

4

The Three Levels of Victimization

According to the *American Heritage College Dictionary* (third edition, 1993), a victim is "someone who is harmed or killed by another" or "someone who is harmed or made to suffer from an act, circumstance, agency, or condition." A victim is also "anyone who suffers as a result of ruthless design or incidentally or accidentally" (*Webster's Third New International Dictionary*, 1971). The suffering and losses can be physical, psychological, or both.

People raised in poverty and those subjected to racial, sexual, religious, or other forms of discrimination are often viewed as victims of social and historical forces beyond their control. Similarly, people who acquire life-threatening or chronic illnesses or permanent disabilities can also be considered victims. For the purposes of this book however, a victim is someone who has suffered from at least one "particularly negative ... intensely disruptive" event (Janoff Bulman and Frieze 1983).

Victimization, which means the process of becoming a victim, can be considered to occur on three levels (McCarthy 1986). In brief, the levels are these:

- The traumatic event itself
- Secondary wounding experiences
- The acceptance of the victim label

Level One: The Shattering of Assumptions

Being victimized, whether in a car accident, tornado, mugging, war, or abusive relationship, shocks both your body and your emotions. Even worse, perhaps, is the way it rocks your basic beliefs about yourself, hu-

vors to want and need to cling to others for protection, assurance, comfort, and love, like children who have just witnessed something terrifying. The children want to be held and hear someone say "Don't worry. I'm here. I'll help you take care of this and I'll help take care of you, too."

If you find yourself feeling vulnerable and needy in this way, rest assured you are not alone. Experts have found that when people are traumatized, this reaction is normal. At least initially, and to a degree corresponding to the extent of the trauma and the degree of assistance and healing available, trauma survivors tend to forget adult learnings—they return to whatever behavior and coping mechanisms they used when they were children. This makes absolute sense emotionally, since as children they were powerless, helpless, and dependent, as they were during the trauma. It is often less than easy to accept those feelings as an adult.

The high substance-abuse rate among PTSD sufferers can be partly explained as a way of dealing with the increased dependency and security needs normal to trauma survivors. The reasons any particular individual turns to alcohol, drugs, or food are complex, and they vary from one individual to another. However, for some trauma survivors, depending on a substance seems less frightening, more dependable, and less publicly humiliating than turning to other people for help, at least initially.

There are also environments and occupations in which denying feelings of helplessness and dependency is necessary. For example, in the military and in occupations such as police and rescue work, evidence of helplessness and dependency can easily lead to being stigmatized—even being demoted or fired.

Sometimes, too, trauma leaves its victims in need of physical assistance—medical or legal help or financial assistance. Even these nonemotional needs, however, can contribute to feelings of childlike dependency.

Withdrawing from Others. Often the increased need for others coexists with a strong need to isolate and withdraw. For example, you may have begun to isolate yourself from others or to have difficulties with relationships since the traumatic event. But at the same time, you may strongly feel a need for other people. The strong pulls in both directions can confuse you and make you doubt yourself. This increases your need for the reassurances other people can provide.

You may also simultaneously wish to withdraw from others to hide your confusion and self-doubt, as well as simply to pull yourself together. These opposing tensions thus create a vicious circle—a mental state that perpetuates and accentuates itself.

Rage and Anger. Trauma survivors typically experience considerable anger, much of it justifiable. Specific persons, groups, organizations or governing bodies may have been responsible, in whole or in part, for the trauma itself. Since then, your pride and sense of self-sufficiency may have been further assaulted by your emotional needs and possibly by your need for financial, medical, legal, or other services.

If prior to the trauma you prided yourself on your self-sufficiency, this dependency can be particularly infuriating. Worse is that the lack of control that results from needing others is one of the same feelings that terrorized you during the traumatic event. And if, as happens all too often, you have not been treated with respect, the powerlessness and anger you experience when you turned to someone for help could easily mimic what you felt during the original traumatic event, when you were also helpless and mistreated.

At this point, you may have decided to hide your feelings and needs from others and just pretend you are who you were before the trauma. You may have decided not to seek outside assistance, even financial or other help, fearing denial or rejection—or even being judged as "crazy." Eventually, however, the pretending can become exhausting.

Accepting Help

Difficult as it may be, when the isolation, the pain, or the effort of covering up becomes too great, you need to turn to others for help—emotional, legal, or practical. When that time comes (if it hasn't already) or comes again, it may help to remember the following points.

Needing help is normal. If you felt powerful and dynamic immediately after it was demonstrated that there are forces capable of destroying you, most knowledgeable mental health professionals would consider you delusional, mentally troubled, or at least in a state of massive denial. Consequently, helplessness, neediness, and all the other feelings described above are *appropriate* feelings following traumatization.

Things change. The feelings of helplessness, dependency, and neediness you may experience at times, or even all the time, are temporary. If you are in fact "weak," you will only be weak for a while, as a result of the trauma. Any weakness is not inherent—it only exists because you have been wounded. Even if you fear you will never be strong again, you will. You just need to heal first.

Just as you would not expect someone who broke a leg to immediately start walking, you cannot expect yourself to recover from physical and psychological wounds right away. Until such time as the leg is sufficiently healed, it needs to be in a cast. Crutches may also be needed. Similarly, both before and while you are healing you need the cast and crutches of other people in your life.

Turning to others helps. It has been shown that trauma survivors who have someone to turn to are at lower risk for developing PTSD than those who must or who choose to cope with the trauma all alone. According to trauma experts, trauma survivors who have someone to assure them that everything will be all right, and that he or she will be there to help, are less likely to develop long-term problems such as chronic illness or extreme dependency on others or on institutions for their care.

In sum, the best way to achieve independence is to allow yourself to be dependent when it is appropriate to lean on others. You might want to consider turning to your spouse or partner, your minister, a trusted friend, or an adult member of your family. In general it is not wise to turn to children or adolescents, since your needs can overwhelm them and they are ill equipped to help you. Also, it is not wise to turn to people who are emotionally unstable or extremely emotionally distraught themselves.

