Life Attitudes, Dreams, and Psychic Trauma in a Group of "Normal" Children

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Twenty-five normal schoolchildren were asked about their futures, expectations, the likelihood of any disasters, repeated terror dreams or death dreams, and their sense of dream prediction. Each child was asked for any particularly terrifying past episodes. Although there were a few isolated findings of limitation in life philosophy or death dreams without any connectable past fright or helplessness, the vast majority of positive findings in these normal children were directly related to past terror or psychic trauma.


In 1980 and 1981 during the data gathering phase of a 4- to 5-year followup of the kidnapped schoolchildren of Chowchilla (Terr, 1979), I discovered among other findings two particularly interesting long-term manifestations of childhood psychic trauma: pessimistic expectations of the far future and dreams of personal death. Twenty-three of the Chowchilla victims envisioned a blunted or limited future, and over the 4-year study period 14 of them dreamed that they died.

In order to verify whether life philosophy alterations and death dreams were specific to past sudden, intense fright and overwhelming helplessness, I undertook a control study of a matched sample of 25 schoolchildren from two rural towns in the Central Valley of California. The purpose of the study was to determine: (1) What are the attitudes of children in a rural community about their personal future lives? (2) What are the expectations of such children about the future of the world in general? (3) Do limited life philosophies, repeated dreams, and death dreams stem from psychic trauma?

Method

Two schools in California's rural Central Valley were selected—McFarland High School in McFarland, California, population 4,000, and Burton Elementary School, a rural school serving the outlying districts of Porterville, California, population 20,000. Each school is located about 100 miles from Chowchilla, also a Central Valley town, population 5,000. This distance was selected so that the control group would not have been directly affected by the Chowchilla kidnapping. The McFarland and Porterville economies rely upon agriculture and related businesses, as does the economy of Chowchilla. Although the children from all three towns were from lower, lower-middle, and middle-class families, by chance there were a few more children from middle class homes in the Porterville group.

The secretaries of the two control schools selected every 3rd or 4th name from the school registers and sent permission slips to the parents and children describing a study about children's attitudes. Chowchilla was not mentioned in these letters. The return rate of signed permissions was very high, and from these I selected a group matched for sex, age, and ethnicity with the Chowchilla group (see table 1). No other information, including the presence or absence of psychic trauma, emotional disturbance, and school difficulty was known to me prior to the children's selection or interviews.

In May 1981, I spoke with each child individually for 15 minutes, and 5 months later I reinterviewed for 15 minutes all but the four elementary and high school graduates. These interviews therefore took place prior to the worldwide nuclear protests and 5 years after the Chowchilla kidnapping. Each child was asked how he pictured his future life, how long he expected to live, what he expected from the world, whether he thought he would have any personal disasters, whether he dreamed anything repeatedly, whether he had ever died in a dream, whether there were any particular dreams he visualized, and what he feared. Most of the children were asked whether they played anything repeatedly (Terr, 1981). In the second interview I repeated these questions and asked about the children's families. Verbatim notes of the children's statements were taken.
The youngsters who believed that Judgment Day was imminent did not belong to congregations which preached this. Interestingly, each of the three (Josie, Thomas and Marcie) had been previously overwhelmed with fear and helplessness. Their stories appear later showing that this religious belief in the upcoming end of the world was closely connected to past psychic trauma, whereas fear of a nuclear holocaust in other children was not.

Local Disaster. As were the Judgment Day fears, expectation of small scale local disasters appeared rooted in the children's past experiences with losses of personal control. Earthquakes (9 children), road accidents (6 children), and fires (2 children) were their most commonly held fears of this nature. Every one of the children who reported such fears had experienced or knew someone who had experienced these events. Lois, 9, mused, "I imagine I'll live to about 80, but—[her voice trailed off, and she sighed]—sometimes I imagine a disaster would happen. I'm a little afraid of earthquakes. Sometimes I'm afraid of a war. Sometimes I think that I'll be killed, but I don't plan on it."

"Have any disasters happened to you?"

"My great grandma. The house fell on her in an earthquake and she broke her nose. She lived. And I know her. She's 81."

Small scale disasters, even when vicariously experienced, could vividly show a normal child how little personal control of events he had. For example, Joan, 15, "wondered if I'd ever have an accident and get killed... I knew a girl who rode a motorcycle near our house. My Dad had just finished talking to her. She thought it was my Dad! Then Mom and my brother went down to see what happened and left me alone... I killed... I knew a girl who rode a motorcycle near our house. My Dad had just finished talking to her. She thought it was my Dad! Then Mom and my brother went down to see what happened and left me alone... I killed... I knew a girl who rode a motorcycle near our house. My Dad had just finished talking to her. She thought it was my Dad! Then Mom and my brother went down to see what happened and left me alone... I killed... I knew a girl who rode a motorcycle near our house. My Dad had just finished talking to her. She thought it was my Dad! 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"My great grandma. The house fell on her in an earthquake and she broke her nose. She lived. And I know her. She's 81."

