## Anniversary Reactions in a Five-Year-Old Boy

Unresolved Conflict, Guilt, and Self-Identifications

ANAIT AZARIAN, PH.D., THOMAS W. MILLER, PH.D., ANTHONY J. PALUMBO, PH.D., AND VITALI SKRIPTCHENKO, GREGORIAN, PH.D.

This paper examines the important role of anniversary reactions in the psychological adjustment of seriously traumatized individuals. The clinical case study examines the impact of anniversary reactions on the

Anait Azarian is clinical psychologist at Bradley Hospital, East Providence, and visiting professor of child development at the Center for the Study of Human Development, Brown University, Providence, Rhode Island. Thomas W. Miller is professor, department of psychiatry, College of Medicine, University of Kentucky, and Department of Psychology, Murray State University, Murray, Kentucky. Anthony J. Palumbo is play therapy consultant and founder/director of Puppet Therapy Institute, Wareham, Massachusetts. Vitali Skriptchenko-Gregorian is visiting professor of child development at the Center for the Study of Human Development, Brown University, Providence, Rhode Island.

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posttraumatic symptoms and accommodation of a five-year-old boy. Unposttraumatic sympeters, an intense sense of guilt, and difficulty resolved conflict with the mother, an intense sense of guilt, and difficulty resolved dentification were explored during subsequent sessions. resolved conflict where explored during subsequent sessions of psyin self-identification were explored during subsequent sessions of psyin self-identification. The clinical significance of considering the possion of psyin self-identification in children manifesting repetitive of choanalysis. The clinical significance of considering the possibility of choanalysis, reactions in children manifesting repetitive of choanalysis. The choanalysis. The choanalysis in children manifesting repetitive attempts of anniversary reactions in children manifesting repetitive attempts of prauma mastering is discussed.

ANNIVERSARY REACTIONS (ARS) MAY BE DEFINED AS PSYCHOLOGICAL ANNIVERSARY physiological reactions that occur when the current and/or physiological and/or ph coincides with the coincides with the person's coincides. Through these time-cued reactions, the person attempts to cope past, the impact of the trauma. The purpose of this paper is past. Through the trauma. The purpose of this paper is to sug-with the impact of such reactions in a severely traumatized with the impact of such reactions in a severely traumatized young child.

#### LITERATURE REVIEW

ARs have been long recognized in the psychological literature. Freud ARs have been a street clinical description of a woman who re-experi-(1895) gave us (1895) on the dates of her various past catastrophes. Later, Freud (1920) on the dates of the "repetition compulsion" that emerges generated the idea of the "repetition compulsion" that emerges generated the individual's efforts to cope with earlier trauma that remain unresolved.

Systematic studies of anniversary reactions have been made by Hilgard, who noted (1953) that they were triggered in adult patients when their children reached the age at which the patients had experienced a traumatic event in their childhood. For example, she presented the case of a woman who developed pneumonia, pleurisy, and psychotic symptoms when her daughter reached the age of six. This woman's father had died of pneumonia and pleurisy when she was six years old. Hilgard (1969) emphasized that ARs in adult patients also may occur when the patient had experienced the traumatic loss of a sibling during the patient's childhood. Hilgard suggested that patients developed "temporal identifications" with a lost parent or sibling and that the onset of the ARs, coinciding with the time of death of these significant objects, resulted in the reemergence of repressed conflicts associated with the lost persons and in serious psychological and psychosomatic manifestations.

Pollock (1970) noted that ARs may also be caused by incomplete or abnormal mourning resulting from a severe trauma in childhood. He described trauma cases in which his patients exhibited ARs in a coinci-

dental fashion related to a particular year, day, or even hour (Pollock, 1971a, 1971b). Cavenar and his colleagues provided clinical descriptions of nucleon cases of patients suffering from ARs and presenting of nucleon cases of patients (1976, 1977, 1979). The sumptoms of nucleon cases of patients are cases of patients and presenting of nucleon cases. Cavenar and his colleagues provided chinical descriptions merous cases of patients suffering from ARs and presenting of numerous cases of patients suffering from ARs and presenting of numerous cases of patients suffering from 1976, 1977, 1979). They parious points merous cases of patients surrering from this and presenting of his physical/psychological symptoms (1976, 1977, 1979). They various that these symptoms appeared to emerge from unresolved complete grieving over a significant complete grieving physical/psychological symptoms (1970, 1977, 1979). The various out that these symptoms appeared to emerge from unresolved contact associated with incomplete grieving over a significant loss of physical positions appeared to emerge from unresolved pointed out that these symptoms appeared to emerge from unresolved pointed flicts associated with incomplete grieving over a significant loss of a two types of ARs focusing

