

# **MORE THAN FIGHT AND FLIGHT**

## **Workshop ESTSS Conference Edinburgh May 2001**

### **Introduction**

I am very grateful to be able to be here in Scotland and present some of my ideas to you. This is my first time here, though I feel connected to Scotland through my wife who is half Scottish. Also as you will see, I am not a stranger to Europe myself.

The order of the workshop will be that first I will tell you a little about myself so you can know where I come from and how my ideas developed. We generally assess people's words in the context of the person saying them in order to know how much to believe. So I want you to have information about me as well as hear my words.

I must confess to another reason why I want to give you information about me. It is because I want to consciously engage your nonverbal emotional right hemispheric brains together with your logical verbal left brains. Both will be necessary to assimilate the ideas I will present. So please be ready for some hard work, but I can promise you it will be interesting and rewarding.

For instance, for the first time we will have words within a logical framework which will organise such things as emotions, traumas, anxieties, guilts, meanings self-images and even more. So I hope that you will feel with me the excitement of the results of my journey.

After I tell you where I come from I will describe a clinical case. The case will demonstrate how the current paradigm which includes PTSD is insufficient to conceptualize the consequences of stress and trauma. For instance, PTSD does not address the many emotions and moral issues evoked in traumatic situations. Through eight survival strategies, we will address such deficiencies. One of the challenges for you will be to empathize with a range of emotions and feelings as we put them into logical order.

After presenting the clinical case, I will introduce survival strategies and quickly overview them. Then I will show a video of the patient with inserts indicating the usefulness of survival strategies to organise what she says. Throughout I invite you to think of your own clinical cases. I have allotted 15 minutes for discussion and interchange, which can occur during my presentation.

Lastly in this introduction, I want to place the workshop itself in context. My ideas involve a mapping and translating of right hemispheric functions. The right brain is where early childhood and traumatic materials (and incidentally their opposite fulfilling ones) reside. I provide a map and a dictionary to locate and translate nonverbal right hemispheric phenomena into left brain verbal ones.

Very broadly, to do this I use two tools in what I call the wholist perspective [\*\*\*1]. One is survival strategies which provides the dictionary, and is the subject of our workshop. The other is a three dimensional framework through which survival strategies spread, and this provides an etymology of the words in the dictionary. Alternately, we may imagine traumatic responses to spread like ripples in a pond across three dimensions. I will allude to the three dimensional framework here but I will present it more fully in

the symposium, along with conceptualizations of treatment. Lastly, I will talk about right brain functions more fully in my keynote address on Tuesday.

You can read about all these ideas in my two books *From Survival to Fulfillment; A Framework for the Life-Trauma Dialectic* and *Trauma and Fulfillment Therapy; A Wholist Framework*. The video which you will see is also available both in VHS and CD ROM formats.

### **About Myself**

I was born to a loving middle class Jewish family in Slovakia in 1938. The Holocaust arrived in full force in 1942 and when I was four we crossed illegally to Budapest where we spent the war living as Christians. Because we were basically hiding, I was very restricted in play and other activities.

This had a number of effects. At an early age I was surrounded by trauma, but I also had much time to wonder about what was happening to me and why. This curiosity continued throughout my life and I had to cast a very wide net in my enquiries. My desire to understand and stop things like what happened to me happening to others led me into medicine and psychiatry. But no one discipline seemed to provide either my answers, or my patients'. Synthesis of disciplines such as a truly biopsychosocial outlook did help in my work, for instance as a liaison psychiatrist in emergency departments. For example, I found that many physical ailments were bound up with psychosocial factors.

In traumatology I researched war responses in the Israeli 6-Day War. I saw a complex traumatic syndrome which nobody acknowledged at the time, but which corresponded to other traumatic syndromes which I read about in earlier books on trauma.

The 1983 bushfires in Australia gave me the opportunity to see many early trauma responses in vivo. I saw survival guilt in its primitive instinctive form like I never believed could occur. I saw similar envy, greed, altruism, evolution of meanings. That is where a variety of survival strategies behind the very varied fluctuating and often opposite responses first presented itself to me.

Lastly my Holocaust experiences made it easier for me not to be too easily swayed by mainstream ideologies.

### **Clinical Case**

Now I want to present Joanne, to illustrate the challenge of very varied traumatic stress responses which we will find survival strategies help to place in a logical order.

