The Continuum of Trauma

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Abstract

The word 'trauma', used in everyday language, means a highly stressful event that provokes an interruption of ordinary life and time, such as when one receives a diagnosis of a serious or life limiting illness, or when one is incarcerated. A traumatic event or situation creates psychological trauma when it overwhelms the individual's ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual may feel emotionally, cognitively, and physically overwhelmed. Trauma comes in many forms, and there are vast differences among people who experience trauma. Using some tools coming from phenomenology, we can say that trauma disturbs the *ek-static* unity of temporality: it is an 'event' that irrupts in the life of a human being, devastating his or her existence. When this kind of 'event' enters into a life, everything changes. This chapter focuses initially on a personal journey of trauma, then follows the experience through an empirical research lens of this type of trauma as experienced by the incarcerated. Our analysis will proceed using a phenomenological approach, showing the peculiarity of a phenomenological psychopathology and hermeneutic phenomenology. We focus on trauma as a catalyst for healing. By examining the philosophical aspects of trauma, we can understand the foundations of the traumatic experience. From there we will move forward to show how the theoretical morphs into the psychological by analysing how trauma affects personality. Sociological applications will be addressed, particularly how trauma often leads to incarceration. Finally, the exploration will transverse the journey that several individuals have taken through their diagnoses of life-altering diseases, abuse and neglect that ultimately led to the loss of freedom and the trauma surrounding being incarcerated. Through their eyes, we will follow the journey that trauma takes to healing.

Keywords

phenomenology – psychology – trauma – inmates – prison – temporality

1 Introduction: Aims and Goals

This chapter focuses on trauma as a foundational element that extends through the lifespan. By examining the philosophical aspects of trauma through a phenomenological and hermeneutic approach, we will underline how a traumatic event gets into the ontological constitution of a human being, modifying the perception of temporality and spatiality, the meaning of his or her life and the attitude to project his or her existence. One of the main features of this experience is to confront anxiety as a pervasive emotion experienced by human beings. In our experience of anxiety, we are interrogated by life itself in terms of understanding how we conceive our world and the meaning we give it. Perhaps this is the most unusual and difficult part of the story: confronting anxiety directly in order to discover *how* we can understand ourselves, our relationships and the meaning that life can still have after a traumatic event.

From there we will move forward to how the theoretical morphs into the psychological by analysing how trauma affects personality. Then we will provide sociological applications on how trauma affects sociological and criminal behaviours resulting in incarceration. Finally, we will follow the journey of trauma as a potential catalyst for the 'healing process'.

2 Phenomenology of Trauma: Foundational Aspects

The word 'trauma,' used in everyday language, means a highly stressful event that provokes an interruption of ordinary life and time, such as when one receives a diagnosis of a serious or life-threatening illness, or when one commits a crime and is subsequently incarcerated. We could say that the first feature of trauma is the interruption of our existence: something unpredictable happens that definitively modifies our life, our ability to give meanings, to perceive, and to live temporality. In her discussion of contemporary traumatic theory, Judith Herman notes that 'unlike commonplace misfortunes traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death'.

Martin Heidegger's philosophy may offer some useful tools to understand the original constitution of human beings, since his analysis illuminates the relationship between temporality and existence. In doing so, his work may contain some suggestions on how to cope with trauma. According to Heidegger, the ontological feature of human beings is the *Dasein*, a German word designating the way a human being 'has to be' (*zu-sein*).¹ *Dasein* doesn't mean

1 Martin Heidegger, *Being and Time* (Oxford: Blackwell, 1962), 67–69.

simply 'existence'. *Dasein* means the potential ways human beings can be, some of which they pursue through their projects. *Dasein* is not to be understood in terms of everyday human existence or embodied agency, but as an unfolding historical horizon or space of meaning already 'there' (*Da*), prior to the emergence of the human body and its various capacities. For Heidegger, the fundamental state of *Dasein* is its being-in-the-world. *Dasein* and world are not separated but must be grasped together, avoiding Cartesian dualism between subject and object and overcoming the subjectivism on which all western philosophy is based. Being-in-the-world is a unitary phenomenon that characterises every relationship, not a kind of 'property' of human being, but rather the fundamental assumption of our existence. In other words, a human being's primordial being-in-the-world is not an abstraction but always a concrete occurrence. Its being-in-the-world occurs and fulfils itself only in and as the manifold particular modes of human behaviour; this kind of being presupposes a unique openness of existence. *Dasein* stresses the transcendental and constitutive openness of human beings towards life, towards events, and towards projects – trauma included.

