In this case, the constrictive process resulted not in complete amnesia but in the formation of a truncated memory, devoid of emotion and meaning. The patient did not "allow himself to think" about the meaning of his symptom, for to do so would have brought back all the pain, terror, and rage of narrowly escaping death and witnessing the deaths of his comrades. This voluntary suppression of thoughts related to the traumatic event is characteristic of traumatized people, as are the less conscious forms of dissociation.

The constrictive symptoms of the traumatic neurosis apply not only to thought, memory, and states of consciousness but also to the entire field of purposeful action and initiative. In an attempt to create some sense of safety and to control their pervasive fear, traumatized people restrict their lives. Two rape survivors describe how their lives narrowed after the trauma:

> I was terrified to go anywhere on my own. . . . I felt too defenseless and too afraid, and so I just stopped doing anything. . . . I would just stay home and I was just frightened.[53]

> I cut off all my hair. I did not want to be attractive to men. . . . I just wanted to look neutered for awhile because that felt safer.[54]

The combat veteran Ken Smith describes how he rationalized the constriction in his life that occurred after combat, so that for a long time he did not recognize how much he was ruled by fear: "I worked exclusively midnight to eight or eleven to seven. Never understood why. I was so concerned about being awake at night, because I had this thing about being *afraid of the night.* Now I know that; then I didn't. I rationalized it because there wasn't as much supervision, I got more freedom, I didn't have to listen to the political infighting bullshit, nobody really bothered me, I was left alone."[55]

Constrictive symptoms also interfere with anticipation and planning for the future. Grinker and Spiegel observed that soldiers in wartime responded to the losses and injuries within their group with diminished confidence in their own ability to make plans and take initiative, with increased superstitious and magical thinking, and with greater reliance on lucky charms and omens.[56] Terr, in a study of kidnapped schoolchildren, described how afterward the children came to believe that there had been omens warning them of the traumatic event. Years after the kidnapping, these children continued to look for omens to protect them and guide their behavior. Moreover, years after the event, the children retained a foreshortened sense of the future; when asked what they wanted to be when they grew up, many replied that they never fantasized or made plans for the future because they expected to die young.[57]

In avoiding any situations reminiscent of the past trauma, or any initiative that might involve future planning and risk, traumatized people deprive themselves of those new opportunities for successful coping that might mitigate the effect of the traumatic experience. Thus, constrictive symptoms, though they may represent an attempt to defend against overwhelming emotional states, exact a high price for whatever protection they afford. They narrow and deplete the quality of life and ultimately perpetuate the effects of the traumatic event.

THE DIALECTIC OF TRAUMA

In the aftermath of an experience of overwhelming danger, the two contradictory responses of intrusion and constriction establish an oscillating rhythm. This dialectic of opposing psychological states is perhaps the most characteristic feature of the post-traumatic syndromes.[58] Since neither the intrusive nor the numbing symptoms allow for integration of the traumatic event, the alternation between these two extreme states might be understood as an attempt to find a satisfactory balance between the two. But balance is precisely what the traumatized person lacks. She finds herself caught between the extremes of amnesia or of reliving the trauma, between floods of intense, overwhelming feeling and arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action. The instability produced by these periodic alternations further exacerbates the traumatized person's sense of unpredictability and helplessness.[59] The dialectic of trauma is therefore potentially self-perpetuating.

In the course of time, this dialectic undergoes a gradual evolution. Initially, intrusive reliving of the traumatic event predominates, and the victim remains in a highly agitated state, on the alert for new threats. Intrusive symptoms emerge most prominently in the first few days or weeks following the traumatic event, abate to some degree within three to six months, and then attenuate slowly over time. For example, in a large-scale community study of crime victims, rape survivors generally reported that their most severe intrusive symptoms diminished after three to six months, but they were still fearful and anxious one year following