

## THE MANY FACES OF CHRONIC SHOCK

1. **attachment shock:** Unbearable, chronic affect states of being abandoned, unprotected, confused and frightened by a significant other who cannot relate helpfully to the child's distress. Repeated attachment shocks become physiologically engrained chronic shock states (complete with working models of how relationships work) formed and lived out within the attachment relationship, which becomes encoded in implicit memory and becomes more likely to recur, each time it is activated. Attachment shock culminates in insecure or disorganized attachment and forms the substratum of the transitory paranoid states and meltdowns we see in couples who seek help. This excerpt from "*The God of Small Things*" (Roy, 1997) captures the chilling quality of attachment shock in a family with a punitive mother: "*So why don't you marry him then?*" *Rahel said petulantly. Time stopped on the red staircase...Rahel froze. She was desperately sorry for what she had said. She didn't know where those words had come from. She didn't know that she'd had them in her. But they were out now, and wouldn't go back in her. They hung about that red staircase like clerks in a government office. Some stood, some sat and shivered their legs. "Rahel." Ammu said, "Do you realize what you have just done?" Frightened eyes and a fountain looked back at Ammu. "It's all right. Don't be scared." Ammu said. "Just answer me. Do you?" "What?" Rahel said in the smallest voice she had. "Realize what you've just done?" Ammu said. Frightened eyes and a fountain looked back at Ammu. "D'you know what happens when you hurt people?" Ammu said. "When you hurt people, they begin to love you less. That's what careless words do. They make people love you a little less." A cold moth with unusually dense dorsal tufts landed lightly on Rahel's heart. Where its icy legs touched her, she got goosebumps. Six goosebumps on her careless heart. A little less her Ammu loved her. ...The moth on Rahel's heart spread its velvet wings, and the chill crept into her bones" (p. 106-8).*
2. **cephalic shock:** (Lewis, 1976, 1981, 1984, 2001) *frozenness* When babies have parents who go in and out of rhythmic attunement or just never quite get it right, the infants are forced to adapt to the shock of being handled rather than being able to relax into the safety of being securely held and understood. These infants are thrown back on their own immature nervous systems to maintain balance and homeostasis instead of being able to rely upon their parents in a relaxed fashion. A bioenergetics therapist named Lewis invented the construct of "cephalic shock" in 1976 to describe the impact and the life-long consequences, of being handled instead of being held as a developing child. Lewis suggests that one of the results of constant disequilibrium is that infants sense their physical precariousness and the forces of gravity and prematurely struggle to pull their head and neck up and away, instead of relaxing into bliss the way their more secure counterparts get to. Cephalic shock preserved in the musculature is the result. The lifelong consequence is chronic tension, particularly in the neck and shoulders, and a sense that "peace of mind" is ever elusive. The muscular stiffness, CNS hyperarousal

and visceral tension of cephalic shock states are manifestations of somatoform dissociation.

3. **limbo shock:** *diffusion into nothingness* the state of mind that unexpected radio silence would bring to NASA astronauts circling our planet: confusion and an ominous dismay that all is not well. Parenting styles of momentary or prolonged “abdication” leave the child in a state of feeling abandoned and unprotected. This state of feeling abandoned and unprotected is the essence of limboshock. (see Lisa )
4. **shattershock:** *the fractured container* At its worst, “Shattershock” is the state of mind of a torture victim who just breaks down and surrenders to his captors, with little left but a shattered psyche. In families with patterns of disorganized attachment, a similar shattering experience can occur in the developing self of a vulnerable child. We will see how an agitated child with a parent who feels helpless, rejecting and/or out of control can result in an escalating negative “resonance” which overwhelms the child’s capacity to adapt. Shattershock in adults presents as a vulnerability to paranoid states. (See Tasia)
5. **soulshock:** *horror* the trajectory of tragedy that ensues when a child has to make sense of bizarreness, malevolence and madness in the parent. The Red Queen of Carroll’s (1865) Alice in Wonderland was a model of dangerousness, paradox, and disorganized attachment; she was intrusive, bizarre, and served arbitrary rules up ala carte. Our patients who in childhood had to tolerate bizarre paradox, evil, parental madness or medical horrors, alcoholic raving and brawls, and arbitrary randomness have now to rely upon us to help them navigate the monstrous mindlessness of their cosmos (See Frank)
6. **potential shock:** *dread* “Potential shock” is the anticipation of inescapable shock, that feeling we describe as dread. As our brains scan for familiar landmarks of potential danger, our nervous system, our musculature, and our visceral register the toll. Dread dwells in the body, casting shadows of doubt and foreboding onto our minds and psyches. Nowhere is potential shock more compelling than in families wrestling with serious illness. The dread of past and future shocks float throughout waking and sleep, implacable and tormenting. Chronic illness in a family member creates it’s own private circle of hell, tainting our hopes and dreams of the(a)future, ever-threatening to rupture the ongoing nature of daily life with shocking intrusions into the rhythm of relationship. The following excerpt from Stephen White, psychologist-turned novelist, captures the exquisite dance with dread that a couple endures when they have to wrestle with the ravages of relapse:

*“Lauren was busy cleaning the master bathroom. I had to picture it in my mind: One hand was on her walking stick and one hand was in a vinyl glove, clutching a rag. She was scrubbing surfaces that an obsessive microbiologist would probably have already deemed surgically sterile. By the end of the day, I knew, the motor on the vacuum cleaner would need new bearings, our entire supply of cleaning fluids would be depleted, and virtually every square inch of our home would be a whole new category of clean.*