Small scale disasters, even when vicariously experienced, could vividly show a normal child how little personal control of events he had. For example, Joan, 15, "wondered if I'd ever have an accident and get killed... I knew a girl who rode a motorcycle near our house. My Dad had just finished talking to her. She thought it was my Dad! Then Mom and my brother went down to see what happened and left me alone in the house. But it [only] bothered me a couple days." Despite her belief that she had suffered for only 2 days, Joan had been afraid of four things for 3 years: strangers, being alone, bad weather, and accidents, each of which was directly related to this episode.

One fear could be derived from two separate episodes in the child's past. Darlene, 13, was afraid that "the way the world's getting, you can get killed or raped really easily." Within 1 year Darlene had experienced two incidents which represented personal helplessness to her; an earthquake and a serious fall. She recalled, "I died once in a dream—around 12. I was walking down a street. Me and my girlfriend were going home from school. We had an earthquake and I got crushed. My girlfriend told my Mom. I remember my girlfriend shouting. Then the dream ends. I wasn't
TABLE 2
Positive Findings and Psychiatric Impressions

<table>
<thead>
<tr>
<th>Child in Order of Presentation in This Paper</th>
<th>History of Fright or Altered Consciousness</th>
<th>Limited Life-view</th>
<th>Dreams</th>
<th>Confirmatory Findings of Psychic Trauma or Fright</th>
<th>Psychiatric Impression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lois, 9</td>
<td>Grandmother’s house fell on her during earthquake</td>
<td>Possible disaster</td>
<td>None</td>
<td>None</td>
<td>Isolated finding</td>
</tr>
<tr>
<td>Joan, 15</td>
<td>Road accident near home</td>
<td>Possible disaster</td>
<td>None</td>
<td>Fears</td>
<td>Fright</td>
</tr>
<tr>
<td>Darlene, 13</td>
<td>Witnessed effects of earthquake; pinned under rock</td>
<td>Possible disaster</td>
<td>Death; repeated; predictive; visualized</td>
<td>(?) Post-traumatic play; fears</td>
<td>Severe fright</td>
</tr>
<tr>
<td>Marie, 14</td>
<td>Father killed in accident</td>
<td>Magically long life and magic formula to limit disasters</td>
<td>None</td>
<td>Misperceptions and hallucinations of father</td>
<td>Pathological mourning</td>
</tr>
<tr>
<td>Ilse, 12</td>
<td>None</td>
<td>No career choice</td>
<td>None</td>
<td>None</td>
<td>Isolated finding</td>
</tr>
<tr>
<td>Glen, 13</td>
<td>Parents divorced</td>
<td>Wife will leave him</td>
<td>None</td>
<td>None</td>
<td>Isolated finding</td>
</tr>
<tr>
<td>Ned, 16</td>
<td>None</td>
<td>Short life; being average</td>
<td>None</td>
<td>None</td>
<td>Isolated finding</td>
</tr>
<tr>
<td>Tricia, 16</td>
<td>None</td>
<td>Short life; bad world</td>
<td>Death; repeated; predictive; visualized</td>
<td>None</td>
<td>Isolated finding</td>
</tr>
<tr>
<td>Thomas, 14</td>
<td>Accident to brother</td>
<td>Short life; Judgment Day</td>
<td>Death; repeated; predictive; visualized</td>
<td>None</td>
<td>Isolated finding</td>
</tr>
<tr>
<td>Veronica, 9</td>
<td>Auto accident; hospitalization</td>
<td>Short life</td>
<td>Death; repeated</td>
<td>Time-skew</td>
<td>Severe fright</td>
</tr>
<tr>
<td>Martin, 11</td>
<td>Illness with delerium</td>
<td>Short life</td>
<td>Death; repeated</td>
<td>Time confusion</td>
<td>Severe fright; effects of delirium</td>
</tr>
<tr>
<td>Christine, 16</td>
<td>Raped</td>
<td>Expected disaster</td>
<td>Repeated</td>
<td>Post-traumatic play; re-enactment</td>
<td>Psychiatric trauma</td>
</tr>
<tr>
<td>Marcie, 17</td>
<td>Attacked and bitten by dog</td>
<td>Judgment Day; possibly narrowed expectations</td>
<td>Repeated</td>
<td>Fear; time condensation</td>
<td>Psychiatric trauma</td>
</tr>
<tr>
<td>Josie, 13</td>
<td>Fell at picnic</td>
<td>Judgment Day</td>
<td>Death; repeated; predictive; visualized</td>
<td>Post-traumatic play</td>
<td>Psychiatric trauma</td>
</tr>
<tr>
<td>Jack, 14</td>
<td>Ladder fell on him</td>
<td>No children; possible earthquake</td>
<td>Repeated</td>
<td>Re-enactment; post-traumatic play; fear</td>
<td>Psychiatric trauma; effects of delirium</td>
</tr>
<tr>
<td>Dorothea, 15</td>
<td>Father in accident; fainted</td>
<td>Possible disaster</td>
<td>Repeated; death; predictive</td>
<td>(?) Time-skew</td>
<td>Severe fright; effects of fainting</td>
</tr>
<tr>
<td>Ted, 15</td>
<td>Fainted in bathtub</td>
<td>None</td>
<td>Death dream (?) related to fainting; visualized</td>
<td>None</td>
<td>Effects of fainting</td>
</tr>
</tbody>
</table>

