in the preceding 30 days and 60.7 percent had drunk in the preceding 30 days. In 1985, there were 1,299,400 official

reports of child abuse and neglect filed. 59.4 percent of the perpetrators reported were women. In 1987, the U.S. Bureau of the Census reported the following numbers of arrests were made for violence and crimes against people:

17,000 arrests were made for murder;
31,000 arrests were made for rape;
302,000 arrests were made for aggravated assault;
123,000 arrests were made for robbery;
375,000 arrests were made for burglary;
811,000 arrests were made for drug offenses;
1,410,000 arrests were made for driving while intoxicated.

DOUBLE-BIND

In addition to holding a superstitous belief which leads to the need to dissociate, our society also promotes dissociation by trapping children in painful patterns of behavior through the use of a cultural double-bind. The necessary elements for a double-bind are two opposing injunctions, one which is stated and one which is implied, neither of which can be followed without violating one or the other injunction (Laing, 1969).

A fundamental double-bind inherent in our society is its instruction to young children not to question parental authority or the sanctity of the home while also telling them not to be victims but to stand up for themselves. At the same time, dysfunctional parents or caregivers convey a strong nonverbal message to dependent children not to reveal any evidence of abuse or suffering to anyone outside of the family. Children thus are not often able to seek help outside the home and interacting with irrational family members is a continual source of fear. This constant anxiety is masked through dissociation.

IMPLICATIONS FOR INDIVIDUALS

The model of social dissociation described in the previous sections has important implications regarding individual efforts in therapy to disobey the dictates of irrational authority. Therapy becomes a process of fully remembering the evidence, buried in the subconscious, of how irrationally authority has behaved in the past while building enough self-assurance to choose new behaviors consistent with rationality and ontological security.

Ontological despair arises in society when socialization is accomplished by subjecting significant numbers of children to trauma. If the idea in therapy is to restore ontological security and an internal locus of control, and previous to therapeutic intervention, personal control has been unconscious and habitual, the first therapeutic step is for an individual to uncover and own personal control. This can be done by uncovering

the client's strategies for dealing with ontological despair and by seeing what the client has done to try to gain ontological security. A phenomenological appraisal of coping strategies is needed--"look how well you are doing this." It is important to reframe dissociation as a successful defensive maneuver.

Both traumatized children and children who are passive enablers invest the agents of threat (irrational authority) with omnipotence and omnipresence (deification) in order to obscure their true perceptions that irrational authority is fallible and capricious. They no longer see that the "gods" of their universe are close to being out of control. Children attempt to propitiate the deities in their world in an effort to feel safe and secure. Attempting to placate a nonexistent deity is the essence of irrationality. The basic problem is that the deities are not the omniprotective forces the child is desperately seeking. This leads to attempts to control the behavior of the "gods" of irrationality through such "security operations" as self-blame, shame and guilt.

Effective therapists must look at what Sullivan calls each individual's security operations. Security operations are primarily focused on both preventing the internal collapse of the machinery of being as well as manipulating the external environment. They are a shield against ontological despair and they are primary components in the dissociative system. Therapists who focus on fixing what they see as the patient's maladjustment to external reality may fail to elicit the internal experiential history of near or complete collapse which forms the bulk of the traumatized person's efforts to remain safe and survive. The question to ask is "what did you do to keep it together when threatened?" It is not so important to know what was the rightness or wrongness of the security operations but what was the point and what were they meant to achieve.

In treating people who have been living in a chronically dissociative state, a therapist must deal with the problem of incomplete abreactions. Feelings may be brought up which are not then linked to content, or only some of the emotions linked to trauma may be expressed so there is no resolution. Clients also, being aware of the limited privacy in which most therapy takes place, must inhibit full expression so there is no full release of feelings. Because the therapist's office is considered to be a safe place, failure to resolve that conflict through complete abreaction leads to a reinforcement of despair rather than hope.