If you can, also seek the help of a mental health professional who is trained in working with trauma survivors. Whether you turn to an individual in your family or community or to a professional, that person needs to be supportive and patient, not blaming, for reasons that are explained below.

Level Two: Secondary Wounding

As important to the healing process as other people are, it's an unfortunate truth that often people do more harm than good. You have likely experienced this. Strangers who don't understand your situation can be unintentionally cruel, but so can those who should know better: family, friends, and helping professionals. Instead of being supported, you may have been made to feel ashamed of having been a part of a traumatic event in the first place, of your reactions to the event or symptoms you have developed as a result, or even of asking for help.

You may have heard, for example, "You weren't hurt enough to be entitled to benefits" or "It happened weeks (or months or years) ago. You should be over it by now." Such attitudes exist even in the most obvious and horrendous cases of victimization.

Consider the story of Penny, which you read above. Her parents' indifference to the sexual abuse she had suffered, her aunt's verbal attacks, and her friend's attitude that Penny deserved the pain caused by the accident, are all examples of what is called secondary wounding—the second level of victimization.

Forms of Secondary Wounding

Secondary wounding occurs when the people, institutions, caregivers, and others to whom the trauma survivor turns for emotional, legal, financial, medical, or other assistance respond in one of the following ways.

Disbelief, denial, discounting. Commonly, people will deny or disbelieve the trauma survivor's account of the trauma. Or they will minimize or discount the magnitude of the event, its meaning to the victim, its impact on the victim's life. Consider Sandra, for example.

After a hurricane, Sandra, a concert violinist, was taken to a makeshift hospital, along with others who were injured. When she was told that three of her fingers would have to

be amputated, she began to cry. "Hush now, you big crybaby," the nurse said. "Look around you. Bed number one lost his arm and bed two has to have both legs removed. Count your blessings and don't upset the others."

Blaming the victim. On some level, people may blame the victim for the traumatic event, thereby increasing the victim's sense of self-blame and low self-esteem. This was what happened to Penny.

Stigmatization. Stigmatization occurs when others judge the victim negatively for normal reactions to the traumatic event or for any long-term symptoms he or she may suffer. These judgments can take the following forms:

- Ridicule of, or condescension toward, the survivor
- Misinterpretation of the survivor's psychological distress as a sign of deep psychological problems or moral or mental deficiency, or otherwise giving the survivor's PTSD symptoms negative or pejorative labels
- An implication or outright statement that the survivor's symptoms reflect his or her desire for financial gain, attention, or unwarranted sympathy
- Punishment of the victim, rather than the offender, or in other ways depriving the victim of justice

Denial of assistance. Trauma survivors are sometimes denied promised or expected services on the basis that they do not need or are not entitled to such services. An example of this is Alvin Jones.

Alvin is a railroad worker who lost his left leg in a train accident. When he sought compensation from the railroad, he was told to wait and see if his leg would "get better." After presenting medical documentation showing that it would not, Alvin's request was again denied because, despite his disability, he had found gainful employment.

Four years later, with the help of an attorney, whose fees Alvin had to pay himself, Alvin was granted compensation. However, he was awarded neither attorney fees nor payment for the four years he had to struggle to obtain the benefits he was entitled to.

Effects of Secondary Wounding

Ignorance and insensitivity can take many forms in addition to those listed above. It is their effects, however, that are often most devastating. Take Claudia's story, for example.

Claudia was trapped in an abusive marriage. Back in her small town, in the early 1960s, there was little awareness of wife abuse and only minimal legal protection for battered wives. Whenever Claudia could, she would call the police when her husband threatened her. Their responses were less than helpful:

"Lady, he's your husband, not mine."

"You're both animals."

"There's nothing we can do about it until he does something. Call us after he actually starts beating or cutting you."

After repeated threats on her life, Claudia took her children and fled.

During the divorce proceedings, mental health experts testified that Claudia was a masochist who also suffered from other "severe psychiatric disturbances" (unspecified), as evidenced by the fact that she had stayed in an abusive marriage as long as she did. On the other hand, they also faulted her for "breaking up a happy home" and subjecting her children to the "horrors of divorce."

And, whether out of sheer incompetence or for some darker reason, Claudia's attorney failed to bring up the husband's own personality problems.

The judge awarded the divorce to Claudia's husband. According to the law in that place and time, Claudia had not been "battered enough"—seven years of hospital reports or other documentation of the abuse was necessary for a battered woman to win the divorce. And because Claudia was labeled a deserter who left her marriage for insufficient cause, the judge allotted the lion's share of the property, including the house, to Claudia's husband, leaving Claudia homeless and almost penniless. He then told Claudia that if she could not adequately support her children, custody would be given to their father.

Claudia's case is a rather extreme example—one we all hope would not happen today. But such things do happen, more frequently than most people would believe. Although some progress has been made in providing legal help for abused wives since Claudia went to court, the laws vary from state to state and county to county. Some areas offer strong protection for abused wives, others do not. Even where good laws exist however, they are not always enforced.

For example, in one study, the American Psychological Association (1984) found secondary wounding experiences rampant among victims of crime and violence. Some victims reported that their secondary wounding

experiences were more painful and devastating than the original traumatic event. Police officers, lawyers, and court officials were cited in the report. However, medical personnel, mental health professionals, and a myriad of others not usually associated with causing psychological injury to the people they serve were also responsible for causing secondary wounding.

Causes of Secondary Wounding

In essence, secondary wounding occurs because people who have never been hurt sometimes have difficulty understanding and being patient with people who have been hurt. Secondary wounding also occurs because people who have never confronted human tragedy are sometimes unable to comprehend the lives of those in occupations that involve dealing with human suffering or mass casualties on a daily basis.

