PATRICK TOMLINSON ASSOCIATES

MEANING BENEATH BEHAVIOUR
PATRICK TOMLINSON (2014-21)

Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development to be the driving force related to positive outcomes - for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment informed services. He began as a residential care worker and has since been a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in many countries, he has helped develop therapeutic models that have gained national and international recognition.

In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- ✓ Therapeutic Model Development
- ✓ Developmental Mentoring, Consultancy and Clinical Supervision
- ✓ Personal and Professional Development Assessment for Staff Selection and Development

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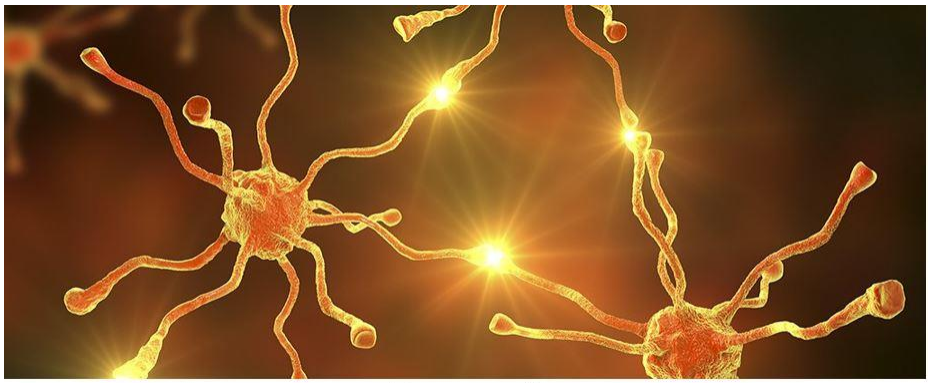
Meaning Beneath Behaviour – Neuroscience and Psychodynamics
Patrick Tomlinson (2021)



Making Connections

This article is an introduction to several others I have written on Meaning Beneath Behaviour. These are,

I will start with a definition of neuroscience (Nordqvist, 2017),

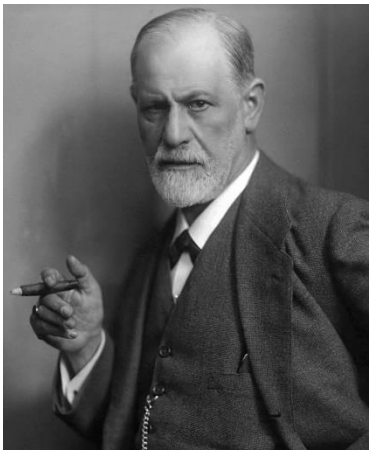
> Neuroscience is the study of how the nervous system develops, its structure, and what it does. Neuroscientists focus on the brain and its impact on behavior and cognitive (thinking) functions. They also investigate what happens to the nervous system when people have neurological, psychiatric, and neurodevelopmental disorders.

Sometimes neuroscience and neurobiology are used to mean the same thing.

> However, neurobiology looks at the biology of the nervous system, while neuroscience refers to anything to do with the nervous system (ibid).

These fields of work are intricately connected with medical research. Whereas a psychodynamic approach is more focused on the subjective meaning of what is going on between people and between a person's internal and external worlds. The human being has often been referred to as a meaning-making creature. Unlike other animals, as well as having biological functions we also can attribute infinite meaning to the world around us. This begins in the first few months of life. John Bowlby (1973) referred to our internal working models that develop in early life. These models become a major influence on how we perceive the world, our place in it, and our relationships.

With the help of technology, we can now observe the mechanics of the brain and nervous system. We can measure anxiety by changes in heartbeat, blood pressure, etc. We can see processes taking place in the brain, such as mirror neurons lighting up in an attuned interaction. We can see chemicals released in response to pleasure and pain. We can measure dream activity, but we can't see the content of a dream except through our subjective experience. Even then we are often unsure of the meaning. Dreams, play, and art are full of symbolic meaning and communication, as are daydreams and fantasies.



Sigmund Freud and other psychologists such as Pierre Janet from the 19th century onwards made connections between observable physical conditions and what might be unconscious in the mind. For example, they found that paralysis without any organic basis may be influenced by subjective and unconscious experience. McWilliams (2010) states,

"Contemporary neuroscientists have demonstrated, whether they construe their discoveries this way or not, that analysts have been right about how much mental life is unconscious."

Freud is acknowledged to be the founder of psychoanalysis. One of its aims is to bring subjective experience into consciousness so that it can be held in the mind as an integrated part of one's narrative. The renowned psychiatrist and neuroscientist Bessel van der Kolk (2014) talks about this in his book, The Body keeps the Score. The body as Freud claimed, will express experience the mind has not been able to integrate due to its overwhelming and unthinkable nature. The body keeps the score when we are unable to consciously know about our experience.

The psychotherapist Ruth Schmidt Neven (2010) uses the phrase, 'the child speaks the family'. In other words, a child's behaviour and physical condition may tell us more about the family than the biology of the child. She also refers to cases where traumatic family secrets are linked to serious physical conditions in children,

> When I first came to Australia, I worked at the Royal Children's Hospital. I was the inaugural chief psychotherapist, and I saw symptomatology that I'd only ever read about in Freud's case studies - examples of what I think he called conversion hysteria. Children

> who believed themselves to have an organic disease or paralysis would turn up in wheelchairs. Almost as a rule of thumb, we could deduce that the extent to which the child had to develop a physical symptom was in direct relation to how far emotional issues could not be talked about in the family. The child is left with only their body, and the body has to speak.

She makes it clear that she is talking about 'enormous secrets' in the family and not just more ordinary problems of communication. She also states that 'speaking the family' does not just mean what is happening in the family now but very often what has happened in the parents' history too.

