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WHY CAN'T HE JUST MOVE ON?

When explaining why some people require therapy in order to overcome past traumas, I am often challenged with the following: "Many people have had difficulties in their upbringings. What they do is put it behind them and move on. You can't live in the past!! Therapy causes you to be stuck in the past. Why can't he just move on?!"

In response I make the following points:

- Not all difficulties are created equal. I sometimes work with youngsters whose parents have very conflicted marriages with frequent verbal battles (or even worse) in front of the children. When I suggest to the parents that their lack of *sholom bayis* may play a significant role in their children's emotional difficulties, they often counter with, "So who has a perfect marriage?" thereby equating imperfect with dreadful!
- Often, the abuse that supposedly took place in the past is actually **still** taking place. Perhaps not as often, only because the person is no longer as dependent on the abuser or not around them as much. But the basic abusive relationship is still alive and well.
- Often, the people demanding of the victim to "put the past behind" themselves bear grudges against people who have hurt them in the past. I recall one mother who acknowledged that her husband had been seriously abusive of her son, yet insisted that he "just put it behind him and move on." Unfortunately, she didn't have the good sense to be embarrassed when it turned out that she hadn't spoken to her sister ever since her sister said something insulting to her 10 years ago!
- It is especially inappropriate when the people who traumatized the victims are the ones demanding that they put it behind them and "just move on!"
- There is a popular movement in secular psychology encouraging victims of abuse to forgive their abusers - even if the abuser didn't apologize - in order to "free themselves" from the abuse. The source of this attitude is the "turn the other cheek" ideology, which didn't come from a Jewish source! Rav Yeruchem, in contrast, suggests that it is **forbidden** to forgive someone who didn't sincerely apologize since that would undermine the concept of justice.¹

¹ רבי ירוחם בספר דעת חכמה ומוסר (" , " ' " :(" " ... (:) "

usually there are years of denial. Even if there is currently some acknowledgment of abuse it's often half-hearted at best and only for the purpose of demanding "moving on." (O.k., so maybe we made some mistakes, but why dwell on the past? You need to put the past behind you and focus on the future!)

- The accusation that is often directed at therapists - that they are obsessed with the past rather than focusing on the future - is a classic example of "attacking a straw man." The whole point of going to therapy is to improve patients' prospects for the future. In fact, many contemporary therapists initially pride themselves with not being like those "old fashioned" therapists who concern themselves with the past. Rather they buckle down to dealing exclusively with the here and now. With time, many of them discover that trying to speed up therapy by ignoring the past is often "penny wise but pound foolish."³
- There is often a suspicion spoken or unspoken that therapists are encouraging patients to stay in therapy even when they no longer need it or even when it is clearly useless or harmful to them, all for financial gain. In truth, most experienced therapists in our community have full practices and so this isn't much of a temptation. Besides, reputable therapists also have professional pride, so they rather work with patients where they have the satisfaction of helping someone. For many therapists it's a bigger temptation to prematurely terminate a patient with difficult problems who takes a long time to make significant progress. It's not very tempting for most therapists to work with a patient who's not making progress and certainly for someone who doesn't need therapy.
- I always wonder why so much more pressure is put on the victim to forget or forgive the abuse than the effort (if any) that was put on the abuser to stop abusing.
- When people suggest that it's the therapy that's causing the problem, it could get you to believe that therapists kidnap well-functioning people off the street and turn them into troubled patients via therapy! People usually come to therapy because their efforts in "putting it behind them" hasn't worked and they are not functioning as they should. Sometimes they were able to repress and ignore troubling issues for a long time and therefore function well for that time but they come to therapy when those defenses begin