In addition, some people simply are not strong enough to accept the negatives in life. They prefer to ignore the fact that sadness, injustice, and loss are just as much a part of life as joy and goodness. When such individuals confront a trauma survivor, they may reject or disparage the survivor because that individual represents the parts of life they have chosen to deny.

On the other hand, it also happens that trauma survivors are rejected or disparaged by other survivors—those who have chosen to deny or repress their own trauma and have not yet dealt with their losses and anger. When trauma survivors who are not dealing with their traumatic pasts see someone who is obviously suffering emotionally or physically, they may need to block out that person in order to leave their own denial system intact.

The following paragraphs give a brief run down of some of the common causes of secondary wounding.

Ignorance. Some secondary wounding stems from sheer ignorance. Especially in the past, there were few, if any, courses on victimization, domestic violence, or child abuse available to medical, legal, and mental health professionals. Today such courses are available in many locations; however, they are not a required part of the training in any of those fields. Increasing numbers of police departments are sensitizing their staff to the problems of victims. And where the training is sufficient, the police have been shown to be more responsive to victims. Yet not all police departments are able to devote adequate training hours to this subject.

Burnout. Another major cause of secondary wounding is that many helping professionals (the police, rescue workers, doctors, and other emergency room staff), are themselves suffering from some form of PTSD or burnout. As a result of having worked for years with trauma survivors, they, like those survivors, are emotionally depleted. They may also, like many trauma survivors, feel unappreciated and unrecognized by the general public and by those in their workplace.

Nurses, for example, are notoriously underpaid and undervalued, and paramedics and police officers often feel betrayed by the criminal justice system, which, they feel, frequently releases the criminals they have risked their lives to apprehend all too soon. In some places, the police are ostracized in their own communities.

In the mental health field, social workers and other mental health workers assigned to child abuse or family violence cases, or to public mental health agencies, often stagger under enormous caseloads and are hampered in helping victims by massive amounts of paperwork and red tape, as well as by a lack of support services.

Just world philosophy. Another hurdle victims face is the prevalence and persistence of the "just world philosophy." According to this philosophy, people get what they deserve and deserve what they get. The basic assumption of the just world philosophy is that if you are sufficiently careful, intelligent, moral, or competent, you can avoid misfortune. Thus people who suffer trauma are somehow to blame for their misfortune. Even if the victims aren't directly blamed, they are seen as causing their victimization by being inherently weak or ineffectual.

The just world philosophy arises out of the very human need to feel in control of our lives. Contemplating the possibility that at any moment one's life or health, loved ones, or possessions might be destroyed or damaged, or that at any moment one could become the victim of a malevolent force, is too frightening for most people to bear.

The influence of culture. Our nation was founded by individuals who overcame massive political, economic, and social obstacles by means of hard work, self-sacrifice, and physical and emotional endurance. As a nation today, as in the past, we pride ourselves on our can-do spirit and our American ingenuity—we are certain we can overcome almost any hardship. The American dream tells us that our country is so bountiful and so full of opportunities that anyone who wants the good life can have it; all they have to do is pull themselves up by their own bootstraps.

Abraham Lincoln is quoted as saying "People can be as happy as they make up their minds to be"—implying that in the personal realm, as well as in the economic realm, man can be master of his own fate. If only he were right.

Overcoming Secondary Wounding

Secondary wounding experiences can be as painful and powerful as the original traumatic event. Just as you need to heal from that event, you will need healing for any secondary wounding experiences.

Healing from secondary wounding experiences requires first that you be able to identify what hit you—what secondary wounding experiences you experienced—and then that you be able to distance yourself from the negative responses of the others involved in these experiences.

The distancing needs to be achieved on both the emotional and the mental level. On the emotional level, the goal of distancing is for you not to be devastated by the experience. In all likelihood, you will still be troubled by others' insensitivity, but you can learn not to allow them to destroy you emotionally. On the mental level, the goal of distancing is to become more resistant to the negative judgments of your worth that secondary wounding experiences deliver.

You need to learn that, generally, the rejection, humiliation, or attack says more about the ignorance, insensitivity, fears, or prejudices of the other person than anything about you, and that it reflects larger societal problems, including the prevalence of blame-the-victim attitudes and the lack of adequate funding for victim-compensation services. Once you learn to view your secondary wounding experiences from this perspective, you will have some armor against the pain involved in many interactions.

Keep in mind that, in addition to the emotional vulnerability resulting from trauma, biological changes can occur that make you exceptionally sensitive to and observant of others' responses. Thus very subtle cues in the behavior of others will affect you much more than they would a nontraumatized person.

A second way to counter the negative messages of those who lack understanding and compassion is with affirming "self-talk" of your own. Together, these two approaches will enable you to gain a measure of objectivity. This objectivity in turn gives you increased control of your life, by acting as a brake on two destructive but legitimate reactions many trauma survivors have to secondary wounding experiences. The first reaction is sinking into helpless-hopeless thoughts and feelings; the second is being overwhelmed by the urge to strike back, verbally or physically.

Even when your desire to retaliate is entirely justified (as it often is), an aggressive response only confirms the other person's belief that you are a "nut case" or otherwise undeserving of assistance—which can lead to that person withholding something that you do in fact deserve and need.

Countering the powerful negative messages of secondary wounding experiences is not done effortlessly or quickly. Such experiences always trouble you to some extent. But you can make progress in affirming your worth as a person and your strengths as a trauma survivor, in addition to increasing your objectivity and control.

Naming the Demon

In certain societies, psychological distress and its symptoms are conceptualized as attacks by supernatural beings. Typically these demons or spirits are given specific names—jealousy, revenge, bad memories, depression—and a healing ritual is performed to rid the suffering person of the particular spirit or demon that is causing the problem.

The efficacy of the healing ritual aside, it is probably helpful to suffering individuals simply to know that their affliction has a name, since for human beings, words are a way of making the unknown knowable, and therefore controllable. Similarly, it may have been helpful for you to learn that your trauma-related symptoms also have a name: PTSD.