around. I was my girlfriend now.” Darlene explained, “I'm really terrified [of earthquakes]. That dream came after the last big tremor in the valley.” Five months later Darlene still could visualize this dream. “I see the tree falling on me and I feel the tree for a few minutes. It falls on my upper chest. It feels like some limbs are on my head.” She remembered that when she had seen uprooted trees the morning after the earthquake, “I felt if I had been walking under I would have been pinned.” I asked, “Have you ever been pinned?” “My arm was pinned under some rocks last year,” she answered, “that’s how I broke it. We were all taking a hike. I slipped and fell. I slid to the bottom. It didn’t hurt me, but a rock hit my arm. My dad got me undone. I was pinned 5 minutes.” Darlene believed in dream prediction. “Sometimes dreams are signs,” she said. “My friend has dreams which really happen.” She repeatedly played “Charlie’s Angels” with this same girlfriend. “We get hurt sometimes. We get shot or stabbed, but never killed. It was both our ideas.”

Handling the Possibility of Disaster. For the adolescents, a sense of some actual personal control enabled them to face the dangerous world. Good health was most frequently mentioned as the way they could influence their destinies. Nancy, 14, opined, “I wouldn’t want to live until I’m 90 because you’re bedridden. I’d like to live to 75 or 80. It depends on how healthy I am. I expect to be healthy.” Marilyn, 14, explained, “I’m healthy now and I’m going to try and stay healthy when I’m older.” Ted speculated, “I will die of natural causes unless it’s an accident I can’t help anything about. There will be disasters but I don’t feel they will be directed at me.” David, 11½,
who was already preparing for his Bar Mitzvah, found a nonphysical formula for control. “I'm just trying to get all the education I can, and use it when I grow up.” Two late adolescent boys specifically mentioned the loss of personal control as the item they feared most. Ned related, “I'm afraid of predicaments you can't get out of.” Robert commented, “I'm afraid of being afraid.” None of the teenagers, including those about to graduate from high school, mentioned participation in the democratic process, community action, or public protest as ways in which they might control their own destinies.

The latency age youngsters relied on magical controls rather than realistic ones. They simply expected to be shielded. For instance, Jimmy, 10, speculated, “Maybe disasters will happen to me—an earthquake or a tornado, but I don't expect that to happen.” Ilse, 12, said, “Maybe I'll be injured in an earthquake but I'll make it!” Martin allowed that “An earthquake could happen [but] I'm not going to be in the middle of the earthquake!”

Maria, 14, was considerably older than the latency age youngsters who assumed magical invincibility. Her estimated life span had been “160” and “198 or 200.” “I was thinking first about disasters about not so long ago. But I thought it would be better now than later. If we have them now, we won't have them later. We'll be far more prepared in the future I think [for] like earthquakes or hurricanes or tornadoes.” The reasons for Maria's denial in fantasy became apparent in her second session. She related that when she was 8, her father who had not lived with the family for many years was run down and killed crossing a street. “I didn't want to go to school when my father died. I couldn't think of anything. I couldn't. He was on my mind. I tried to forget he was dead. I tried to keep it off my mind like he was alive. I found to stop thinking—just to think he's still alive. When my friends talk about their dad, I don’t say anything ... I imagine I see him. I imagine him. Sometimes I think someone is him, but it isn’t. Sometimes someone is walking to me. I think it's him.” This young girl’s sudden, overwhelming loss never had been accepted. Instead of allowing herself to grieve, she had relied so much upon denial in fantasy that her life span estimates, her verbal philosophy and her visual perceptions were distorted.

Although she did not exhibit the repetitive symptoms which are pathognomonic of psychic trauma, Maria’s misperceptions probably were related to the sudden, frightening, and unexpected way her father died. Whereas denial in fantasy appeared to be a normal latency age mechanism of handling the idea of disaster, its exaggerated use in an adolescent belied psychopathology.

**Plans for Career, Marriage, and Children.** Twenty of the 25 M-P youngsters expected to go to college (10 of 13 McFarland children and 10 of 12 Porterville children). Of 10 McFarland children who mentioned it, 8 planned to leave the community when they grew up; of 8 Porterville children who discussed it, 4 planned to leave. Most of the children planned to go to the larger cities or towns to find work. Each of the control children except Ilse, 12, had a career in mind. Twenty-two youngsters expected to marry and have children. Three others wished to marry but questioned the idea of having children. Glen, 13, wished to marry but thought, “My wife will probably leave me.” His parents had divorced when he was 5.