The openness that Heidegger calls disclosedness consists in the unique openness of humanity's existence, an openness into which the particular beings encountered can disclose themselves as they are, with all the context of their meaningful references.² According to Heidegger, hermeneutics is to make the *Dasein* understand itself. This understanding is not comportment toward something, but rather how *Dasein* itself gives its own self-interpretation,³ the main question of our life: we face every experience with the will to meaning, as Viktor Frankl says, not just the mere attempt to give an explanation to facts but also to give meanings to people, affects, and so on.⁴ Our innate meaning-making capacity makes us uniquely able to explore the question: *what does it mean for me?* As *homo symbolicus* (as Cassirer used to define man), human beings tend to interpret and develop their lives on the basis of these meanings.⁵ Some of them will be appropriated in understanding, others will remain relegated to non-understanding. Using Heideggerian jargon and simplifying some aspects of his meditation, we face the dialectical movement between concealment and unconcealment in which the human being is called to *ek-sist*. The meaning we are searching for is not present-at-hand, and for this reason

2 Martin Heidegger, *Zollikon Seminars* (Evanston: Northwestern University Press, 2001), 120.

3 Martin Heidegger, *The Basic Problems of Phenomenology* (Bloomington: Indiana University Press, 1982), 2.

4 Viktor Frankl, *Man's Search for Meaning* (New York: Washington Square Press, 1984), 8–15.

5 Ernst Cassirer, *An Essay on Man* (New Haven: Yale University Press, 1944), 26.

we must deal with the unconcealment.⁶ For some aspects, this movement also characterises the eruption of trauma into our lives as it modifies human existence, its historicity and its relationship with temporality and spatiality potentially developing into crisis.⁷ As such, the appropriation and expropriation of the authenticity of life depends on the human's ability to signify trauma.

In their attempt to signify every event they experience, human beings face anxiety in its rich and complex phenomenology.⁸ Besides its association with a range of psychiatric conditions (such as psychosis, personality disorders, and mood disorders), anxiety also expresses *who we are*, in that it reveals the fragmentation of the self as well as the finitude and vulnerability of being human. We constantly deal with our original vulnerability in our bodies, in our affectivity, in our social dimension, in our desire for recognition, and so on. In this respect, the experience of vulnerability connects to the broader issue of anxiety, in terms of existential features and clinical conditions, because it recalls our original constitution as human beings. When we discuss anxiety, we should also distinguish between existential anxiety, neurotic anxiety and normal anxiety. The differences in meaning denote various aspects of the subject focussed on by scholars who follow a range of models.⁹

If we go carefully through Heidegger's analysis of anxiety, we can see how he assigns to anxiety a pivotal role in the understanding of the authenticity of human life and of our choices. Both in *Being and Time* (1927) and *What Is Metaphysics?* (1929), he defines anxiety as a mode of being of *Dasein*, together with fear (*Furcht*), both ontological features of our existence.¹⁰ Unlike fear, always defined by objects, anxiety has no objects. Rather, it hinders any possibility of openness to others and to situations. Anxiety breaks the transparency of self-constitution so that human beings lose their capacity to recognise themselves in relation to others. By this anxiety, Heidegger does not mean common anxiousness, ultimately reducible to fearfulness. Rather, he means the fundamental characteristic that shows us who we really are, what our lives are really

6 Francesca Bencio, 'Heidegger and Binswanger: Just a Misunderstanding?' *The Humanistic Psychologist* 43.3 (2015): 278–296.

7 Francesca Bencio, 'World, Time and Anxiety: Heidegger's Existential Analytic and Psychiatry', *Folia Medica, Special Issue on the XVIth International Conference on Philosophy, Psychiatry and Psychology* 56.4 (2015): 297–304.

8 See Rollo May, *The Meaning of Anxiety* (New York: The Ronald Press Co, 1950), 13–26.

9 See Susan Iacovou, 'The sine qua non of true vitality'. An examination of the difference between existential anxiety and neurotic anxiety, in 'Existential Analysis: Journal of the Society for Existential Analysis' 22.2 (2011): 357.

