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DEVELOPING PEOPLE AND ORGANIZATIONS

THE MEANING OF BEHAVIOUR - AND THERAPEUTIC WORK

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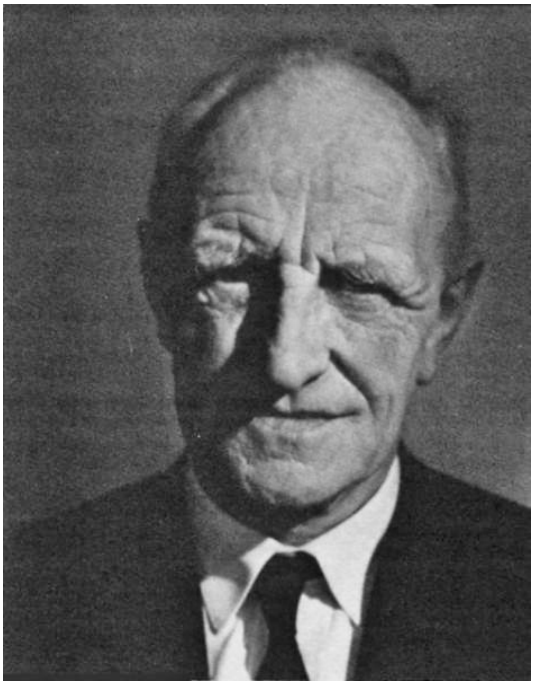
THE MEANING OF A CHILD'S STEALING AND OTHER ANTISOCIAL BEHAVIOR (2014)

Of course, this is a complex subject and there is a risk of making simplistic generalizations. So, the aim is just to give some food for thought that may broaden our perspective. The circumstances for each child and young person are unique as is the potential meaning of their behavior. That is an important starting point – all behavior has meaning, however bizarre and bewildering it may seem.

What prompted me to write a blog on this subject was a comment by a psychologist, who said to me, 'That while culture has a significant influence on behavior, stealing seems to be a universal theme across cultures, for children who are in care'. She wondered why?

Early on in my work as a care worker in a therapeutic community for boys who were severely traumatized by abuse and neglect, I was introduced to Donald Winnicott's (1984) concepts of the 'Antisocial Tendency' and 'Delinquency as a Sign of Hope'. These concepts were especially helpful then and they still are now.



The children's behavior in the therapeutic community could be extremely antisocial. The concepts provided a framework within which understanding could be made from what often seemed incomprehensible. Initially, a few simple points helped. Children who have been abused, hurt, rejected and who don't trust adults will relentlessly test the patience, stability and reliability of anyone who tries to care for them. This can be perceived as a necessary survival mechanism the child uses to hopefully arrive at the point where someone does survive him and becomes trustworthy in his eyes.

Unfortunately, many adults don't 'survive' and either they or the child leaves, so the pattern of rejection continues. Each time this happens the problem is made worse for the child. So, the adult's survival is essential! This is the case not only for an individual working with the child but also for the team. The child will also test the 'family group's' ability to survive together. Within the context of this difficult and often unpleasant work it can be seen, there is a seed of hope. It would be more worrying if the child gave up and became completely withdrawn. Usually, if a prolonged period of testing and challenging behavior is survived, the child settles and begins to accept the care he so desperately needs and wants.

Before beginning work in a therapeutic community, I had seen little extremely unusual behavior in children. Plenty of 'children being children', but nothing out of the ordinary. In the therapeutic community home, I began in, much of the behavior was extremely unusual to me.

One young person would eat the stuffing out of his bed cushions and was obsessed with the sewerage system. Another used to get out of his bed and sleep in his cupboard. Another ran off one night, found some old tins of paint in a shed and emptied them in a decorative pond. I'm not sure we ever figured out the meaning of all this behaviour, but we did try to think about it. Winnicott (1967) urges caution in expecting such a child to explain his behavior,

> The aggression is liable to be senseless and quite divorced from logic, and it is no good asking a child who is aggressive in this way why he has broken the window any more than it is useful to ask a child who has stolen why he took money.

With the boy, the paint and the pond, maybe it was just a series of random opportunities and impulses. However, the pond was in the center of the community so the fact that the water had turned a whitish color could not be missed in the morning. Ward (2011, p.5) gives a general explanation,

> In the first place this search for boundaries may be shown in the family, and in the form of stealing, disrupting, or doing other things which will draw attention to himself, giving him some sense (however negative) of agency in the world.

The young boy had certainly gained everyone's attention and maybe that was what he needed. However, an incident like this can easily go wrong, especially if the pond had fish it in it, which it did! The consequences of the action can become a bigger nuisance than the child intended. And instead of helping him to be understood which may have been his unconscious hope, causes a harsh reaction without understanding. Winnicott (1956, p.309) explains the nature of the difficulty and the hope,

> The antisocial tendency implies hope. Lack of hope is the basic feature of the deprived child who, of course, is not all the time being antisocial. In the period of hope, the child manifests an antisocial tendency. The understanding that the antisocial tendency is an expression of hope is vital in the treatment of children who show the antisocial tendency. Over and over again one sees the moment wasted, or withered, because of mismanagement or intolerance. This is another way of saying that the treatment of the antisocial tendency is not psychoanalysis but management, a going to meet and match the moment of hope.

As Winnicott explained, it can seem ironic that just at the point when things begin to feel hopeful the child's behavior can appear to get worse. On this occasion, we did manage to tolerate the boy's behavior and work with him in a positive way. Often thinking about why a child did something would offer some useful insight. This kind of thinking about meaning is central to the psychodynamic approach. Comparing this with a cognitive approach and a focus on developing strategies to manage behavior, Schmidt Neven (1997, p.4) says,

> However, in using a psychodynamic approach, one would view the problem in a different way. First of all, one would postulate that the destructive behaviour is in

> itself *an important communication*. It might, in the context of the family, be the only way in which the child is able to communicate something about what he or she feels. So we would ask the question 'What lies behind the destructive behaviour?' The other question we would ask is 'Why does this behaviour emerge *at this particular point in time*?' So the questions '*What does it mean*?' and '*Why now*?' are all-important.

Adrian Ward (2011, p.4) wrote about these concepts and considered them in relation to the riots that took place in England during 2011. In reference to Winnicott, he states,

> The first thing to be clear about is that he sees the antisocial tendency as being universal: in a refreshingly 'normal' way he acknowledges that every child has, in effect, both social and antisocial tendencies. At this point I must ask those readers whose own childhood was without blemish to 'look away now' – those who never deliberately swore, broke anything, shouted at their dear mother or pushed their sibling off his or her perch from time to time.

Interesting that Winnicott, as with the psychologist I mentioned, also referred to the antisocial tendency as universal. One of the tasks of being a parent or carer as Ward and Winnicott point out, is providing the child with clear and appropriate boundaries. At the same time, it is important to recognize and have empathy for the fact that healthy development requires the child to push against these boundaries. Sometimes the child might need to go over the boundaries to experience what it is like on the other side. The child psychotherapist Adam Phillips (2009), in his paper 'In praise of difficult children', explains the paradox this creates,

> The upshot of all this is that adults who look after adolescents have both to want them to behave badly, and to try and stop them.

Antisocial behavior becomes a more worrisome problem when it isn't responded to and contained within the family or caretaking setting. The child in this instance is then likely to seek boundaries outside of the family home. Still, there may be an underlying hope within the child that his behavior will alert his primary caregivers.

Ward explains,

> It is as if, in Jan Abrams's words, 'the individual is searching for an environment that will say *no* – not in a punitive way, but in a way that will create a sense of security' (Abrams 1996 p.54). This is largely an unconscious search of course, in which the child is repeatedly driven to seek out something which is instinctively felt to be missing. (p.5)

Many parents will have received the occasional cautionary letter from the school principal or even police, and this has been enough to alert the parents to the child's needs whatever they may be. However, when this type of scenario isn't responded to well the child's behavior may worsen. Over time he may become hardened to living in a world where he feels his needs can't

be understood and met. He may then begin to seek ways of gratifying his own needs. The antisocial behavior may take on a secondary gain, such as feeling excitement, power, and delinquent status. Dealing with this problem is far more difficult and highlights the importance of noticing and responding to signs of antisocial behavior early on.

This brings me back to the issue of stealing and why it is often one of the first acts of the antisocial tendency across cultures. One universal fact regarding child development is that a child cannot grow and develop, without something good and nurturing from adult carers. The child has an instinct for this and behaves in such a way as to elicit the positive response of a carer to his needs, normally the mother to begin with. This has been called 'attachment seeking' behavior. When a child loses something that felt good, however short or fleeting it was – he is deprived and wishes to return to the positive state that has been lost. Adam Phillips (1988, p.17) in his book on Winnicott explains that when a child in this situation steals, he is not specifically interested in the 'thing' he steals. He is stealing 'in symbolic form only what once belonged to him by right' and which has been lost. He is also 'alerting the environment to this fact' and testing the environment's tolerance towards the nuisance value of such behavior (Barton, Gonzalez and Tomlinson, 2011, p.95). This type of stealing can be understood as an unconscious impulse. It is such a primitive instinct that it can be expected to be a universal phenomenon of childhood deprivation. Maybe even the word stealing is not appropriate as it is so easily misunderstood in a negative judgmental way.

Often the most helpful way to respond is to consider that the child may be looking for his needs to be met within the context of a nurturing relationship. In my experience, once this happens the 'antisocial tendency' is likely to disappear at least to what is within the realm of ordinary child development. Ward (p.7) concludes that the concept of the 'Antisocial Tendency' and 'Delinquency as a Sign of Hope',

> …was and still remains one of Winnicott's most remarkable and profound insights…

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Adrian Ward's free pdf paper can be downloaded here, http://goo.gl/WUwLoq

I just found this blog http://goo.gl/nKxO9i and think it might be of interest to those who are interested in Winnicott. It does strike me how much some of his concepts still resonate so powerfully. This is on the 'Good Enough Mother', which I have often found to be a salvation!

Comments

Gulchekhra Nigmadjanova, Advocacy Advisor at SOS Children's Villages, Uzbekistan

I opened for myself Winnicott's Good Enough Mother book. CRC says exactly the same about parenting. And this is something many of us parents live with and apply in bringing up. For there is such a devoted mother or someone dear behind many successful children and adults too. How to raise understanding of this parenting, how to empower parents - of own or foster or caregivers to treat their children using this attitude and approaches - this is an issue.