**Length of Life.** Twenty of the M-P group expected to live into their 70s. Three of them thought they might live particularly long lives. On the other hand, 5 M-P youngsters did not think they would live to see their 70s. There were two bases for this: transient adolescent depression (2 children) and severe fright, overwhelming helplessness, and/or bouts of unconsciousness (3 children).

At the time of their first interviews Ned, 16, and Tricia, 15, appeared depressed. Both thought they would live to 50 or 60. Both were discouraged about their school work. Five months later, their outlooks had changed entirely; neither child’s pessimism had been long-lasting. Ned explained, “Last time I saw you I wasn’t that happy. It was mid to the end of the year. I never told anybody before what I thought of myself. I thought a lot about it. Then I forgot until today. I said to myself ‘she talks to everyone like this.’ I guess you thought I'd be a punk, but now I really want to be somebody. I’ve got set goals. It was something new. Nobody ever talked that way in the past, or way into the future.”

On the other hand, three youngsters who believed they would live shorter than average lives appeared to have experienced past events which represented losses of personal control. Thomas, 14, had been badly shaken by a road accident involving his brother and father. “I don't see my future too good,” he related. “I'm not sure I'm going to be around. I think I'll die by 35. I don't have any reason for it ... I've had a few dreams where I died. I was hanging from a cliff and I fell and I hit bottom and died. Everything went black. I believe that dream would predict ... I don’t make plans ... I'm afraid I'll die in a wreck or something. My Dad and brother got in a wreck 2-3 years ago. It was really scary! I was pretty small. I saw pictures of the wrecked truck. I saw the truck itself. I saw my Dad and brother at the hospital. It just happened suddenly. They phoned and told Mom. When she got to the hospital she started crying. At first she didn’t believe it ... For 2-3 years I crashed and wrecked cars inside. When I was outside, I played basketball. I have
dreams of wrecks. Repeated ones. Maybe 10. In the dreams, I sometimes die. The dream just blanks out just like that... The world will die out I guess probably before 2000. It just seems. Everybody says. Not my church. Probably by an earthquake."

Veronica, 9, had been in an auto accident at age 7, and a year later had been hospitalized with pneumonia. For this child, both episodes represented extreme helplessness. Veronica began her interview with a statement that she would die at 50. "Fifty is a little old—a little young. I don't think [I'll live] as old as my grandmother and aunt are [75 and 93]. I think I'll die in the middle of my life of cancer or something. No one has it in my family that I know of. I got scared of cancer from watching TV. A lot of people are getting it." Veronica went on to predict that the world would end in 1000 years. "Sometimes I have the same dream—you dream something and then it happens. Once I died in a dream—I was 6 or 7 when I had it. I was 20 in the dream. I was driving. A man crashed into me. He took me to the hospital and I died in the hospital. It felt weird. The dream just blacked out... I [actually] went to the hospital about 8... I had pneumonia. They stuck a needle in my hand. I was in a car accident at 7. I was in a truck. Somebody hit us. A man. He didn't hit us that hard. I wasn't hurt. But it scared me a lot!" Veronica exhibited time-skew (Terr, 1983) when she estimated that the accident-hospital dream had occurred at "6 or 7" whereas she reported that the accident had occurred at age 7 and the hospitalization had taken place at age 8. Veronica's beliefs in dream prediction followed from her time-skew. Her belief in an early death further reinforced the impression that she indeed had been frightened by losses of personal control in the past.

Martin, 11, a Hispanic-American boy, was the third child with a history of past extreme fear who gave a foreshortened life span estimate. He thought he would die sometime in his 60s. "I don't know—till 60. Then you're tired, I heard." Martin had died in two vivid "Mayan dreams." "There was a girl and guys in a place where they picked someone they want to sacrifice. Two girls fought to the death. Then a girl picked me. She was about to hit me, but I moved. And then they held me down and went 'whap!' Then I was dead. They had a funeral and stuff. Just before the funeral started, my alarm went off. I saw my face. I was floating-like. I was 11 when that happened... One day I had a fever—yeah I did. I forgot how old I was. It was when school was out for the summer. I was 8... I was pretty scared being so sick. My Mom at the time said I might die. She was crying. She barely could say it. That frightened me! I kept saying 'I can't die at this age'... I was home 3-4 days with a fever. I slept 3 days and woke the 4th feeling terrible. The doctor said my temperature was 108°. I was 10."

Martin was confused whether he had been 8 or 10 when he "had a fever." It may be significant that he had deleted from his average life expectancy about 10 years—the approximate age he had been when he became so ill. The Mayan dreams incorporated both the fearsome legends which Martin loved and the anxiety associated with his illness and delirium.

**Personal Disaster.** Only one young person in the McFarland-Porterville group, Christine, 16, believed that an inevitable disaster lay before her. In her first interview, Christine told me, "I feel sure things will happen. Things have happened to me. I'd rather not talk about it." Christine did not wish to estimate how long she might live. "It scares me. I don't want to die. I just don't think of it."

I asked Christine if she had ever had repeated dreams.

"When I was little—9 or 10—I had repeated nightmares. It was about an old man chasing me. I'd wake up in the middle of the night."