It is time to start looking phenomenologically at the actual damage and distress from a personal point of view. For too long, the fields of psychology and psychiatry have, in their diagnostic conceptualizing, tended to function as apologists for the cultural status quo by punishing clients for not adequately suppressing symptomatic evidence of traumatization and abuse. In a bizarre reversal, therapists may become valued not as

confederates in escape from "insanity" but as fellow dissociative addicts who are willing to maintain a painful but predictable status quo. Therapists often compel obedience and conformity to the accepted and comforting societally delivered system about "the way things are" while thwarting and inhibiting the motivating force of a personal need for security, stability and peace of mind.

Until quite recently, there has been little acknowledgment by the therapeutic community of the extent of both the neglect of children and actual child abuse. Masson (1984) has detailed the lingering influence of Freud's ignoring incest reports as not real. Berne (1964) typifies this attitude; he explains away a woman's negative feeling toward men as "...related to some daydreams of being sexually abused which had plagued her in earlier years." (p.51)

Because of the discrepancy between the stated social ideals and the actual behaviors of family and society, therapists must see how their clients have blocked knowledge of this incongruity from awareness, deadened the pain of living in conflict and continued to function in a world where no one will mirror their reality or meet their deep-seated need for protection, reassurance and ontological well-being.

The dissociated healthy infant (Kohut, 1977) is the one with whom the client needs to connect. That aspect of the person is the part that can recognize and protest the loss of self. Traumatized babies can no longer sense or respond to the loss of self (annihilation).

When coming out of dissociation, traumatized clients emerge into a more conscious understanding of the double-binds and irrational beliefs which kept them imprisoned as children. There is immense power in openly knowing and experiencing these double-binds and beliefs. Interacting with reality is then direct and leverage can be skillfully brought to bear on problems in a way which makes a difference. This provides direct evidence of potency to build worth, confidence and esteem for the self. Then and only then can false gods and beliefs be jettisoned in favor of a spirituality based on direct experience.

IMPLICATIONS FOR SOCIETY

The model of social dissociation to which we collectively subscribe began somewhere in time and we have never stopped perseverating long enough to see if a model of peace and cooperation would work in its place. Society became neophobic, fearing deviation from familiar order would result in social disorganization. Now we are afraid to stop the frantic dysponetic behavior long enough to see what is instrumentally effective and what is superstitious excess.

Any attempts to escape social coercion and not engage in behavior that is self or other destructive requires a degree of ontological freedom and security which, by the nature of the social control system, is rarely tolerated. Abuse does not take place in a vacuum. It is created and maintained by a consensual and collusive agreement of the vast majority of members in the society. Protesters are silenced. Collectively, we may not tolerate individual recovery. If we did, we could not convince thousands of young people to go slaughter thousands of other young people to propitiate the "god of superstition" in a ritual acting out of sacrificial social slaughter. A society unable to function with free choice must stamp out effective protests for freedom. Whether we painfully ignore, grudgingly acquiesce or wholeheartedly embrace "insanity," the point is that the damaging model for behavior continues to exist. Resistance or acquiescence continues to give support to the model's existence and gives it the power to remain as a template for social organization.

We mutually collude in objectification either by supplying others with the means of becoming objects, reducing them to objects through trauma, or serving as objects for others to abuse. We either do violence or acquiesce to it. Regardless, the result is adherence and obedience to the rituals of social proscription which leave individuals tolerating massive violations of the self and the dis-integration of mental capacities or the loss of mental integrity such that the violations are no longer noticed or protested.

This leads to irrational dependence on irrational authority to preserve any sense of well-being at all. We worship any direction giver or systematic orderer of existence when we do not have the wherewithal to direct our own behavior (lack of internal perception, evaluation and responding) and the ideas become dogma and doctrine. The people who express such doctrine become high priests of the order of being. We identify with them even when we are subject to annihilation at any moment. The desperation of POWs and concentration camp inmates, who hold onto any ordering no matter how flimsy or tenuous it is in reality, exemplify this rigid obedience to irrational authority. Reality is in the moment, no matter if it is a future moment to be experienced in heaven or a past moment when things were O.K. This, unfortunately, leads to a defensive hope that those moments will come, a security operation which prevents a collapse into chaos and disintegration.