Mintz (1971) categorized two types of ARs focusing on the individual consciously and consciously are consciously and consciously and consciously are consciously and consciously and consciously and consciously are consciously and consciously and consciously are consciously and consciously and consciously and consciously are consciously and consciously and consciously and consciously are consciously are consciously and consciously are consciously are consciously and consciously are conscious Mintz (1971) categorized two types of the individual's sense of time. In the first type the patient is consciously aware conscious inner conflict. ual's sense of time. In the mist type the patient is consciously divide of the "trauma time" and the "current time." Such consciously aware conflicts and in this conscious of the "trauma time and the membrance helps trigger unconscious inner conflicts and in this way are the in ARs of different symptomatology. In the second type them. membrance helps trigger unconscious and in this reconstructs and in this reconstructs in ARs of different symptomatology. In the second type there is patient's a results in ARs of different symptoms are second type the way no conscious awareness of the ARs precipitated by the patient's "un."

Although the term "anniversary reaction" implies a specific cogni-Although the term anniversal specific to a heterogenous group of physical symptoms that disturb vital homeostatic balance. and physiological symptoms that disturb vital homeostatic balances. and physiological symptoms that were substant balances.

The time markers trigger start-up signals, which result in these diverse.

The patient may mirror symptoms that were substant were substant. The time markers trigger start up and the sediverse symptom clusters. The patient may mirror symptoms that were experience symptoms that were experience symptoms. enced by the lost beloved person or may re-experience symptoms that enced by the lost beloved person of the trauma. In this way the next that expresses the unconscious desire to somehow restore the lost love object and/or manifests self-punishment and survivor guilt, which propel

We found only three relevant citations of ARs in children.

Stekel (1923) gave an anecdotal description of a three-year-old boy who developed a stroke-like condition during the birth of a sibling. For thirty-six hours he did not move, talk, or react to appeals to do so. Two years earlier his mother had given birth to a baby, and on exactly the same day her other child became ill and died. Family members predicted that the same thing would happen when she gave birth: her three-year-old son would die. Through "energetic actions" of Dr. Stekel the child was forced out of his dangerous condition and restored

Hilgard (1969) reported a similar case based on personal communication with A. C. Cain. An eleven-year-old girl became mute and motionless and stopped eating when she reached the age at which her sister had died. She was treated primarily for AR, and after a few weeks began to eat, talk, and walk.

In these two cases the surviving children identified themselves with the dead siblings because they strongly believed, or perhaps family members helped them to believe, that they would die as their siblings had, at the same time and in the same way. Haesler (1968) noted that even young children can develop traumatic identifications, citing the even of a three-year-old boy who suffered severe injuries from intentionally running into a motorcycle when he was the same age that his sibling had been when he was killed in a motorcycle accident and whose loss had been insufficiently mourned by the parents.

### DISCUSSION

Knowledge about ARs has been drawn mostly from psychological evaluation and long-term psychoanalysis of adult patients. Children do not have well-developed speech and communication skills, especially in expressing their inner states, and they cannot describe their own psychological needs and problems to mental health care providers. Consequently, there are serious limitations in recognizing occurrences of ARs in children. Even those children who are in treatment usually have difficulties in helping the therapist to establish the links between their current reactions and past traumatic events.

The lack of evidences of ARs in children may be determined by their prematurity related to their ego development. It may be that the process of maturation includes not only the perceptual, cognitive, and emotional development of the person traumatized in childhood but also clearing and conceptualizing the essence of the person's traumatelated conflicts and sharpening the inner contradictions. Some authors (Wolfenstein, 1966; Nagera, 1970) insist that mourning becomes possible only with the resolution of adolescence, when detachment from parents has occurred. However, R. Furman (1974), insists that even a three-year-old child is capable of mourning. Also, E. Furman (1974) and Bowlby (1980) note that children are able to express their grief reactions as early as age two.

In our opinion, it is not the quality of the child's mourning process but the mere existence of specific post-traumatic reactions that is important for the development of ARs. Children appear to have the ability to manifest their unconscious guilt and misidentifications associated with incomplete or abnormal mourning after a profound traumatic experience.