For example, because you are aware of what PTSD is, when you experience a PTSD symptom you can tell yourself this: I don't have to panic. I am only having a PTSD attack. What I'm experiencing now is predictable and limited. It will not last forever, and it cannot cause me to lose my mind.

To help achieve some distance from the secondary wounding experiences you have already had and will probably have in the future, you need to learn to name the demons of those experiences. For example, instead of acting on your feelings or allowing yourself to become increasingly hopeless, you can use self-talk to work through the experience: It's not my fault this person is treating me with so little respect and appreciation of my difficulty. But if I lose control of myself, or sink deeper and deeper into depression, I will only be lessening my chances of getting what I need from this person. Maybe if I can figure out this demon's name I will know what I'm dealing with. Just what kind of secondary wounding is this anyway?

Common Secondary Wounding Responses

There are basically six types of secondary wounding responses: those showing denial or disbelief, those that involve discounting, those in which the victim is blamed for his or her problems, those that exhibit ignorance, those involving generalization or labeling, and those stemming from sheer cruelty.

Once you are able to identify the responses of others along these lines, you will be better able to view these reactions for what they truly are. Giving them a name will increase your ability to cope with secondary wounding experiences in a constructive manner, and will lessen, though not eliminate, the pain and humiliation.

Denial and disbelief. When people respond to you with statements such as "You're exaggerating," "That could never happen," or simply "I don't believe it," they are denying the reality of your trauma.

Abusers and criminals are often the first to deny their victims the reality of their experience. "Please don't take my purse," says the thief. Or "I'm not taking your purse—it's your imagination," replies the thief. Or "Stop hitting me," says the victim. "I'm not hitting you. You're hitting yourself," the abuser says. Unfortunately, they aren't the only ones who practice denial. Consider this example.

Sally Brown's three-month-old daughter was raped by _____
Sally's boyfriend. When she told the admitting clerk at the _____

emergency room, he replied, "That's impossible. Nobody would rape a baby. Come on now, Ms. Brown. Tell us the real truth."

How different it would have been for Sally if the clerk had said, "Child sexual abuse is a horrible crime. I will be certain to tell the doctor the information you have given me and remind him to perform all the required tests for victims of sexual assault. While you are waiting, would you like to telephone the rape crisis center or the sexual abuse hotline for further assistance? Here are their numbers; you can use my phone if you like."

Friends and family members also sometimes practice denial, as in the following case.

When Dan told his mother that his father was verbally and physically abusing him, his mother replied, "Your father is a good man. You've been watching too much TV."

But a nondenying mother might have said, "If you tell me you've been hurt, I believe you. Can you tell me more about what happened? Are you hurt? You need to tell me everything because child abuse is wrong and against the law. I will have to talk to your father about this and maybe take other action as well."

Discounting. In denial, people do not believe your story. When you are being discounted, people do not deny that the traumatic event occurred; however, they minimize its effect on you or the magnitude of the event. Here are three examples of discounting.

Jane explained to her boyfriend that she sometimes has trouble responding to him sexually because of having been raped three years ago. "How could one little rape have affected you that much? I know some women who have been raped three or four times, but they still like sex," the boyfriend replied.

Jane's boyfriend could have said, "Rape is such a violation. I'm so sorry you had to go through that. I hope you weren't badly hurt, but I understand the psychological scars can be brutal. Thank you for trusting me enough to tell me how you feel. I will do my best to be sensitive to your needs."

Bill, a policeman, shared with a colleague that he has been suffering from headaches and nausea after a shootout in which three people were killed. The colleague replied, "They were a bunch of crooks. They are where they should be—six feet under. You should be in ecstasy, not having headaches."

The colleague could have said, however, "These killings can sure get to you sometimes. Even if they're the bad guys, when their blood and guts are all over the place, it's hard to take. It gets to all of us eventually, even the guys who like to pretend they're made of stone. As much as you've seen in the force, I'm surprised you only have headaches."

Carl Jones, a flood survivor, went to his doctor for "the shakes." "I've been shaking for two years," he said, "ever since that flood washed away my . . ."

"Come on, now, Mr. Jones," the doctor broke in, "that flood wasn't that bad. Only a few people died and about a hundred homes were destroyed. When I was a boy, I was in a flood that wiped out over half the town. Now *that's* a real flood."

But the doctor could have said, "Being in a flood is a traumatic experience. It is natural and normal for you to have a reaction like shaking. Tell me more about the shaking and any other problems you've had since the flood. I know from my own experience of being in a flood as a child that a traumatic event like that can cause people to suffer for years afterwards."

Blaming the victim. The blame-the-victim attitude and the just world philosophy were described above. Penny's story, which you read earlier, illustrates these attitudes. It's not hard to imagine how the responses Penny received could have been improved. Here are some other examples:

After Howard's house was burglarized and vandalized, he took a second job to pay for the repairs and replace his stolen camera gear. When he complained to a friend one day about how tired and upset he was, she replied, "I told you that you should never have moved into that neighborhood. The least you could have done was buy more insurance."

A more supportive response would have been to say, "I can't say I know how you feel, since luckily, I've never had my home broken into. But I do remember how angry I felt when my purse was stolen. The burglars didn't just steal your stuff, they stole your time, energy, and sense of security. I'm angry that they're out on the streets while you're working so much."

Ross, a former serviceman who had been discharged after losing an arm in a training accident, met a cousin at a family gathering. The cousin said, "So you're a lefty now, eh? I guess that's what you get for enlisting."

What he could have said was, "I'm really sorry about your arm. It's one of those things that could happen to any of us. Let me know if I can do anything to help."

Ignorance. Ignorance of trauma and its effects plays a major role in secondary wounding experiences. If people have not experienced trauma themselves, or have not learned about it in other ways, they often do not know what to say or do. Also, as mentioned before, often the fact that you have been victimized threatens other people's defenses against the idea that they too could be victimized.

