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Trauma Accommodation and Anniversary Reactions in Children

Anait Azarian, Ph.D., Thomas W. Miller, Ph.D., Lori L. McKinsey, Psy.D., Vitali Skriptchenko-Gregorian, Ph.D., and Jaye Bilyeu M.S. (Cand)

Anniversary reactions in traumatized children have been well recognized in the literature. Examined herein are temporal issues in the mourning process often realized by traumatized children. The case study of Laura is presented as a clinical illustration of problems in trauma accommodation that include anniversary reactions in children. Anniversary reactions in children are more common than is generally recognized in clinical practice. Such reactions are more likely to be found among children who exhibit persistent, repetitive, but insufficient efforts of trauma mastery through their incomplete grief and inadequate mourning process. Clinical issues are discussed.

KEY WORDS: anniversary; reactions; children.

INTRODUCTION

The impact of traumatization is often triggered by an anniversary reaction (AR). Such reactions may be defined as psychological and/or physiological reactions which occur subsequent to a major traumatic event in the individual's life. Freud (1895) provided the first clinical description of an AR in a woman who re-experienced "vivid visual reproduction and expression of feelings" on the exact dates of her various past catastrophes. Freud (1920) began to explore the concept of repetition compulsion, which he described as efforts made by a person to handle a past trauma which had not been mastered when it originally occurred. More recently, Dlin and Fisher (1979) noted that the AR phenomenon links Freud's repetition compulsion and Pavlov's conditioned reflex response. It is the purpose of this discussion is to address the syptoms and processing of anniversary reactions in traumatized children.

Address correspondence to Dr. Thomas W. Miller, Professor of Education and Psychology, University of Kentucky Medical School and Murray State University, Murray, Kentucky 42071.

The systematic study of an AR began with Hilgard (1953). He argued that patients developed temporal identifications with a lost parent or a sibling, and that the onset of an AR in these patients coincided with the time of death of the significant others. These identifications, which resulted in eruptions of repressed, unresolved conflicts associated with the lost objects, were observed as serious psychological and psychosomatic manifestations.

Pollock (1970) reports that such reactions may be the result of incomplete or abnormal mourning following a severe trauma in childhood. The anniversary date is an effective trigger which facilitates discharge of the individual's unresolved issues related to his/her cumulative psychic injury. Pollock (1971) has described cases in which an AR was triggered in his traumatized patients in coincidence with a particular, emotionally arousing year, month, and even hour. He noted that proper resolution of emerged trauma-related issues can occur, and that positive outcomes can be achieved through therapy intervention.

Cavenar and colleagues (1977; 1978) provided clinical descriptions of patients suffering from an AR who presented various psychological and physical complaints such as: Bipolar disorder, ulcer disease, back pain, visceral cardiac reaction, and psychogenic headache. These researchers concluded that an AR is much more common in medical practice than is generally recognized. Often, the reactions appear to be the result of a person's striving to complete the mourning process, by unconsciously experiencing the loss. The time-interval from the loss to the corresponding AR varied from 1 year to 42 years.

The increase in family and community violence and the severity of the related trauma makes the study of an AR urgent. Because children who experience an AR will likely experience a long period of time without appropriate treatment, it is imperative that clinicians become aware of this temporal phenomenon in children. The purpose of this paper is to call attention to the symptoms of an AR in traumatized children.

Temporal Issues in Childrens' Mourning

Contrary to the comparatively extensive clinical literature devoted to AR in adults, there is a dearth of studies assessing AR in children. Early investigations of AR in children (Haesler, 1986; Hilgard, 1969) revealed the case of an 11-year-old girl who became mute, motionless, and stopped eating when she reached the age at which her sister had died. Initially she had been diagnosed as suffering from a degenerative neurological disease. However, when she was treated primarily for trauma rather than symptoms, she began to eat, talk, and walk.

The clinical significance of considering the possibility of AR in children as temporal manifestations of repetitive, insufficient attempts of trauma-mastering has been pointed out (Azarian, Skriptchenko-Gregorian, Miller & Kraus, 1997).