Moses Wangadia, Programs Team Leader at Retrak, Uganda

I like the phrase deprivation. Working with street children in a long time I have seen and heard parents complain about their children becoming thieves and hence ending up on the streets. But what I have learnt about this is that it starts with a child being denied food at most because the child doesn't want to work, which is the order of the day in most homes where children contribute or participate at home in certain areas. Once this happens, the children are left with no option but to start looking out for where to get food and certainly having no source of income the easiest way out is to start sneaking to get what to eat either from home or around the neighborhood. Unfortunately, in doing this, some learnt that there is an easy way out where you don't work but get what to eat and it becomes a behavior. All this at a certain level has elements of deprivation. However, what I need to figure out is what causes someone to be averse to working or following instructions at home that lead to this deprivation. If it doesn't still lead to deprivation of parental attention.

Bonnie Murphy, Consultant, Autism / Child Abuse Advocate, USA

Excellent article for both clinicians and caretakers (parents/guardians) of children who display antisocial tendencies. My viewpoints are from the parent side, by no means am I professional, except in the way of "school of hard knocks" as I go on a journey with my son who has antisocial tendencies. I agree with you; that stealing is almost always universal among children who have been abused, traumatized, hurt or rejected.

Loved how you Referenced Donald Winnicott's (1984) 'Antisocial Tendency and Delinquency as Sign of Hope,' was especially interesting and his concepts appear to hold true 30 years later: Abused, hurt, rejected children tend to not trust adults and will test patience, stability, and reliability of anyone who tries to care for them. When a child steals an item, the item represents something of loss - it's a subconscious impulse.

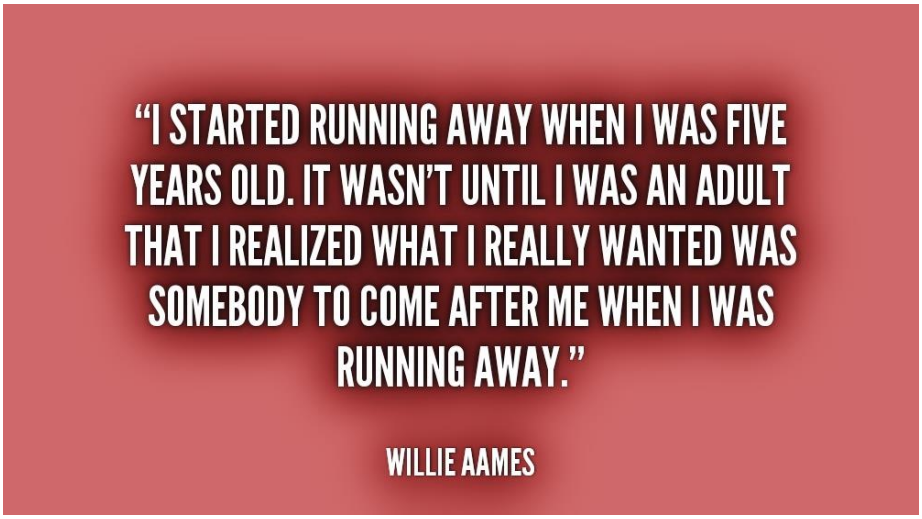
Another vital concept by Winnicott; A child tests the 'family group's' ability to survive together. Searching for boundaries in the family, a form of stealing, disrupting or doing other things which will draw attention to himself - giving them a sense of control. The child may or may not know why he is doing such behaviors only that it is self-soothing in ways that most people cannot understand. Over the years I have concluded that children of trauma, abuse, neglect, abandonment and rejection are only comfortable in chaotic environments - if no chaos, they will create even though it was what they hated when in an actual unsafe chaotic environment. It seems that breaking this pattern is most difficult. My favorite concept Winnicott illustrates is '.... the treatment of the antisocial tendency is not psychoanalysis but management....' This supports Jan Abram's words when she wrote about Winnicott's work: '...the individual searches for environment that will say NO - not punitive way, but way that will create sense of security....' Which comes back around to your concept: '.... One universal fact regarding child development is that a child cannot grow and develop, without something good and nurturing from adult caregivers...'

The flow of all incites; Winnicott, Abrams, and yours highlight very important concepts that all caregivers should be aware of. Families need access to such information/training when dealing with antisocial behaving child - it is a vital part of the child's success as he learns to trust society. I reiterate; I speak from personal experience, having dealt with these issues with my 12-year-old son for last eight years - we were completely blindsided by all these behaviors and many more. We knew that adopting an older child would have some issues but never in our wildest dreams could we have foreseen what we have gone through as a family.

Patrick Tomlinson
About the universal nature of anti-social behavior!

> I would there were no age between sixteen and twenty-three or that youth would sleep out the rest; for there is nothing in between but getting wenches with child, wronging the ancientry, stealing, fighting. (Shakespeare, A Winter's Tale, 1623)

REASONS A TRAUMATIZED CHILD RUNS AWAY? (2015)



I have been thinking about the link between trauma and running away. In work with traumatized children and young people, running away can be one of the most challenging and troubling themes. However, as a universal theme, it is one of the most important matters we need to find a way of thinking about and working with. We can't just 'lock' children up or ironically 'throw them out' after they've ran away.

First, I should make it clear that I am not implying that the American actor Willie Aames was a traumatized child. I use the quote only because I think it makes at least three useful points. One is that running away as with many behaviors can have different meanings beneath the surface. Secondly, Aames implies that his behavior was a form of communication. It also seems that no-one picked up on his communication in the way he was hoping for unconsciously. Thirdly, he makes it clear that his conscious view only emerged many years later. So, as a child, he didn't know why he was running away. If he had been asked, he probably could not have given a meaningful answer. Even though the quote says that he wanted someone to run after him, this doesn't explain why he had the impulse to run. Why did the impulse develop when he was five?

For most children, there is a point in their development where they realize they can run away. This may just be a sign that the child has a healthy curiosity about what else might be out there. The child realizes she has the potential to go outside of her parent's world. It may be a way of experimenting with crossing boundaries. To run away one must go over a line. This possibility, which is more an interest in exploration and discovery may enter the child's imagination and dreams even if it isn't literally acted out. Is the urge to run away a move towards independence? "Once I ran to you, now I'll run from you", as the lyrics to the song 'Tainted Love' say. The child might feel excited and slightly fearful about the possibilities.

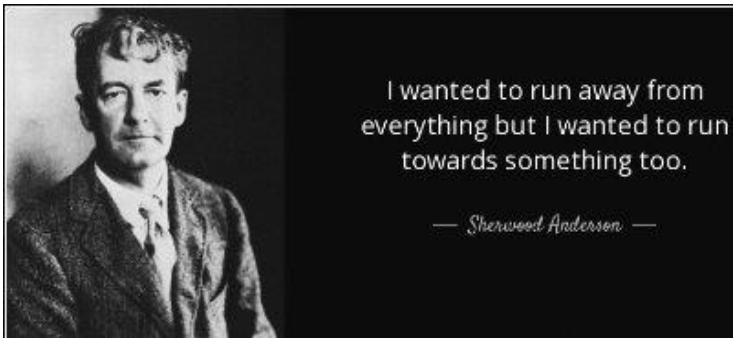
A traumatized child may have far more troubled connections with the impulse to run away. It is clear, one of the terrifying things about trauma is that it is inescapable at the time. The body is

unable to escape, leaving the mind and body unprotected from the full terror of what is happening. The only form of escape, especially for children who face repeated traumas such as abuse, may be to dissociate. In other words, their mind becomes removed from the body. As if it isn't happening to them. Physiological and psychological mechanisms kick in to reduce pain and increase the chance of survival.

As a result, the child's body might feel useless to him. He may feel let down by his body and ashamed of his 'failure' to escape (van der Kolk, 2014). We often see traumatized children who are lacking basic physical competence. Many have difficulties in co-ordination and can appear clumsy. Self-esteem deteriorates and the problem of having an incompetent body and mind grows.

As a child begins to recover from trauma, he will begin to gain confidence. He will become physically and mentally more capable. For the reasons I have mentioned, gaining a sense of physical mastery is extremely important for these children. Running might be one of those areas of mastery along with other physical activities. Their previously 'useless' bodies now begin to feel more capable. One upshot of this is that they can now experiment with escaping. If a small child has been unable to escape terrifying situations at the hands of an adult, as he grows bigger it must be liberating to be able to run away. The message might be, I am no longer powerless, and I can get away when necessary. Just the experience that it is possible might be enough. The child can't necessarily trust that there won't actually be a need at some point.

If a traumatized child feels empowered by being able to run away, in some ways it might be an important step forward. If this is the case, we need to be careful not to be punitive and harsh in our response. This would be a bit like punishing a victim for giving up the victim role. I would add that it is generally a good thing not to be punitive and harsh towards a traumatized child. This isn't likely to induce a feeling of wanting to stay. In fact, what we do on the child's return can be crucially important. How do we express our concern but also provide her with the space to discuss, explore and say anything that might be important? Does the child feel welcomed back? How do we feel about having her back? Sometimes people may feel relieved and angry at the same time?



Even if there is a healthy aspect of development in a child running away, those being ran away from are not likely to welcome it. So, what are the kind of questions to consider? One well known and key question is whether the person is running away from or to something. Or as the American novelist Sherwood Anderson said it may be both?

Is it possible that there is something going on in the living situation that the child is running away from? For example, is she being bullied? On the other hand, is someone luring her away? Are there unsafe, frightening situations that she is either running away from or to? Does the child just feel safer, freer and in control being away from people? Is she running away from risking the possibility of a good relationship? Is there something positive she is running to? Such as a wish to be reunited with family. Even though we might have concerns about the family the wish for connection is natural.

As I have said, running away is often a very difficult experience for those who are being left behind. It can feel that a child running away is rejecting the care being offered. On top of this, there can be a lot of worry and anxiety involved. When I started work looking after ten traumatized boys it wasn't long before I experienced a child running away. Given the children's lack of concern for safety and their vulnerability, the risks were significant. We were in a therapeutic community on a farm, about six miles from the nearest town. Sometimes by the time a boy who had run off got outside of the community, he would come back, already tired by his efforts! This was one advantage of the location. Running away didn't put the children in such immediate danger as it might in a city. There have been many reported instances of children in out of home care, getting involved with gangs, drugs and sex, etc. This inevitably causes huge anxiety for the adults looking after the children. The anxiety can escalate so that all attention is on stopping the child from running away and little on thinking why she may be doing it.