10 Martin Heidegger, *Being and Time*, 179–182 and Martin Heidegger, *What Is Metaphysics?*, in *Pathmarks* (Cambridge University Press, Cambridge, 1998), 82–96.

about, thereby highlighting our ability to choose what really matters in our existence, which Heidegger defines in *Being and Time* as the choice between authentic (*Eigentliche*) existence and inauthentic (*Uneigentliche*) existence. In anxiety, we lose the experience of our ordinary identity: frozen, we cannot feel 'at home' in the world. In this situation, we are faced with our own 'uncanny' presence, the mode of not-at-home (*Unheimlich*).¹¹ Such an experience amounts to some disconnection from reality that can provoke anxiety disorders.

Anxiety seems to mean a breakdown of all ordinary understanding and activity in the space of a moment, perhaps because the total withdrawal from the activities of the world only lasts for a moment. The alienation that comes from this hiatus – being in the world but not-at-home in the world – shows us that the world, in this particular moment, has nothing to offer us. The possibility of the future loses its meaning and the world suddenly falls down. Anxiety does not see any definite 'here' or 'there' from which it comes. Rather, feeling anxiety characterises the location nowhere of what threatens even as it signifies nothing.

3 Psychological Aspects: Trauma, Personality, Mental Illness

A traumatic event or situation creates psychological trauma when it overwhelms the individual's ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual may feel emotionally, cognitively, and physically overwhelmed. Trauma comes in many forms with vast differences among people who experience trauma. This includes responses to powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events. Trauma also includes responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation.

In other words, trauma disturbs the *ek-static* unity of temporality: it consists of an 'event' that erupts in the life of human beings, devastating their existence and resulting in depression, anxiety disorders, panic attacks and so on.¹² When this kind of 'event' intrudes on one's life, nothing is as before. This experience becomes freeze-framed into an eternal present in which one remains

11 Martin Heidegger, *What Is Metaphysics?*, 88–89.

12 Thomas Fuchs, 'Melancholia as a Desynchronization: Towards a Psychopathology of Interpersonal Time', *Psychopathology* 34 (2001): 179–186.

forever trapped, or to which one is condemned to be perpetually returned. In the region of trauma, all temporal duration or stretching along collapses; past becomes present, and future loses all meaning other than endless repetition. In this sense, trauma is timeless rather than the unconscious – as Freud claimed.¹³ Both in trauma and in psychopathological phenomena (i. e. depression, anxiety) the sense of life is altered. This alteration is not only related to the content of what has happened however, as a formal alteration also exists in that the experience of determination by the past and its resolution undergoes a profound change. This bears on everything in the past, consolidating memory falsifications and fabrications, for trauma exposes ‘the unbearable embeddedness of being’.¹⁴ The worlds of traumatised persons are fundamentally incommensurable with those of others; they experience deep chasms in which an anguished sense of estrangement and solitude takes form.

Trauma reflects the feeling of ‘being stuck’, not able to move forward. The world around appears colourless; days endlessly repeat sameness, sometimes agony, sometimes dull emptiness; the world becomes almost a monothematic one of loss. The precipitating event has wiped out a horizon of possibilities in which the one and only thing that matters, the one and only thing cared for is not there anymore.¹⁵ This ‘there’, devoid of contents that matter, often gives rise to questions of ‘what if’, where personal responsibility and feelings of guilt prevail. Noteworthy, however, events are not necessarily the only catalyst of this type of trauma.

The spectre of mental illness can have a dramatic effect on the experience of trauma, potentially an actual root cause for the feelings of being stuck or empty. In addition, feelings may also incite conduct which leads to additional traumatic events. Specifically, this correlates with the phenomenon of incarceration, both in the paradigm of internal confinement by mental illness as well as actually physical confinement. The physical aspects of incarceration – confinement and restraint – demonstrate how the traumatic distress of mental illness often significantly affects personality and can alter the temperament of an individual permanently.

This way of questioning deepens the spiral of deprivation, including its almost obsessive attempt to redefine the context of life as something over which we have absolute control. This pre-existing ontological claim that we, as

13 Robert Stolorow, *Trauma and Existence* (New York: Francis & Taylor, 2007), 20.

14 Stolorow, *Trauma and Existence*, 16.

15 Matthew Broome and Matthew Ratcliffe, ‘Existential Phenomenology, Psychiatric Illness and the Death of Possibilities’, *Cambridge Companion to Existentialism*, ed. S. Crowell (Cambridge: Cambridge University Press, 2012), 361–382.