The authors have examined a clinical case of the impact of the AR of a five-year-old boy, who witnessed fierce fights between his parents with a suicide of the father. Inability to derive any meaning from the traumatic event, unresolved conflict with the survived mother, an intense sense of guilt, and difficulty in self-identification were explored as major contributors to the developing of an AR in this child.

Wolfenstein (1966) and Nagera (1970) suggest that mourning becomes possible only with the resolution of adolescence, when detachment from parents occurs. However, R. Furman (1964) points out that even a three to four year old child is capable of mourning. Also, E. Furman (1974) and Bowlby (1980) note that children are capable of experiencing and expressing their grief reactions at a very young age, even if such expressions are nonverbal.

Children and even adolescents are unable to effectively work through the trauma and express grief in the appropriate time. Often their mourning process is disorganized, incomplete, and inadequate. However, in terms of potentially for an AR, it is important that children have the ability to manifest their unconscious guilt, shame, anger, misidentifications, frustration, and unusual behaviors.

Freud (1916) considered the unconscious sense of guilt the most powerful motivating force in the mourning process. A sense of guilt was found to be the most frequent precipitating factor of an AR in adult patients (Pollock, 1970; Mintz, 1971; Cavenar, Nash, Maltbie., 1977). Children also experience deep guilt after a major trauma. Winnicott wrote that "the healthy child has a personal source of the sense of guilt and need not be taught to feel guilty" (1954, p. 270). Siggins (1966) considers guilt and self-reproach behavior as important markers of an abnormal mourning process of a child. Benedek (1975) noted that guilt is not necessarily the consequence of actual wrongdoing; it more often originates in the child's unconscious as a response to repressed conflict.

Traumatized children frequently develop strong guilt feelings (Freud & Burlingham, 1973; Pynoos, Frederick, Nader, Arroyo, Steiberg, Nunez and Fairbanks., 1987). Thus, six months after the 1988 earthquake in Armenia, 31 percent of the children who were evaluated to have PTSD symptoms had guilty feelings (Azarian, Skriptchenko-Gregorain, Miller, Kraus., 1994). In many of these children, guilty feelings and self-blaming were related to unresolved conflicts with their deceased parents. The feelings arose from the childrens' pathological mourning following the disaster.

It is also well known that children easily identify themselves with deceased siblings. Clinical data indicates that this identification may even be stronger if the sibling was lost in a traumatic manner and is insufficiently mourned by the parents (Haesler, 1986). Cain and Cain (1964) and Cain, Fast, and Erikson (1964) emphasized the important activating and distorting roles that guilt plays in young children after the death of their siblings. Along with self-accusations, depressive withdrawal, punishment-seeking, and accident-prone behavior, these children are likely to develop "anniversary" identifications with a lost sibling. They often

identify with the dead sibling or the traumatized parents. Such intense identifications may lead to an AR. Thus, Davidson (1980) noted that the children of concentration camp survivors tended to be referred for psychiatric counseling, because of their deterioration during their childhood or adolescence years. This often coincided with the age of their parents at the time of their concentration camp confinement.

Long-term social history of humankind has chronicled a great variety of time-linked rituals. These ceremonies of magic allow a re-experiencing, re-grieving, and re-mourning of significant tragic events or personal traumatic losses. These timely scheduled ceremonies reflect the changing emotional state of the mourners and help them periodically express their transforming feelings to better cope with the trauma consequences. As Ecclesiastes (3:1,4) put it "To every thing there is a season.... A time to weep and a time to laugh; a time to mourn, and a time to dance." In adult society, the link between the past and present is frequently made through social ceremonies and commemorations. These common enactments make it easier and more acceptable for adults to mourn losses in proper time openly, with the help of others. The occurrence of repetitive, publicly recognized mournings, indicates that people feel the need to bring some order and to take control over it.