It is also worth paying attention to our feelings and thoughts while the child is 'missing'. What is the running away evoking in us? For example, is the child projecting some of her fears into us? Is she giving us a taste of what it feels like to be abandoned and run away from?

A colleague, Tuhinul Islam Khalil (2013) mentioned that in Bangladesh, children living in a large residential home where he worked were often running away and 'dropping out'. Contact with the children's mothers was not encouraged as many of them were sex workers. Tuhinul recognized that the children needed their 'mums'. He changed the organization's policy so that,

> Mum can come and visit any time they want. They don't even need appointment to come. So, it is like magic, within a month the dropout rate has nearly gone.

This was an excellent example of thinking about the underlying reason and meeting the need. Back to my days of trudging around the muddy fields looking for run-away children. Sometimes I might find the child and he would return with me. Often it felt like a game of cat and mouse. This could be exciting for the child and maybe sometimes for the adult. After a few hours, he would usually return on his own accord for a warm bath and food. Simon Bain, a resident of this therapeutic community in the 1970s, commented (2012),

> Although, you could say, I wasn't a success, the funniest and indeed my fondest memories are the 'running outs' we used to do, with the staff spending half the night chasing us.

This raises the question as to whether the need to 'run away and be found' can be built into daily life. For instance, hide and seek type of games or more adventurous orientation activities for older children. I imagine that hide and seek is a universally popular childhood game. Capturing why this game can be so meaningful, Winnicott (1963, p.186) said,

> It is a joy to be hidden and a disaster not to be found.

The child has a simultaneous wish both to be hidden and to be found. Symbolically this may represent the child's inner self being hidden but also wishing to be found. Some children might feel like no-one cares enough to look for and find them. They might feel they aren't even noticed and seen. 'Out of sight out of mind', as is so often the reality for traumatized children.

Sometimes when a child ran away, being the one to go look for him could feel like a preferable activity to some of the alternatives, such as cleaning the house or attending a difficult meeting. Of course, we couldn't easily admit this, but it highlights one of the possible dynamics. As adults, what might we have invested in the child running away? Might the child be running away for the adult? Is the child running away from something that he senses is going on between the adults? Thinking about what we do and feel in response to the run-away child may give us a helpful clue.

In one of the training sessions I attended in those early days of my career we watched a video of a well-known psychologist, Bruno Bettleheim, talking about his work in a famous institution. He said that sometimes a child could not be stopped from running away so rather than 'run after him' they tried to 'run with him'. I found this an insightful way of re-framing the problem. Maybe sometimes our job wasn't to stop a child running away but to make the running away safe. To be alongside the child.

Sometimes a child may run away on his own and other times with another child or group of children. This can raise additional worries and questions. Such as, is one or more of the children abusing another? What are they doing when they are away? Are they getting into delinquent activities? If they feel excited having adults on the run, do we make matters worse by joining in with the chase? If we don't, are we like the neglectful parent? What happens to any children who do not join in with the running away? Is all our attention on them distracted, so running away becomes a way of gaining attention? Is what we are providing in the home interesting, nurturing and stimulating so that there is a bigger pull towards staying rather than leaving?

Knowing the child's history may also give us important clues. Is there a pattern of running away in the child's life? Did important people in the child's life run away? Was the family always on the move? If the child did run away before what happened afterwards? Did she get punished or

eventually moved to another placement? Is the running away a form of testing to see what we will do?

Running away can also be a symbolic wish to escape fears and situations. These might be connected to the past rather than a reality in the present. A traumatized child feels as if the trauma or the possibility of it is still present. Is being on the move, a way of avoiding pain? If the child had someone alongside her to hold and work with her pain would the need to run away change? If we work on facing the pain, might the need to run away get worse? Thinking what the running may mean symbolically can be a helpful area to explore. A psychologist, Rudy Gonzalez explained a useful example to me. He had noticed in Australia that children in 'out of home' care would often be attracted towards a train track if there was one close by. Young people and adults who have 'behavior problems' are often referred to as being 'off the rails' or 'on the wrong track'. Rudy refers to Sharon who could often be found by the train tracks,

> We could have judged Sharon's behaviour as being only destructive, which may have resulted in a punitive response. In contrast, seeing the behaviour as an attempt to act out a positive desire which was to get on the 'right track' led to a more empathetic response. Through her behavior, Sharon had introduced the symbol of the train tracks. Travel metaphors such as trains and train tracks are full of symbolic possibilities – excitement, envy for those on the train, danger, change, escape, being on the move, a new life. (Barton et al., 2011)

I think that is a good place to finish, there is plenty to think about on this subject!

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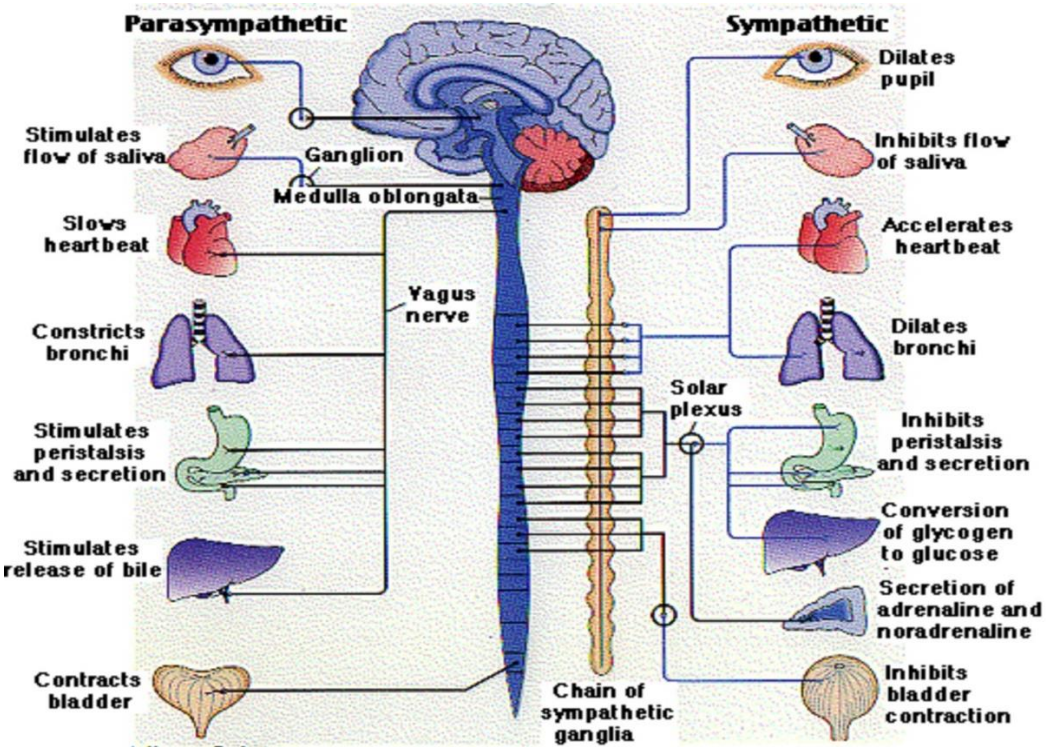
'ACTING OUT' BEHAVIOR OF TRAUMATIZED CHILDREN, THROUGH THE LENS OF POLYVAGAL THEORY (2019)



sengnduwengamuk.blogspot.com

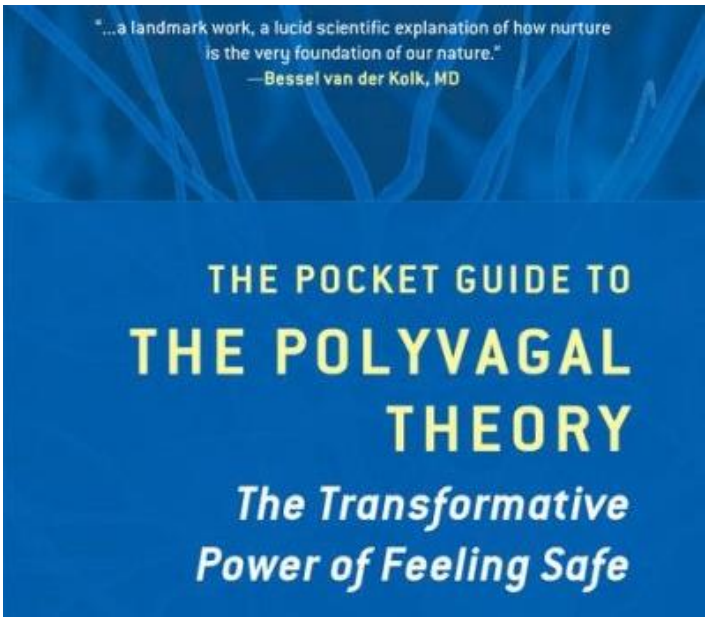
Recently I have been learning, or trying to learn may be more accurate, about polyvagal theory. I am thinking about its application in work with traumatized children and young people. Although, what I have understood so far is relevant in many other areas of life and work. I have been reading Stephen Porges (2017) – The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe. As the 2nd part of the title implies, this is fundamental to working with trauma, and hence my interest. If the title of Porges' book suggests easy reading, i would say it is not, but it is written clearly, and I am finding it very helpful.

Learning a new theory is always a challenge, but when a theory is connected to our own experience it is easier to conceptualize. It also helps us when a new theory fits well on the top of other theories, which we already understand well. Development is usually incremental. I believe in the practical implications and use of theory. As Kurt Lewin (1943) a pioneer in organizational psychology famously noted, there is nothing so practical as a good theory. Tongues (2016, p.80) succinctly states the usefulness of a good theory,

> A theory is an explanation, a set of ideas about how something works, and the practical application of good theory can be invaluable.

I think that polyvagal theory is very useful in helping us understand some complex issues. So, I am going to try and apply it to something I have been talking about recently – the meaning of

'acting out' behaviour of children who have suffered complex trauma. In particular, the phenomena of 'running away' behaviour, which I wrote about in a previous blog (Tomlinson, 2015a).



