



NATP
NATIONAL ASSOCIATION
OF THERAPEUTIC PARENTS



Centre of Excellence in
CHILD TRAUMA

The Trauma Bond – Jane Mitchell NATP



A trauma bond occurs as a result of extreme dependency in the face of a survival situation. A well-known example of this was the case of Patty Hearst whose need to survive led to a strong identification with her captors and espousal of their cause. This is known as Stockholm Syndrome which is defined as follows:

<https://www.britannica.com/science/Stockholm-syndrome>

“psychological response wherein a captive begins to identify closely with his or her captors, as well as with their agenda and demands.”

“The survival instinct is at the heart of the Stockholm syndrome. Victims live in enforced dependence and interpret rare or small acts of kindness in the midst of horrible conditions as good treatment. They often become hypervigilant to the needs and demands of their captors, making psychological links between the captors’ happiness and their own. Indeed, the syndrome is marked not only by a positive bond between captive and captor but also by a negative attitude on behalf of the captive toward authorities who threaten the captor-captive relationship.”

However, the above definition related to previously secure adults who are exposed to trauma. *In the case of abusive families, this is heightened by the fact that this is the child’s only experience of adults and the world and has formed the way that the child is able to respond and survive.* I am suggesting that familial trauma bonds can occur in two ways: A trauma bond between adult and child and a trauma bond between siblings who have had duplicate experiences.

How does this work?

When our survival is at risk, an extreme stress reaction is triggered. If we are infants, we need to connect somehow to survive. We may be compliant, we may fight for attention, we may run and hide. In a horrendous situation, we may disassociate to avoid the experience even as it is happening to us. The message we are receiving, which is creating neurological connections activating different areas of our cortex is that the one who loves you will also cause you the most pain. This is reinforced if the abuser alternates abuse with affection and reward and causes a powerful connection with the abuser which pulls the victim back time after time. In addition, the abused child or adult has had a strong association of “love” with a toxic counterpart. For example, pain, neglect, hunger, inappropriate sexual activity, and emotional punishment. Their Internal Working Model tells them that they are worthless, or that their only value is in repeating a learned behaviour which is harmful to them. They may see adults as posing a threat, as unreliable, untrustworthy bringers of pain. But that is the only life they know, and they may hold to beliefs that they owe that person their life and that their treatment was a result of their own unworthiness and behaviour and was deserved. As we know, this outlook is “hardwired” into the child’s perception of the world and how to survive and is entrenched into their survival circuitry.

Trauma Bonds and Siblings

Bryan Post states that a trauma bond (sibling rivalry) is due to a “*life or death dynamic*”. (<https://postinstitute.com/>)

Siblings in an abusive household form trauma bond with each other. In its simplest form, this is based on the bonding that occurs as a result of survival after a traumatic experience, however, this will be coloured by individual relationships and roles: These may include rescuing each other; but may also include victimisation of a scapegoat, assuming a maternal role, and reinforcing old patterns of behaviour due to stress. Ordinary sensations of affection and love may feel flat and insubstantial unless you infuse them with stress. The body remembers and the brain re-creates these experiences which feel vivid and alive.

Michael Samsel (www.abuseandrelationships.org -Trauma bonding) makes two points drawing on the work of Bessel van der Kolk that:

1. The effect of growing up in trauma has a biological rather than a cognitive basis and can mean that a victim has an attraction to dangerous people or dangerous situations because this helps them feel alive. This can mean that recreating trauma with your siblings paradoxically increases your bond with them, although this may be toxic and harmful.
2. The survivor may feel a subconscious biological need for this intensity, and this may be because of the difficulty of maintaining relationships other than on a superficial level. Put simply, the recreation of the abuse provides an anchor without which you are adrift and activates strong experiential circuitry which helps you feel alive.

STRATEGIES:

Our first and greatest therapy is ourselves and our response. We provide the information that our children's brains need in order to develop new neuronal circuitry. This takes time – you can use the analogy that you and your children are beating a path through a forest. It's really hard, it would be much easier for them to use the pathway that is already there. But every time you lead your children down the new path, it gets easier, wider, clearer, and with time they are more likely to use this new way even if it still needs to be supported. To develop these new neuronal "pathways" you need the following tools:

1. Your own understanding and empathy.
2. Your knowledge of your children – do not set them up to fail. Think about your understanding of what Bryan Post calls their "window of tolerance". Be observant. Intervene in a timely way. To begin with, this may mean that while you are trying to manage essential tasks that prevent you supervising, you separate them all. Sarah Naish talks about having an open plan environment, and also about sending everyone to their rooms. This is NOT a punishment, but an acceptance that **the children do not have the capacity to manage their own emotional states**, especially being left to their own devices. Think about it – what memory might be left to themselves trigger? Being left alone? Parents have gone out for the night? Who knows what state they will come back in? it is EASY for our brains to slip into remembered sequences. It is HARD to rewire and gain new understanding. And I know you are only in the other room – but this is not always known and understood by our children, many of whom did not achieve the task of object permanence as a baby, and who therefore feel like you pop out of existence when they can't see you.
3. If you can see your children slipping – intervene quickly by naming the need (see below)
4. Pause – NATP advocates this, as does Bryan Post. By pausing, taking some deep breaths, count to ten, take a step back – whatever way you manage this – you allow your brain to reconnect, calm, and to return to a place of understanding. This stops you siding into an emotional reaction and enables to you maintain a therapeutic stance.
5. Name the Need. As Bryan Post and Dan Seigal remind us, by accurately identifying the root of the anxiety and fear, we can calm the overactivated amygdala of our children. Bryan posts suggests that you state very simply "*You are NOT going to die. There is enough of me to KEEP YOU ALL SAFE*" This sounds histrionic but speaks to the primal survival fear that the children are experiencing.
6. If you need to protect some of your children from the others, get them locks on their doors to protect their private spaces. You may need to do this for yourself. GET A LOCK ON THE BATHROOM DOOR. Prevention is better when it is proactive, not reactive.
7. When you mess up. (yes, you will, unless you are perfect!) FORGIVE YOURSELF. This is a great opportunity to teach your children resilience by repairing the relationship, taking ownership of your feelings and your responses, without resorting to blame or judgement (not "I'm sorry BUT – Just I'm sorry).

FINAL WORD

This stuff is easy to say, hard to do. Much harder for your children. It's like telling a right-handed person that has been right handed all their life that now they have to learn to write with their left hand. It is massively difficult – and much more so because these responses they are reimagining are emotional and contained in their subconscious survival circuitry. So be patient. And always remember your own self-care.