Children are usually deprived of such opportunities to establish links between current reactions and past traumatic events. They do not generally receive competent mourning guidance from caring adults. Children lack the analyzing and verbalization skills to clarify their posttraumatic problems and needs. However, their disturbed feelings and emotions are still present and can consequently become manifest. Their conflicts and frustrations remain unsolved and need to be dealth with. Profound traumatic experiences may "sleep" (Greenacre, 1967) in a child, but these unclaimed and unmastered trauma issues make the child persistently vulnerable to identical or similar situations of the original trauma. Childrens' unconscious, but powerful inner forces (particularly guilt and identification with an important person) will seek an appropriate moment to surface unresolved trauma-related issues. An anniversary date of the trauma may trigger an unexpected eruption of deeply hidden conflicts and ambivalences. Trauma anniversaries or "anniversary constellations" (Haesler, 1986) that one naturally linked to the traumatic circumstances and to the traumatized child may facilitate awakening and eruption of the child's inquiries about his trauma. Through these time-cued reactions, the child will attempt to handle and overcome the impact of the trauma he or she has experienced. If such attempts at mastery are unsuccessful and unidentified, psychological and/or physiological reactions will likely continue to occur at other anniversaries of the experienced trauma, causing periodic deterioration of the child's mental and physical health.

In this context, the Mintz (1971) concept of the individual's sense of time gains a significant importance. Mintz categorized two types of AR's focusing on

the individual's sense of time. In the first type, the patient is consciously aware of the "trauma time" and the "current time". Such conscious remembrance helps trigger unconscious inner conflicts and, in this way, results in an AR of different symptomatology. There is no conscious awareness in the second type of AR. Mintz offers the idea that the second type of AR is precipitated by the patient's unconscious sense of time.

In the case of the first type of AR, conscious awareness of trauma time and current time coincide. This requires an objective adaptation of past and present periods of time. It can be done through using an external clock measuring observable temporal changes and counting them in corresponding common units such as hours, days, months, or years. The conscious time symbol or the recognized specific date, for example, an anniversary of a traumatic loss, may serve as a strong psychic stimulus and reawaken unsolved conflict. In the second type of AR, however, there is no conscious response to such an objective external clock. An individual's response to the unconscious sense of time implies an operation of a personal, subjective clock, or so-called "inner clock".

It has been shown that people measure time not only through using observable markers in nature (planet movement or seasonal changes) or their own physiology (periodicity of sleep, activity, or feeding and digesting), but also through the subtle changes in more delicate structures of the brain and the CNS (for "biological" or "chemical" clocks see, Hoagland, 1933; Cohen, 1967). The individual's inner clock related to the second type of AR, may reflect the ego's changes in dealing with the trauma issues as well as changes in the traumatic content itself. These are not observable otherwise because of temporal repression in the individual's unconscious. These changes are a result of the person's repetitive efforts to overcome trauma consequences. Such persistent attempts of trauma mastering may lead to sudden, uncontrollable AR, responses typically resulting in more severe symptomatology of the unaware patients.

At this point, it is necessary to note that children's sense of time is very idiosyncratic and personal, not objective (Bonaparte, 1940; Fraser, 1966). Children measure time on the basis of work accomplished or the distance covered (Piaget, 1969), or in terms of the efforts they spent (Fraisse, 1963). Therefore, they subjectively register time. Children are very likely to interpret time, especially trauma-related time, in personal conversions and codes.

Terr (1983) identified various types of time distortions employed by child trauma victims. One such time distortion is the formation of omens, also referred to as retrospective presifting. When disturbed children cannot control their present state they create an opportunity to control their past by reverting to pre-trauma time, where they can view symbolic omens as retrospective warning signs. This late sense of foreknowledge of the traumatic event gives children an age appropriate understanding of the trauma and ties present with past. Reversing temporal events and gaining some power over when and what happened is a subjective

way that children manage the flood of posttraumatic feelings. This and other time distortions indicate that traumatized children, in their efforts to cope with trauma consequences, may unconsciously react by turning time back, shortening or prolonging it, and/or skewing time to their particular need (i.e., feel and behave in response to subjective, trauma-related inner-clock).

Child victims of trauma have a personal management of time, found in clinical studies (Terr, 1983), which suggest that children are more likely to experience an AR of "the second type" (Mintz, 1971). This results in sudden, intense emotional breakdowns and behavioral disturbances.

Traumatized children, in their immature and unmastered mourning process, can manifest an AR in their effort to resolve posttraumatic conflicts. These socially and temporally unorganized efforts are likely to be unexpectedly triggered on an anniversary of a traumatic event by the inner trauma-related clock.