Porges explains that a vagal pathway (nerve) is part of the autonomic nervous system and poly means there are many of them. The vagal pathways function to protect safety. They alert the person to threat and mobilize a protective response. This happens at an unconscious level, which Porges refers to as neuroception. In other words, it is the nervous system that is identifying threats to safety, as well as opportunities for enhancing safety and well-being. Dana (2018) summarizes,

"Neuroception results in the gut feelings, the heart-informed feelings, the implicit feelings that move us along the continuum between safety and survival response. Neuroception might be thought of as 'somatic signals that influence decision making and behavioral responses without explicit awareness of the provoking cues' (Klarer et al., 2014, p.7067)."

When we are in danger neuroception takes charge and over-rides our thought processes. This was demonstrated to me vividly in a personal experience. I was on a beach in Israel where a group of soldiers had set up a temporary camp. Suddenly, I heard a loud bang behind me. Before I knew it, I was sprinting and ended up about 30 yards down the beach. I was safely in the sea before I stopped to turn around. Thankfully no-one was injured. There had only been a minor explosion of a small cooking gas canister and nothing more sinister. I remember wondering how I moved so quickly and so far without even thinking. Good job my neuroception was working well and gave the orders to flee! Problems arise when the vagal pathways have been impacted by trauma, especially of the complex kind. The neuroception becomes hypervigilant, misreads situations and may respond to safe situations as if they are dangerous. We know this well in our work with trauma.

Theoretical understanding of the centrality of safety in healthy development and treatment is not new. Bowlby (1952, 1988) explained the concept of how a secure base is the starting point of healthy development during infancy. In the treatment of trauma, Pierre Janet in the 19th century, outlined that safety/stabilization was the first phase of treatment followed by processing and integration (Kezelman and Stavropoulos, 2012). In work with traumatized children and others, safety is the starting point. The child must actually be safe and then reach the point where he/she also feels safe. Feeling safe is not the same as being safe. It might take

a year or longer of being safe before he/she begins to feel safe. And there will be plenty of ups and downs along the way. Before connections can be achieved, safety must be established. Only when a disconnected or unconnected child begins to feel safe will he/she be able to take the risks involved in connecting. Once the process of connecting begins the child is moving towards integration.

> The foundations of well-being can be considered as safety, connection and integration (Tomlinson, 2015a).

A brief look at Porges' breakdown of the autonomic nervous system, into three distinct functions helps elaborate our understanding of safety. The oldest part of the nervous system is the dorsal vagal circuit, which developed over 500 million years ago. It can be considered reptilian. This is part of the parasympathetic nervous system. The dorsal vagus takes hold when a person feels trapped and in life-threatening danger. The typical responses include freezing, becoming immobile, fainting and appearing dead. The aim is to be still, to avoid an attack. And if attacked the heart rate and breathing are slowed, blood is withdrawn from the surface of the body to the organs. This is a survival, energy-conserving response making death less likely if attacked and injured.

Another feature of the dorsal vagal circuit is dissociation. This is where the person who is physically trapped in a traumatic situation becomes psychically removed from their body. Again, this is not a conscious process. Sometimes afterwards a person talks about being outside of their body, observing what was happening but not feeling the pain. It is also possible that they may have no conscious memory of the event. Dissociation is a protective function, but if repeated regularly it can begin to have serious consequences for healthy functioning. As Van der Kolk and Newman (2007, p.7) state,

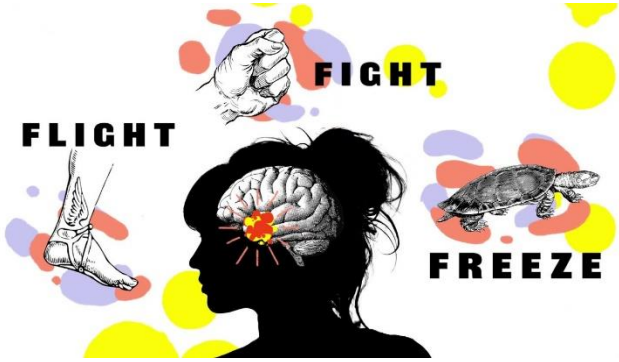
> …posttraumatic syndrome is the result of a failure of time to heal all wounds. The memory of the trauma is not integrated and accepted as a part of one's personal past; instead, it comes to exist independently of previous schemata (i.e., it is dissociated).

I was fortunate to begin my work at the Cotswold Community, a therapeutic community in England. It was for boys who had suffered complex trauma. The therapeutic approach was based on the work of Psychoanalyst and Pediatrician, Donald Winnicott. Our consultant Barbara Dockar-Drysdale (1958) had developed the concept of a 'frozen' child. This was one of the syndromes of deprivation (1970, 1970a), that children developed as defence mechanisms in response to repeated trauma, including neglect and abuse. A 'frozen' child usually had the most serious levels of abuse and neglect often from birth. I think the frozen child had much in common with a child whose dorsal vagal circuit is hypervigilant. Dockar-Drysdale (1958) explained her preference for the term 'frozen' rather than 'affectionless', which was also used at the time, because,

> …'affectionless' sounds final, but a thaw can follow a frost.

A thaw of something frozen inevitably means movement. This progression can also be linked to the second part of our autonomic nervous system, which developed 400 million years ago. This is the sympathetic nervous system and is mobilized in response to danger. As in a thaw, mobilization means movement and is a progression from the freezing function of the dorsal vagal circuit. The sympathetic nervous system prepares our body for action. Faced with danger this is in the form of fight/flight.

Accurate neuroception detects a threat from which there is a possibility of escape, as in my experience on the beach. Where neuroception is over-active, as is often the case with traumatized children, danger may be perceived where there is none, or the level of it is exaggerated. So, the child over-reacts, and fights or takes flight when there is no actual need. This can happen very quickly from a state of apparent calm and is often bewildering to those involved. However, we might all recognize our own 'trigger' points, which can lead to defensive over-reactions. (pic, Anxiety Canada, 2019)



Thinking of this in relation to running away, there may be different things going on. The child who runs away maybe in a fearful state and has sensed a threat, whether it exists or not. The aim is to escape. Another child in the same situation may perceive the threat to be even more serious, and he or she may freeze rather than flee. The dorsal vagal circuit for this child may be dominant and the first form of defence.

For anyone working with this, such as a carer, the fleeing child may evoke more anxiety than the freezing child, though the fleeing child may be healthier and less traumatized. This reminds me of Winnicott's (1956, 1967) concept of the antisocial tendency and delinquency as a sign of hope. The fighting/fleeing child is at least 'alive' and mobile. The nuisance caused by the child also contains hope, which provides an opportunity for us to respond and nourish. Children who have suffered inescapable terrifying abuse, often feel that their bodies are useless and a source of shame. It seems a natural and healthy consequence in the process of recovery that the ability to escape might be put to the test. Feeling that this is now possible can be seen as a hopeful development.

Clearly, we don't want traumatized children running away just to prove that they can. There is also always the possibility that the situation is not so benign and something real is causing fear. We always need to be vigilantly aware of any possibility of abuse or potential harm. Establishing and preserving safety is always the number one priority. We should make sure that the environments we provide for children are nurturing and emotionally containing.

We can also help the young person gain a sense of physical mastery in many other ways. For example, playing sports, bike riding, running, skipping, music and dancing. Games such as tag and, hide and seek, which allow a feeling of being able to escape might also provide an

excellent way of fostering a newfound sense of belief in a competent body. We can see that as Porges says, the mobilization of the sympathetic nervous system, can be playful and not just fight/flight. Simon Bain (2012), a resident of the Cotswold Community in the 1970s, seems to suggest this when he talks of his memories of running away,

> Although, you could say, I wasn't a success - the funniest and indeed my fondest memories are the 'running outs' we used to do, with the staff spending half the night chasing us.

Porges (2017, p.129) states,

> The difference between the fight/flight and play is that while mobilizing, we're making eye contact and engaging each other. We're diffusing the cues of threat with social cues, so we can utilize the sympathetic nervous system to support movement without moving into defensive fight/flight behaviors. When we involve the social engagement system, we can even use the oldest system, which is immobilization, and we can be in the arms of someone that we feel safe with.

The final and most recently evolved part of the autonomic nervous system is the ventral circuit. As with the dorsal vagus, this is part of the parasympathetic nervous system. It evolved 200 million years ago and is uniquely mammalian. The ventral circuit looks for safety and social connection. In this sense, it could be considered as a preventative and anticipatory part of the nervous system. It gives us the capacity to co-regulate (Dana, 2018). The neuroception involved is picking up cues for connections that will add to our safety and hence improve our potential for survival. Unfortunately for many traumatized children this function of the nervous system is shut down and underdeveloped.

Conditions of safety and repeated positive experiences are essential for it to develop and come into use. This will happen as the dorsal vagus and sympathetic circuits are less active. As freeze, fight/flight are reduced, moments of calm are increasingly possible. Connection is a hugely protective factor that promotes further development. Once connections are established potential threats are reduced. As Porges (2017, p.43) explains this important aspect of polyvagal theory,

"Moreover, and perhaps most important, the theory explains how safety is not the removal of threat and that feeling safe is dependent on unique cues in the environment and our relationships that have an active inhibition on defense circuits and promote health and feelings of love and trust (e.g., Porges, 1998)."

Once protective connections are established, these can be used to anticipate and prevent the activation of the dorsal vagal and sympathetic circuits. Once this begins the individual is more in the connecting and less in the defensive state. This begins a positive spiral where the person is on the road to recovery. Acting out, such as running away are now less likely.

I have outlined how the three parts of the autonomic nervous system may be activated and their use in promoting our safety, survival and well-being. Understanding the different functions is vital to effective treatment. For example, the sympathetic circuit of fight/flight, whilst being more difficult to manage may mean the child is in a healthier state than if he/she was freezing and immobile.

Using running away as an example, not running may be at both ends of the spectrum of frozen and connected. Stillness can be due to calm safety or fear. The difference between the two can be sensed by our neuroception – how we unconsciously read and are attuned to what is happening. The difficult job of responding to running away behavior offers the potential bridge between the dorsal vagal and ventral circuits. The fight/flight and playful mobilization of the sympathetic nervous system, however challenging may also contain the hope that Winnicott referred to over fifty years ago.

As Porges (2017, p.56) states,

> I want to emphasize that understanding the response, not the traumatic event, is critical to the successful treatment of trauma.