The problem is that the adherents to irrationality have no model but that of the dominators so the cycle continues. True revolution is non-dialectical. Fully present and secure people do not succomb to a forced choice paradigm for social interaction (them or us) but are enough in touch with themselves to make clear-thinking decisions based on achieving the best results for everyone involved.

This is a spiritual problem in the most basic sense. The spirit of aliveness, exuberance and joy, which is inherent in healthy children, is broken in this process. The substances and activities that mask awareness of the state of being damaged become false gods with false promises that leave people in an unfeeling state. The persistence of this anhedonism is a spiritual problem because people are de-moralized. Choices of good and evil are meaningless when the consequences of behavior cannot be felt. Individuals who can make hedonic choices are actually the only ones who can heal society.

SOCIOTHERAPY

In order for individual members of society to move out of their dissociative states, the collective social climate has to be made receptive to living openly without fear. Individuals in recovery need to know that we collectively as a culture share the same goals of rational living and sensible behavior. Until we make this evident, individual attempts to recover from dissociative states leave the individual struggling to swim upstream against the tide of social ignorance and denial.

To bring about a closer conformity between the stated ideals of how we wish to be as a culture and our actual behaviors, we need to be educated collectively in the dynamics of social collusion and in the creation of dissociative states.

I would like to recommend that professional therapeutic societies take the lead in developing a form of sociotherapy. Some specific recommendations are:

---The National Institute of Mental Health could disseminate information on the dynamics of cultural dissociation;

---Links could be made with programs treating specific substance abuses so they could be placed in the broader context of cultural dissociation;

---The Dept. of Education could instruct teachers in family collusive systems and slowly begin to educate children by empowering them in choices that honor their own being;

---Diplomats and politicians could be educated and taught to resolve conflict in ways that would not involve superstitious sacrifice;

---Because xenophobic projections on other countries help to disguise the fact that the cycle of trauma and methods of dissociation have been taught to children by their own society, international exchange programs could be used to explore the possibility of resolving conflict in a straightforward manner without resorting to the creation of negative excitement and traumatic violence that continues dissociation.

There are many other possibilities for addressing the problem and continued study will reveal more and better solutions.

If society could stop engaging in dysponetic behavior, a large amount of effort and energy could be given to true need satisfaction. This energy could no longer be cathected to continuing society's dissociative system, which is maintained to disguise the result of "social malfunction," and the vicious cycle would end.

SUMMARY

In this paper, I have examined how our culture subscribes to a model of violence in raising our children. This model results in a significant number of children being traumatized during the socialization process. Traumatization causes children to dissociate in order to live with the violence and to avoid being overwhelmed with confusion and despair. They become habituated to living in a dissociated state. The remaining members of society, who witness and covertly enable the trauma, also dissociate in order to live with the knowledge of their complicity. Violence and trauma are the antithesis of nurturing behaviors and thus children find themselves dependent on caregivers who are acting "insanely" -- therefore, the "obedience to insanity."

Dissociation is required to tolerate the model of violence. Whenever there is a belief that being in society requires the self-system of any of its members be significantly de-structured or even destroyed for social order to remain intact, there is a simultaneous need to rationalize, or block from awareness, the act or acts of de-structuring since the vulnerable selves of the "executors" of order identify with the distress of those who are suffering. Those maintaining this social status quo have to harden themselves to ignore the protest of those being superstitiously victimized. When social authority is irrational or insane, the well-being of society is not preserved by the punitive behavior directed towards some of its members. A considerable amount of energy has to go towards maintaining the social denial system or everyone would go mad by their involvement in insanity.

It seems to be very hard for human beings to move away from their fascination with brutality and their addiction to violence but, if the human condition is to substantially change and children freed from traumatic violation, that move will have to be made.

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