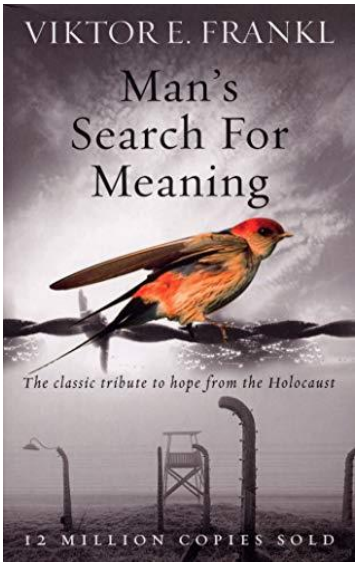
Meaning Making

As said, the psychodynamic approach is about meaning making. Schmidt Neven (1997, p.4) explains,

> The psychodynamic approach puts forward the view that all behaviour has meaning, and that there is no such thing as communication and activity which has no specific communicable direction. In that sense, everything we do is part of a communication, and this of course is of vital importance in the communication between children and parents.

As well as wondering about what lies behind the behaviour, Schmidt Neven says the psychodynamic approach would ask why this specific behaviour and why now? Behaviour is always dynamic. It is never static in fact (Schmidt Neven, 2017). She argues (1997, p.4) that recognition of meaning is fundamental to our emotional well-being,

> If we are not able to attribute meaning to our personal experience and to our relationships with the important people in our lives, it is difficult for us to exist in even the most fundamental state of relatedness to others and to the broader community.



This reminds me of the work of Viktor Frankl, the holocaust survivor, and how meaning is central to our existence. When asked what he thought of the success of his book 'Man's Search for Meaning' (1946), selling over one million copies in the USA alone, Viktor Frankl (1972) said,

"Frankly speaking, I do not see it so much as merit or achievement of the author of this book, that is me, but rather a symptom of the mass neurosis of today. Because if so many hundreds of thousands of people are reaching out for a book whose very title promises to deal with the problem of whether or not life has a meaning, then this is an indication of the fact that the very search for meaning has been frustrated. And in fact, ever more patients turn to us Psychiatrists today, complaining of an abysmal feeling of

meaninglessness, of emptiness, of an inner void, and that is why I have termed this condition the existential vacuum, and this in fact, seems to be the mass neurosis of day."

Frankl, who was a Psychiatrist, as well as a neurologist, and philosopher, shows the need to connect meaning within psychiatry, and neuroscience. Today it could be argued that excessive reliance on medication as a treatment denies people the opportunity to find a sense of meaning, therefore, worsening health. Since Frankl wrote his book, it seems that the neurosis he refers to has grown even greater. The book has now sold over 12 million copies, in twenty-four languages!

Given the importance of both biology and meaning making it is not surprising that great pioneers in the world of psychology were both Psychiatrists and Psychoanalysts, such as Freud, Winnicott, and Bowlby among many others. Donald Winnicott in his role as a paediatrician would use his 'Squiggle' or 'Spatula' games to gain insight into a child. With the squiggle game, one person draws any kind of squiggle. The other completes it to turn it into something. This encourages the creation of meaning. The possibilities are infinite, so what is chosen reveals something about what is on the person's mind at the time. Traumatized children that I have worked with would often present pictures portraying their fear and other strong emotions. With the spatula game, Winnicott would offer an infant a shiny metal spatula. What the infant would do with it would again be revealing of many aspects of personality such as, playfulness, relatedness, responsiveness, and anxiety. Combining medical and psychodynamic observations can greatly help us understand what may be going on and the root issues.

Understanding both the 'how and why' beneath human behaviour offers us crucial insights. These insights can bring many benefits in the field of well-being and human development. For example, the neuroscientific field of Polyvagal theory might help us to understand and recognize stress responses better. We might make changes to our environment to create a more calming atmosphere, which soothes rather than triggers the nervous system. The psychodynamic field might help us to think about and understand situations where the meaning is not obvious. I will give a few brief examples to illustrate both.

Neuroscience

1. I was on a beach in Israel, where soldiers were camped and preparing food. I heard an explosion behind me. Within seconds and without thinking I had sprinted to the sea and dived in. This can simply be explained as a healthy 'polyvagal' response. My neuroception (Porges, 2017) overtook my thinking brain (neocortex) and propelled me into a protective survival response. Thankfully, it was only a small cooking canister that had exploded, and no-one was injured.

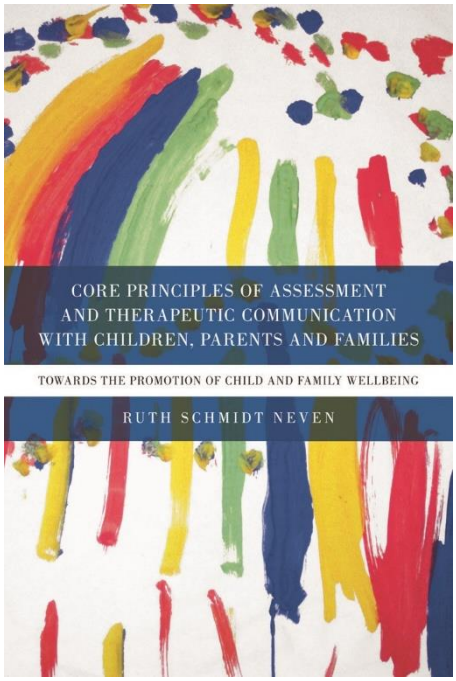
2. A father of his son who was in care was in a meeting with the Director in the care home. He was beginning to open up about some painful issues. A loud bell rang. He immediately shut down and did not say another word. Ringing a loud bell can be used to test the 'startle' response associated with PTSD. The organization understood following this, how loud bells

were not helpful in that environment, so they replaced it with a more situationally appropriate sound.

Psychodynamic

1. A 12-year-old boy I was caring for in a residential home was asked to finish his breakfast as he was going to be late for school. Instantly, he had a panic attack, which took at least half an hour to recover from. Thinking why this seemingly innocuous comment triggered such a volatile response, I had another look into his large case history. On one occasion his mother had asked him to eat his breakfast – she then hit him on his head with a stick, which led to him needing hospital treatment.