CLINICAL CASE STUDY

Trauma and Mourning

Laura was a 6-year-old girl when she first presented for therapy with her mother. At that time, she resided with her mother, two brothers (age 8 and 11) and maternal grandmother. Laura's father had been killed in a gang war about two years previously in a large city of Pennsylvania. Soon after his tragic death, the family relocated to a smaller town in New England.

Laura was brought for evaluation due to serious behavioral problems both at school and home. Laura was aggressive toward everyone around her. She exhibited spitting and biting behaviors towards peers at school. Laura's brothers were fearful of her, due to her unpredictable and violent acts. Laura also evidenced nocturnal enuresis almost nightly, and she experienced severe nightmares, often awakening while screaming with terror but unable to explain the reason. During particularly restless nights, Laura was able to sleep only 3–4 hours. Her mother reported that Laura sometimes became very anxious and agitated, "checking all around, but too distrustful to share her worries with the mother." At other times, she was depressed, sad, withdrawn, and "could cry without reason for hours". However, her mother acknowledged that she had little time to spend with Laura due to the numerous problems associated with the family's relocation.

The goal of therapy was to decrease Laura's aggressive behavior and depressive symptomatology, which were believed to be related to the traumatic loss of her father.

At the first individual therapy session, Laura verbalized her great admiration of her handsome and strong father. She was very angry that since his "disappearance", her maternal grandmother prohibited her from looking at photographs of him or talking about him in the home. If Laura failed to follow these rules, established by

the family's adults in "the best interests of the children", she was punished. During therapy, however, Laura was encouraged to ventilate posttraumatic feelings and express grief reactions.

The most striking feature of Laura's verbalizations about her father was her consistent references to him as if he were not dead, but just on a long business trip or vacation. She stated: "When he (father) returns home we will go..." or "My father will come home tomorrow", and so on. After careful questioning, it became clear that she did not fully comprehend what had happened to him. There had not been a traditional funeral ceremony held in the U.S.; instead, relatives sent the father's body to his native country in Central America for burial. There had been only a small farewell gathering in a paternal relative's home in Pennsylvania. Here Laura became confused and fearful of the women's noisy laments and strange affectations. When Laura asked her grandmother about her father, the old woman groaned that God took her father to heaven.

Shortly after that event, Laura began to experience profound sadness and anger. Her anger resulted in numerous aggressive acts. Laura became jealous of other children who had fathers. She stated that she hated them, and she spat at and bit them. Laura was angry with her brothers, who appeared not to care so much about their father's absence. She was also angry with her mother and grandmother, who did not allow her to "even talk about Daddy". Laura became distrustful of all people and increasingly self-isolated in school and at home. Laura also described feelings of shame and guilt regarding not having a father, when she was among children who did have one. She frequently thought that her father left the family because she was bad, so bad that "nobody would love her ever". At the same time, Laura felt guilty about being ashamed of her father who left. She was often preoccupied with the idea that she "lost time" (i.e., did not say to her father before his departure how much she loved him). Otherwise, he would not have gone away, she explained.

During the course of therapy, art work and play activity were used to facilitate Laura's verbalization of her scattered, incoherent dreams. Gradually, she became able to identify and describe the tormenting images. The most persistent was an image of a blazing fire, "a fire monster" or "a fire-like monsterbird". In her dreams, Laura is standing in a closed room with no way out. Then, she realizes that her father is in the same room, but he is unable to help her. Although Laura already knows what is going to happen, it comes suddenly, always unexpectedly. A fire-like girl emerges in the room and overtakes Laura and her father, engulfing them and lifting somewhere with terrorizing, "real, real fast" acceleration.

Anniversary Reactions

After several individual and family therapy sessions, Laura's psychological state improved and stabilized. The frequency of fights between Laura and her brothers decreased from daily to two–three times per week. Laura was able to

better control her irritability and anger and therefore was able to follow general school rules and communicate with peers in a more appropriate manner. Laura began to address important questions about the loss of her father and verbally express her irrational feelings of anger and shame.