human beings, can have control over life events – manifestations of being – often makes the experience of trauma unbearable. These traumatic events eradicate the ‘familiar’, one to which we were already predisposed, one that contributes to the formation of what cannot be anymore.¹⁶ The familiar here does not signify something strictly negative from a moral standpoint: the bond with the child, mother, loving wife, parents, siblings, professional identity are all forms of familiarity. So are social norms that promote certain forms of being-in-the world as the acceptable. Linguistic paradigms such as the scientific one or the one for evidence-based medicine are all forms that conceal the uncanny that comes to light at the manifestation of a traumatic event. By losing ‘our’ ‘familiar’, we are cut away from the rest of society.¹⁷

In a more neurological and mental illness focused sense, the existence of an altering experience creates stress, which produces excess stimuli and excitation in the brain. When overstimulated, the brain has difficulty processing the external environment or additional stimuli. As this transpires, we find that the brain begins to shut down typical emotional responses as a defence mechanism. This psychological numbing may serve as a precursor to different levels of dissociation, which could ultimately lead to a Dissociative Identity Disorder (DID) diagnosis (formally known as Multiple Personality Disorder). Clinicians tend to agree that the diagnosis of DID often indicates an earlier trauma, which the patient may or may not recall.

Examining the narrative of internationally acclaimed neonatologist Dr. SP allows to illustrate the embodiment of trauma and its effect on personality.¹⁸ Socially and culturally Dr. SP’s personality was one of a successful physician and family man. He had reached the heights of his profession and was honoured by his peers, until the discovery of financial discrepancies in his practice that led to his incarceration. It transpired that significant traumas inflicted on Dr. SP at an early age manifested their impact in his adult life. Ultimately Dr. SP was diagnosed as suffering from Dissociative Identity Disorder. His mental illness/personality disorder directly correlated with the trauma he experienced earlier in his life. While incarcerated in the United States prison system on account

16 Scott D. Churchill, ‘Heideggerian Pathways through Trauma and Recovery: A “Hermeneutics of Facticity”’, *The Humanistic Psychologist* 41.3 (2013): 219–230.

17 Francesca Brencio, ‘La Analítica Existencial de Martin Heidegger y Sus Implicaciones sobre la Relación entre Trauma y Temporalidad’, *La Filosofía como Terapia en la Sociedad Actual*, eds. J. J. Garrido Perrián, C. De Bravo Delorme, J. Ordóñez García, 183–205 (Sevilla: Fenix Editora, 2016).

18 Permission was granted to the authors to use the physician’s initials and story for this chapter.

of the crimes committed due to his affliction, Dr. SP received appropriate therapeutic treatment for the disorder so as to reintegrate his multiple identities into one functional mentally stable individual, ultimately re-establishing himself back into mainstream society (S. P., personal communication, June 1, 2016). His story illustrates the correlation between trauma, personality, mental illness and, in many cases, criminality.

4 Sociological Aspects: Trauma, Crime, Incarceration

In 91% of incarcerated individuals in the United States, criminal pathology has been traced back to significant trauma.¹⁹ The life-altering experience of prison is not only overwhelming, but can also be a harbinger for severe mental illness. Conversely, mental illness is often the forerunner for aberrant behaviours or, at the very least, conduct that does not meet acceptable social standards. In the United States, 76% of women incarcerated have had trauma in the form of abuse (mental, emotional, physical or sexual) prior to committing their crime.²⁰ Research has indicated that the crimes committed by a majority of women in prison are related to, or in some cases re-enact, their previous traumas. Sociologists and psychologists can often trace the continuum of trauma for incarcerated individuals from the initial traumatic event through to later traumas experienced or perpetrated that resulted in incarceration.²¹ While exploration into the correlation between early childhood trauma/attachment disorders and the subsequent commission of legal violations is incomplete, early evidence suggests that significant traumas underpin attachment and behavioural disorders that manifest in later criminal activity. Further, there are few illustrations of the criminal archetype with only a single traumatic event present. As experiences of trauma multiply, the manifestation of aberrant behaviours increases and the perpetration of crime not only surges but also intensifies. Often, the seriousness of the crime mimics the austerity of the perceived or inflicted foundational trauma.

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- 19 Vivenne Heins, 'Speaking Out to Improve the Health of Inmates', *American Journal of Public Health* 95.10 (2005): 1685–1688.
  - 20 Leonard Snipes, *Statistics on Woman Offenders* (Washington, D.C.: U.S. Department of Justice, 2015), Viewed 15 January 2016, <http://www.corrections.com/news/article/30166-statistics-on-women-offenders>.
  - 21 Andrew P. Wilper, et al., 'The Health and Health Care of U.S. Prisoners: Results of a Nationwide Survey', *American Journal of Public Health* 99 (2009): 4.