Freud (1916) considered the unconscious sense of guilt the most powerful motivating and organizing force in the mourning process. A sense of guilt was found to be the most frequent precipitating factor of the ARs in adult patients (Hilgard & Newman, 1959; Pollock, 1970; Mintz, 1971; Engel, 1975; Cavenar et al., 1977). Children also can

experience deep guilt after a major trauma. Winnicott Wrote that "the concerned" (1954, p. 270). Siggins (100 hot). experience deep guilt after a major trauma. Winnicott Wrote that the healthy child has a personal source of sense of guilt, and need that the self-reproach important markers of an analysis of an analysis. experience user the child has a personal source of sense of guilt, and we have that the taught to feel guilty or concerned" (1954, p. 270). Sigging the had self-reproach important markers of an interpretation of an abnormal abno healthy cmio.

taught to feel guilty or concerned (1934, p. 270). Siggins (194 hot be siders guilt and self-reproach important markers of (1966) to be sometime of actual wrongdoing; it more guilt is he. taught to recognished and self-reproach important markers of all siders guilt and self-reproach important markers of all siders guilt and self-reproach important markers of all sides for the child. Benedek (1975) noted that abhorite self-that guilt is hot repressed. mourning process for the child. Defletick (1973) noted that annothing necessarily the consequence of actual wrongdoing; it more guilt is not in the child's unconscience as response to repressed conflict on frequently develop strong guilt to onflict.

necessarily the consequence of actual wronguoing; it more sull is necessarily the child's unconscience as response to repressed sull is necessarily develop strong guilt feeling. Traumatized children frequently develop strong guilt feelings (A. 1973; Pynoos et al., 1987). Six months after the 1988 guilt feelings (A. 1988) and the children who were the 1988 guilt feelings (A. 1988). Traumatized children trequently develop strong guilt fedlet.

Freud, 1973; Pynoos et al., 1987). Six months after the leelings (A. Le in Armenia, 31 percent of the children who were evaluated). Freud, 1973; Pynoos et al., 1907). Sta months after the 1988 (A quake in Armenia, 31 percent of the children who were evaluated had summatic stress disorder (PTSD) symptoms and guilt feeling guilt feeling. quake in Armenia, 31 percent of the Chindren who were evalve earth posttraumatic stress disorder (PTSD) symptoms and guilt feelings and guilt feelings they thought their body. Toddlers exhib posttraumatic stress disorder (F15D) symptoms and guilt feel had (Azarian, Miller, & Skriptchenko-Gregorian, 1994). Toddlers exhib ehaviork. (Azarian, Miller, & Skriptchenko-Gregorian, 1994). Toddler cellings ited guilt most frequently because they thought their bad behavior had the earthquake. Older pre-teen children, whose parents had been parents here. ited guilt most frequently because the pre-teen children, whose parents had in the earthquake, often felt guilt because of unresolved for caused the earthquake, often felt guilt because of unresolved fain.

The children also manifested simultaneous guilt and perished in the earthquake, often fell sum occause of unresolved fain ily conflicts. The children also manifested simultaneous guilt and an anger toward in the parents. They often vented their anger toward in the conflicts of the conflict of the co ily conflicts. The children also introduced their parents. They often vented their anger toward the ger toward their pre-quake lives and hlave the lives and hlave. ger toward their parents. They offer their pre-quake lives and blamed dead parents who had controlled their pre-quake lives and blamed the pre-quake from happening. Some were the pre-quake lives and blamed the pre-quake from happening. dead parents who nad commonly the programs and blamed them for not preventing the quake from happening. Some were sad. them for not preventing the quark troubling Some were saddened by the loss of their parents but at the same time expressed anger the parents for leaving children alone to care for themselves. dened by the loss of their parents of the loss of their parents for leaving children alone to care for themselves toward the parents future. These children obviously manifesters and to face an uncertain future. These children obviously manifested are signs" (Siggins, 1966) of inner conflict, which are signs. and to face an uncertain future. the "specific signs" (Siggins, 1966) of inner conflict, which arose out of the disaster.

eir abnormal mourning rollowing and Erikson (1964) emphasized Cain and Cain (1964) and Cain, Fast, and Erikson (1964) emphasized Cain and Cain (1504) and distorting role guilt-related feelings play the important activating and distorting process after the desired play in young children's abnormal mourning process 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" hysterical identifications. Their traumarelated identifications are not necessarily with a lost sibling. They often identify with the dead or traumatized parents. Such intense identifications may lead to AR-like states. Davidson (1980) noted that the children of concentration-camp survivors tended to be referred for psy. chiatric counseling for their psychic state deterioration during their childhood or adolescence years. This often coincided with the age of their parents at the time of their concentration camp confinement.

Thus, if traumatized children, in their immature and unmastered mourning process, can use and manifest guilt and identifications in their efforts to resolve trauma-related conflicts and ambivalence, then they can probably experience ARs. These primitive but powerful motivating and organizing inner forces are likely to be triggered on an

## CLINICAL CASE STUDY

## HISTORY AND BACKGROUND

The patient is a five-year-old boy born in Odessa and subsequently The patient is an American couple. The boy, Ivan, witnessed frequently adopted by an American his biological parents who also and fights between his biological parents who also are the patients and subsequently adopted by an American couple. adopted by an adopted by arrange and fights between his biological parents, who were heavy quarrels and regular the father left the family. The mother could not drinkers. Drewide appropriate care for Ivan and his younger sibling, who were provide apply 1 provide apply The mother became pregnant and gave birth to a third child.

when Ivan was three years old, a major tragic event occurred. One when I was when and father, who had recently reappeared, were sunny day, his mother and father, who had recently reappeared, were drinking. Suddenly, a fierce argument arose involving accusations about the mother's giving birth to a new child in the absence of the father. The father mercilessly kicked this child. During the fight that father. The father almost killed the mother with a kitchen knife. When he had realized what he had done, he committed suicide, in the presence of the children.