Then, suddenly, Laura's behavior markedly deteriorated. She became extremely agitated, unreasonable, irritable, and aggressive. One day at school, she attacked, one by one, a few female peers. At home, she persistently chased and mercilessly beat her brother, who was two years older than her. She refused to discuss her actions with her mother or grandmother. Instead, she yelled at and insulted them. She demanded that her father return, breaking into tears and hysterical convulsions.

Such furious and outrageous states continued for several days with the same intensity. When Laura made threats to kill her brother, she was rushed to the hospital for an emergency consultation. Interestingly, Laura came to the hospital holding a photo of her father, which she had recently managed to find in a secret place. It had been hidden out of her sight by her grandmother. Due to the severity of Laura's reactions, her mother was questioned about a possible coincidence of the time of her husband's death and the time of her daughter's current psychological collapse. Mother acknowledged that Laura's current breakdown coincided exactly with the day, two years ago, when she saw her father's body in the coffin at the farewell gathering and was told that God took him away. The mother recalled that soon after the father's death, Laura also exhibited a similar state of agitation and anger, but with less intensity and general endurance.

Discussion

For every survivor of the same trauma, its impact is unique due to his/her age, personality, and past experience. The death of Laura's father was a traumatic event for all members of the family. However, the adults and children experienced the loss differently, as did Laura and her two brothers. As Anna Freud notes: "traumatic events should not be taken at their face value, but should be translated into their specific meaning for the given child" (1965, p. 139).

Laura, a very sensitive child, the youngest in the family and the only girl among three siblings, had a particularly strong emotional bond with her father. She admired his strength and handsome appearance. He was her superman and tended to spoil her. Then, suddenly she saw him in a coffin, motionless and helpless. She wondered what had happened to him, but was not allowed to approach him and ask. Some strange, frightening women occupied the space around him. Her mother cried and did not speak to her. Laura heard others whisper "some guys opened *fire* at him, and they *fired* seven shots at him." But grandmother did not mention the "fire", she simply said that God took him to heaven. Laura was totally confused and

wondered if her father would return home. She was four years old, a stage during which children associate death with sleep or a trip from which one can return (Nagy, 1948). But her father had not returned, and shortly thereafter, Laura began exhibiting hopelessness and became anxious and worried, persistently checking for her lost father. Somehow, others were able to process, or digest (Musaph, 1973) the trauma better than Laura, who was incapable of mastering adequately her personal traumatic experience. The others' coping progress irritated Laura and created feelings of distrust and anger, which resulted in her aggressive behavior. Moreover, nobody in the family helped her to grasp the basic meaning of the event and find some security and relief.

Thus, Laura not only experienced the loss of her father in a more profound way than other family members, but she also had been left to believe that his departure was not final and irreversible. She distanced herself from the loss of her father and had difficulty linking the past with the present. For two years she remained in a painful, ambivalent state, during which she could not detach herself from her father's image as a living person. She became exhausted waiting for his return. Such an abnormal situation also resulted in Laura's inability to make necessary reattachments to other important figures. These issues constituted the core of Laura's inner unresolved conflict, which created a very slow, agonizing process of mourning.

Laura manifested signs of mourning such as emotion-colored memories of her father and intense feelings of pain, sadness, and helplessness. These emotional memories and feelings are also essential for adults' mourning. However, bereaving adults and children differ greatly in the progress they make through the mourning period. Adults make more rapid progress because they work through the loss by talking and gaining understanding, while children mourn primarily through feeling and behaving. For example, Laura began to feel guilty due to the loss of her father. This meant that she could not stay in a helpless, indifferent state, but that she tried to work through the trauma by reflecting on possible predictions and preventions. Laura began to think that if she would have behaved better or would have told her father how much she loved him, he would not have left her. By promising to be good, she sent him a message to come back. It was a childish attempt to link the past and present time. Although such magical methods of trauma mastery are not effective, they manifest the presence of some attempt, though unconscious, of trauma work.