One inmate, whom we will call Lisa, explained she had little contact with her mother as a child. Early in her life, she exhibited signs of reactive attachment disorder but no neurological or physiological ailment. However, she could not handle her emotions or create a secure attachment with a parental figure. Her first trauma, namely her early lack of secure attachment, goes back to both her mother emotionally abusing her in her childhood and several of the men in her mother's life sexually abusing her. These multiple traumatic events compounded and began to manifest as rage, self-mutilation, and sexual promiscuity. This type of early childhood sexual and physical abuse can lead to various manifestations of trauma, as discussed in Jacqueline Linder's chapter 'Through the Looking-Glass: Child Sexual Abuse from the Inside-Out', in this volume. Such soul loss does not just impose an internalised solitude on those experiencing it, but can often perpetuate external manifestations such as socially unacceptable behaviours and engagement in criminal activity.

After several petty crimes such as shoplifting and prostitution, teenage Lisa turned to drugs as an escape. This trauma led to an addiction, multiple rapes, and ultimately a charge of murder when, at age 19, Lisa killed a man in a fit of rage. Her short life prior to incarceration abounded in the traumas that built upon each other, as well as the escalation of her inappropriate behaviour. While the continuum of trauma may not manifest itself as obviously in all case studies, it is not a difficult path to trace. External signs, such as body mutilation (whether inflicted upon oneself or by another person) often evidence prior trauma. Such type of mutilation itself causes additional emotional trauma, as discussed in Zanini's 'Body and Trauma in Chuck Palahniuk's *Haunted*' in this volume. Principally, the supposition of body trauma influenced or directly caused by pressure or fear among peers is uniquely relative in prison systems as the constant exposure to traumatised individuals in prison has significantly increased. It becomes undeniable, then, that for many individuals, trauma functions as a significant component of the narrative that leads to incarceration.

A growing movement of behaviourists and forensic psychologists examine how institutionalisation promotes an extended perpetration of trauma against inmates.²² Stripping convicted offenders of basic rights and freedoms, lack of healthy neurological stimulation or human relations, and continuing loss or diminishment of dignity and humanism compounds traumas already

22 Ann Frodi, et. al., 'Current Attachment Representations of Incarcerated Offenders Varying in Degree of Psychopathy', *Attachment and Human Development* 3 (2001): 3.

experienced before by the incarcerated. The concepts of solitary confinement and of death penalty, both still widely used in the United States, also cause both impending and realised trauma for individuals who become wards of the state. However, there is little or no recourse or adjustment considered in current prison reform recommendations. Further, reform alone would not change the condition of the facilities or the treatment of offenders to the point of ameliorating persistent trauma. Meaningful change would require the examination of core assumptions about incarceration as opposed to reforms of the status quo. Any attempts to modify the existing system would be tantamount to short term stopgap solutions when the greater obstacle is continuous exposure to and accumulation of traumatic encounters.

In a correctional system, where the vernacular used (i.e. 'penal system') promotes punishment, the question of rehabilitation can often be diminished or completely ignored. However, factions of US society continue to perpetuate the notion of rehabilitation as an option providing offenders a venue for absolution, both towards the greater society as well as a personal method of repentance. Scholars and practitioners often disagree as to the methods or efficacy of current rehabilitative models. Offenders are often stigmatised according to the severity of their crime and sent to facilities deemed 'minimum', 'medium' and 'maximum' security levels. Some offenders are even classified as individuals who can never be rehabilitated to a point of safety for society. They are sent to even stricter facilities where their schedules are further controlled and solitude is the norm. Thus, the culture relegates these offenders to a life of perpetual trauma and punishment without societal adjudication, which eradicates the basic mammalian need for connection and compounds the trauma deemed to persist. The longer this occurs, the more likely it will manifest in compelling, problematic ways as the individual ages.

During incarceration, offenders are typically encouraged to attend individual and group therapies as a means of 'rehabilitation' or, at least, relief from trauma. Unlike Dr. SP, for some inmates, these therapeutic encounters do not suffice to overcome their foundational traumas, let alone the continued trauma of incarceration. In fact, the mere act of confinement can exacerbate early traumas and hinder healing. The conundrum faced by scholars and practitioners alike is to create a methodology by which to gauge the depth of trauma. From a purely utilitarian aspect, we know this is not possible, given the vicissitude of trauma, its internalisation by human beings, and the complexity with which it displays within individuals. Nonetheless, once the depth of the trauma discovered thanks to a skilled therapist, the trauma itself can become a catalyst for healing.