Joanne presented as a 36 year old woman with depression, chest pains, and social withdrawal on the basis of her abusive marriage. Three months prior she had finally escaped from her husband to a women's refuge. She reported her husband to the police. He was jailed briefly and she returned home. Even though her husband stopped bothering her, she still described fears, terrors and panic attacks, and nightmares of her abuse. At other times she relived tension headaches as if her head might explode. At such times she immersed herself furiously in housework or resorted to alcohol. At other times she just collapsed and sank into despair. Generally she felt defeated by life. She still felt isolated, had nobody to talk to and felt abandoned by humanity. She could not look after her children who felt like a burden. She felt quite inadequate, a failure.

Her husband was a Vietnam veteran who was himself frightened and he relived the jungle at home. Joanne felt sorry for him and his suicidal tendencies and comforted

him as best she could. When he felt frightened that she would abandon him, he held a knife to her throat and threatened to kill her.

As she gained respect for herself with treatment, Joanne realized how ashamed she had felt, how her abuse had made her feel unworthy and how she had accused herself of her state of being.

She saw how her values and ideals had been shattered. In the women's refuge she realized that she was part of a bigger social problem.

Her other two sisters had also married abusive men. Mother, herself abused taught them all not to resist abuse. Joanne came to see the extent to which she had been abused, neglected, unloved, and unprotected. The realization made her very sad, but no longer despairing. Letting her wounds weep, she slowly came to see herself as lovable, and she regained her self-respect.

### **Conceptual challenges in the Clinical case**

On the one hand we could settle for Joanne suffering PTSD as a result of domestic abuse. This is a valid linear diagnosis. If we are to milk from it what we can, we may say that what Joanne relived and withdrew from (PTSD criteria 2 and 3) were the arousal in criterion 4 based on fight and flight phenomena relating to her abuse.

We could leave the diagnosis at this point, but with open minds let us look more closely at the clinical material.

First of all we may note that while in PTSD fight and flight phenomena are undifferentiated and fall under general arousal, clinically the two are quite different and opposite.

In Joanne's case flight manifestations pervaded her world. We saw them in her fears of being killed, terrors, panics from cues reminding her of her abuse, dreams and fantasies of attack. Fear made her surrender her morality, values, dignity, and what had been meaningful to her. In their different ways, terror of death also dominated her husband, her mother and her sisters.

Fight was a totally different survival strategy whose active expression was not available to Joanne. This was because had she fought her husband, he would have attacked her more fiercely still. Therefore fight arousal had to be suppressed or dissociated, represented only in fragments such as muscular tensions and explosive headaches or furious housework.

Fight was available to her husband. So when he felt threatened in his fantasies or by Joanne leaving him, he became enraged, hit her and threatened to kill her.

Looking more closely at fight and flight we see that each has a cognitive appraisal which evokes the survival strategy. The appraisals are, "To survive I must get away (or hide)." and "To survive I have to be rid of (fight) the enemy who wants to destroy me.". Further, both survival strategies have characteristic physical accompaniments, such as in fight chest pain and explosive headache, emotional accompaniments such as rage, and social expressions e.g., attack.

Each may be overt, or covert, potentially there or displaced (ie defended against).

Fight and flight may also be adaptive or maladaptive. So far we have concentrated on maladaptive responses. However, Joanne was able at last to flee to a women's refuge and there her flight was adaptive. She was able too, to fight her husband by proxy through the police. Here her fight was adaptive too.

*More than fight and flight*

But there is more than fight and flight phenomena in Joanne's responses.

Joanne was dominated intimidated and persecuted by her husband. She felt defeated and oppressed. In competition for power and resources, she was on the bottom of the pecking order. She was on the wrong side of the survival strategy of competition. When the scales changed much later, and Joanne was on top, she was exhilarated.

At times Joanne surrendered and literally rolled with the punches with her fate. When she saw how damaged her life was and how it would never get better she collapsed into depression and despair. When circumstances did change for the better she grieved her wounds. Grief and mourning are an adaptive survival strategy in that they were a bridge to a new life.

Joanne had felt isolated, abandoned, separated from humanity, helpless and no one to help her. Her attachment survival strategy was not working. However, when she sought help from the police and they helped, as did the women in the refuge, she did not feel isolated any more, but felt cared for. Her attachment survival strategy was working.

Joanne said that she could not care for her children who were in turn attached to her. They felt like a burden. Her caretaking / rescue survival strategy was strained. When she herself received care she was able to care for her children again, and to enjoy them.