People are often also ignorant about the possible economic, social, and psychological consequences of trauma. Ignorance can even result in inappropriate medical or psychological treatment methods being applied. These methods may be perfectly appropriate for nontraumatized people, but can be unhelpful, even harmful, to trauma survivors.

Here are a couple of examples of secondary wounding caused by ignorance:

"Jen, I'm sorry, I can't make it to your party. Ever since my accident I try to avoid Route 97 as much as possible.

And I can't get to your house any other way." Betty said. "That's crazy," her friend replied, "you're acting like a superstitious nut. And selfish too. You're just thinking of yourself."

But Betty's friend could have said, "I'll miss you, but it's okay. I wouldn't want to subject you to bad memories; you've suffered enough. If I were in your place, I'd probably hate that drive too."

"No more vacations at the beach! After seven months in Saudia, Arabia, I don't want to see another grain of sand as long as I live!" said Hank, a veteran of the Persian Gulf war. "You are going to deny your family a trip to the beach just because you had to sit on the sand for seven months?" his father replied. "And don't go claiming you have that PSSD or TSP or whatever that Vietnam thing is called. You didn't fire a shot."

A more knowledgeable response would have been, "I read that even if you aren't in combat, you can still get stress symptoms just from being in a war. Then, afterwards, everything associated with that trauma, even things that aren't traumatic or harmful in themselves, can set off bad memories. It makes perfect sense for you to stay away from sand. Your family can go to the beach by themselves, if they want. Or you can all go to the mountains for a change."

Generalization. One of the social consequences of being victimized is being labeled as a victim. Once you are labeled, there is a tendency for others to interpret most, if not all, of your emotions and behavior in light of that label. For example, the deaf are often assumed to also be blind or mentally retarded. Furthermore once you are labeled, it is very difficult to escape from that label (Taylor et al. 1983).

For instance, it may be assumed that because you have been through a trauma you are now "emotionally scarred," forever and ever. Consider these examples.

Roger lost an eye in a chemical explosion at work. Otherwise, he was not injured. But when he returned to his job, he was offered a wheelchair and told that his company did not employ "cripples."

Clearly, the more humane and logical response would have been to keep Roger on at a job he was fully capable of doing and to offer him any assistance he needed to adapt to his injury.

Juanita, a dental hygienist, confided to her employer that she was seeking counseling for having been robbed and beaten. "That's fine," he replied, "you can take the receptionist's job; she's leaving us anyway," implying that somehow being a victim of crime had impaired Juanita's ability to work. Obviously, this was not the case; a little understanding would have been far more appropriate.

Cruelty. Most secondary wounding experiences feel cruel. Therefore it is often difficult to assess whether the secondary wounding actually arises from a desire that the other person has to cause pain, or whether it is caused by ignorance, generalization, or some other secondary wounding process. In many cases, a mixture of cruelty and some other process or processes is at work, as some of the preceding examples demonstrate.

Sometimes the fact of your trauma and PTSD may be used as a weapon by people you know. In the absence of the trauma they would have found something else to use against you. However, perfect strangers are also capable of gratuitous cruelty. A feature of our culture that helps lay the groundwork for these behaviors is an increasing emotional detachment between people, even in families.

According to some observers, contemporary American culture in general is experiencing an "increase in psychic numbing, alienation, isolation and difficulties with intimacy" (Young and Erickson 1988). This generalized numbing throughout the population can be attributed at least in part to economic and social changes that make it difficult for people to empathize with each other's pain, even within their own families, much less with that of strangers.

Exercise: Identifying Your Secondary Wounding Experiences

In your journal, list as many secondary wounding experiences as you can remember, including any current ones, one experience to a page. You will need to leave space for analyzing and commenting on each experience.

When you have finished, review your list and categorize each experience as denial or disbelief, discounting, generalization, victim-blaming, ignorance, or cruelty. Include as many labels as apply; for example, a single experience can contain elements of ignorance, cruelty, and blaming the victim.

After you have completed the labeling for each experience, identify your emotional response. Did you have no feeling at all? Did you experience irritation, anger, rage, hurt, disappointment, disgust, a desire to retaliate, or any other feeling? List as many feelings as apply.

Now take some time to reflect on the process you have just been through. Were you surprised at how many secondary wounding experiences you have endured? Did labeling the experiences help ease the pain, or did it make you more furious or sad?

Did any of the secondary wounding experiences ignite your anger or rage, lower your self-esteem, or make you feel hopeless or helpless? In your journal, write more about those particular experiences.

Once these feelings are faced, their intensity may be lessened. You will likely never feel completely neutral in the midst of a secondary wounding experience—or when you are remembering one. If you are aware enough to feel your emotions, you are going to feel angry, sad, powerless, betrayed, and a host of other emotions. But this does not mean that you are hopelessly bound to the past and will never feel joy again.

Exercise: Secondary Wounding and Your Attitudes Today

In your journal, write about how your secondary wounding experiences are still affecting your life. More specifically, for each experience, consider whether or not that experience had the following effects:

1. Did it alter your views of your social, vocational, and other abilities?
2. Did it change your attitudes toward certain types or groups of people or certain government and social institutions?
3. Were your religious or spiritual views affected?
4. Did it affect your family life, friendships, or other close relationships?
5. Did it alter your ability to participate in groups or belong to associations or affect your attitudes toward the general public?

6. Now look at what you've written and ask yourself, Which of these attitudes do I wish to retain? Which of them are in my best interests to reconsider? Which ones would I like to discard because they hamper my life in the present?

Exercise: Secondary Wounding and Your Activities

Suppose that one of your secondary wounding experiences was being treated like the criminal, rather than the victim, in court. Because of this, you have concluded that all judges and jurors are insensitive at best and corrupt and heartless at worst. Yet now someone owes you several thousand dollars, and to get it you need to take that person to court.