5 Trauma as a 'Healing' Mechanism

This inquiry challenges the notion that 'psychological healing' does not resemble physical 'healing' without claiming that one returns to a precise point and time of 'wellness' or status quo. One may question the possibility of 'returning' to a baseline mental status where one can be deemed 'healed'. For many individuals who have experienced multiple or continual trauma, the concept of 'baseline' or 'normal' is non-existent or itself aberrant or dysfunctional. The notion of 'normal' begets a trauma in and of itself as it infers the covering up of the past in order to heal or erase it, thus bringing the individual into the social norms of present society. Much as in the chapter 'Painting Over the Past' in this volume, where Callaghan explores the issues of covering or repainting revolutionary murals in Ireland, covering an individual's past does not create a new normal. Rather, it represents an additional trauma to the already traumatised and a new trauma for those experiencing 'normal' for the first time. Research has revealed that, in some ways, offenders work to discover a new belonging by using shared traumas in an effort to find normalcy in their incarcerated world rather than ignoring past transgressions in the 'free' world. In fact, for some such solution helps establish a sense of 'rightness' where shared traumatic experiences create a historical 'normal' they can return to and in that sense 'heal'. For others, the simple acknowledgement of a traumatic theme, or the sense that 'I'm not the only one' suffices to perpetuate healthy grief and the ability to progress emotionally.

Understanding that trauma is a foundational personality aspect for many individuals, deterring or terminating the cycle of trauma in exchange for the promotion healing is regularly challenged. The overall construct of 'healing' in this context is a complex concept. Prison psychologists have found that traumatic events can be healed in various manners. One of the most widespread hypotheses considered is to ameliorate the initial or foundational trauma to achieve any significant reconciliation of subsequent traumas. Thus, in theory, with the acknowledgement of each trauma that allows recognition or acceptance to occur, individuals would experience rehabilitation.²³ As with any type of therapy, however, the concept of 'healing' is as individualised as the trauma itself.

As research has begun to show, the foundational traumas experienced by individuals continue throughout their lives, regardless of the age or stage

23 Stephen Smallbone, and Mark R. Dadds, 'Childhood Attachment and Adult Attachment in Incarcerated Adult Male Sex Offenders', *Journal of Interpersonal Violence* 5 (1998): 555-573.

in life the trauma occurs. From the point of trauma, the linear progression of manifestation begins. This does not suggest that all expressions of trauma are unacceptable. Contrary to the prevailing social belief that external emotional or physical upheaval is improper or unprincipled, the display of trauma in either a physical or emotional way can assist in the healing of the trauma at any age, as supported by Marie France Forcier's work reported in 'Creating and Contextualising Trauma-Related Contemporary Choreography' in this volume. Marie France Forcier examines in detail how choreographed movement can both tell the story of trauma as well as heal those who experienced it, including the choreographer, the performers and the audience.

Addressing traumas as they have transpired and then manifested themselves is critical in progressing through traumatic emotional processing. Ultimately, how trauma manifests itself and how we choose to address these manifestation dictates the narrative of a life well-lived or a more difficult life fraught with emotional turmoil, crime and a looming potential of incarceration.

6 Conclusion

Mounting evidence exists that if foundational traumas are not addressed appropriately, they will continue to manifest themselves in various ways throughout the life of an individual. Further, as these traumas manifest, they beget additional traumatisations, which often results in self-harm, pernicious decisions, and/or choices leading to incarceration. Disregarded trauma can lead to personality or behavioural afflictions and mental illness. Trauma follows a continuum, even when properly addressed. Both society and the individual must work not only to become cognizant of this continuum but also to aid in breaking the cycle of trauma.

As you continue to read throughout this book, you will see that trauma appears in various forums, manifesting itself in various ways, including sound, dance, literature, spectacle as well as the recurrence of intimate and personal abuses. It progresses from an early foundational setting, manifests itself throughout the traumatised person's lifespan, and continues through to the final stages of death. Even when addressed, traumas linger, and without correct treatment they will continue to produce incongruous manifestations over one's lifetime. The following pages address the continuum of trauma – how it is exposed, acknowledged and ultimately reckoned with, evidencing the complex ways of perceiving and living with

trauma, as well as those of undergoing the impact of trauma and possibly healing from it.

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