Lastly during her hostage phase Joanne felt inadequate, a failure. She felt she could not achieve even basic goals, such as presenting nice food or the house looking neat. Her goal achievement / assertiveness survival strategy was not working.

We have now alluded to the eight survival strategies. In traumatic situations they are all active.

As a postscript, we noted how Joanne blamed herself for her predicaments, and was ashamed of herself. We will see that each survival strategy has its characteristic judgements.

In this clinical introduction I suggest that fight and flight are two of an octave of survival strategies. Let us now look at them in more detail.

## **THE EIGHT SURVIVAL STRATEGIES**

### **Context of Survival Strategies**

As I mentioned, survival strategies can be oriented on three dimensions. I explain these dimensions in greater detail in the coming symposium. [\*\*\*2txf] The first dimension is the parameter dimension which defines the parameters of the survival strategy. [\*\*\*3] Flight could be active in the individual Joanne, in her family, her husband's combat group, in early or late parts of the life cycle, or across the generations. Time wise it can occur within the traumatic event, soon after or after decades.

The second dimension is one of depth of human function levels [\*\*\*4} - i.e. levels of instincts, stress responses, moral judgements, values, dignity, meanings, identity, or spiritual level. The third dimension is the process dimension [\*\*\*5], i.e. the process between stressors and trauma and traumatic consequences.

What follows is description of survival strategies in individuals in acute phases, as stress responses to appraisals of survival needs. However, these responses ripple or ramify along each dimension mentioned [\*\*\*10].



## **The Nature of Survival Strategies**

It is time to define more clearly the nature of survival strategies. The basic features of survival strategies are the following [\*\*\*5]

1. They are evolutionary templates enhancing survival. We share them with animals and are present in humans at birth.
2. Their substrate is in the limbic system and the primitive cortex including the orbitofrontal cortex. Neural connections are facilitated by neurotransmitters and neuromodulators such as noradrenaline, cortisone, glutamate, serotonin, and endorphins.
3. They are inextricably biopsychosocial in function.
4. Their activity may be adaptive or maladaptive (which includes insufficient) for the situation. Adaptive responses are fulfilling. Maladaptive lead to stress, trauma and illness. [\*\*\*6].
5. They are finite in number but almost infinite in combinations.
6. They evoke, complement or antagonize others' survival strategies in a reciprocal manner.
7. They have intimate connections with more primitive body functions and they ramify into higher mental functions.

Survival strategies may be conceived as eight basic notes. We derive from them and their overtones and harmonics the very varied symphonies of traumatic stress and fulfillment. Overtone in this case are the notes' biological psychological and social facets, and harmonics are manifestations at different human function levels.

Another way to look at survival strategies is to see traumatic stress as a tapestry. The threads which hold the tapestry together are adaptive, the ones that are straining are insufficient and stressed and those which have broken are traumatized. Threads have eight colours representing eight survival strategies, and each colour has three shades - biological, psychological and social. Instead of threads in a tapestry the colours and shades may be seen as a web of light bulbs akin to a constellation of stars. Absent colours represent defensive black holes of high energy which like supernovas can burst into new stars with dominant light.

It may be seen that a condensed view with one fight and flight survival strategy allows linear left brain concepts such as PTSD. Multiple survival strategies with adaptive and maladaptive biological, psychological and social facets across three dimensions require nonlinear pictorial, quantum and chaos like right brain descriptions. Like nonlinear physics nonlinear trauma concepts are scientifically valid.

### **THE EIGHT SURVIVAL STRATEGIES**

The survival strategies which I will present are distilled from ethology, anthropology, evolutionary theory, physiology, and traumatology. None will seem strange to you, though you may not have thought of some of them as survival strategies.

This may be because survival strategies have been portrayed as self-serving, advantageous to the fittest individuals. But actually they serve evolutionary communities and sometimes it is the fittest individuals who sacrifice themselves for such communities. Such rescue operations are therefore valid survival strategies. This explains the imperative drive to rescue and help in disasters, and why conscience is so severe when one fails to do so.

I will now briefly describe four pairs of complementary survival strategies. As I warned, this will require you to move quickly from one set of cognitions and emotions to another. We will take a rest after the fourth strategy.

### **Fight [+++1]**

Darwin described rage and postures indicating fearless readiness to fight as a basic means of survival. The fighting attitude was meant to frighten and deter enemies, to maintain one's patch.