In the situation I was in with him, we can see that from a neuroscience perspective he became dysregulated, was in a panic, and needed co-regulation to calm and restore his functioning. However, only the psychodynamic exploration helped us understand the meaning of why this may have happened. Such an approach can help give us a hypothesis about the meaning and we can test it out. Sometimes it may seem we have made a helpful hypothesis, other times it may not be clear if we have. Schmidt Neven (2010) helpfully explains the process of making a hypothesis or a formulation, rather than simply making a diagnosis,



"The other important feature of working towards a formulation of the problem is that we can create a hypothesis that doesn't have to be proven every moment as being totally correct. We can discard the initial hypothesis or it can be enriched by our further experience of the child and the family. The idea that you're going to have a diagnosis that is infallible on the basis of seeing the child once or twice is completely unrealistic. I'd go as far as to say that a medical-type diagnosis - and a lot of child and adolescent mental health services go down the road of what I'd say was a 1950s medical model - really has no place in our work. I believe it actually promotes mental ill health because it doesn't get to the bottom of the problem. And of course the other thing is that if these diagnoses were truly accurate, we'd find a reduction in mental health problems. But there's an increase. That's partly because we're living in a changing world and there are many challenging issues, but also it's because we're not working in the right way. We're not offering the right sort of service to children and adolescents, or to their parents and families."

2. A Psychiatrist and Psychoanalyst (Brett Kahr) was working with an adult who has been in a secure psychiatric hospital for years. This is how I remember what he said in a talk. The patient was virtually unable to communicate. Sometimes when the psychiatrist visited, the patient would lay in his bed, with sheets pulled over his head and not say a word. In the history of the

patient when he sometimes became aggressive, he would smash a TV. None of the staff had a clear view as to why he did this. The psychiatrist was intrigued and dug out case records from the vaults of the hospital. The patient's father used to work for the BBC and had been based in Germany for a while during the patient's childhood. Over weeks if not months the psychiatrist persisted with trying to make connections with the patient. One day the patient suddenly came to life and shouted in German, "BBC ist ein Scheißhaus". Not very complimentary to the BBC who his father worked for! It transpired over time, that as a boy the patient had been severely sexually abused by his father. The medical diagnosis may have been clear about the patient's condition and potential treatment options, which in this case had not achieved very much. It was the psychiatrist's, 'psychodynamic detective work' as he described it, that brought meaning to the situation.

Sometimes the psychodynamic 'detective work' is about making links and connections at a symbolic level. Words often have a symbolic as well as literal meaning. To gain understanding it can be helpful to play with the possible symbolic meaning. The psychoanalytic concept of free association is a helpful contribution in this respect. Recently in a consultation, a psychotherapist was explaining to me a tragic case of a boy he was working with. He told me he felt floored by this case. As we talked, I asked what it felt like to be floored. Another possible meaning of 'floored' opened up – flawed. This led to a meaningful discussion about our flaws and vulnerability which resonated strongly with the therapist. Helpful connections were made by him about feeling flawed and the case he was working with.

The Helpful Integration of Neuroscience and Psychodynamic Approaches

What has emerged in the last decade is a reaffirmation of long-standing concepts such as attachment theory. As Cameron and Maginn (2009, p.28) argued,

> Bowlby's theory has stood the test of time remarkably well and current neurological studies are able to confirm both the positive impact of childcare (extensive development of neural pathways and brain growth) and the negative (lack of brain growth and development).

Commission for Children and Young People (2012, p.3), in Australia, also confirm the affirmation of attachment theory by neuroscience research,

> Moreover, it has received influential support in the last two decades from neurobiological research which has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems (Stien and Kendall, 2004, p.7).

This has been one of the most helpful realizations from neuroscientific research There is great potential to integrate neuroscientific and psychodynamic disciplines. Bessel van der Kolk (2014, p.113) referring to attunement which is a vital concept in attachment and neuroscience theory claims that,

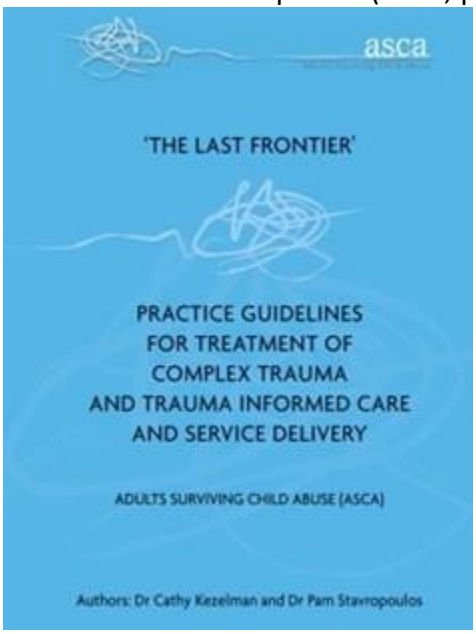
> Donald Winnicott is the father of modern studies of attunement.

Van der Kolk has been acknowledged as an integrator of different perspectives that have existed since the late 1800s. When thinking of neuroscience and psychodynamics It is not 'either or' thinking that is helpful but working on the integration of both perspectives. Van der Kolk's (2003) book, Psychological trauma has been described as the first integrative text on the subject. Recently, Michaels (2020) argued,

> Referring to the longstanding competition between different camps of researchers trying to show that their preferred therapy was superior, Steinert and her cross-theoretical team have shown that such competitions are pointless, and now is the time for all to accept the unequivocal fact that psychodynamic treatment is equally effective. Researchers should stop the jockeying for position, and get on to more important issues, such as figuring out which patients might benefit from which treatment in which circumstances.

Confirming the value of integration, we now have a new branch of psychoanalysis called Neuropsychoanalysis. Psychoanalysis has fared well in meta-studies of outcomes achieved by different clinical approaches. There is growing evidence that suggests that 'the talking cure' and a depth approach achieves better outcomes in the long-term for people who have serious mental health issues (Michaels, 2020).