If you hadn't had the previous experience, you would probably already have begun the paperwork for the lawsuit. However, because of your hatred of courts and fear of being, once again, denied justice, you procrastinate about pursuing the litigation.

At this point, what do you think is in your best interests—avoiding the courtroom with all its secondary wounding memories and the risk of repeated victimization, or pursuing the thousands of dollars you are due?

The decision is yours. It may be that if you receive some assistance in healing from your courtroom-related secondary wounding experiences you will be able to tolerate the aversiveness of being in court. Counseling can assist you in differentiating your past courtroom experience from the present situation. And with support, you might be able to manage any PTSD symptoms that emerge as a result of placing yourself back in that setting. For example, you could take some friends along, rather than facing the situation alone.

On the other hand, you might decide that you simply can't handle it. You'd rather do without the money than subject yourself to another courtroom experience.

This is not cowardice. Rather it is a respectable life-preserving decision. At all times, it is very important for you to know and respect your limits, and not to be pushed into activities that are emotionally overwhelming or otherwise destructive for you.

Your emotional health comes first, not conforming to some inner voice that says you "should" be able to handle anything (the same voice that has probably been telling you, You should have been able to go through the trauma and everything that's happened since without it getting to you. You just aren't strong enough).

By the time you finish reading this book, you will know beyond a doubt that this "should" has no basis in emotional reality. But even after you have let go of this unrealistic expectation of yourself, others may still believe in it. They may encourage you to do things that you know are

not in your best interests emotionally, or denigrate you for letting your "fears and neuroses" or "skeletons from the past" control your life.

Close your ears to these voices and listen to your own inner voice—the one that knows what you have been through and what you can tolerate without arousing excessive anxiety, pain, rage, or other symptoms. In all probability, you will be able to stretch the limits of what you consider tolerable, but you can only do so one small step at a time. Great leaps forward can send you spiraling downward into a depression or flying off into a hyper state.

With that caution in mind, first list the activities that your secondary wounding experiences have taught you to curtail or avoid in your journal. Then for each of them, do the following:

1. Ask yourself whether at this particular time, in your view (not someone else's), you can tolerate the activity. What will be the emotional cost? Is it worth it to you?

Once again, the main point is to realize that you have a choice. During the original trauma and during the subsequent secondary wounding experiences, you had either no choices or very few, or all the options available were so aversive they were not really choices.

2. For each of the activities you have decided you currently cannot tolerate, or do not feel it's in your best interests to attempt, consider whether counseling or some other form of assistance might make them tolerable. Do you want to make the attempt? If you don't feel you can or want to at present, might you want to in the future, at some point when you are further along in the healing process?

Level Three: Victim Thinking

The third of the three levels of victimization occurs when you internalize the victim status. Even though you are no longer in the original trauma situation, you think and act as if you are still being victimized.

This third level is one of the unfortunate, but natural, outcomes of the first two levels. "The third level of victimization involves the person adopting a lifelong label as a victim," writes Dr. Barry McCarthy. On this level, the trauma survivors in their "general psychological world view . . . play out the victim role." The traumatic event and its aftermath become the "central and dominating events" in trauma survivors' lives, and control their self-esteem. (McCarthy 1986)

In the first two levels of victimization, you have little or no control or personal power. But you can learn to take control of this third level. You do not need to spend your life thinking and feeling like a victim. With some of the help provided in this chapter and in Chapter 10, on empowerment, you can learn to counter the "victim thinking" that may have been forced on you by the traumatic event and the subsequent secondary wounding experiences.

Exercise: Victim Thinking

Victim thinking reflects the feelings of hopelessness, helplessness, de-filament, and betrayal often experienced during trauma and afterwards. It can include the low self-esteem that often results from self-blame, survivor guilt, and societal stigmatization.

In your journal, record whether the following thoughts characterize your view of life:

1. I have to accept bad situations because they are part of life and I can do nothing to make them better.
2. I don't expect much good to happen in my life.
3. Nobody could ever love me.
4. I am always going to feel sad, angry, depressed, and confused.
5. There are situations at work and at home that I could do something about, but I don't have the motivation to do so.
6. Life overwhelms me, so I prefer to be alone whenever possible.
7. You can't trust anyone except a very few people.
8. I feel I have to be extra good, competent, and attractive in order to compensate for my many defects.
9. I feel guilty for many things, even things that I know are not my fault.
10. I feel I have to explain myself to people so they will understand me. But sometimes I get tired of explaining, conclude it's not worth the effort, and stay alone.
11. I'm often afraid to do something new for fear I will make a mistake.
12. I can't afford to be wrong.
13. I feel that when people look at me, they know right away that I'm different.
14. Sometimes I think that those who died during the traumatic event I experienced were better off than me. At least they don't have to live with the memories.
15. I am afraid of the future.
16. Most times I think things will never get better. There is not much I can do to make my life better.
17. I can be either a perfectionist or a total slob depending on my mood.
18. I tend to see people as either for me or against me.
19. I feel pressure to go along with others, even when I don't want to. To avoid such pressures, I avoid people.

20. I am never going to get over what happened to me.
21. I find myself apologizing for myself to others.
22. I have very few choices in life.

If you have answered yes to ten or more of these questions, then you probably suffer from victim thinking. Such thinking may have been appropriate during the traumatic event. It may even have helped you to cope with your secondary wounding experiences. For example, if you were suspicious of certain officials, you may have been correct in requiring written documentation of their interactions with you. However, in your present life, victim thinking may be seriously hampering your opportunities for personal growth, vocational development, and the satisfaction of loving human relationships.

But if you are carrying that thinking over today, for example, by continuing to require extensive or inappropriate documentation of interactions with your current co-workers, you will be seen as creating unnecessary work, and perhaps as being hostile to them as well.