The hot or defensive anger as the rage is also called, is accompanied as Cannon described, by intense arousal of the sympathetic nervous system. Features are raised blood pressure, increased pulse rate, and readiness of muscles to attack such as clenching of fists.

Fight postures are evoked if one is threatened, or if someone else is from one's family or community. If someone is wounded or killed, revenge is the next escalating step. Revenge is still meant to deter and is part of adaptive fight.

It is only when these measures fail and one appraises that one needs to kill to not be killed, that attack with hatred results. When the appraised enemies are in fact innocent, atrocities occur. Joanne's husband was murderously angry with the enemy who killed his comrades. Scapegoating his wife was maladaptive.

### **Flight [+++2]**

Fight and flight may alternate, and evoke each other in opposing parties. Flight is another strategy Darwin described and again Cannon associated it with sympathetic

nervous system activity. Yehuda highlighted decreased cortisol production as its feature within PTSD. In adaptive flight fear motivates a judicious retreat.

The inability to escape, being trapped and about to be engulfed, is the stuff of human nightmares. Joanne experienced this in relation to her husband.

### **Attachment [+++3]**

While precursors of fight and flight are found even in engulfment and withdrawal activities of unicellular organisms, attachment evolved only in the post-reptilian world. The separation cry is ubiquitous in mammals and is the first mammalian vocal communication. It as maladaptive attachment are mediated by low endorphin levels and can be appeased by opiates.

Attachment was described by Bowlby and is the survival strategy used by infants and the weak who attach to the strong in order to survive. In adaptive attachment the individual feels relief, security, bonding, being held and nurtured. When this fails, feelings of separation and abandonment, helplessness, rejection, supervene. A tearing unrequited empty yearning in the chest is one of the most painful feelings humans have to endure.

### **Caretaking, Rescue [+++4]**

Like fight and flight are complementary strategies, so are attachment and rescue or caretaking. Rescue indicates extricating and protecting another from peril, while caretaking is nurturing them and preserving them after rescue.

Rescuers feel a bonding which is reciprocal to the attachment bond. Caretaking gives great pleasure. Like breast feeding it comes from the chest which feels like wanting to give, and from arms which want to hold.

When caretaking fails, providers such as therapists can feel burdened, irritable, and rejecting. They may come to suffer burn-out, compassion fatigue, and anguish for causing suffering and death to those for whom they are responsible.

So let us have a minute's rest now, move about, and be ready for the other four survival strategies.

### **Goal achievement, Assertiveness [+++5]**

Joanne felt herself to be a failure because she could not achieve her basic goals. In nature hunting, foraging and building shelters are basic goals supported by an assertive sense of control and potency in the environment. In civilization work and at times combat when it is just an essential job to be done, enhance these basic goals.

Inability to achieve goals and success leads to frustration, a sense of loss of control, impotence, powerlessness inadequacy and failure.

### **Goal surrender; Adaptation; Grief;[+++6]**

Sometimes, when a battle is lost or someone dies, the best strategy may be surrender of prior goals, rolling and adpting to the punches, and acknowledging loss. Selye dominated the stress field for decades and espoused adaptation as *the* strategy, like fight and flight are espoused today. In trauma work it is generally acknowledged that grieving is a necessary part of adaptation. It heals a mental wrench or wound, as it did with Joanne. Mourning establishes bridges to new hopes.

In adaptation and grief the parasympathetic nervous system is active. Heart rate and blood pressure fall, tiredness and dizziness prevail, cortisol is elevated and the immune system is depressed.

These manifestations are more intense when in the context of hopelessness about the future grief does not occur. Instead, as with Joanne, depression and despair supervene.

### **Competition; Struggle [+++7]**

The emphasis on survival of the fittest has waned in evolutionary theory following its misuse by racists and Nazis. They misinterpreted Darwin intimating that superior races (ie their own) were destined to dominate inferior races which in turn were destined to die out. In fact Darwin saw fitness in terms of the capacity to use all survival strategies, including cooperation.

Nevertheless when resources are scarce, competition does emerge as a survival strategy. But in its adaptive form it is not the popular image of dog eat dog. All social species have hierarchies which like barnyard pecking orders ensure that energy is actually not wasted on struggles of all against all. Certainly the dominants do receive privileges of greater resources, but even the weakest get usually enough to survive. If not, for the good of the group the weakest die and the fittest reproduce.