³ Cognitive-behavioral therapists were at the forefront of those promoting the idea that it isn't necessary to deal with the past in psychotherapy. However, even they have, very reluctantly, conceded that focusing on current dysfunctional cognitions while ignoring early childhood developmental issues results in short lived change at best. Consider the following: "Another unexplored area that has received increased theoretical attention in the CT [Cognitive Therapy] literature is a focus on patients' attachment experiences with their parents." According to these theories, a developmental focus can facilitate lasting change because it activates the cognitive-affective network and interpersonal patterns that are central to the individual's depression. Although the patient's attachment patterns are not a direct focus of CT, Beck et al. (1979) recommend a developmental focus to identify the core assumptions that form the foundation of negative belief systems. An exploration of patients' experiences with their parents is likely to facilitate recovery and lasting change" (p. 624). Hayes, A. M., Castonguay, L. G., & Goldfried, M. R. (1996). "Effectiveness of targeting the vulnerability factors in cognitive therapy." *Journal of Consulting and Clinical Psychology*, 64, 83-96. See also Irvin Yalom - *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients*. NY: Harper Perennial, 2009, pp. 222-224.

to unravel. That can give the impression that everything was fine until they went to therapy.

- Chazal emphasize the extraordinary long range impact of what people experience in their early years: "[] " : " " . - (See also, ' ' ' ,: ' ó " "). That's why Yidden have always put such an emphasis on early chinuch.
- If what happens in early life can so easily be put behind someone, why should parents stress themselves out in order to pay yeshiva tuition? Send the children to public school and they'll simply get over and put behind them any negative influences! Why does the Torah emphasize the importance of being especially sensitive to ? Let them simply put it behind them and move on!
- There is also a great deal of scientific evidence that early life experience has far reaching implications for children's future functioning abilities (e.g., "Attachment Disorders") [see below].
- Children who are overly criticized will often develop poor self esteem and a lack of confidence. Even if they manage to become very successful, they will often still feel like failures and may, therefore, eventually lose their ability to function normally. That is the power of early life experiences! It is almost insulting to demand of such people to simply "put it behind them and move on!" Don't you think they would if they could?!

Review of the scientific literature on the long-term impact of child abuse

["The past isn't dead. It isn't even past." – William Faulkner, 1951]

Excerpts from "Childhood Traumas: An Outline and Overview" by Lenore C. Terr, MD - *American Journal of Psychiatry*, 148:1 1991 10-20.

- We must organize our thinking about childhood trauma, or we run the risk of never seeing the condition at all. [W]e may enlarge the diagnostic fine points of trauma into such prominence that we altogether lose the central point—that external forces created the internal changes in the first place. We must not let ourselves forget childhood trauma just because the problem is so vast [p. 10].
- Like childhood rheumatic fever, which causes a number of conditions in adulthood ranging from mitral stenosis to subacute bacterial endocarditis to massive heart failure, childhood psychic trauma leads to a number of mental changes that eventually [can] account for some adult character problems, [for example,] certain kinds of psychotic thinking, considerable violence, much dissociation, extremes of passivity, self-mutilative episodes, and a variety of anxiety disturbances. Even though heart failure and subacute bacterial endocarditis in adulthood look very different from one another and demand

specific treatments, their original cause-the childhood rheumatic fever-gives an organizing pattern to the physician's entire approach [11].

- I will define childhood trauma as the mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations. I have broadened the concept of trauma to include not only those conditions marked by intense surprise but also those marked by prolonged and sickening anticipation. All childhood traumas, according to my definition, originate from the outside. None is generated solely within the child's own mind. The trauma begins with events outside the child. Once the events take place, a number of internal changes occur in the child. These changes last. As in the case of rheumatic fever, the changes stay active for years-often to the detriment of the young victim [11]
- Long after most repeated nightmares have disappeared into deeply disguised forms, reenactments continue to characterize the behaviors of traumatically stressed children [13].
- The sense of severely limited future, along with changed attitudes about people and life, appears to be important in the trauma and extreme stress disorders originating in childhood. The limitation of future perspective is particularly striking in traumatized children [13]. Traumatized children recognize profound vulnerability in all human beings, especially themselves. This shattering of the shield of invincibility and basic trust and autonomy appears to characterize almost all event engendered disorders of childhood. The feeling of futurelessness of the traumatized child is quite different than that of the depressed youngster. For the traumatized, the future is a landscape filled with crags, pits, and monsters. For the depressed, the future is a bleak, featureless landscape stretched out to infinity [14].
- The emotions stirred up by Type II [ongoing] traumas are 1) an absence of feeling, 2) a sense of rage, or 3) unremitting sadness. These emotions exist side by side with the fear that is ubiquitous to the childhood traumas. Type II disorders, under the scrutiny of able mental health professionals, may come to be diagnosed in childhood as conduct disorders, attention deficit disorders, depression, or dissociative disorders [16].