"Did that ever really happen?" I inquired.

"That actually happened at 10." (Note Christine's time-skew. The nightmares are said to have taken place at 9 or 10 before the event—at 10.) "My life was kind of in danger. I don't really know... The world's future scares me. I'm afraid of war—the draft—the economy's falling apart. I kind of ignore it. I'm almost positive something bad is going to happen."

"What did happen, Christine?"

"I was assaulted sexually by an old man [a stranger]. I was 10. He chased me... He raped me."

Christine was the only child in the group who had seen a future disaster as an inevitability. In her second interview she said she felt much better, but her life plan, which had been relatively expansive previously ("I want to be something. I'd like to be rich, famous, smart—a fashion consultant"), had narrowed considerably, and now represented a potential re-enactment of her rape trauma. "I have a boyfriend. We have a very strong relationship. I'm having some differences with my family about it... My boyfriend went out with a girl who's having [his] baby now. Maybe last week. I don't know what he's going to do about it. He may pay child support... We won't do sex until we're married. Sex gives me a complex. I don't know if I'm looking forward to it. I used to not. But when I think of Peter I look forward to it. I feel my attitudes are changing a lot. I hope the experience [the rape] won't have a permanent effect!"

**Dreams**

**Repeated Dreams.** Thirteen M-P children described repeated dreams. Eight of these were terror dreams which were directly linked to past frightening episodes and which appear in various sections of this report. The additional five were relatively bland dreams.
which were repeated no more than 2 or 3 times and which represented fairly common dream themes such as flying, falling, sinking, driving endlessly, or being stuck.

Three of the repeated terror dreams were associated with physical injuries and sudden psychological shocks or helpless sensations related to them. Marcie, 17, a pretty girl despite some disfiguring old facial scars, expected to take her high school proficiency examinations in the 11th grade, marry her boyfriend as soon as possible, cash in her “trust fund,” and buy a flower shop. She believed in a soon to be expected Day of Judgment. She was afraid of big dogs and strangers.

“I had some repeated dreams,” she reported, “when I was 7 or 8. It was weird. A small narrow room with a bed and a dresser in it. An elevator is at the end of it. I would go in the elevator and end up in that room again. It would happen in any kind of dream. Once or twice in a dream. I can’t remember that room, but I’ve always hated narrow rooms. I just don’t like them.”

“Has anything terrible ever happened to you?” I asked.

“I was bit by a dog when I was 7. It attacked me, jumped on me and bit me in the face. That’s how I got my trust fund. I was a few hours in the hospital. They sewed me up and told me to go home. I was upset. The hospital was in Bakersfield. I walked in. Mom brought me. I lay there with a big old light over me. I fell asleep. I walked out, and it was dark. And it happened [the dog attack] during the day!”

“In the emergency room where they put you to sleep and sewed you up, was there an elevator nearby?” I inquired.

“It was a little narrow room with an elevator at the end!” Marcie exclaimed with surprise. The connection between the traumatic event and a dream as obvious as this one had remained unconscious.

Josie, 13, like Marcie, experienced repeated dreams related to the surprised helplessness of sudden injury.

“When I was little,” she recalled, “I fell and knocked out my front teeth and got a scar on my lip . . . I was screaming when my brother was chasing me [on a family picnic] . . . My mom told me to be quiet . . . Then I fell on a barbecue pit. I was in shock. I didn’t know anything. I stopped screaming and walked to the camper. Mom had told me to be quiet before when I was being chased. I screamed really loud when it happened, and she told me to be quiet again! I couldn’t feel anything. My mouth was like it was numb. I didn’t see blood. I didn’t feel holes. I could feel the roof of my mouth hanging down and I couldn’t talk . . . I was in the operating room 3 or 4 hours and in the hospital overnight. I had to stay in Pismo Beach 2 weeks. The doctor had to make sure everything was ok.”

“I dreamed me, my brother and me, were in the park. I wandered into a dark place. A man put me in a room and wouldn’t let me out. My grandma took me out of the place.”

“How do you know the reason your grandma took you?”

“I thought of my grandma when I hurt myself. I wished she could’ve been there. Mom told me I kept seeing, ‘I want Grandma. I want Grandma.’”

Josie dreamed this dream 3 or 4 times, but she also reported variations. “Me, my friends, and my family went to a pretty park. It was really gorgeous. We were hiding. I kept wondering why no one got me. I started looking around. I saw them leaving in a car. I’d go in front of them. They acted like they couldn’t hear me [my emphasis]. I ran after them. There was a wall blocking me off. Something told me I was in heaven. I was sad they left without me. I wanted to be with them.”

Josie understood that the dreams related to her accident, but she never had realized that her enforced silence with its accompanying utter helplessness had frightened, mortified, and angered her so much that she repeatedly dreamed about it. She also had played a post-traumatic game for several years afterward which she never had connected with the accident. “My brother [who had been the “chaser”] and I used to play one was a patient, the other a doctor. When I was 9 or 10. My brother still plays it with my cousin. It was just something for fun. It lasted probably 2 or 3 years.”