In humans high hierarchical status is associated with power and wealth but in return the powerful must make sure that all can achieve basic life goals. Then everyone can feel secure in their place.

Hierarchical status correlates closely with testosterone levels. Sex hormones are significant in female hierarchies too.

When resources are very scarce or the dominant become greedy, venal and corrupt, power struggles may ensue. Robbery and revolt, scrambling and struggle may become rampant and the Hobbesian vision of all struggling against all may occur.

Defeat is associated with low testosterone, and high corticosterone and endorphin levels. The latter are involved in what is called defeat analgesia. This state may lead to spirals of defeat.

Joanne felt oppressed, defeated and submissive. This we saw is not the same as depression, though it may be associated with it and confused with it.

### **Cooperation; Love [+++8]**

Cooperation is another very early evolutionary trait. Trivers noted that reciprocal contributions and giving, called reciprocal altruism help survival of the involved parties.

Unselfish cooperation has been described in the London blitz, and amazes observers in post-disaster euphorias. In such situations people feel mutual concern and trust, and they give and take freely. The feeling of love which develops acts as a social glue and manifests as high morale.

In maladaptive states one party uses the cooperative feelings of the other to cheat and exploit. The conned party feels betrayed exploited and abused. Abuse may take on particularly perverse forms. For instance, power, lies and blaming judgements may abet exploitation and abuse when the abused party is in a weak or dependent state. For example, Joanna felt herself to blame for what was happening to her. Similarly, sexually abused children may feel that the abuse is their fault.

We briefly overviewed the eight survival strategies. We deserve a break now, something like going to the pictures. Well, we'll go on to the video of Joanne. The inserts you will see will indicate which survival strategies she is expressing at any one time. This will help to orientate and place her experiences in meaningful diagnostic contexts.

The person in the video is not Joanna but an actor who met Joanna. Both Joanna and I think the actor captured Joanna very well. Joanna wants this film to be shown professionally because she believes it may help treatment of other people like herself.

## **VIDEO**

### **USES OF SURVIVAL STRATEGIES [\*\*\*7]**

#### **1. Making Sense of Traumatic Stress Manifestations**

Eight survival strategies expand exponentially from the single note of PTSD, our ability to view traumatic stress manifestations. Rather than a single note, we can discern and make sense of a whole symphony and any of the many notes within it.

So any particular manifestation may be oriented in the symphony or the tapestry or web of light bulbs and its significance can be read. It is as if we held a dictionary to right hemisphere experience with a left hemisphere word to explain it.

For instance, when Joanne transmitted her expression of terror, we find terror in flight and can trace it back to being trapped, threatened in a situation from which she could not escape. Thus the experience or symptom of terror can be denoted in a word which has a likely etymology. The word is then an objective symbol which can be manipulated, not just experienced. Similarly Joanne's experience of abandonment can be located in maladaptive and traumatic aspects of attachment. It can be traced back to a



state where looking for help from an attachment figure was not met with a suitable response. Survival strategies then translate experiences into words and contextual sense.

What can be done for emotions may also be done for physical experiences. Many physical sensations also have typical places and colours. For instance, explosive headache associated with severe muscular tension suggests fight, and a history of rage against attack on oneself. Similarly an oppressive feeling in the chest may signify oppression and defeat indicating a history of having been dominated. An open mind to all survival strategy possibilities, can help to verbalise and make sense of a wide variety of feelings and bodily sensations. Questions which may help to hone sensations and feelings are “When do you get this feeling?” “When did you first have it?” “What comes to mind when you want to describe this feeling?” “Of all the things in the world what could produce such a feeling?” Without survival strategies helpers often mould manifestations into Procrustean bed diagnoses such as migraine and depression.

## **2. Biopsychosocial View**

Concurrent biological emotional and social aspects of survival strategies reopen psychosomatic medicine in a new biopsychosocial way.

For instance, when we note explosive anger (which is an emotion), we will fruitfully check out its physical and social overtones or shades as well. This will involve checking for high blood pressure and other sympathetic nervous system symptoms (physical accompaniments) and violent tendencies (social facets). Similarly oppressed and defeated feelings may be associated with raised cortisol and decreased immune system levels, and social actions which repeat cycles of defeat. In psychotherapy this may reflect in submissiveness as well as an expectation that therapy will fail.