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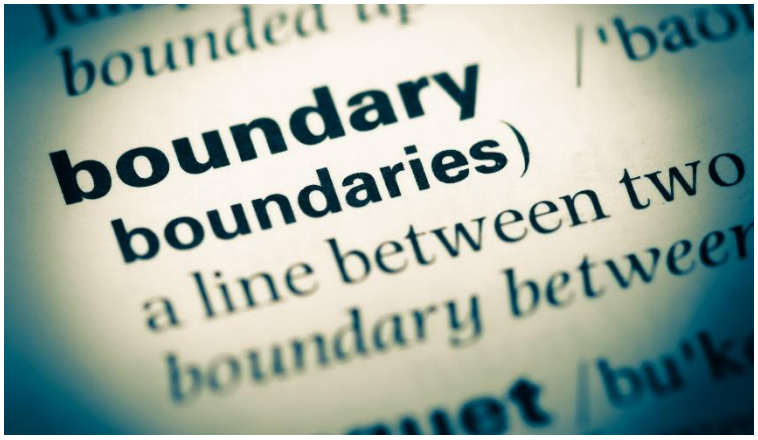


SHIFTING BOUNDARIES: THERAPEUTIC WORK AND LEADERSHIP (2020)

I cannot think of anything in the last 50 years that has caused such a sudden and widespread disruption of global life and work. The invisible virus and our responses to it have redefined our lives in a very tangible way. Previously unimaginable restrictions have been put in place. Our boundaries in life and work have been redrawn. In some occupations, work has been made impossible. For example, air travel. In others, there has been a rapid reorganization, with many implications, which we do not know yet. Ordinary, everyday experiences have a beginning, a middle and end. In this situation, while there will be an end, we do not know when it will be or what it will look like. We are in a daily situation of huge uncertainty. However, at the same time the restrictions put in place, seem to have provided containment for some traumatized young people, and maybe others, who have found the narrowing down of daily life to be less challenging. Joana Cerdeira, a psychologist and supervisor in residential care, Portugal, commented,

> Some children who are usually very disorganized appear to have settled quite well. It is almost as if the physical containment that arises as a result of the pandemic, provides safety.

The Importance of Boundaries

My work has always been with services to children and young people who have suffered from trauma and other adversities. I no longer work directly with children but with individuals and organizations who do. In work with traumatized children, the establishment of clear and appropriate boundaries is a central part of the work. This is true of all therapeutic work. One of the main reasons for this is that complex childhood trauma involves a lack of boundaries. The child may be treated as if she has no personal boundary, for example, in abusive situations. The child may not be recognized as a child with her own needs. She may be used to gratify an adult's needs. Therefore, the boundaries between people and roles are confused, muddled, inconsistent and sometimes non-existent. Bessel van der Kolk et al. (2007, p.424) summarize why this is so important,

"Since interpersonal trauma tends to occur in contexts in which the rules are unclear, under circumstances that are secret, and in conditions where issues of responsibility are often murky, issues of rules, boundaries, contracts, and mutual responsibilities need to be clearly specified and adhered to (Kluft, 1990; Herman, 1992). Failure to attend strictly to these issues is likely to result in a recreation of aspects of the trauma itself in the therapeutic situation."

In therapeutic work, there are many reasons why clear boundaries are so important. A person without personal boundaries is an undifferentiated person, or what Donald Winnicott (1962) called an unintegrated person. A sense of personal identity and self is usually well on the way to being established in early infancy. The infant begins to know that her mother is a separate person with her boundary. This is a difficult and even frightening realization. The infant may try to control and merge with the mother as a defence against this. Growth takes place because of the mother's firmly held boundary and containing presence. This presence is not one that is always free of anxiety, but one in which anxiety can be thought about rather than reacted to.

Boundaries that are firm, clear and consistent help contain anxiety. In other words, boundaries help provide structure. Events in daily life that have a clear beginning, middle, and end can be understood and internalized. Those that work with clients whose boundaries are weak or undeveloped, and who have difficulty containing anxiety, know the consequences where boundaries become unclear. One person I work with, Rui Lopes who is a Director of a therapeutic residential home for young people told me recently,

> It has never been so evident how the emotional state of the adults affects the states of young people. When an adult is anxious, nervous, and sad, kids are reacting to that – mirroring the state of mind and the emotional states – I have never seen that so strongly before.

Once an adult in the work situation becomes unable to contain his anxiety, this also becomes uncontaining for the child for many reasons. An adult who cannot contain his feelings, will not be able to contain a child's. A child's past traumas may be associated with an overwhelmed adult – when adults were most likely to lose control and become unsafe. Consistency, the ability to think and to be non-reactive are all challenged when overwhelmed. What is felt inside is all too suddenly felt on the outside and vice-versa. The boundary between internal and external worlds is lost or weak. Improving this boundary is a major task of therapy. So, the person is more able to distinguish between the two. For example, what a traumatized child feels about herself may also be what she believes others and the world to be like, and vice-versa. For instance, I am dangerous – the world is dangerous. I am unlovable – others do not love me. Experiencing that the two can be separate is a slow and fragile process. The steadiness of an adult with a clear sense of their boundaries, but receptive and attuned to the child is the basis for growth.

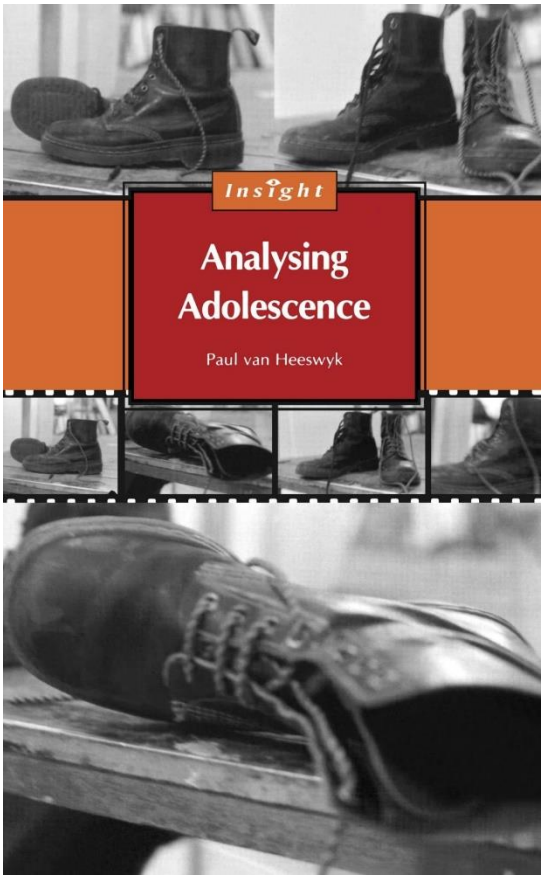
Setting and Breaking Boundaries

Different boundaries have different levels of permeability or flexibility. Some boundaries must not be broken or crossed under any circumstance. These may be described as absolute limits.

There are other boundaries, that we expect to be tested and crossed. Emotional growth may not even be possible without testing and crossing boundaries. A boundary draws a line between what is allowed and what is not. The line must be flexible enough to allow enough of whatever is desired but not too much. For example, saying to a young person, you can go out but need to be back by 9 pm. This may be containing for the child and it may also create an interest and curiosity in what happens after 9 pm? It can be argued that the boundary sustains desire of something a little out of reach. We want children to be protected from negative external influences, but we also want them to explore and learn how to manage themselves in the world. The child psychotherapist, Phillips (2009, p.1), in his paper 'In Praise of Difficult Children', said that,

> The upshot of all this is that adults who look after adolescents have both to want them to behave badly, and to try and stop them.

Phillips (p.2) says that the adult provides something to truant from and the adolescent discovers something to truant for. In therapeutic work as well as in ordinary development, there is often hope when boundaries are challenged. When a true sense of self starts to emerge in a previously compliant child, for instance. We start to see the 'true' rather than 'false' self (Winnicott, 1960). Child and Adolescent Psychotherapist, Van Heeswyk (1997, p.3) explains the ambivalence involved in this kind of boundary setting,



"Typically views held by adults in regard to adolescents are, to say the least, ambivalent. We see them as vulnerable victims, or as young sadists who inflict terrible damage on others; we fear them as posing grave danger to our cars, property, jobs, morals and way of life, or fear for them as an endangered species requiring special protection; we envy their freedom and hopefulness, or cling to them as the only hope for ourselves and the planet; we curse and constrain their wild impulsivity, or seek to facilitate and encourage their escape from the repressive convention that constrains the school-children that they were and the adults they will become."

The same kind of ambivalence towards the restrictions imposed by the virus situation has become clear. Protesters (boundary breakers) are both criticized and praised. It all depends on which side of the fence you are sitting.

Different Types of Boundary

The following are different examples of boundary that we need to be aware of and manage in a way that is supportive of the therapeutic task.

- Boundaries between the worker/caregiver and child
- Boundaries between children
- Boundaries between workers, professional disciplines, roles, and departments
- Physical boundaries, within the home, marking personal spaces, e.g. a child's bedroom
- Personal and professional boundaries
- Boundaries around behaviour, i.e. rules and the limits of what is acceptable and what is not
- The boundary between the conscious and unconscious

To support the therapeutic task the whole organization will need to be clear about its boundaries (Barton, Gonzales, and Tomlinson, 2011, p.129). Boundaries can be literal and tangible, like a fence or wall or they can be implicit. In one home I worked in we were replacing the garden fence. Even when the old fence was knocked down the children still asked if they could step over the boundary, to get a ball for example. The boundary was still clear despite the removal of the physical marker. The children were contained inside the boundary not literally by the fence but by their relationships with the adults. With young people who have suffered complex trauma, physical and tangible boundaries can be especially important. Menzies Lyth (1985, p.245) explains how having a clear boundary, such as a door where permission to enter must be given, can have a positive effect on the development of identity,

> It gives a stronger sense of belonging to what is inside, of there being something comprehensible to identify with, of there being 'my place', or 'our place', where 'I' belong and where 'we' belong together.