Studies on the impact of child abuse reported in the media

"Discover: Science, Technology, and The Future"

February 23rd, 2009

**by Eliza Strickland in Health & Medicine, Mind & Brain
Child Abuse May Leave a Lasting Mark on Victims' DNA**

Victims of child abuse may bear chemical marks on their genomes that alter the way they respond to stress as adults, according to a small study. Researchers say they detected changes, almost like genetic scars, to a region of the genome that either promotes or tamps down the expression of a certain gene involved in stress responses. This could help explain why childhood abuse, such as sexual abuse or neglect, can cause depression, other mental health effects and suicide, and could some day lead to treatments to help victims overcome their abusive childhoods [Reuters].

Researchers studied 36 brain samples from the Quebec Suicide Brain Bank: 12 from suicide victims who had been abused as children, 12 from suicide victims that suffered no known abuse, and a final 12 who died suddenly in accidents. They found that only the brains of abuse victims showed the changes.

The results are the latest findings in the young field of epigenetics, the process by which environmental factors can alter the expression of genes. In epigenetic changes, the DNA sequence itself isn't altered, but other mechanisms change certain genes' activities. Psychiatrist Jonathan Mill says of the new study: "Whilst these results obviously need to be replicated, they provide a mechanism by which experiences early in life can have an effect on behaviour later in adulthood. The exciting thing about epigenetic alterations is that they are potentially reversible, and thus perhaps a future target for therapeutic intervention" [BBC News].

The study, reported in Nature Neuroscience, was the next step from an animal study that showed similar alterations in rats raised by neglectful mothers. Baby rats that were licked more - the rodent equivalent of hugs and good care - grew up to be more assertive and confident than unlicked pups. The researchers showed that neglect altered an important stress regulation gene in the rat brain, a change that lasted into adulthood [Canwest News Service].

Researchers say they hope these findings will point the way towards medical treatments that could repair damage done to the victims of abuse, but note that medication is not the only answer. In the neglected rat pups, the stress-related genes returned to their normal state of activation if those pups were transferred to more attentive mothers. "Just because there's a biological effect doesn't mean the only way you can intervene with drugs," [comments psychologist Joan] Kaufman. Psychotherapy, for instance, has been shown to produce chemical changes in the brain [Nature News], and might have the same effect as medication.

<http://blogs.discovermagazine.com/80beats/2009/02/23/child-abuse-may-leave-a-lasting-mark-on-victims-dna/>

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Childhood Trauma

Bruce D. Perry

Adults interpret the actions, words and expressions of children through the distorting filter of their own beliefs. In the lives of most infants and children these common adult misinterpretations are relatively benign. In many cases, however, these misinterpretations can be destructive. The most dramatic example occurs when the impact of traumatic events on infants and young children is minimized. It is an ultimate irony that at the time when the human is most vulnerable to the effects of trauma -- during infancy and childhood -- adults generally presume the most resilience.

This destructive misperception has permeated the mental health field. In the last ten years, our society has spent billions of dollars studying and treating adult trauma victims, primarily male combat veterans -- this despite the fact that many more females are traumatized by rape in our society than males by combat. In comparison, few resources have been dedicated to research or treatment focusing on childhood trauma, and only a fraction of those on studying or treating the traumatized infant " " " ..