*I'd seen it before in the wake of previous exacerbations. I had a name for it. I called it 'steroid clean.'*

*Steroids don't provide virgin energy; they aren't some gentle super-caffeine. No, steroids, especially megadose steroids, provide agitation with all the negative consequences of the word. Impatience? In spades. Irritability? God, yes. Steroids are pure rocket fuel. I knew from experience that Lauren's management of the extra horsepower that was coursing through her veins would be relatively adaptive for about twenty-four hours—thus the steroid clean house—but after that the agitation and the resulting sleeplessness would overwhelm her coping ability, and she would take on a few of the assorted characteristics of the Seven Dwarfs on amphetamines.*

*Grumpy on Speed would be the dominant Dwarf. He—or in this case, she—would be around virtually the whole time, only reluctantly sharing the stage with Sleepy on Speed and with Dopey on Speed. If Sneezzy on Speed showed up, we were all in a fresh mess of trouble; during a previous steroid treatment his arrival had caused my poor wife to sneeze something like thirty-seven times in a row with hardly time for an inhale in between. Emily, our Bouvier, hated human sneezing and had barked in concert with Lauren's honking for the last dozen sneezes or so. It was a memorable duet.*

*Sadly, Happy on Speed would make only the briefest of cameo appearances. If history were a guide, the cameo would take place during a narrow window in the first act.*

*I felt a stab of self-pity. For the next couple of weeks I'd be married to a most distasteful subset of the Seven Dwarfs on methamphetamine. Fortunately, my corrosive self-pity was swiftly dissolved by the solvent of compassion: Lauren not only had to live with the meth Dwarfs for a fortnight; she had the misfortune to be possessed by them.....*

*Midafternoon I reached Lauren again. Her neurologist was hopeful that the steroids would arrest the exacerbation and felt confident that her good history of recovering from previous flare-ups boded well for her this time, too. To boost prophylaxis even more he started her on a statin, something she'd been discussing with him for a while, and he gave her some Ambien samples to help her try to get some sleep until the Solumedrol loosened its grip on her psyche.*

*She said, 'I hope it works.'*

*'The Ambien?'*

*'Everything. The steroids, the statin, everything.'*

*'You scared, babe?'*

*'Yes, I'm afraid you're getting tired of this.'*

*'Don't worry about that. Worry about getting better.'*

*'Sam wasn't worried.'* (Friend Sam's wife just abandoned him after a heart attack.)

*'I'm not Sherry, Lauren.'*

*'You must have second thoughts about marrying me. Everybody has limits,' she said.*

*I felt my pulse jump. I wanted to bark, 'Of course I have limits. Of course I hate this. Of course I feel sorry for myself.'*

*I didn't.*

*'Be honest,' she pleaded.*

*!Dios mio. Hay un hacha en mi cabeza!*

*Lauren didn't want my honesty. She wanted my reassurance. In all my years in clinical practice treating couples, I'd seen honesty wielded much more often as a hacha than as a caress. There was a time in the eighties when the relationship mantra from the women's magazine gurus was 'All honesty, all the time.' What a disastrous few years of misguided advice that was. Since then, whenever I heard a romantic partner whine for unabashed honesty in my office, I tested the waters for one of two things. First I listened for the call of insecurity begging for reassurance. Alternately, I listened for the diseased call of someone begging to be hurt or begging for the license to inflict pain.*

*With her earnest 'be honest' I decided that Lauren was seeking the former and not the latter, and I prayed that I was right.*

*I wished I could touch her or kiss her nose. I couldn't. So I said, 'I'm not even close to my limit.' I didn't say 'I'm full of doubt,' or 'I wish I were as good and generous a person as I'd like to be.' I didn't say 'I know my limit, but I think it's within range of my vision.' I didn't.*

*No, I reassured her. Why? Because the reassurance was at least as true as my doubts and a whole lot truer than my fears.*

*She made a noise in response. Disappointment? Dismissal? Relief? I wished I knew.*

*The cream of reassurance that I was whipping was already in stiff peaks. I added more sugar until it tasted just right. 'I'm not going anywhere, sweetie. I love you.'*

*It was all true. A little less than totally honest, but all true. Imperfect honesty in an imperfect world. Nobody, least of all Lauren, would have to spend the day removing any hachas from their cabezas.*

*But the telephone was a terrible instrument for gauging the effectiveness of comfort, and I feared that my words were barely palliative.*

7. **cataclysmic shock:** An experience so terrifying and/or violent that one is caught up in the vortex of traumatic shock and horror. Cataclysmic shock is experienced during and after serious auto accidents, war, terrorist attacks, and other near-death experiences: plane crashes, disasters, near-death experiences, Ground Zero
8. **somatoform shock:** The imprint on the body/mind of overwhelming medical or other physical experiences such as car wrecks, which could not be metabolized, either due to their intensity or to failed dependency and an absence of appropriate support. Somatoform shock from childhood often surfaces as confusing psychoform and somatoform dissociation, neural disorganization, sensory motor integration problems, and unrecognized PTSD. Scaer writes about devastating psychological and physiological sequelae from car accidents which affect patients for years after observable injuries have healed. Body and trauma therapists are familiar with pelvic pain syndromes, dismissed as hypochondriacal by medical professionals, which unwind when physical and sexual abuse is addressed. For an extensive case history, contact me for *Earthquakes in the Body*, a study of complex somatoform dissociation due to physical traumata.