Boundary Changes Due to the Virus Situation

A profound characteristic of a virus is that it is invisible as it travels from one person to another. There is a complete lack of boundary for the virus. The virus cannot live without infiltrating a host. A person we are close to may also be toxic with potentially disastrous consequences. The virus does not discriminate between people. So, someone who looks after you may also be a danger by being too close. There is a parallel to the root of complex childhood trauma. Where those who are supposed to love and look after you, hurt you. The psychological, as well as biological implications, are clear for those who work closely with vulnerable people. In therapeutic work with traumatized children, the concept of emotional contagion is familiar. As Lanyado (1989, p.140) described,

"Disintegration is catching – and the staff are prone to it too. At times staff may feel anxious that they too could collapse like a house of cards. This is an extreme situation – but I am sure there are few of us working in these settings who don't feel this way at times. The child's extreme anxieties can eventually threaten the integrity of their closest adults."

This is relevant to the concepts of vicarious trauma, secondary traumatic stress, toxic stress, and burnout. Now alongside the potential emotional contagion, there is also the risk of physical contagion. The two also feed into each other. The physical risk can cause anxiety, which if it is chronic can weaken the immune system. A person's life may be at risk due to anxieties about the virus, rather than the virus itself. Therefore, the management of anxiety is vitally important to contain and hold such a fragile situation. This is central to the task of everyone involved – leaders, managers, carers, and therapists. It always is important but is brought so sharply into focus during a crisis. A calm, regulating presence is required.

The family therapist and leadership consultant, Friedman (1999, p.232) uses the metaphor of a transformer in an electrical circuit to describe the process of containment. The electrical current (anxiety) enters the transformer. The transformer can either be designed to step-up or step-down the current. He refers to a comment made to him,

> My mother was a step-up transformer, all right. If there was anxiety in the room and she was present, you could count on it escalating. It went into her at 110 and came out at 11,000.

Friedman claims that it is presence rather than action that tends to calm down anxiety. But as he explains this is not easy, "Part of the conceptual leap from action to presence is that all leaders, parents, or presidents, have been trained to *do* something – that is to *fix it."*

He continues, "To the extent that leaders and consultants can maintain a non-anxious presence in a highly energized anxiety field, they can have the same effects on that field that transformers have in an electrical circuit". One unhelpful and defensive way of appearing non-anxious is to shut-off or disconnect. As Friedman (p.183) states,

> Anyone can remain non-anxious if they also try to be non-present. The trick is to be both non-anxious and present simultaneously.

What is the Impact of all this?

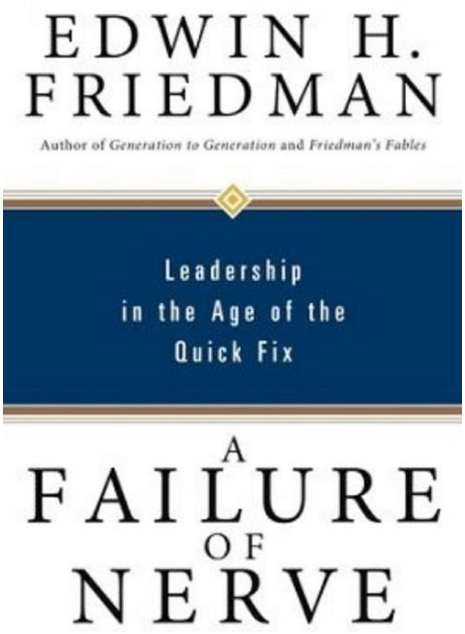
With the pandemic, we have experienced a huge change, along with fear. There has not been much warning or time to process all these changes. The impact upon us is potentially exhausting to deal with. Some people have remarked how tiring it is to be staring at a screen all day with online meetings. While there may be some truth that online work can be tiring, it is difficult to know how much of the tiredness is more a symptom of dealing with change. Change can be exciting, especially when we have time to make a choice. Change forced upon us without warning is more likely to provoke, fear, anxiety, and uncertainty.

Therapeutic processes tend to have high levels of predictability and consistency. They are usually negotiated with a degree of control. It is part of what can make things safe. Now everything is suddenly different with so much unknown. Some of the boundaries are gone and management of boundaries is less controlled. The space of the meeting room has suddenly

changed into the family domain with all the potential interruptions and distractions. Of course, how these things are managed can be a valuable part of the therapeutic work.

Relationships, in general, can become less clear during this crisis. Who is the carer and the cared-for may not be so obvious? In therapy work, clients are likely to inquire about the health of their therapist, etc. In the present circumstances, these questions may be an objective and healthy concern rather than a neurotic symptom. These changes alter the nature of relationships. What is shared or not between people, changes. The normal hierarchies are challenged. This is not necessarily a bad thing, but it means we might be uncertain where the boundaries are. Friedman (1999, p.182) who referred to leadership as belonging to everyone from parents to presidents, claimed that,

> Leadership begins with the management of one's own health…. and …a leader functions as the immune system of the institution or organization he or she 'heads'.



Friedman argued that an immune system is primarily not about fighting off threats but preserving the integrity of the organism. It is fascinating how he wrote over 20 years ago about viruses in a literal and metaphorical sense. He explained how a virus or 'parasite' impacts on cells, individuals, families, organizations, and societies. He claimed that the processes from cell to societal levels were universal and could only be managed at all levels by a healthy sense of self-differentiation. So, the first vital thing we need to do is to manage our self and do everything possible to be in a healthy mind-body state. To be a calming self-differentiated presence. Such a leader can be present amid emotional turmoil, actively relating while calmly maintaining a sense of direction. With this capacity, he or she can affect the whole system of relationships and reduce the level of anxiety in it, whether it is a family, organization, or society.

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THE CAPACITY TO THINK: WHY IT IS SO IMPORTANT AND SO DIFFICULT IN WORK WITH TRAUMATIZED CHILDREN (2015)

I have used the image of Descartes the 17th-century French mathematician and philosopher because of his famous line, I think therefore I am. I am using this quote simply to state that the capacity to think is the distinguishing feature of being human. This capacity gives us great potential as individuals and a species. Conversely not being able to think causes great limitations.

It didn't take me long when I began work (1985) in a therapeutic community for 'emotionally disturbed' children, to discover the difficulties I would have in my own thinking. Out of the ten boys in our home, there was one who had earned the reputation of being able to drive everyone 'round the bend'. Whenever this 12-year-old boy approached me with a manic look on his face, the best I could do was hold my hands behind my back to prevent myself from pushing him away. Thankfully I was successful in that. I can't remember anything else I did or thought but maybe that was an important enough achievement. This is why we had regular meetings with our supervisors and consultant child psychotherapist to help us think about the children.

It seems obvious that not being able to think is a major and common difficulty. However, the huge numbers of people who have suffered trauma, especially complex trauma during childhood are often misunderstood. Their difficulty in thinking is unacknowledged and they are held responsible for their 'thoughtless' actions. Trauma causes many problems in thinking. For example, difficulty in linking cause and effect, inability to make appropriate decisions and plans, the misreading of people's feelings and intentions.

> Trauma results in a fundamental reorganization of the way mind and body manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think. (van der Kolk, 2014, p.21)

Despite the importance of thinking in child development, cultures have evolved where thinking is often relegated beneath other abilities. Sometimes with good reason. For instance, if we

need a working population that is going to sit by a conveyor belt all day long, obedience and conformity might be more useful qualities than thinking. Schools and parents might be encouraged to foster this culture: learning by rote; repeat after me; do as I say; tests based on memory. However, in today's complex world it seems that helping children develop the capacity to think should be the main goal of education, at home and school.

Real learning needs the opportunity to work things out for oneself. Clifford-Poston in her book 'The Secrets of Successful Parenting' asks,

What does a child need in order to learn?

- A secure base from which to venture into the world.
- Permission to be curious.

If curiosity and safety are central to learning, Einstein clearly did not think much of his education. He said that 'It is a miracle that curiosity survives formal education'. He also added, 'The value of a college education is not the learning of many facts but the training of the mind to think'. As safety and curiosity are so important to learning, it is evident how disadvantaged a traumatized child can become. Curiosity and imagination can feel dangerous to such a child. A child who is constantly on guard can't relax into being curious. Simply being curious may also have been a precursor to abusive experiences. Imagination, which can be a retreat may also be too risky as it leads to re-experiencing traumatic events.

The very nature of trauma means that the experience is overwhelming. Trauma is a profound emotional shock. The brain and body go into survival mode. During infancy, severe neglect can also be included as a trauma. When trauma happens out of the blue, such as a car accident, the people involved are likely to recover in time. When a child experiences multiple trauma, the traumatized state is likely to become permanent. The expectation isn't recovery and a return to normal. Trauma has become the 'normal' and the child is constantly on the alert for the next terrifying event. Usually, what helps someone to recover from trauma is one's own internal resources and support from others. Where a child not only experiences trauma but has little support the impact is multiplied. Where those who are supposed to protect and nurture the child inflict the trauma, the impact is unthinkable.

What makes complex childhood trauma so devastating is that it also happens at a time before the 'thinking brain' has fully developed. This part of the brain located in the cortex is often referred to as the executive function.

> Executive functions are processes that support many everyday activities, including planning, flexible thinking, focused attention and behavioural inhibition, and show continued development into early adulthood. (Knapp and Morton, 2013, p.1)

Of course, the executive function in an integrated person is also connected to the feeling, emotional part of the brain. Good decision making, for example, relies on the thinking and feeling parts of the brain working together in an integrated way. A child who is traumatized

early in life, often has an underdeveloped capacity to think. The brain develops according to experience. For a child to develop thought he needs to experience the care of a thoughtful caregiver.

> It is almost a truism that children learn to think by being thought about; that an infant's essential learning about him or herself takes place in the encounter of one mind with another from the very moment of birth. (Waddell, 2004, p.22)

The kind of thinking Waddell is describing is both conscious and unconscious. It relies upon emotional attunement. The 'good enough' parent is responding repeatedly to the infant, often without being fully aware of the detail and mirroring that is taking place. Fosha (2003, p.228) makes the link between this kind of attunement and the development of resilience.

> The roots of resilience.... are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other.

Without this, the child's resilience and development, in general, may be severely hampered. Lyons-Ruth (2003) found that maternal disengagement and misattunement during the first two years of life was strikingly linked to dissociative symptoms of their children in early adulthood. She concluded that infants who are not truly seen and known by their mothers are at high risk to grow into adolescents who are unable to know and see (van der Kolk, 2014, p.121). In other words, they will have difficulties in thinking.