Jack, 14, was a cheerful, powerfully built high school football player. When he approached the subject of earthquakes he mentioned a specific fear. “An earthquake might happen. I’m scared of those. Something will fall on me! I don’t know what my chances would be.” He said he could not remember his dreams. “I had one dream over and over, and I forgot it. I was 13 . . . Sometimes I yell when I’m not mad. I’ve done it a lot . . . I’m not good at telling it. I’m afraid of strange noises in the dark. Somebody banged on my wall at night when I was 12. Just once. My brother didn’t believe me . . . I got my head cracked open in 3rd grade. My dad made a ladder. I pulled it, and it fell on me. My skull was fractured . . . I wasn’t unconscious. I was in the hospital 2 days or so. I was delirious. I had no dreams of it. I was pretty confused. I remember the ladder falling. That was scary. I dream of ladders, boards falling on me. That was the dream I had repeatedly at 13!”

“Is there any game you’ve played a lot besides football?” I asked.

“At 10 or so I built houses of cards all the time and then let them fall. That was my main game about 2 years.”

Examples of post-traumatic play (Terr, 1981) can be seen in Jack’s, Josie’s, Darlene’s, and Thomas’ state-
mments. Christine reported playing with dolls well into her mid-teen years—"they're my babies." This was probably post-traumatic play also.

**Dreams of Death.** Eight children died in their own dreams. Josie's picnic dreams described in the preceding section are not included because she never saw herself die in her dreams. There were two types of death dreams: (1) those in which the child dies and continues to observe afterward (2 children), and (2) those in which the dream ends when the child dies (6 children). Two were repeated dreams; two others were reported as occasionally visualized during the day. Explanations could be found in the past histories of six of the eight children who died in their dreams. The death dreams of Veronica, Martin, Thomas, and Darlene have appeared in previous sections of this report. The six explainable death dreams related to: (1) past unexpected fright or sudden helplessness, or (2) past unconsciousness or delirium. Both these conditions were psychologically related because each included the sense of loss of personal control.

The two death dreams which will be described in this section both relate to fainting. Dorothea, 15, had had "two dreams where I died. One from 14. It was wierd. I died because I was getting sick, a fever. I was really sick. I had a fever. I see myself in a coffin. My family was there. It's like laying there still alive and imagining how everyone is feeling and then the dream ends. At 15 a girl here got in a volleyball accident and messed up her knee and couldn't play anymore. I dreamed it happened to me and I couldn't walk. I dreamed somebody shot me. I didn't know who. I don't know where. I just died. That was weird. That's it." I asked Dorothea if she had ever fainted or had any type of terrifying experience. "I've fainted before when I was small, 7 or 8. From the heat—the sun. It was too hot. I was in craft activities for summer. That was very frightening. I didn't know how I got home ... I'm afraid of dying. It was weird. I suddenly asked the teacher to get a drink of water. It was a blackout—no dream, no nothing. I woke up and I started crying. I was home laying on the couch."

Dorothea's dream of being unable to walk and then being shot dead was a deeply disguised terrifying replay of her own experience of standing up, losing knee stability, and then fainting. Interestingly, she had suffered from an entirely different set of repeated dreams and a fear of "wrecks" following an automobile accident in which her father was seriously injured. The two experiences never coalesced or condensed. This also had been true in the case of Janice, 13, a Chowchilla victim who suffered from two discrete post-traumatic syndromes within the first year of the kidnapping (Terr, 1979), although eventually by 4 years post-kidnapping three traumatic episodes amalgamated in her dreams.

Ted, 15, dreamed, "A girl was with me and we were climbing a cliff along the ocean, and a dinosaur, a stegosaurus, was after us. We had almost gotten to the top, and he reached the top and pulled me down by the leg. I fell off and landed on the bottom. I saw the girl running toward a house. I had that feeling of death ... You're doomed. It's getting darker and darker. You see this fleeting figure. It gets dimmer. I woke up in a sweat ... I can visualize that dream." He related, in answer to a question, "I fainted once. I had bronchitis. I had a fever of 104°. My Mom had given me a bath and I blanked out. I was 13." At first Ted was certain that the stegosaurus dream had predated his fainting episodes, but 5 months later he believed the dream came afterward. When I pointed out this discrepancy, he admitted, "There's no way I can trace it for sure." For that matter, neither could I.

Dreams in which the child dies related to past sudden helplessness, fright, and/or unconsciousness because these three conditions involve unexpected losses of personal control. Losing consciousness from an alert state is more analogous to the act of dying than is falling asleep. Falling asleep is a voluntary activity. The individual permits himself to sleep and can fight off sleep for prolonged periods. On the other hand, no matter how much a person may wish to stave off unconsciousness, coping attempts such as self-control, positive thinking, will power, or mental diversion are almost always ineffective in stemming the tide of unconsciousness. There may be additional underlying causes to children's death dreams, which will become evident following further investigation.