Can you identify any areas in your life that are currently being adversely affected by your victim thinking, including but not limited to the personal, professional, family, or creative parts of your life? In your journal, write about the effect of victim thinking on these areas of your life.

Cutting Off Victim Thinking

Once you have decided that some of your victim thinking and other reactions to secondary wounding experiences are hurting rather than helping you, you need to fight back aggressively. It is natural for the feelings and thinking patterns corresponding to being a double victim (of trauma and secondary wounding) to reappear in many life situations, especially in those that are stressful. However, if you would like to approach situations in your life today from a different perspective, devoid of a victim mentality, you can help yourself by doing the following:

- Remind yourself of the original traumatic event or secondary wounding experiences that created your need for the victim thinking. For this you have to determine how and why you acquired the victim thinking in the first place, as you will do shortly.
- Remind yourself of the main reasons that a victim mentality doesn't fit the current situation or doesn't serve you now. Consider that the best revenge, and perhaps the only revenge available to you, is first to survive and second to live well. You might also remind yourself that the negative consequences of following your victim thinking usually outweigh the positive (McKay and Fanning 1987).

Exercises: *The Sources of Victim Thinking*

Your victim thinking can be traced either to one of four common cognitive mindsets that tend to emerge during traumatic or secondary wounding experiences or to one of the symptoms of PTSD. In the list of victim-thinking statements above, statements 2, 3, 6, 14, 15 are related to PTSD as well as to depression (discussed in Chapter 2).

Many of the other statements are also related to depression. However, they also can be traced to one of the following four mindsets common to trauma survivors (Alford et al. 1988, J. Glover 1988):

- Intolerance of mistakes in others and in yourself
- Denial of personal difficulties
- All-or-nothing thinking
- Continuation of survival tactics

Mindset 1: Intolerance of mistakes. During certain traumatic events (combat, fires, floods, family violence) and in certain occupations that involve injury and death (nursing, rescue work, firefighting, police work), mistakes are anathema. Even the tiniest error can result in death or injury to another person or to oneself. If you have been in such a situation, you have likely seen how the mistakes of others caused needless deaths, injuries, and other losses. As a result, you can develop a mindset of "no mistakes allowed."

The same mindset can develop during secondary wounding experiences in which you feel that if you make even the slightest mistake you will be denied help or mistreated by authorities or others. Or perhaps you attribute the denial, discounting, or other secondary wounding experiences you had to "mistakes" you made in how you presented yourself or how you handled your interactions with others.

This mindset can easily lead to perfectionist values. You may demand perfect performance of yourself, others, or both. Expecting others to be perfect, however, inevitably leads to disappointment and conflict in your relationships. If you also expect yourself to be perfect, you will undoubtedly suffer from endless heartache, low self-esteem, and even depression.

The following list of "shoulds" (McKay and Fanning 1987) commonly creates problems for people, even nontraumatized people. However, for you as a trauma survivor, these perfectionist shoulds impose yet another weight on your already burdened psyche. Do you subscribe to any of the following?

- I should be the epitome of generosity and unselfishness.
- I should be the perfect lover, friend, parent, teacher, student, spouse, and so on.

- I should be able to find a quick solution to every problem.
- I should never feel hurt. I should always feel happy and serene.
- I should be completely competent.
- I should know, understand, and foresee everything.
- I should never feel certain emotions such as anger or jealousy.
- I should never make mistakes.
- I should be totally self-reliant.
- I should never be afraid.
- I should have achievements that bring me status, wealth, and power.
- I should always be busy: to relax is to waste my time and my life.
- I should be able to protect my children from all pain.
- I should not take time just for my own pleasure.

In your journal, first consider each should that you apply to yourself in light of the traumatic event and your secondary wounding experiences. Was this should a necessity during those experiences?

Now consider those shoulds that you attempt to live up to in light of your needs today. To what extent are these standards realistic for you? Do they motivate you to achieve more of your goals, or do they serve as a stick to beat yourself with? Are they truly *your* shoulds, or are they imposed on you by others, for example, your parents, spouse, children, friends, or church?

Which shoulds do you want to keep and which do you want to disregard or modify? The choices are yours.

Mindset 2: Denial of personal difficulties. Certain occupations, for instance, medicine, police work, combat duty, and rescue work, emphasize the necessity for solid thinking, quick action, and endurance, both physical and psychological. There is little room for expression of emotions or for personal weaknesses. Hence, from firefighters to combat soldiers, those who are involved in life-and-death situations tend to keep their personal difficulties to themselves. The legitimate fear of such workers is that if they are emotionally honest they may be seen as cowards, weaklings, incompetents, or otherwise unfit.

Victims of crime, childhood physical and sexual abuse, battering, and natural catastrophes may also deny personal problems for fear of being seen as weak or defective because of their experiences. To avoid this stigma, some trauma survivors put on a macho or stoic facade.

It makes absolute sense for you not to share your personal difficulties with individuals who are apt to denigrate you or who have already

done so. However, in intimate relationships, and during the healing process, denial of personal pain, conflicts, and other psychological or physical symptoms is counterproductive and can lead to addictive behavior, psychosomatic problems, or worse. You owe it to the wounded part of yourself to find at least a few people that you can trust enough to share with openly, both friends and professionals.

The mental health field can offer valuable assistance. If you have not sought such help, think about fears or other obstacles that stand in the way of your turning to a qualified social worker, psychologist, or psychiatrist in this, your time of need.

As you consider reaching out for support, take a long-range view of your situation. A few emotional risks taken now with friends or relatives, or time and money spent now on professional help, may save you unnecessary long-term scars and possibly large amounts of money for future help, should your untreated trauma wounds develop into serious psychiatric problems.

Make a list of individuals you feel care about you but who would not be supportive of your sharing with them. Follow this with a list of persons you feel would or could be helpful, indicating for each person the obstacles and personal fears that stand in the way of your making contact with the person. For example, is it too costly in terms of travel time or phone bills to talk to a potential supporter?