However, in the absence of serious trauma, a little thought and attunement may go a long way. We must also remember the child's innate tendency towards growth and resilience. Wilfred Bion (1962) made the important point that the infant's first thoughts would happen in response to the gap created by absence, i.e. by thinking about the mother who is not there. This means that there is also a process of development that happens outside of direct interaction between a child and caregiver, but within the context of a secure base (Bowlby, 1969). This has something in common with Winnicott's (1958) concept of the 'capacity to be alone'. This ability to manage and even enjoy the sense of being alone, paradoxically as Winnicott points out, initially relies on the presence of another. The idea is that in the presence of a safe and reliable other, it is possible to develop a sense of one's own direction and thought.

A child who has suffered complex trauma is likely to both, not be able to think and to actively stop any thinking that might be possible. The child's thoughts can also become a source of terror as they link her back to the trauma. This may happen persistently through, flashbacks, nightmares, and physical sensations, such as panic and anxiety. To survive this exhausting onslaught the child's brain/body system may shut out both thoughts and feelings.

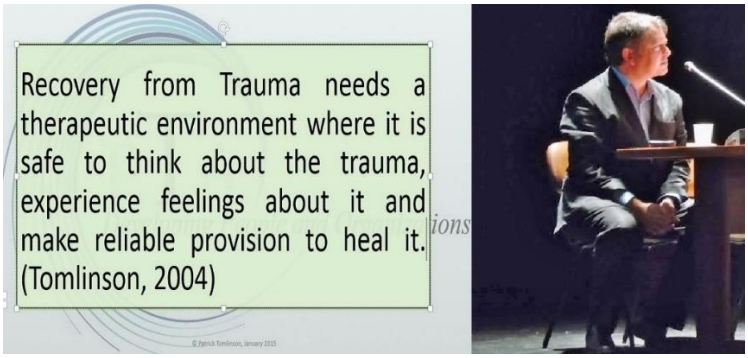
> "…they focus their energy on not thinking about what has happened and not feeling the residue of terror and panic in their bodies." (van der Kolk, 2014, p.133)

This happens purely as a primitive survival response. However, though feelings and thoughts may be blocked out of consciousness, the child's body continues to register the huge stress that he is under (van der Kolk, 2014). It isn't hard to see how this scenario is going to lead to a pile-up of secondary adversities for the child. Such as,

- Difficulty living in the present.
- Inability to use opportunities for nurture and learning.
- Problems in relating to anyone, including getting on with peers.
- Poor health due to unhealthy routines, problems with eating and sleeping.

The difficulty goes on and on in a relentless cycle. This is why helping such a child is so demanding. The earlier the difficulty started, the more severe and the longer it has gone on for, the harder it is. This is one of the reasons for the appalling fact that some 10-year-olds or even younger children have lived in 30 or more failed placements.

So, what are the key elements in enabling recovery to happen?



Safety is the starting point. The child must actually be safe and reach the point where he feels safe. This might take a year or longer and with plenty of ups and downs along the way. One reason while a settled and consistent placement is so important. To achieve this those working with the child must be able to think, individually and together. Thinking in this context means to be able to receive and notice everything that is going on with the aim of making some sense out of it. It means being able to hold bewildering realities, strong emotions, contradictory possibilities and to think rather than react. However, this is likely to be difficult for many reasons (Tomlinson, 2005),

- The child is likely to behave in a manner that is hugely demanding, challenging and confusing, which is physically and mentally exhausting. Thinking is hard when we are tired and anxious.
- Moving from a thoughtful to reactive state can happen very quickly.
- The child will do things that are extremely difficult to understand.
- The 'normal' response may not only not work it may make things worse.

- Understanding is required to see what lays beneath the behaviour. The helpful response may be counterintuitive.
- As soon as you think you've worked something out something else will contradict it.
- When we do think about a child, he may do everything possible to stop us.
- The child has stopped thinking because it leads to no good in his world. Therefore, our thoughts are perceived as a threat and something that may link him back to trauma.
- A traumatized child may associate adults thinking about him with adults abusing him. Ordinary caring thoughtfulness may be completely alien.
- The child may attack and reject our thinking in a hostile way. This may also be a form of testing to see if we will give up or retaliate.

It can be seen how thinking and understanding the child is essential on many levels. It could be argued that the child will not be able to think about himself until the adults working with and looking after him can. For the child's disassociated and unintegrated experiences to become integrated, someone else must be able to bear and hold those 'bits' of experience together. The reality that others can do this helps the child sense that her experiences may be possible to survive. Surviving the child's attempts to destroy the thoughtful care being provided offers the hope that the worst she has experienced can be survived. And therefore, that maybe she can also be survived.

This challenging work will impact on those directly involved with the child and anyone else who is involved, such as supervisors and managers. It is crucial to maintain an environment where thinking can take place. As soon as this goes there is likely to be another failure. It sounds clear, but the problem is that we are always on the edge of finding our own way out of the difficulty. Those involved must face very painful and sometimes shocking realities. One way of getting out of this is by adopting similar survival strategies to the child. Cut off from our thoughts and feelings. Distract ourselves from thinking. Focus on other things and close down the opportunities for thoughtfulness. If this happens temporarily to one person, others can step in and support. It is a serious problem only if it becomes the norm within the culture.

The symptoms of such a culture include,

- A lack of openness and a focus on control.
- A move towards a closed system, based on secrecy and denial, which are the typical dynamics of sexual abuse.
- A dismissal of thoughtful insights, which might be labelled as indulgent, or 'letting the child get away with it'.
- Frequent cancellation of all meetings, which offer an opportunity to think about the child.
- Quick reactive responses to situations.
- A lot of doing and 'busyness'.
- A tendency to blame and a lack of empathy.

As with the traumatized child, this begins to look like a traumatized environment. It isn't long before the secondary adversities of this also begin to pile up, causing far more extreme symptoms.

The capacity to think is central to ordinary child development. Complex childhood trauma greatly compromises this. To help a child recover from trauma and to resume ordinary development, an intervention based on thoughtfulness is essential. To provide this is extremely challenging both on an individual and collective level. We may give up and adopt a defensive response, which is likely to cause a failure. To prevent this from happening we have to be constantly working together on the difficulty. However, much thinking is required cannot be prescribed. It must be enough to match the difficulty that is involved.

In a strong culture based on these principles, it is more likely that not only can we survive but also offer traumatized children and young people the hope of recovery.

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THE IMPORTANCE AND VALUE OF 'BEING' (2014)

(Bill Watterson)

For many of us, this time of year (holiday season) is a time for 'being' with each other and a temporary stop in our often-frenetic lives of doing. It can be a special time of being with those to whom we are closely bonded by family and friendship. However, as this potential opportunity is often at odds with our regular day-to-day life and work experience, we might just replace one kind of frenetic activity with another, such as excessive consumption!

The advent of a new year can be a time of reflection, which again can also be obliterated by hyperactivity under the name of celebration. It seems an appropriate time to write a blog about the value of being, as opposed to doing. The capacity to reflect has been shown to be hugely beneficial to our health, especially when it is built into daily life. I even read recently of a study that claims the regular habit of writing in a reflective way can improve the speed of recovery from some illnesses and injuries. Reflection can reduce stress, which improves the immune system, etc.

Increasingly, we hear about the value of reflection and concepts such as mindfulness are becoming familiar. The principles involved are not new and can be traced back thousands of years and are embraced in many fields, such as Buddhism. In terms of child development and of healthy adult capacities, the ability to reflect, to think about oneself, and to consider what others might be thinking about oneself is an essential part of being able to relate to others. Some researchers have argued that the ability to reflect on one's experiences is a greater

indicator of health than how much adversity one has experienced. As Kezelman and Stavropoulos (2012) who have created excellent guidelines for trauma-informed services, state,

> It isn't just what happened to you that determines your future – it's how you've come to make sense of your life that matters most.

Digesting and making sense of experience requires a degree of allowing ourselves to be, to 'sit with' and to feel. Whereas, busily doing can be a distraction and a way of avoiding feelings and thinking. As a result, the avoided feelings and experiences associated with them, remain unprocessed and therefore unintegrated into our personality. The feelings are inaccessible as any kind of a useful guide or resource for the future. Learning from experience comes to a halt and therefore so does development.

Interestingly, I started a discussion on this subject on my LinkedIn group in January two years ago. I wonder whether the timing of the New Year is coincidental. The quality of discussion was excellent, and I think partly because the theme is so universal and not just relevant to our work with traumatized children. Some of the comments made by members of the group show how much this subject resonated with them,

"Imagine that, listening to understand rather than to just respond (teach/tell/direct) - incredible!" (Ian Nussey - Australia)

"….my role was just to be there listening." (Lorna Miles - UK)

Ian responded – "The special ingredient Lorna - genuinely being with…."

"The opportunity for free play, space and being with each other and adults was hugely important." (Judy Furnival - Scotland)

"…. being new to therapeutic care in a residential environment my strategies are at times very basic in the way that I go in and just be me in a relaxed manner as opposed to some that just need to be completely planned throughout each minute of the day, which in my opinion leaves no time for proper self-reflection." (Aaron Hamill - Australia)

"In today's society, every minute of every hour is organized which leaves very little time for children to be creative. ……. Always organizing their free time is not the best thing for helping children develop creativity, self-regulation and imagination. (Sylvie Demers - Canada)

"I agree that children need time to be rather than do. The problem, as I see it is that some children don't know how to be except within a trauma framework. Their frenetic activity might be a way of avoiding thinking and being." (Christine Gordon - Scotland)

With a group of young people I worked with, we used to plan our evening activities in a meeting after tea. The usual things offered, would be soccer, cricket, bike rides, walks, card games,

crafts, swimming, etc. I decided to offer that I would spend a half-hour or so 'being' in the living room and those who were interested could 'be' with me. Naturally, this aroused curiosity as to what 'being' involved. I explained something like, just being together, chatting, playing if people wanted to, maybe listening to music, etc. It was less structured than usual, though still with some boundaries. After a while, being became a popular thing to do – if that isn't a contradiction! A general feeling of safety is necessary for this kind of possibility to develop. I enjoyed these times and over the years have found that girls are better at this than boys – though I might be generalizing from a little experience.