**Dream Prediction and Dream Visualization.** Five M-P children believed that dreams foretold the future (Veronica, Josie, Darlene, Thomas, and Dorothea). Each of these five had been horrified and perhaps overwhelmed in past incidents. Furthermore, three children (Josie, Ted, and Darlene) visualized certain of their dreams at will during the waking hours. Because of time skew, time confusion, and retrospective presifting (Terr, 1982) post-traumatic dreams often mistakenly were believed to have been dreamed before the events. Rumor spread these "theories" throughout the child's community. A circular cycle was set up: Child gossip and folktales encouraged belief in dream prediction, and once traumatized children had "evidence" for this phenomenon, they contributed their "stories" to the pool of child-spread mythology.

Dreams which were visualized represented instances in which the child's coping apparatus had been temporarily rendered useless. These dream-moments did not depict the entire external event; instead they symbolized particular, child-specific internal representations of the event. For instance, Josie's visualization of a dreamed wall of silence between her and her
family represented the most personally traumatic moment at Josie's horrible picnic—her inability to speak and her passive acquiescence to her mother's instructions not to scream—as the roof of her mouth and her teeth were torn away from their moorings.

Chowchilla Comparison

The psychic trauma in Chowchilla was extreme. The kidnapped schoolchildren experienced 27 hours of continuous stress. They reacted with overwhelming fear to threats of separation from their families, anticipation of death, and terror of further terror. As it turned out, no child was spared the psychically traumatic effects of the experience within the first year and 4 to 5 years afterward.

Compared to the M-P group in which 5 expected to live less than 70 years, 14 Chowchilla victims 4 to 5 years after the kidnapping believed their lives would be shorter than average. The ages of death estimated by the Chowchilla children were considerably younger than those of the 5 M-P children who expected to die prematurely. For instance, 2 Chowchilla children thought they would die at 12, 1 estimated below 30, 4 guessed between 30 and 35, and 1 estimated 50. Six Chowchilla children evaded giving direct answers about when they would die, but made definite statements about dying young. The Chowchilla victims were generally inflexible about these ideas through several hours of interviewing. In contrast to this, the M-P group held their ideas about dying less rigidly: 3 of the 5 who originally had estimated a premature death had modified their ideas by the second interview.

Fifteen Chowchilla victims fully expected a future, personal, individual disaster, as opposed to one M-P child who expected such a calamity. The statements of the Chowchilla children about future calamity rang of inevitability: "Other disasters can happen especially of the Chowchilla children about future calamity rang of inevitability: "Other disasters can happen especially to me" (Sally, 11); "I do not trust life. I think there are very many disasters in it" (Leslie, 11); "I'm afraid of something terrible happening to me. I guess one would" (Susan, 9); "My luck is rotten. I am bad luck" (Barbara, 13); and "Nothing ever goes right for me, you know" (Bob, 18).

Three Chowchilla victims and three M-P children expected the world to end soon on Judgment Day. None of the six shared this belief with their parents or their churches. As it turned out, each of the three M-P children who mentioned this belief had been severely and unexpectedly frightened in the past.

Seven M-P children made personally specific life predictions such as "Something will fall on me in an earthquake," "I may be in a wreck," or "My wife will leave me probably." As I learned later in their interviews, each of these seven had experienced this specific type of stress in the past. These fears were similar to the beliefs of 15 Chowchilla victims that they could be kidnapped. To some extent, these specific fears invaded life-planning.

The Chowchilla children were far less concerned about earthquakes, fires, or accidents than were the M-P children. As compared to nine controls who feared earthquakes, three Chowchilla youngsters did; as opposed to six controls who feared accidents, one Chowchilla child did; compared to two controls who feared fires no Chowchilla child mentioned such a fear. As a matter of fact, four Chowchilla youngsters spoke of earthquakes in a particularly deprecatory manner, to show by contrast how much more frightening the kidnapping had been, and also to show themselves, perhaps, how much stronger they had become because of the kidnapping. For instance, Celeste, 11, a Chowchilla victim, seemed pleased that, "During the earthquake I watched Mom run around the house. I laughed. I knew everything would be ok." Bob, 18, a Chowchilla hero, described his recurring feelings of kidnap-related horror and then compared these to ordinary danger, "Motorcycle racing, earthquakes, anything like that don't bother me a bit."

The Chowchilla group was not asked specifically about the world's future; they were asked about their own futures and how they saw the future in general. They spontaneously said very little about how they thought the world was going. Only one mentioned the possibility of war as opposed to seven M-P children who were concerned about war. One Chowchilla child worried about ecology. "Russia is making more bombs and it's breaking the ozone layer," but in general, the Chowchilla group appeared to have withdrawn from considering problems of world overpopulation, food supply, and the economy; almost uniformly, when asked about the future, they ignored world politics, economics, or social problems. There was one notable exception, a world event which was mentioned by six Chowchilla children and by no control children: the capture of the American hostages in Iran! The interests of the Chowchilla kidnap victims had become personal and narrowed whereas the interests of the M-P group were both personal and global. Some quotes from the Chowchilla children may underscore the extent of their personal interest and their global disinterest. "Politics don't interest me" (Terrie, 14); "All the time you hear about kids running away, leaving their parents. They were found [dead] 7 hours later" (Barbara, 13); "An old man was shot in the mountains" (Janice, 17); "All the break-ins, rapes. It just scares me. And now I know it can happen to me" (Rachel, 16); "[pointing her finger] That's the guy who beat up the old man!" (Barbara, 13); and "I called [a kidnapped Merced teenager] and stammered like he was a movie star" (Johnny, 14).