### **3. Comorbid Diagnoses**

The multiplicity of concurrent and fluctuating symptoms and disorders consequent to traumatic stress can be explained by the ripple effects from traumatic situations in many directions. It explains why when a biological, psychological or social symptom is resolved other biological, psychological or social symptoms may emerge. It explains why some therapists are satisfied when a symptom disappears but others question an overall cure.

### **4. Survival and Fulfillment**

Survival strategies orientate positive adaptive as well as stressed and traumatic responses. Different therapies concentrate on one or other side of the equation, but both adaptive and maladaptive responses must be recognized, understood and digested. Adaptive responses occur not only when dealing with traumatic stress but also in the normal challenges of actualization at different human function levels.

Therapy does not only resolve maladaptive and traumatic responses, but it also helps people to learn about their adaptive alternatives. Therefore therapy includes fulfillment as well as trauma therapy. After all, without fulfillment of life survival is meaningless.

### **5. Categorization of Adaptive and Maladaptive Stress Responses**

Adaptive maladaptive and traumatic responses describe respectively the happinesses and dreams, the stresses strains and unhappinesses, and the nightmares of humans. If we look at our table, the left hand side describes different human pleasures and the right side human unpleasures pains and catastrophes. Survival strategies allow us

to categorize the happinesses, unhappinesses and catastrophes according to their biological, psychological and social facets. This allows us for the first time to have a logical taxonomy of such aspects of life.

Let us look at emotions.

Let us look at traumas.

Let us look at biological responses and implications for various disorders.

## **6. Taxonomies of Higher Human Functions**

Let us recall the place of survival strategies in the scheme of things [\*\*\*2]. We remember that they are at the level of stress responses. But feedback on the appropriateness of survival strategies and their components occurs almost immediately through judgements of virtue and guilt, esteem and shame and justice and injustice. Each when applied to each survival strategy has specific feelings, social drives and no doubt biological associations. Each of these can be categorized. And so for the first time we have taxonomies with innate logical sense for moral judgements. For instance, in the table we see under Judgements columns different esteems on the left, and shames on the right.

We can do the same for virtue and guilt [\*\*\*8].

We can do the at more complex levels such as views of one's identity [\*\*\*9] and even the sacred [\*\*\*10].

## **7. Implications for Linguistics**

The Table acts as a grid and it can be racked up a notch for each human function level. Each square in each grid at whichever level refers to an experience which can be

denoted by a word. Our language lags behind what the tables already know. This resembles the periodic table in chemistry where most squares were filled with known elements but some squares had no discovered elements to fill them, even though their properties had been surmised. The elements were subsequently discovered and they filled in the squares already reserved for them.

Similarly, we know for instance if we look at guilts across survival strategies, that the guilt for allowing someone to die is different to the guilt of disobedience or that of not reciprocating a favour. But we have not yet discovered the subtleties of these different experiences nor found words for many of them. Survival strategies can refine knowledge of our feelings and propel us to give them correct labels or new words. Thus survival strategies can help to recognize, specify and categorize experiences, find words for them, and in the process hone and enrich our language.

## **8. Implications for Philosophy**

Within traumatology survival strategies have greatly expanded criterion 4 of PTSD, i.e. what is relived and avoided. They have also made more sense of comorbid diagnoses. They have made DSM and its medical equivalent more logical and cohesive.

More broadly survival strategies contribute to understanding morality, ideals, values, and the spiritual. We can help to explain the evolutionary usefulness and naturalness of morals and spirituality, and to understand their distortions.

The science of traumatology can confirm that there is no devil or innate evil, nor a God who tests our moral fibre for some divine sport. There is trauma though which creates devils. Previous philosophical answers such as religions and ideologies can

themselves be analyzed and to be seen as partial answers to specific survival and fulfillment needs.

In the life-trauma dialectic the purpose of life is to survive in order to fulfill our potentials according to our life cycles, and to help others do the same. If this life path is disrupted we are unhappy, stressed, traumatized and ill. If we achieve each survival strategy potential, we are happy and ready to fulfill them at ever higher levels of our function.

This outlook does not detract from human poignancy by giving our humanity words and structure. Rather, it inspires awe and expands our view of the beauty of the universe. We come closer to understanding ourselves. We control our fates more. That is a good antidote to trauma.

## **CONCLUSION**

Survival strategies provide us with a meaningful structure of survival and fulfillment. Trauma rips through the tapestry of life. Survival strategies allow us to understand which fibres are affected where, and how to reconnect them to regain a coherent picture of life.