Kezelman and Stavropoulos (2012, p.64) who have pioneered the development of trauma-informed services state,



"It is even claimed that psychoanalysis (the original `talking cure') is `a neuroplastic therapy (Doidge, 2007)'."

They also explain (ibid) how research has influenced the way different interventions work together,

"As Doidge (2007) points out, it was long thought that `serious' treatment required medication, and that `talking about' thoughts and feelings had little impact on the brain and on character. The advent of neuroscience is now showing otherwise."

This fits very much with my own experience of working with children who have suffered complex trauma. My first 'job' was in a therapeutic community in 1985. From the beginning, it was clearly explained to me how young people, could recover from deeply traumatic experiences that had had such a devastating effect on their development. And also, that we as the adults working with and caring for them would also change. Psychodynamic theories and practices were used to achieve this. In today's language, I was being told about the plasticity of the brain. Many of the

concepts I learned about now have new names. For instance, we would aim to create calming environments, especially at difficult times of the day, such as bedtime. So, we would slow things down, not have loud music on, etc. Very much along the lines of what polyvagal theory tells us. Neuroscience research has helped make many things clear, which we may have known or felt previously by informed intuition and observation. As Schmidt Neven (2010) points out,

> We've also got more than 100 years of good sound clinical evidence, a huge amount of understanding about developmental psychology. There's also a lot of interest in the brain concerning the impact of developmental and environmental experience, but this does not seem to have filtered through to evidence-based practice. One of the main reasons for this is that there is a worrying tendency to want to split the brain from the mind, as though we're talking about a machine rather than consciousness or the unconscious, or invention or creativity, or fantasy or motivation or connecting things up.

If we can hold our experience and knowledge in mind it can help us be more containing in our work with people so that their solutions emerge. Probably we do not achieve much, and we may even undermine the development process if we get drawn too strongly into the role of 'fixer' as if we know precisely what to do. To conclude this short article, I leave the last words to Schmidt Neven (2010) talking about assessing needs rather than making a diagnosis. She says,

> So, the assessment period is filled with anxiety (theirs and ours!) and needs containment. Because what we're hoping to open up is a process - which takes us completely away from the medical model of repair and cure. Fixing a broken arm is finite, but our work with children and families can't be finite.

Addendum and Acknowledgement

I would like to thank Alan Hackett for kindly allowing me to use the consultation example. Alan is an Adult, and Child and Adolescent Psychotherapist based in Cork, Ireland. He made this comment to me when I asked him about using the section. I have added it as it is illuminating.

"I really enjoyed the consultation also and got a great deal from it. I thought afterwards about 'being floored, flawed', the 'gift and the curse', the fine line we talked about, watching someone lose their mind in front of me and my fear I was losing my mind. After our discussion, I realise the latter has had a big impact on me. Thinking about ' the detective work', I am reminded of when I started my training back in 2008. I had this notion that I need to find out as much as I can about myself, bring it to consciousness and try to heal, repair and work through. I'm now beginning to think that this was driven by the fear of losing my mind. I thought that at least if I am aware of myself, I have some hope. I was reading an article recently that said, "It's really important that you carry your grief consciously and that you don't let it slip into your unconscious as it will make you psychologically unwell". This sums it up for me, I think."

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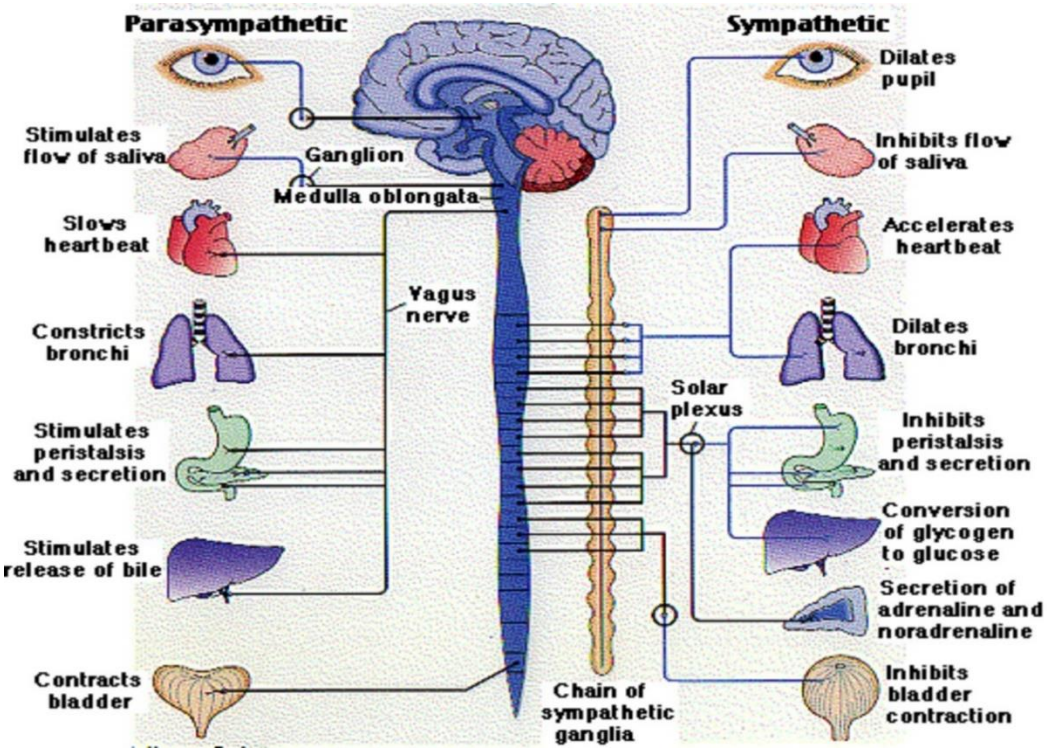
'ACTING OUT' BEHAVIOUR OF TRAUMATIZED CHILDREN, THROUGH THE LENS OF POLYVAGAL THEORY – PATRICK TOMLINSON (2019)