Consider which of these obstacles can be overcome. How important is your mental health to you? What risks are you willing to take in terms of reaching out to others to give yourself some relief from the pain?

Always keep in mind that if you take the risk of sharing with someone, and they are not receptive or are non-supportive, you can bring the conversation to a close as quickly as possible and search elsewhere for solace.

Mindset 3: All-or-nothing thinking. Absolutist, or all-or-nothing, thinking is characteristic of young children, teenagers, and many young adults. It is also characteristic of individuals who suffer from depression. Given that an estimated 50 percent of PTSD sufferers also have biochemical depression, it is not surprising that many trauma survivors tend to view themselves, others, and life situations in simple, "all-or-nothing" terms.

In this mindset, other people are either friends or enemies—there are no in-betweens. For example, you might find yourself thinking, "Either this caseworker is going to take care of all my needs, with no intrusive questioning or mounds of paperwork, or he is just another crook who is out to get me."

When you are plagued with this black-and-white thinking, the caseworker cannot be just an ordinary human being who may know you have already been through the mill but is afraid that he might lose his job or an opportunity for a promotion if he doesn't make you complete all the paperwork.

When applied to yourself, all-or-nothing thinking leads to your judging yourself in the same black-and-white terms. You see yourself either as a total failure or a total success. You make few allowances for partial successes or partial failures. Similarly, life is either all bad and hopeless, or a bowl of cherries with endless possibilities.

If you were traumatized during childhood or adolescence, you may be especially prone to such all-or-nothing thinking, especially if you also suffer from depression. Absolutist thinking is especially strong among survivors who, due to the characteristics of the traumatic event, learned to trust some people almost entirely and some people not at all. Consequently it may be difficult for these survivors today to learn that different levels of trust are appropriate for different people.

In your journal, write about some of the ways you think in absolutist terms. For example, if some of your secondary wounding experiences involved a corrupt attorney, do you now view the entire profession as a collection of thieves? If during the trauma you were assisted by Asians, do you now view all Asians as beyond reproach?

Even though you may be aware that your thinking is not quite rational, in your gut, as a result of the trauma, do you divide people into categories of good and bad? Which groups of people fall into the good category, which into the bad? Similarly, which groups of people do you judge as being incompetent or unreliable?

Also write about some of the ways you view yourself in absolutist terms.

Mindset 4: Continuation of survival tactics. Your survival tactic during your traumatic event may have been anger and aggression, as in combat, or it may have been passivity, as in a domestic violence situation. If you are an incest survivor, perhaps your survival tactic was flirting or acting coy and seductive to avoid a beating or having your abuser turn on another member of the family. Or perhaps you dissociated from your body, pretending the body that was being violated was not really yours or that it had no feeling.

These and other survival tactics during the traumatic event may have saved your life. During secondary wounding experiences, such tactics may have assisted you in obtaining what you needed. Today, however in some ways they may be infringing on your happiness. Can you identify any circumstances in which this may be true? Take some time to write about this topic in your journal.

Your first challenge will be to identify your survival tactics. (The chapters in Part III of this book, on specific types of traumas, may be of assistance in this.) Even if you are deeply ashamed of some of your tactics, it is important to recognize them and come to realize that they served a very important function: saving your sanity or your very life.

Some of these tactics may be difficult for you to identify because they may be such a part of you that they seem more like personality

traits than survival tactics. This is especially true if you are a family abuse survivor or have otherwise been severely traumatized. For example, perhaps you had to lie, be very secretive, flaunt your sexuality, act helpless and weak, or be extremely placating in order to survive. You may now think you are a "born liar," a "natural flirt," a "weaking," or a "hopeless wimp." This is not the case. You learned these behaviors to cope, or they were reinforced by the trauma environment.

Do not be discouraged if you cannot identify many of your survival tactics now. As you read this book and think about what happened to you, you will grow in awareness of the many ways you learned to think, act, and feel in order to cope.

After you have listed your survival tactics, write about how they helped you or what would have occurred if you had not used them. For example, suppose you were an abused child who lied. Your journal entry might read like this:

"I had to tell others the bruises were caused by falls or other accidents because otherwise my father would have beaten me more. I had to lie to my father too, because he could never tolerate the truth that he was the one who hit me. I also lied to him about where I was going, and about stealing money from him and my mother. If I hadn't lied I would never have been able to leave the house and go out with friends.

"Looking back, lying to get out of the house and stealing to have the money to go out was part of my psychological survival. If I had stayed in that dysfunctional household every minute of the day and not maintained certain friends, I would probably have lost my mind."

If you suffer or suffered from an addiction, you might also view your addiction as a survival tactic. For example, you might write the following:

"I started taking drugs at 13 because that was the only way I could deal with the incest. If I hadn't had taken drugs, I would have had to face the truth and done something about it, like tell the authorities. But if I had told, my family would have fallen apart. As harmful as my family was to me, at the age I was then, I needed to have a family. Having a family, even if it meant that I went on drugs to tolerate it, was part of my survival."

Once you have identified your survival tactics and some of the purposes they served during the trauma or the secondary-wounding experiences that followed, write about how you might be practicing some of these tactics in your present life. Which tactics do you replicate today?

For each of the survival methods you have listed, ask yourself whether you use it almost always or only under stress or in certain situations. Be as specific as possible in identifying those situations.

Finally, consider the effects of using your old survival tactics. Ask yourself, Does using a particular tactic help or hinder me in my everyday functioning or in the pursuit of my life goals? What am I afraid would happen if I didn't use the tactic? How realistic are my fears? What would really happen if I didn't use the tactic?

Are there individuals with whom you could check out the reality of your fears? If so, take the time to talk to them.

The next chapter offers insights into the kinds of situations that may be triggering your use of these survival tactics—as well as other of your PTSD symptoms. For the moment though, sit back and reward yourself for hard work well done.