Being rather than doing can be difficult as it allows time to think and feel. For people who are traumatized thinking and feeling is often frightening. Thoughts and feelings must be kept at bay and one way of doing this is through frenetic activity as Christine described above. The world of these children can become a desolate place without emotion. Being rather than doing, conjures up possibilities. There is a sense of uncertainty and not knowing, a lack of control. To a healthy person, this might be challenging but also potentially exciting - to a traumatized person it might be terrifying. Anyone who is close to a traumatized person is likely to pick up this fear and coupled with their own, can easily be swept into a whirlwind of activity as a form of avoidance. In the world of 'therapy', especially psychoanalysis it is stated how important it is for the therapist to tolerate a sense of 'not knowing'.

The concept of Negative Capability coined by the poet John Keats back in 1817 is often referred to. Keats described negative capability as the art of remaining in doubt *"without any irritable reaching after fact and reason" and "the willingness to embrace uncertainty, live with mystery, and make peace with ambiguity"*.

The British psychoanalyst Wilfred Bion elaborated on this, describing negative capability as the ability to put aside preconceptions and certainties, and tolerate the pain and confusion of not knowing. More recently the child psychotherapist and psychoanalyst Adam Phillips in discussing parenting has said,

"…. that the parents, the authorities, are at their most dangerous when they believe too militantly that they know what they are doing."

Why is this subject of 'being', which allows the space for something unknown to unfold, so important? I think the key reason is that it is central to the process of our development, as individuals, groups, and societies. How we are able to be with ourselves individually and collectively is fundamental to our health. An infant is born into the world with a distinct lack of ability to be with and tolerate different emotional states. Anything that causes distress requires

someone else to be with them and to emotionally contain the distress. As Donald Winnicott said, there is no such thing as a baby, there is a baby and someone.

The critical issue is what that other person does with the difficulties involved. Is she/he able to tolerate the feelings involved and to think about the infant, or does he/she also find the distress intolerable and feel the need to only take it away?

The difference for the infant may be between,

- a helpful/thoughtful response
- a relieving/thoughtless response
- an unrelieving/thoughtless response

The first changes the infant's experience in a way that might encourage him to develop his own capacity to think about his feelings and hence find thoughtful solutions to difficulties. The second might relieve the infant of his distressing feelings, but in a way that discourages thinking and encourages dependency on a quick fix. This is about taking away the distress rather than developing the capacity to sit with it and find constructive solutions. The third just makes matters worse for the infant and is likely to lead to the need for defensive protective measures, such as switching off from emotions.

An important question is whether distress or 'psychic pain' is perceived as something to be got rid of and/or relieved, or whether it is something primarily to be understood in a way that makes it tolerable. This question is often highlighted as the difference between parents, who are motivated by the desire to relieve their children of pain and those more on the side of helping their child learn to manage painful experiences. The same applies in other aspects of life, such as the workplace in general, and the helping professions. Do we want to rescue another from pain and difficulty, or be alongside them as they find their own way? These dynamics are well known in our profession in the form of victim/perpetrator/rescuer. The media also portrays Images of leaders as heroic figures coming to the rescue, with the answers to fix a problem rather than as people who work alongside others to find solutions (Ward, 2014). We can all wish for a 'magic wand'. Sometimes a solution might not be possible, and it is more about finding the best way to live with the 'problem'.

There may also be a cultural tendency to view all depressive feelings as a problem to be got rid of or solved. As one child who had suffered many difficulties that he had the need to feel sad about, said to me,

> "I need cheering down, not cheering up."

Facing real and painful issues rather than avoiding them is how experience can be integrated into our identities in a way that furthers our learning, understanding and development. Difficulty in being able to tolerate any pain or frustration is likely to hinder development.

Whether we are working directly with a child, or in a management/leadership role, resisting the temptation to become the problem solver can be difficult. Our need to get out of the difficulty and to relieve our own anxiety can be the primary motivating factor, rather than the development of the person(s) we are with. Generally, working something out oneself with the support of another is a more useful outcome than another working it out for you. It is hard to be alongside someone who is struggling, needing time and making mistakes. The external environment where others may hold us responsible for the outcome can add another layer of anxiety. It might be felt that it is too risky to allow a mistake to happen, so the possibility is pre-empted.

The child and adolescent psychotherapist Margot Waddell (1985) has referred to the different ways of responding to human difficulties as one between 'serving' and 'servicing',

> The difference between the two modes might be made by the mother who serves, by being available by 'thinking' emotionally, as opposed to the mother who services by doing instead of thinking.

Waddell elaborates that "servicing nearly always implies action, with very particular overtones" whereas serving "may constitute not doing anything". However, as she explains, "not doing anything does not constitute doing nothing", and, "There is a 'world' of difference between 'standing by' and 'being a bystander'".

It can be misguided to consider doing as active and not doing as passive, when often it is not doing that is the harder and most useful option. For example, how long can we or should we tolerate watching and encouraging a child who is struggling to do something? How much satisfaction does the child get when he or she achieves the task and thinks, 'I did that myself!'?

Waddell explains how these same dynamics can be transferred to organizations and societies. Where on a collective scale becoming 'mindlessly busy' is a way of avoiding the real difficulties we are faced with. Sadly, this also deprives us of the opportunity to understand those difficulties in a way that leads to growth. This tendency has been clearly outlined by social scientists, going back to the 1950s, such as Elliot Jaques and Isabel Menzies Lyth (1979). These social scientists explained how organizations unconsciously develop defensive systems to protect themselves against the emotional pain involved in the task. For example, as Menzies Lyth (1959, 61 and 70) so powerfully described, the task of caring for patients in hospitals includes primitive anxieties related to the themes of illness, loss and death. One way of responding to these anxieties is to avoid them by depersonalizing the patient, and creating systems which don't allow 'professionals' to get emotionally close to the patient.

We may be familiar with the scene of a Doctor talking to his students about the patient in front of him, who is referred to as a number, or such and such case! While this might help reduce emotional pain (for the Doctor and students), unfortunately, it does not aid the patient's recovery. Emotional connection between doctor and patient has even been shown to improve recovery from the common cold (Rakel et al., 2009). Therefore, a helpful solution would seem to be one that enables the human connection between Doctor/Nurse and patient. However, an approach that recognizes the pain involved also needs to provide appropriate professional support.

Rather than focus on the kind of response we might offer, Friedman (1991, 1999) talked about the importance of providing a non-anxious, calming, self-regulated and connected presence. He argued that this was the central task of leaders, from families to presidents and for therapists. He claimed this type of presence of the leader, parent, consultant or therapist is more important than any technique that might be used. From this perspective, a focus on technique or method, might actually be a symptom of anxiety and get in the way. As with Winnicott's facilitating environment, and Waddell's serving this type of presence enables an improved level of functioning and development. Things start working better, whether that is the development of a child, the performance of a team or organization, or the progress of a patient. At the level of president, society can be expected to function better.

It is often stated that modern lifestyle militates against the capacity to be in a moment without distraction. This is caricatured by the now-familiar image of two people sitting supposedly together having a meal, whilst gazing at their mobile phone. I was in a restaurant recently and noticed a mother feeding her baby, moving her focus between a television and 'smart' phone. A few and increasingly rare owners of bars and restaurants refrain from the introduction of TVs, etc. and promote the idea that a place just to be together might be of value.

A comment made by a boy in the therapeutic community of Finchden Manor (1930-1974) captured the essence of 'being'. When asked by a visitor, 'what do you do all day' – he replied, 'I don't know what we do, but it's a fine place to be in' (Harvey, 2006).

Tom Robinson the British musician-singer-songwriter who spent several years at Finchden Manor, claimed that it saved his life. Talking about life at Finchden, he said,

"As to what we did all day…. there was everything and nothing to do……you could just lie in the grass on the field staring at the sun reading a book……time seemed infinite……what Finchden offered you above all, ….it offered you respite, and there was a complete respite from all forms of nagging and pressure."

Some visitors to Finchden were critical, saying that the staff seemed to do little but 'watch the boys'. Finchden's founder, George Lyward responded that watching is one of the hardest things to do in life. He explained that the staff look for when the boys come alive, nurture the boys' talents and help them shape their future life.

Maybe it would be helpful for us to reflect upon why as Lyward said, this is so difficult – what gets in the way of allowing ourselves and the children we work with, to be? Comments most welcome – in the meantime – Happy New Year

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Further reading

Blog by the Child Psychotherapist, Graham Music Blog - 'The Lost Joys of Playing and Just Being', http://goo.gl/e9ID8D

An interesting blog on the benefit and difficulty of being still, http://goo.gl/1tnupn

3 Blogs by Maria Popova,

"Young Delacroix on the Importance of Solitude in Creative Work and How to Resist Social Distractions", http://goo.gl/M7n01X

"Psychoanalyst Adam Phillips on Our Capacity for "Fertile Solitude", http://goo.gl/i5SVJT

"Kierkegaard on Boredom, Why Cat Listicles Fail to Answer the Soul's Cry, and the Only True Cure for Existential Emptiness", http://goo.gl/75vByp

Comments

Anonymous

Patrick, you have summarized an integration of existential and depth psychology. Gordon Neufeld addresses this same integration, speaking to both parents and therapists, urging them to understand the child's need to learn to recognize frustrating situations (not intellectually...not as a cognitive process per se) and respond differently by not doing anything except being there and allowing the frustration to provoke growth. The learning of that new response is adaptive, giving the child a sense of power involved in finding an alternate response, otherwise known as problem-solving. In my clinical experience, I see the failure for this to occur with many adults and children who we could not say have been "traumatized' but can say, with Erikson, that they have failed to navigate the developmental crises with sufficient

positive experiences to develop the psychosocial virtue associated with each stage. Of course, virtue involves choosing to act in a certain way (doing) after being in a state of emotional conflict.

Ioana Boldis, Psychologist, Romania
Many good ideas in this blog, Patrick. I believe, as you said, that "being with" is very important. Even in therapy, people need this more than anything else. Because they need to learn by themselves. Not to receive instant solution. But they also need someone assisting them in developing skills for finding efficient strategies and solutions. It's something like "be there with me in time of need and I'll learn to calm down and get over it".

An interesting thing that I've observed is that in the long-term relationships, where "being with" is a frequent practice or routine, people start thinking as a single brain. No matter if we talk about romantic relationships or parent-child or other relationships, "being with" creates some sort of in-depth connection and resonance. I don't know if it has to do with empathy, limbic system, mirror neurons or other variables, it just happens. A good article about reflection and getting aware of what we need, not only about what we do.

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LinkedIn Discussion Group: Personal and Professional Development