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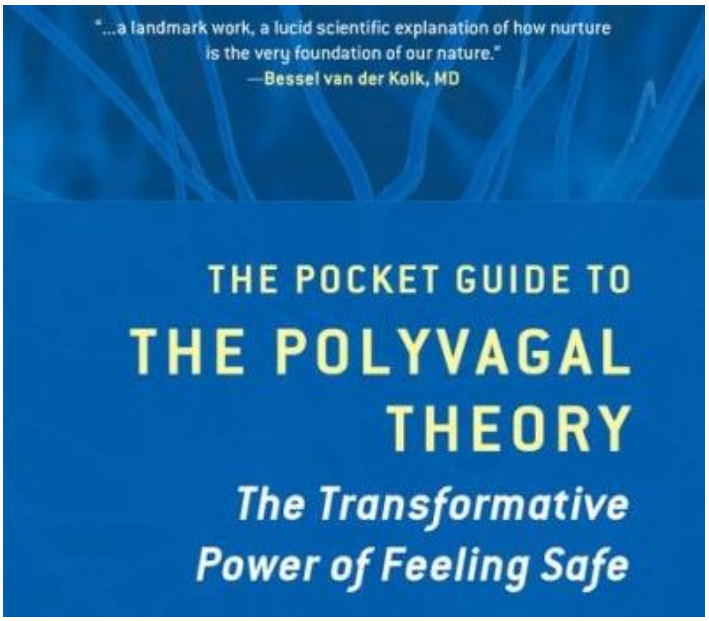
Recently I have been learning, or trying to learn might be more accurate, about polyvagal theory. I am thinking about its application to work with traumatized children and young people. Although, what I have understood so far is relevant in many other areas of life and work. I have been reading Stephen Porges (2017) – The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe. Like 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 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.

Polyvagal theory is especially 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, p.35) 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 behavioural 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. I experienced a vivid demonstration of this. 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 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. 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, p.17). 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 that makes 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,

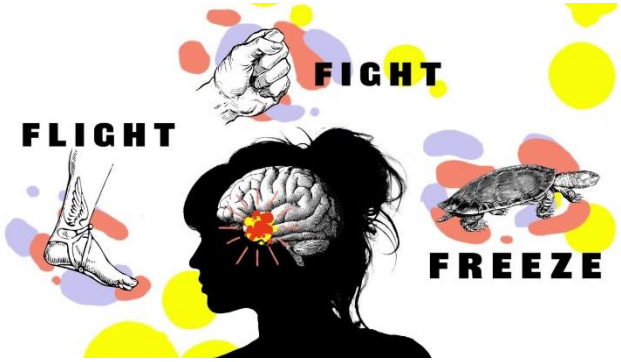
> …posttraumatic syndrome is the result of a failure of time to heal all wounds. The memory of the trauma is not integrated and accepted as a part of one's personal past; instead, it comes to exist independently of previous schemata (i.e., it is dissociated).

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, p.17) 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 about 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 behaviours. 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 behaviour 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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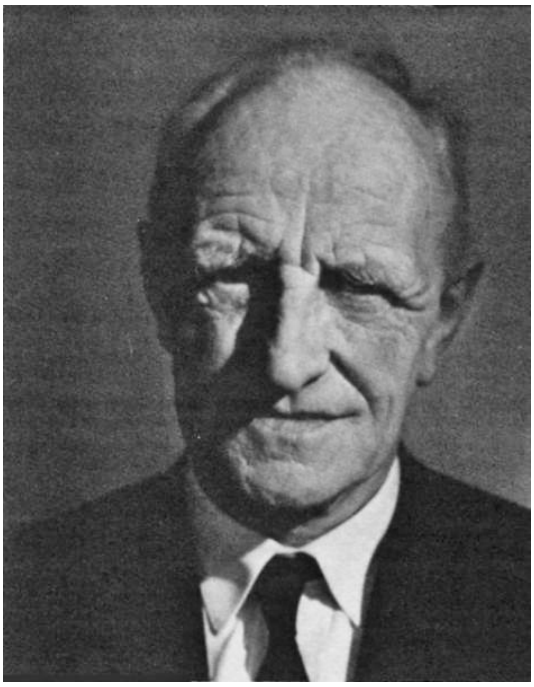
THE MEANING OF A CHILD'S STEALING AND OTHER ANTISOCIAL BEHAVIOUR
PATRICK TOMLINSON (2014)

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 behaviour. That is an important starting point – all behaviour 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 behaviour, 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 behaviour 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'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 behaviour 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 behaviour in children. Plenty of 'children being children', but nothing out of the ordinary. In the

therapeutic community home, I began in, much of the behaviour 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 behaviour,

> 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 centre of the community so the fact that the water had turned a whitish colour 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 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 behaviour can appear to get worse. On this occasion, we did manage to tolerate the boy's behaviour and work well with him. 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 behaviour, 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. Referring 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. Ward and Winnicott point out that one of the tasks of being a parent or carer is to provide 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) explains in his paper 'In praise of difficult children', 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 behaviour 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 behaviour will alert his primary caregivers.

Ward (p.5) 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.

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 behaviour 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 behaviour 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 behaviour 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' behaviour. 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 behaviour (Barton, Gonzalez and Tomlinson, 2012, 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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Winnicott's "Good-Enough Mother" – online article (2013). It does strike me how much some of his concepts still resonate so powerfully. The concept of being good-enough has often been a salvation! http://panathinaeos.com/2013/05/12/winnicotts-good-enough-mother/

Comments made in response to this article,

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

"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'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 behaviours 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 an environment that will say NO - not in a punitive way, but in a way that will create a 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...'