The seriously wounded mother and terrorized children were taken to the hospital. Within a short while, the mother escaped from the hospital and went into hiding from authorities. After about three months, the children were sent to an orphanage, because the family court deprived the mother of parental rights. In the orphanage, Ivan and his two younger siblings were separated and lived in different units, about one year. When Ivan was about four and a half years old, a childless American couple adopted these three children and brought them to the United States.

#### CLINICAL EVALUATION

Two months after the children arrived in the United States, the adoptive parents referred them for evaluation. The general physical examination showed no genetic disorders or prenatal toxins in Ivan, who had been renamed, "John." The boy was in good health during his stay at the orphanage. His only medical problem was enlarged tonsils. However, the adoptive parents reported that John had been having nightmares, periods of deep sadness, and sudden mood changes since coming to the United States.

Witnessing the trauma had a profound effect on the boy's emotional behavior. It was evident that he was experiencing the traumatic of the formal land the formal land the formal land the formal land to the formal land the f Witnessing the trauma had a production of the boy's emotional state and behavior. It was evident that he was experiencing emotional state and behavior. About 18 months after the traumatic event, he since the core state and behavior. It was evident the traumatic event, he was symptoms of PTSD. About 18 months after the traumatic event, he core symptoms a strong denial reaction. Sometimes, he simply denial reaction that he had not be events and claimed that he had not be events as the context of th symptoms of PTSD. About 10 months of Sometimes, he simply denied still exhibiting a strong denial reaction. Sometimes, he simply denied that he had run out of the cellar before his father wounded to the cellar before his father wounded. symptoms...
still exhibiting a strong demar reaction and claimed that he had run out of the that he had witnessed the events and claimed that he had run out of the that he had not not be refused to talk about them. that he had witnessed the events and that he had witnessed the events and that he had witnessed the events and hid in the cellar before his father wounded run out of the apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment and hid in the cellar before his father wounded his mother apartment. apartment and hid in the cenar better to talk about them, saying the the post the saying about the saying abo The next time he bluntly refused.

The next time he bluntly refused anger when the psychologist know anything about that." He displayed anger when the psychologist know anything about that two younger siblings about the traumatic even mouths with his hands. know anything about that. The display about the psychologist know anything about that the psychologist began to question his two younger siblings about the traumatic event; began to decide to cover their mouths with his hands. But at the sort; began to question his two younget began to question his two youngets and to the traumatic event; he boy was still re-experiencing his parents' deadly fight the same he even tried to cover their models have been tried to cover their models have a still re-experiencing his parents' deadly fight the same time, the boy was still re-experiencing his parents' deadly fight the same tried suicide. He often the same tried suicide has been tried to cover their models have been tried to cover their models. But at the vent; the same tried to cover their models have been tried to cover their models have been tried to cover their models. But at the vent; the same tried to cover their models have been tried to cover their models have been tried to cover their models. But at the vent; the same tried to cover their models have been tried to cover the time, the boy was still re-experted to the boy was still re-experted to the boy was still re-experted to the boy animals to re-enact them in boy animals to re-enact them in boy on the boy of the boy on the boy of the boy on the boy on the boy of the boy on the boy of the boy drawings and repetitive piay, using properties of an analysis of the drawings and repetitive piay, using properties of the drawings and repetitive piay. the beating, chasing, and eventually the bound to be a beat the beating of the beating, chasing, and eventually the beating of the beating, chasing, and eventually the beating of the beating, chasing, and eventually the beating of floor or against the wans or isolated floor or against the wans or isolated floor again and again painted bodies closet. In his numerous drawings, he again and again painted bodies closet. In his numerous drawings, he again and again painted bodies closet. In his numerous drawings, he again and again painted bodies closet. In his numerous drawings, he again and again painted bodies closet. In his numerous drawings, he again and again painted bodies closet. closet. In his numerous drawing, John used chaotic brush strokes covered with blood. In other art work, John used chaotic brush strokes as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots that he described merely as "adults are covered with blood block blots block block blots block block blots block b covered with blood. In outer and to create big black blots that he described merely as "adults are fight." to create big black blots that he described merely as "adults are fight. to create big black blots that he had dreams of being chased by "a big dog ing." Almost every night he had dreams of being chased by "a big dog "a big dog". He often exhibited anger and was aggressive toward of the had dreams of being chased by "a big dog to be a big do or a big man." He often exhibited anger and was aggressive toward the or a big man." He often example of a big man. The often exampl was anxious and worried about his future, as if he did not believe in was anxious and worried and was afraid of being sent back to the or.