One of the questions that repeatedly arises concern-
The difference between the Chowchilla group 4 years after the kidnapping and the M-P group had more to do with the intensity of the fears than the quantity of children exhibiting them. Some Chowchilla children experienced panic attacks, some ran from strangers, others begged their parents to pass unfamiliar vehicles on the road or became intensely suspicious when confronted with unfamiliar sounds or shadows in the night. The M-P children were wary rather than frightened. They were prepared for bad actions from strangers, and as a result, calmly avoided them.

Discussion

The McFarland-Porterville study demonstrates that a very short interview with a previously unknown child, when centered on the child’s predictions about his own and the world’s future as well as his dreams, can easily elicit memories of sudden unexpected fright and helplessness. The M-P group did not react to their interviews as if they had been threatening; the high school students were particularly enthusiastic about the opportunity to tell a professional their ideas concerning the far-distant future. Several reported that the talks had helped them.

A review of the psychiatric literature reveals a paucity of interest in children’s predictions for the far-removed future. Excellent textbooks such as Finch (1960), Kanner (1957), Kessler (1966), and Rutter and Hersov (1977) omit any mention of assessing a child’s future projections. Similarly, Bird’s (1955) monograph on talking with patients and McDonald’s (1965) article on child psychiatric evaluation deal with only the child’s past and present concerns. Those articles and books which do suggest asking the child about his future limit these inquiries to the child’s thoughts on career and marriage (Appel and Strecker, 1936; Simmons, 1974). Chess and Hassibi (1978) go further by pointing out that a child’s reasons for answers to questions about marriage, career, and children give “the psychiatrist additional information about the child’s present state of mind and his impressions of life within the family” (p. 158). Ironically Barker (1979) suggests that the child psychiatrist ask the child early in the interview about his “ambitions for the future” so that the examination can begin with “topics well away from symptom areas...” (p. 36).

From the McFarland-Porterville study, it is clear that children’s interest in their futures extends well past the bounds of marriage and career. One anecdotal account from another discipline confirms this observation. A group of junior high school students in Berkeley, California, were asked to fill in their lifelines up to age 60. This exercise was a pilot social research study with the aim of determining if drawing projected lifelines could be a worthwhile educational project. Several of the junior high school students in the pilot...
group protested to the investigators that the printed sheets with 60 as the final age were inadequate. They wanted to fill in their projected plans into their 70s and 80s (Wolfinger, 1982).

By their answers to questions about their futures and dreams, 10 of the 25 M-P children exhibited the effects of past severe fright and helplessness (see table 2). Of these, five described enough confirmatory symptoms (fears, post-traumatic play, or re-enactment) to lead to the conclusion that they had been psychically traumatized (Marcie, Christine, Josie, Jack, and Thomas). One child (Maria) exhibited pathological mourning following her father’s sudden unexpected death, and four others (Veronica, Martin, Darlene, and Dorothea) exhibited the aftereffects of severe fright and helplessness, perhaps psychic trauma.

Although this study was not designed to find the prevalence of psychic trauma in childhood, the discovery of 10 severely frightened children among 25 “normals” suggests that traumatic events and their psychological aftermaths are far more common than might have been expected. How much severe fright in childhood is never worked through, but rather is swept under the rug in the expectation that it will eventually simply disappear?

In McFarland and Porterville, I observed a continuum from fright to psychic trauma. Repetitive phenomena (repeated dreams, play, and re-enactments) were the most important indicators of psychic trauma. But in lesser situations of extreme fright and surprise, only a few ego functions might have been disabled, for example the sense of time or of visual perception could be distorted without “a knock-out blow” to the entire coping and defensive apparatus. Perhaps psychic trauma is not an all or nothing affair as Freud’s (1920) “breach in the stimulus barrier” would imply, but instead is a spectrum of conditions ranging from fright to trauma depending upon the type and the number of ego functions which are compromised by the shock.

The unexpectedly high prevalence of psychic trauma in this normal population requires confirmation in further investigations. Questioning about life philosophies, world expectations, repeated dreams, and death dreams should make such studies more feasible.

In the McFarland-Porterville study, single occurrences of death dreams, repeated dreams, or pessimistic life and world views occurred in children who exhibited no other indications that they had been psychically traumatized. It can be concluded that such isolated findings in an otherwise unaffected youngster are not sufficient to indicate the presence of psychic trauma or of severe fright.

References


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