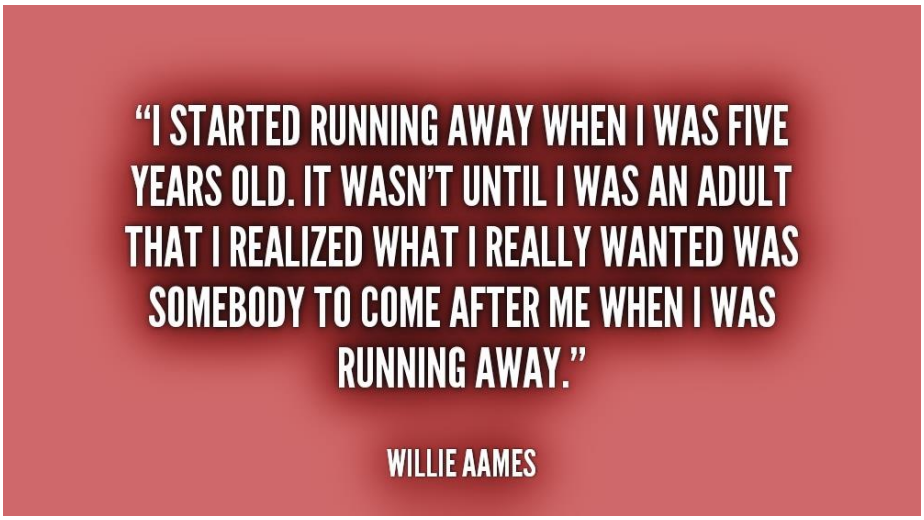
The flow of all insights; Winnicott, Abrams, and yours highlight very important concepts that all caregivers should be aware of. Families need access to such information/training when dealing with antisocial behaving child - it is a vital part of the child's success as he learns to trust society. I reiterate; I speak from personal experience, having dealt with these issues for the last eight years - we were completely blindsided by all these behaviours and many more."
Bonnie Murphy, Consultant, Autism / Child Abuse Advocate, USA

"About the universal and age-old nature of anti-social behaviour!

> 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)"

Patrick Tomlinson

REASONS A TRAUMATIZED CHILD RUNS AWAY?
PATRICK TOMLINSON (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 run 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 behaviours can have different meanings beneath the surface. Secondly, Aames implies that his behaviour 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?

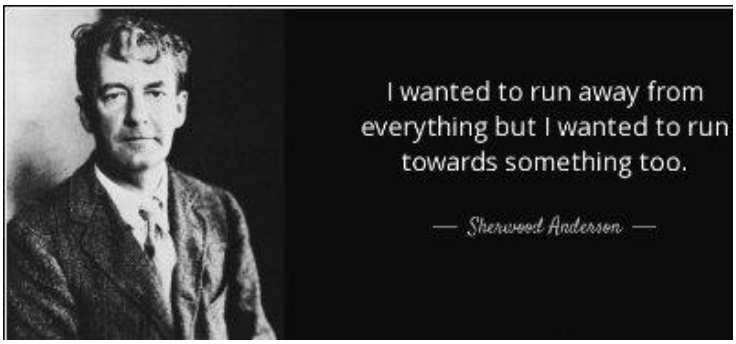
For most children, there is a point in their development where they realize they can run away. This may just be a sign that the child has a healthy curiosity about what else might be out there. The child realizes she has the potential to go outside of her parent's world. It may be a way of experimenting with crossing boundaries. To run away one must go over a line. This possibility, which is more of an interest in exploration and discovery may enter the child's imagination and dreams even if it isn't 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 troubling 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, can 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 co-ordination difficulties 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 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 she 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 run 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 could be both?

Something may be 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 the vulnerability of forming 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 an 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 types of game 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 on behalf of the adult? Is the child running away from something that he senses 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 at the Orthogenic School in Chicago. He said that sometimes a child could not be stopped from running away so rather than 'run after him' they 'ran with him'. I found this an insightful way of re-framing the problem. Maybe sometimes our job wasn't to stop a child from 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? Was she punished or moved to another placement? Is 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 an 'out of home' care would often be attracted towards a train track if there was one close by. Young people and adults who have 'behaviour 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 behaviour, 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., 2012, p.99)

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

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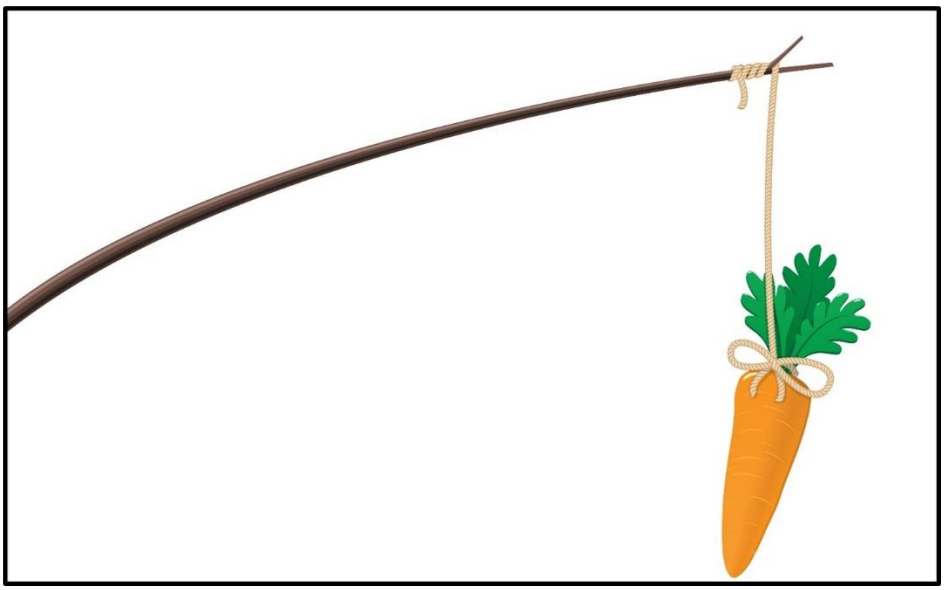
PUNISHMENTS & REWARDS – CONSEQUENCES & DISCIPLINE
PATRICK TOMLINSON (2021)



Introduction
This short article aims to provide some food (not necessarily a carrot!) for thought on this interesting and complex subject. It is of such importance and continually challenging. It is one of those subjects that is helpful to regularly reflect on, however many years we may have been working on it.