He also wondered about his mother: was she alive and how was she doing? He was saddened that she was wounded so severely. The boy was she doing? He was saddened that she was wounded so severely. The boy was also concerned about his identity. He asked many questions about him. self, because he could not understand why people called him "John" and not by his real name, "Ivan"—or his family pet name, "Vania". "Why do they not call me Ivan? Is John better than Vania?" and so on. When he was told that the American name "John" corresponds to "Ivan" in the Ukraine, he insisted they did not sound alike and had to

be different.

#### TREATMENT

Ivan/John's long-term treatment by a Russian-speaking therapist began immediately after evaluation. The treatment included weekly individual and family sessions and involved play, art, storytelling, relaxation, role playing, and games. The treatment plans initially were focused on (1) developing a sense of personal security and family stability, (2) helping the new family members to establish mutual understanding and close emotional bonds, and (3) minimizing new stresses and adversities. Gradually, John began to demonstrate signs of im-

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provement in his depressed state, aggressive behavior, and in general and functioning in his new socio-cultural environment to talk with his adoptive parents. provement in his depletationing in his new socio-cultural environment and functioning in his new socio-cultural environment.

adjustment to talk with his adoptive parents and their relationship started to accepted his and his siblings. provent and functioning in his new socio-cultural environment, adjustment to talk with his adoptive parents and their relatives and John started to accepted his and his siblings' new American name of the John never recalled his biol. John started to talk and his and his siblings' new American names.

He accepted his and his siblings' new American names.

neighbors. John never recalled his biological father.

Interestingly, John never eighbors. He accepted his and his siblings new American names.

eighbors ingly, John never recalled his biological father and never Interestingly, But he often recalled his mother in Odes.

neighterestingly, John But he often recalled his mother in Odessa, and mentioned his name. But he recalled his mother in Odessa, and mentioned his wondered about her life, he became very sad. tearful. mentioned his name. But her life, he became very sad, tearful, and when he wondered about her life, he became very sad, tearful, and when he sometimes expressed frustration and helpless. when he wondered about he, he became very sad, tearful, and withdrawn. He sometimes expressed frustration and helplessness bewithdrawn powerless to help her. Generally, however, his the was powerless to help her. withdrawn. He sometimes expressed Trustration and helplessness bewithdrawn powerless to help her. Generally, however, his thoughts cause the biological mother were ambivalent. For example, the biological mother helding the biological mother helding. will he was powerless to help her. Generally, however, his thoughts cause the biological mother were ambivalent. For example, he freabout about drew pictures of her holding a bottle of vodka and should be at ly drew pictures. about the biological include are amply allowed it to about the pictures of her holding a bottle of vodka and showed it to quently drew pictures with a laugh: "Mama Lena is drunk!" But on other pictures of her holding a bottle of vodka and showed it to the picture with a laugh: "Mama Lena is drunk!" But on other pictures of her holding a bottle of vodka and showed it to the picture with a laugh: "Mama Lena is drunk!" But on other pictures of her holding a bottle of vodka and showed it to the picture with a laugh: "Mama Lena is drunk!" But on other pictures of her holding a bottle of vodka and showed it to the picture with a laugh: "Mama Lena is drunk!" But on other pictures of her holding a bottle of vodka and showed it to the picture with a laugh: "Mama Lena is drunk!" But on other pictures of her holding a bottle of vodka and showed it to the picture with a laugh." quently drew pictures of the image a boute of vodka and showed it to quently drew pictures of image is drunk!" But on other occathe therapist with a laugh: "Mama Lena is drunk!" But on other occathe therapist would recall a children's song or line of poetry and the therapist with a children's song or line of poetry and proudly sions, John would recall a children's to him. A few times L.L. sions, John would recan had taught it to him. A few times John would say that his mama Lena had taught it to him. A few times John would say that he therapist that he knew "a big secret that should be say to the therapist that he knew "a big secret that should be say to the therapist that he knew "a big secret that should be say to the therapist that he knew "a big secret that should be say that his manual term had the knew "a big secret that should not be whisper to the therapist that he knew "a big secret that should not be whisper to anyone." After a couple of months, the boy confessed it whisper to the therapisc accouple of months, the boy confessed that all told to anyone." After a couple of months, the boy confessed that all told to anyone told had happened to his mama Lena was because she behaved to anyone. At the mama Lena was because she behaved so badly that had happened to be punished for that. that he wanted her to be punished for that.