Laura's unconscious trauma work was also manifested through nightmares and dreams of the "fire monster". In dreams of young children, encountering a monster suggests (Beaudet, 1990) that their unconscious work is "goal-oriented", and not simply a preoccupation with images related to their past traumas. Laura's monster represents her conscious elaborated image of the paternal loss, or, the manifestation of how her unconscious assembles various traumatic messages in an attempt to structure and "digest" the chaotic input. The results of such uncontrollable

work broke through during Laura's sleep and frightened her. Gradually, with the help of the therapist, she began to retrieve this emerging image into visual and verbal forms she has "fire", "fire-monster", "fire-like monsterbird", and "she and father encountering the monster". How creatively, deeply, and with great symbolic power, this image has been worked out! Monstrous fire as a symbol of death ("bad guys opened fire...") and rising (God took him to the heaven, God could let him back), and the fire-bird as a symbol of resurrection and recovery. Also, Laura's post-traumatic identification with her beloved father was manifested in her description of their joint encounter with the monster.

Children have been noted to be more vulnerable to compulsive posttraumatic repetition than adults (van der Kolk, 1989). They are very liable to experience a spectrum of unconscious stimuli "vaguely reminiscent of the trauma" as a return of the past trauma itself, and to react accordingly. In actuality, such repetitions, instead of helping to gain mastery over the trauma, cause new suffering for the children. As a result, they usually move slowly through the mourning process and often regress to previous states. Thus, during two years after the loss of her father, Laura persistently manifested signs of unconscious attempts to process the trauma. An unconsciously developed sense of guilt and an identification with her father strongly motivated Laura to continue her efforts to cope with his death. But both Laura's internal and external resources were inadequate to complete the mourning process. Her immature magical connection of the painful present state with the past, pre-trauma time, did not help in deriving a meaning of the event and its outcomes. She could not complete the process of letting go of her father, nor could her immediate family members provide the social support necessary for a sense of security, meaning, and control. The repressed, but disturbing trauma images had not been incorporated and assimilated the main inner conflict associated with the ambivalence of the father's death. The undigested trauma-related content was seeking a chance to break out and the therapy course began too late to prevent Laura's anniversary reactions. The Trauma Accommodation Syndrome (Miller, 1998) applies to the child's processing of the trauma and appears in Figure 1.

The Trauma Accommodation Syndrome model argues that children who experience, witness or are confronted by a traumatic event suffer psychological fear, horror and helplessness. As a result of this, children show signs and symptoms of traumatization that include avoidance, detachment, irritability, agitated behavior, hypervigilance, cognitive disorganization, sleep difficulty recurrent distress, and re-experiencing of the traumatization through flashbacks. It is in this period that individuals retain the helplessness and do little to escape the traumatization. Rather, they feel entrapped within this cycle and accommodate the pain and psychological trauma into their. Through some triggering event, an anniversary reaction is realized and the child can go through a cognitive re-evaluation of the trauma. In this process, they re-visit both the physical injury, deaths, mourning, and the psychological fear and helplessness that they have experienced. Based on the adaptation, support, and response of those who are involved in treatment,

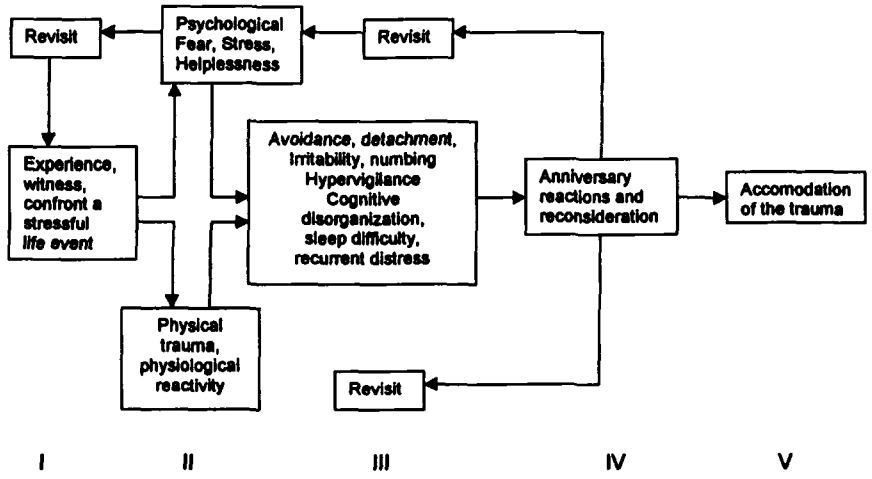

Fig. 1. Trauma accommodation syndrome and anniversary reactions.

they work towards a resolution to the trauma accommodation through anniversary reactions.