Pain-Based Behaviour
Traumatized children's difficult behaviour is often referred to as 'acting out'. The term acting out implies the question - what is being acted out? Anglin (2002) uses the term 'pain-based behaviour' to describe 'acting out' behaviour and the internalizing processes such as depression which are often the result of triggering this internalised pain. This helps to shift our focus towards the meaning beneath the behaviour.

The work involved with traumatized children can be extremely challenging. It may resonate with our history in a way that can lead to powerful feelings and at times overwhelming emotions. Therefore, there must be a high level of training and support available to those carrying out this skilled and sensitive work.

Core elements of a helpful response to the child's behaviour are,

- believing and validating the child's experience
- tolerating the child's affect
- managing our own emotions

Punishment and Rewards

Traumatized children are often used to being punished and for reasons they cannot understand. Many times, they will have been punished and treated harshly, in an arbitrary fashion based on the mood of the adult rather than on the child's behaviour. For children who are traumatized and who have hyper-aroused stress response systems, punishments are often likely to make matters worse. By increasing stress levels and re-enforcing a negative view of the world as a hostile and unforgiving place. We need to model qualities that challenge the child's negative view of the world, or, as John Bowlby (1969, 1973) described, the child's internal working model. Perry and Szalavitz (2010, p.243) point out,

> Punishment can't create or model those qualities. Although we do need to set limits, if we want our children to behave well, we have to treat them well. A child raised with love wants to make those around him happy because he sees his happiness makes them happy too; he doesn't simply comply to avoid punishment.

The 'carrot and stick' approach does not tend to work with young people who have suffered complex childhood trauma (Perry and Szalavitz, 2010). Just as punishment is ineffective so is a system based on rewards. Both are an attempt to manipulate the child into being compliant and behaving 'well'. The key issue here is manipulation. There is a risk of further reinforcing the child's defences and lack of concern for others by putting the focus on either gaining a reward or avoiding the pain of punishment. A child whose development has been disrupted by trauma and feels little concern towards others will be helped better by first of all feeling the care and love of others. Then through the development of a meaningful relationship, the child begins to care about not hurting a valued 'other'. Donald Winnicott (1963) referred to this as the 'development of the capacity of concern'. It is one of the fundamental developmental achievements.

Commission for Children and Young People (2012, p.12) argue that behaviourist approaches that rely on systems of reward and punishment tend to be ineffectual,

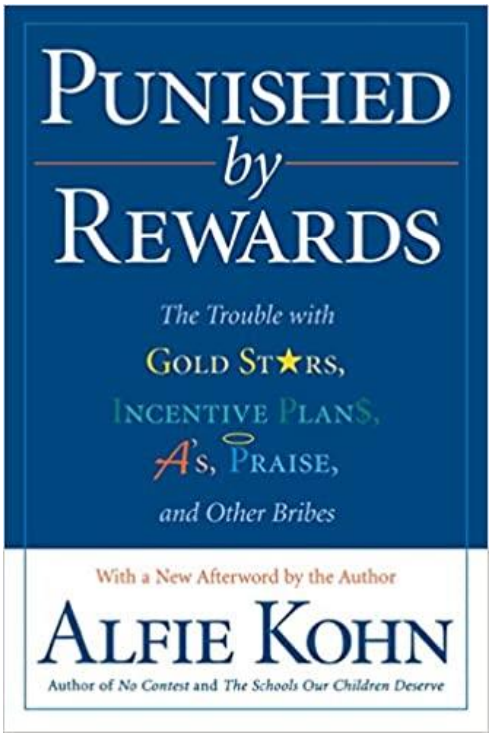
> Behaviourist techniques may achieve a degree of change in children's behaviours but without engaging with the underlying emotional content of the behaviour, these changes will not ultimately correspond to transformations in the child's internal working models or assist them to achieve psychological healing (Forbes and Post, 2007). Forbes and Post (2007) maintain that these techniques inadvertently convey to children that the feelings behind their behaviour are not valid or intelligible.

Perry and Szalavitz, (2006, p.244) make a similar point,

> Traumatized children tend to have overactive responses and, as we've seen, these can make them aggressive, impulsive, and needy. These children are difficult, they are easy to upset and hard to calm, they may overreact to the slightest novelty or change and they often don't know how to think before they act. Before they can make any kind of lasting change at all in their behavior, they need to feel safe and loved. Unfortunately, however,

> many of the treatment programs and other interventions aimed at them get it backwards: they take a punitive approach and hope to lure children into good behavior by restoring love and safety only if the children first start acting "better." While such approaches may temporarily threaten children into doing what adults want, they can't provide the long-term, internal motivation that will ultimately help them control themselves better and become more loving towards others.

As children mature, they need greater space to be autonomous and to make their own choices. Children are most motivated by feeling they are doing something because they want to do it, rather than because they are being manipulated into doing it. Alfie Kohn (1993) in his aptly titled book, '*Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes'*, has referred to numerous studies where systems of punishment and reward, or even just reward have reduced motivation and performance. For example, children given a sweet as a reward for doing well in a test did worse in the next test compared to those who weren't given a sweet. The mere suggestion that the child has an extrinsic motive other than the intrinsic value in the subject can reduce their interest. Summarizing the key message of his book Kohn (1994) says,



"We can never meet our long-term goals by doing things to students, only by working with them. Rewards, like punishments, are ways of doing things to people. And to that extent they can never help them to take responsibility for their own behavior, to develop a sense of themselves as caring people, to work as creatively as they can or become excited learners for the rest of their lives. Rewards, like punishments, actively undermine those goals."