## GUILT, IDENTIFICATIONS, AND EMOTIONAL BREAKDOWNS

In the hot and humid summer of 1995, John's new parents decided to In the hot and rum the children near the ocean. John and his two take a vacation were happy and excited: they had never happy and excited: take a vacation were happy and excited; they had never had a vacayounger siblings were happy and excited; they had never had a vacaherore. However, during the first therapy session of younger sibilings. However, during the first therapy session after the vacation before. However, during the first therapy session after the vacation before, the therapist was shocked to witness a small seal of the same transfer. tion berore. The therapist was shocked to witness a striking change in tion break, the therapist was shocked to witness a striking change in John's appearance and psychic state. He seemed so distressed, scared, John's appearance had been no vacation trip, no prior successful and lost—as if there had been no vacation trip, no prior successful and lost—as the parents reported that John was unable to enjoy the treatment. His parents during the entire vacation of ocean and play activities during the entire vacation. Shortly after arrivocean and play he became anxious and withdrawn. He had difficulty ing at the inn, he became anxious and withdrawn. He had difficulty falling asleep and often broke into tears. He did not respond when was falling asiecp and name, "John," or responded with angry outbursts.

John was able to explain his changes to the therapist. He said that one of the very first vacation days happened to be "just like that hot and bright day in Odessa" when the fight between his parents occurred, and he heard his mother call to him "Vania, Vania, help me!" During careful and detailed questioning, he also revealed that he saw his mother "in a green dress, staying somewhere, stretching out her hands and calling to him." The image of his mother was vivid and jarring and prompted the child to re-experience past traumatic feelings.

In the next intensively scheduled sessions, he had recovered and ventilated detailed memories repressed after the major trauma. He drew and described colorful pictures of the fatal fight between his loudly. Then he took a glass drew and described colortur pictures of the later right between his biological parents: "I saw our kitchen. A man with a big mouth between his threw the glass and took the knife drank was biological parents: "I saw our kneilen...
biological parents: "I saw our kneilen...
biological parents: "I saw our kneilen...
biological parents: "I saw our kneilen his biological parents his biological paren shout. They spoke very loudly. Then he shout a glass drank water from washbasin . . . threw the glass and took the knife. drank water the with Mom. I saw much blood on her. She called to me for her her is story usually stopped at the for help. from washbasin . . . threw the glass and the knife . . . . The water fought with Mom. I saw much blood on her. She called to me for help I to be a towel and ran to her." His story usually stopped at this point. from washing fought with Mom. I saw much blood on the story usually stopped at this for help took a towel and ran to her." His story usually stopped at this point; he has basement. This moment led to his mother. took a towel and ran to her. This story tooking stopped at this point; he couldn't exactly remember if he had given the towel to his mother or his moment led to feelings. couldn't exactly remember it he made governor to his mount; he had hidden himself in the basement. This moment led to his mother or had hidden himself in the basement of fered by the therapist.

subsequent therapy sessions focused on dispelling the boy's cogni-Subsequent therapy sessions rocused on an appening the boy's cognitive confusion and encouraging his active coping with intrusive ognitimages. After about two more months John's psychic state to be a support of intrusive tradutive confusion and encouraging months John's with intrusive ogni-matic images. After about two more months John's psychic state traumatic images. After about two more considerably stabilized and he showed signs of improvement. He began repeating: "I am a specific state had be showed signs of improvement. He began am a second be seen to see the second began to considerably stabilized and ne showed a stabilized and ne show name, frequently repeating: "I am now name, there was a second breakdown. One of the show of the second breakdown. One of the second breakdown. One of the second breakdown. unconsciously to preter his new time, there was a second breakdown. One day patients, employed John." Within a short time, discrete many patients, one day when he entered the clinic building where many patients, employees, when he entered in the foyer, John experienced an intense part of the control of the con when he entered the chine building with the daily activity of the place and visitors crowded in the loyer, judges and visitors crowded in the loyer, judges and lateral and intense panic. Like attack. He was familiar with the daily activity of the place and had like attack. He was familiar with the daily activity of the place and had like attack. He was familiar with the daily activity of the place and had like attack. He was familiar with the daily activity of the place and had like attack. never felt such feelings. He explained that this time the foyer, partic. never felt such teenings. The Capacitation and the specific smell, had reminded him of a building ularly the crowd and the specific smell, had reminded him of a building that the city and made him think of unpleasant things that the ularly the crowd and use specific unpleasant things that had in his native city and made him think of unpleasant things that had administration in that building: one woman had administration happened to him in that building: one woman had administered a painful injection in his buttock and another had hit him with a stick painful obeying her order. He drew this stick in a few when he delayed obeying her order. He drew this stick in a few of his