The vast majority of young children from backgrounds of abuse and neglect and other trauma who present to the mental health system with symptoms of aggression, inattentiveness and noncompliance are male. They typically are diagnosed with attention deficit hyperactivity disorder (ADHD). One wonders what happens to all the young girls who have been similarly traumatized. Children present to the mental health system because some adults in their world have been upset by their symptoms (which have almost always been caused by other adults). A compliant, dissociative, depressed young girl will generally not be brought to the attention of the mental health system, while her combative, verbally abusive and behaviorally-impulsive hyperaroused sibling (coming from the exact same abusive setting) will be. The potential homicide threatens the potential suicide inconveniencesõ ..

There are a number of clear implications of a neurodevelopmental approach to the maltreated child ... The first relates to the misunderstanding of resilience. We often hear "Children are resilient," or "They'll get over it, they didn't even know what was happening." It is not uncommon for adults to relate the traumatic events to clinicians in the presence of the child as if they were invisible. Often, recounting the event, the adults will describe how the traumatic event was terrifying for them, but as they describe the child's reactions they frequently misunderstand the child's unattached, non-reactive behaviors as 'not being effected' rather than the 'surrender' response. This pervasive, destructive view of caretaking adults in a young child's life exacerbates the potential negative impact of trauma. Of course, children 'get over it' -- they have no choice. Children are not resilient, children are malleable. In the process of getting over it, elements of their true emotional, behavioral, cognitive and social potential are diminished -- some percentage of capacity is lost, a piece of the child is lost foreverõ .

The intensity and duration of response to trauma in children is dependent on a wide variety of factors. One of the most important appears to be the availability of a healthy and responsive caretaker to provide some support and nurturance for the child following the traumaõ .

http://www.childtrauma.org/CTAMATERIALS/states_traits.asp

From: Reuters_News <Reuters_News@reuters.com>

Study finds how child abuse changes the brain

By Kate Kelland

LONDON (Reuters) - Children exposed to family violence show the same pattern of activity in their brains as soldiers exposed to combat...

In a study in the journal *Current Biology*, researchers used brain scans to explore the impact of physical abuse or domestic violence on children's emotional development and found that exposure to it was linked to increased activity in two brain areas when children were shown pictures of angry faces.

Previous studies that scanned the brains of soldiers exposed to violent combat situations showed the same pattern of heightened activity in these two brain areas -- the anterior insula and the amygdala -- which experts say are associated with detecting potential threats.

This suggests that both maltreated children and soldiers may have adapted to become "hyper-aware" of danger in their environment, the researchers said.

"Enhanced reactivity to a ... threat cue such as anger may represent an adaptive response for these children in the short term, helping keep them out of danger," said Eamon McCrory of Britain's University College London, who led the study.

But he added that such responses may also be underlying neurobiological risk factor which increases the children's susceptibility to later mental illness like depression.

Depression is already a major cause of mortality, disability, and economic burden worldwide and the World Health Organization predicts that by 2020, it will be the second leading contributor to the global burden of disease across all ages.

Childhood maltreatment is known to be one of the most potent environmental risk factors linked to later mental health problems such as anxiety disorders and depression.

A study published in August found that found that people who suffered maltreatment as children were twice as likely as those who had normal childhoods to develop persistent and recurrent depression, and less likely to respond well or quickly to treatment for their mental illness.

McCrory said still relatively little is known about how such early adversity "gets under the skin and increases a child's later vulnerability, even into adulthood."

In the study, 43 children had their brains scanned using functional magnetic resonance imaging (fMRI). Twenty of the children who were known to have been exposed to violence at home were compared with 23 who had not experienced family violence.

The average age of the maltreated children was 12 years and they had all been referred to local social services in London.

When the children were in the scanner they were shown pictures of male and female faces showing sad, calm or angry expressions. The researchers found that those who had been exposed to violence showed increased brain activity in the anterior insula and amygdala in response to the angry faces.

"We are only now beginning to understand how child abuse influences functioning of the brain's emotional systems," McCrory said. "This research...provides our first clues as to how regions in the child's brain may adapt to early experiences of abuse."

(Editing by Paul Casciato)

<http://www.newscientist.com/article/dn21245-abused-childrens-brains-work-like-soldiers-do.html>