Laura's inner clock did not register any substantial changes in the traumatic content as a result of her two year unconscious attempt to master the experienced loss. She did not proceed from the trauma time; the time came to a halt. The unresolved trauma-related conflict stayed deeply repressed as it had become frozen in time. Freezing is one of the common biological defensive mechanisms that very young children develop in situations of exposure to external danger (Fraiberg, 1982). It may be manifested as a complete immobilization, freezing of posture, numbness, and non-responsiveness. As the children mature and shift from primarily motoric actions to perceptual representations, and then to further symbolic and linguistic organizations of their external experience, the defensive mechanism of freezing acquires a primarily psychological character. As a result, unbearable traumatic experiences of children may be repressed and frozen in forms of mostly somatosensory memory. Such "context-free", "speechless", trauma-related memories "are hard to locate in space and time" (van der Kolk & van der Hart, 1995). The link between the present time and past time of trauma becomes "dead for the most severely traumatized" (Adler, 1995). Such internal "determporalization" results in that "the river of time is frozen" (Cohen, 1966). Giovacchini (1967) pointed out that psychic unconscious formations or "frozen introjects" developed in children, as a result of trauma, may stay for a very long time. This impedes the course of further development, especially the ability to assimilate new experiences and make necessary adjustments.

Such psychological phenomena were observed in Laura, too. While external, objective time passed, Laura's internal clock remained unaltered. Thus, she

remained unable to process and integrate her traumatic experience. This subtle clock, measuring the trauma time in terms of progress made in mastering its enduring consequences, reflected a substantial delay. This clock was not ticking at all, because the frozen conflict and associated feelings were not changing or ticking very sporadically. This occurred either when Laura made some unconscious attempt to deal with the trauma or when some delayed grieving work began with the help of the therapist. However, the increasing break between the passing time and the trauma time was unbearable and needed a resolution. As Marcel Proust noted (in Haesler, 1986, p.3), "the calendar of facts" must coincide with the "calendar of feelings" in order for a mourner to fully realize his/her loss.

Suddenly, for Laura and for her family, the frozen conflict erupted. She became overwhelmed again with the same feelings and behaviors which appeared two years prior, after the loss of her father. Her reactions were repeated at the exact date of the second anniversary of the trauma. She was unaware of this temporal coincidence, as was her mother. The temporal factors were so exquisitely precise that it is difficult to entertain another, more circumstantial, explanation of this coincidence than an AR. Moreover, the intensity of Laura's reactions were typical of those observed in cases of AR described by other authors.

The last course of Laura's treatment focused on assisting her to resolve her chronic conflict, "defrosted" during her AR. The reorganization of her traumatic experience through remembering, recalling, and reconsidering is directed at connecting the past time with the present. The longer Laura's inner clock ticks, the closer her developing personality will be to the real world.

CONCLUSION

Anniversary reactions in children are more common than is generally recognized in clinical psychiatric practice. They are more likely to be found among children who exhibit persistent, repetitive, but insufficient efforts of trauma mastery through their incomplete grief and inadequate mourning process.

Because these reactions are suddenly triggered in response to the children's subjective, unconscious sense of trauma-related time, their early recognition has clear clinical importance. Left untreated, these unconscious and disguised behavioral and psychological manifestations may result in increased inner conflicts, intense sense of guilt or shame, and/or self-misidentification. These may in turn may create chronic feelings of confusion, incompetence, self-blame, a sense of foreshortened future, or in severe cases, suicidal ideation and self-injurious behavior.

In contemporary psycho therapy, a child's past should be the focus of the clinician's attention and well explored for psychologically significant trauma-related time markers. The role of anniversary triggers are extremely important to address in the treatment process. Within the accommodation of trauma, clinicians may

find it beneficial to understand the process and at what stage the patient is experiencing as exemplified by the five stages of the trauma accommodation syndrome. Interventions then can be adopted appropriate to the patient at each stage.

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