Again, as during his first breakdown, he began to express intense Again, as during his friend in this friend in this friend in this building spent time looking outside into an empty and dirty courtyard. "There was nothing for children to play with in this huge yard, [only] some pieces of iron, big ones. But we stayed together and looked there. . . . I forgot his name. He was my only friend in this building. How could I forget his name? I am bad, don't you think?" John might continue such guilty ruminations and self-accusations for a long time and needed the therapist's intervention to reduce his worries. Then, in his defense, the boy was making unconscious attempts at splitting his own identity. He began to declare that there indeed was a boy named Ivan, but this boy remained in Odessa; here and now, in America, is only a boy named John.

Consequently, several therapy sessions have been provided to help him in integrating his ego that had seriously been damaged by profound past traumas.

to

# ANALYSIS OF JOHN'S ANNIVERSARY REACTIONS

The focus of the analysis relates directly to the temporal aspects of the hreakdowns John experienced, which phenomenologically The focus of the analysis of the breakdowns John experienced, which phenomenologically resem-

e ARs. le ARs. According to court documents from his native country, Ivan/John's According to witnessing the fatal fight between his biological According to court desired the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor courred on June 15, 1993. His last therapy session before the processing the fatal fight between his biological parmajor courred on June 15, 1993. His last therapy session before the process of the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor trauma, of witnessing the fatal fight between his biological parmajor traumage. ble ARs.

major trauma, of with easing the ratar fight between his biological par-major trauma, of with easing the ratar fight between his biological par-major trauma, of with easing the ratar fight between his biological par-ents, occurred on June 15, 1993. His last therapy session before the ents, occurred on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation took place on June 3, 1995, by which time John was in summer vacation to be a summ summer vacation took place on June 3, 1995, by which time John was in psychologically stable condition. Therapy resumed when John and his psychologically returned from their vacation on June 18, 1995. psychologically stable condition. Therapy resumed when John and his psychologically returned from their vacation on June 18, 1995. At this new family adoptive parents reported John's first intense and the scion, the adoptive parents reported John's first intense and the scion. family returned from their vacation on June 18, 1995. At this new family returned parents reported John's first intense emotional session, the adoptive parents between the date of the bowless and the coincidence between the date of the bowless. session, the adoptive parents reported John's first intense emotional breakdown. The coincidence between the date of the boy's major breakdown. Ukraine and the time surrounding his first amounting in the Ukraine and the time surrounding his first amounting his first intense emotional his first intense emotional his first intense emotional his first intense emotional his first amounting his first amounti breakdown. The confedence between the date of the boy's major trauma in the Ukraine and the time surrounding his first emotional trauma in America is noteworthy.

lapse in America is the same exactness in temporal coincidence in We cannot talk about the same exactness in temporal coincidence in relapse in America is noteworthy.

We cannot talk about the same exactness in temporal coincidence in regard to John's second breakdown. On August 21, 1995, he experienced the frightening image of a crowded building, which had regard to John's second of a crowded building, which he described enced the frightening image of a crowded building, which he described enced the frightening mag. In the medical records that accompanied the as a medical institution. In the medical records that accompanied the lasted children, we discovered that in August. 1993. John March 1994. as a medical fisher we discovered that in August, 1993, John was in a adopted children, we discovered that for tonsillitie with in a dopted children, we discovered that in August, 1993, John was in a adopted children, we discovered that in August, 1993, John was in a general hospital in Odessa being treated for tonsillitis with injections. Thus the time of John's second emotional breakdown in the Line. general nospital in John's second emotional breakdown in the United Thus the time of John's or three weeks with the control of the United Thus the time of John's second emotional breakdown in the United Thus the time of John two or three weeks with the second anniversary States coincided within two Odessa, hospital. The temporal for the tempor States coincided within the Odessa hospital. The temporal factors are so of his trauma in the Odessa hospital. another such a state it is difficult to entertain another such of his trauma in the odesa hospital. The temporal factors are so precise that it is difficult to entertain another explanation of these

In order to somehow comprehend the trauma reason and to derive meaning from it, Ivan/John developed a pathologically strong feeling coincidences. meaning from it, the joint and partial of self and others. Thus, John of guilt with disproportionate blaming of self and others. Thus, John of guilt with disproportion of getting the name of a friend in the hospi-was extremely upset about forgetting the name of a friend in the hospiwas extremely appearance of a friend in the hospital, and he bitterly blamed his innocent youngest sibling for initiating tal, and the other hand, his intense sense of guilt stimulated his ego, provoking further attempts to master the traumatic intrusions through trauma re-enactments and then the ARs. John repetitively played out aggressive acts and drew pictures of bloody bodies. Such repetitive efforts, either through posttraumatic play (Terr, 1981) or drawing (Skriptchenko-Gregorian et al., 1996), never bring successful relief or resolution, as is clearly evident in John's case. The second anniversary of this child's multiple traumas found him experiencing vivid visual, auditory, and olfactory hallucinations of his estranged mother and the trauma-related hospital in Odessa.

The child's extreme trauma and posttraumatic symptoms altered his self. But in contrast to other reported AR clinic process identify himself during his AR clinic process. The child's extreme trauma and possibility of the child's extreme trauma and possibility of the child are the chil The climater foundly altered his self. Dut in control for the foundly altered his self. Dut in contro foundly and cases, this child did not identify make the cases, this child did not identify cases, this child did not identify make the cases of the cases of the cases of the cases of the case of the case the cases, this can person from the traumatic particles and person from the traumatic particles and person from the traumatic particles, the adjustification caused by his own fractured personal difficulties in self-identification caused by his violent past. The other personal personal ther or the ambivalent momer. The own fractured personality.

Culties in self-identification caused by his own fractured personality.

Culties in self-identification caused by his own fractured personality.

Culties in self-identification caused by his own fractured personality.

Culties in self-identification caused by his own fractured personality. ther or the culties in self-identification caused past. The other self, John, was linked to his violent past. The other self, John, was linked to his violent past. The other self, John, was linked with the comfortable and much more secure present, was sessions, the therapist noticed in the comfortable and much more secure present. One self, Ivan, was linked to the Other self, John associated with the comfortable and much more secure present.

In the following therapy sessions, the therapist noticed that the child In the following therapy sessions,

In the following therapy sessions,
was stating preference for his new name as if he was trying to forgethic
the trauma, and wanting to leave was stating preference for his its was stating pref old name, associated with the property of the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporally suitable on the second AR occurred as the next temporal occurred as the next temporal occurred as the next temporal occurred as the second AR occurred as the second AR occurred as the second AR occurred as the next temporal occurred as the second AR occurred finally behind him. However, the finally behind him. However, the second AR occurred as the next temporally suitable opportunity suitab solved. The second AK occurred to this case. During this breakdown, tunity to master the trauma issues in this case. During this breakdown, tunity to master the trauma isometime to make the boy was abnormally absorbed in guilt about forgetting the hame of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed in guilt about forgetting the name of the name of the name of the name of the boy was abnormally absorbed in guilt about forgetting the name of the boy was abnormally absorbed himself for his inadequacies. In his hospital friend. He even blamed himself for his inadequacies. In his hospital friend. He even should be about his own name, as if he resolving the trauma-related conditions. fact, these sentiments and thought the trauma-related conflict, unconsciously felt that instead of resolving the trauma-related conflict, unconsciously felt that instead of name and his identity are unconsciously feit that mode and his own old name and his identity associhe was trying just to available the simple name change was not enough ated with the past trauma. But the simple name change was not enough ated with the past trauma. But the simple name change was not enough to bring comfort and resolution for this child. That is why in his next ultimate defensive maneuver the child chose to declare that the boy named "Ivan" remained in Odessa, while "John" lived in America. At this point, John dissociated what Ivan had experienced and accommon dated those traumatic feelings into the defensive structure of his per-

Surely, it would be groundless to expect more sophisticated defenses and radical resolution of his "cumulative" (Khan, 1963) past trauma from a five-year-old boy when even adult victims often are troubled by their coping efforts. Most importantly, this boy demonstrated a long coping struggle characterized by intense guilty feelings and complicated self-identification.

Unlike adults who suffer traumatization, children who are traumatized endure these experiences during critical developmental stages. The young victim processes the traumatic event by moving through a series of stages that Miller and Veltkamp (1988, 1989) refer to as trauma accommodation syndrome. In the intervention stage, a stage of re-evaluation and reconsideration, the traumatized child usually tries to reason through the trauma and deal with the factors in the environment that trigger thoughts of the original stressor (Azarian, Miller, & Skriptchenko-Gregorian, 1996). At this stage, the ARs of John/Ivan have been triggered by external and temporal stimuli as well

to

as by inner motivational forces, including a sense of guilt and re-examas by inner motivation and stage is one of accommodation and resolution, ination of self. The final stage is one of accommodation and resolution, bigh the child is able to admit a supportive psychott. ination of self. The child is able to admit a supportive psychotherapeutic in which the child begin to address some of the issues related to the instance of the issues related to the instance of the issues related to the instance of the instance of the issues related to the instance of the issues related to the instance of the issues related to the instance of the insta in which the can begin to address some of the issues related to the environment and begin to address some of his traumatized. It environment and beginning and for John's recovery.

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