This doesn't mean that adults should not be clear and firm about their expectations of the child's behaviour, but within that, the child needs space to work things out for herself. Caregivers and other adults who are warm and provide clear and consistent expectations for children's behaviour also encourage early conscience development (Eisenberg and Murphy, 1995; Kochanska, 1991, 1993, 1995). Pro-social role modelling plays a crucial role in showing the child morally responsible behaviour.

Reparation

As said, it is helpful to have clear expectations about what behaviour is acceptable and what is not. When a child crosses a line, we can help them think about it and find ways in which things could be put right. Making reparation for something hurtful or damaging that they have done,

provides them with the vital developmental experience of contributing and making it right (Dockar-Drysdale, 1953, Winnicott, 1963).

Many traumatized children believe that the mistakes they make, or their negative behaviour has catastrophic and long-lasting consequences. They have learnt this through experience. A small misdemeanour may have resulted in a severely punitive or abusive response from a caregiver. In some cases, difficult behaviour may have been followed by a major change such as being taken into care. The child often believes he or she is 'bad' and responsible for whatever happens.

The capacity to make reparation rather than be punished also requires that the child has a degree of empathy and concern for others. For children who are so emotionally underdeveloped, it may take considerable time before they can do this. To show concern and care for others, first, they need to experience being cared for. We can also encourage the development of empathy by discussing with the child, his behaviour and how it might make others feel. Perry and Szalavitz (2010, p.313) suggest,

> To encourage empathy, discipline by reasoning, perspective taking, consistency of appropriate consequences, and above all, love.

They continue (p.314),

> If you teach children to behave by using reason, they are likelier to be reasonable.

Dockar-Drysdale (1953, p.7) argued in her paper, *'Some Aspects of Damage and Restitution'*, that a punitive approach may even damage the child's potential to develop a capacity of concern towards others,

> I suggest that punishment not only anticipates but hampers and probably blocks the natural process of restitution, thereby preventing the further process by which the child may direct into constructive channels the hostile feelings which have led to guilt and the need for making restitution.

Traumatized children are familiar with being punished, humiliated, and hurt. Punishing such a child is likely to trigger his memory of these experiences, causing him to feel angry and resentful towards whoever is punishing him. The skilled worker needs to adopt a non-judgemental approach. This is more focused on working with pro-social behaviour modification, rather than blaming the person. This has been called, "challenging the behaviour, not the person" (Barton, Gonzalez and Tomlinson, 2011). It is more helpful to give the message that it is the behaviour that we find unacceptable rather than the person.

Consequences of Behaviour – Positive and Negative

However, children must be helped to understand that there can be positive and negative consequences of their behaviour. We need to help them understand the positive consequences

of their behaviour, as much, if not more than the negative consequences. This is because these children know only too well that they can do hurtful and destructive things, but they often have no idea that they can do things that give pleasure and make others feel good. They often feel that they are insignificant to others and the only way they can have an impact and be of any significance is by being challenging. As Perry (2016) has said, we need to help children feel the intrinsic value in relationships.

Reward and punishment systems often undermine the idea that a child may be interested in what another thinks or feels about him or her. The key to healthy growth is not based on fear or material gain, but on developing a sense of care and concern towards others within meaningful relationships. Referring to the kind of points systems, sometimes used to induce children to change their behaviour, Perry (2016) argued that ironically, they often miss the point. This is especially so in work with children and young people who are not emotionally regulated. Instead, he claimed that,

"Positive human interactions are the most positive reward we can experience."

Natural Consequences

Sometimes we do need to help a child understand something about the negative consequences of their behaviour and to do something if possible, to put it right. The more natural or 'logical' the consequence is to the behaviour the more likely it is to make sense to the child. For example, if the child has damaged something in the home, helping to fix it is more relevant than having to go to bed early. Helping to fix something that has been broken can be understood as a natural consequence. However, Kohn (1995) warns us how easy it is for the use of consequences to slide into a disguised form of punishment,

> A number of people seem to think if we call it "consequences" or insert the modifier "logical," then it's okay. "Logical consequences" is an example of what I call "punishment lite," a kinder, gentler way of doing things *to* children instead of working *with* them.

However, used helpfully, consequences rather than punishment can be seen as a form of discipline, showing and teaching children how to behave, by providing a climate of mutual respect, where problems are seen as opportunities for learning and growth. Children are supported to learn from their mistakes through natural and logical consequences. Self-discipline is more likely to grow out of this. Redshaw et al. (2012, p.44) outline the differences between discipline and punishment,

Qualities of Discipline

- To teach
- A climate of mutual respect
- Problems are opportunities

- Preventative planning - a proactive focus on preventing problems
- Natural/logical consequences, discussed with children
- Reasons for standards
- Demands responsibility
- Teaches caring values, control by inner values
- Adults as coaches and mentors

According to Laursen (2003), one of the primary goals of discipline is to:

> … provide a safe and consistent environment where children can learn reasonable rules, limits, and consequences, as well as the reasons for them...

Qualities of Punishment

- To inflict pain, penalise, cause loss, suffering, to treat in a harsh manner
- Must respect those in power
- Problems require punishment
- Reactive response
- Arbitrary consequences
- Do it because I said so
- Demands obedience
- Teaches rule compliance
- Adults as rulers
- Controlled by external enforcement

The Need to Manage Ourselves

In work with traumatized children (as in parenting) there can sometimes be a sense of being at a loss of what to do. When this is mixed with strong emotions, such as anger, anxiety, and fear, there can be a reaction to do something and feel in control. For many reasons, including our own childhood experiences, we may feel justified in punishing the child. We may feel that we have to do something to create a positive change. The concept of punishment and reward can be seductive in these moments. Taking a punitive action may provide some relief to the adult, and give an impression of making a difference, however short-lived.

Therefore, as well as considering the child-centred matters discussed in this article, we also need to ensure there are ways for the adults involved to process their feelings, to feel supported, and to be able to take a step back. Working on the issues involved is not something we are likely to feel we have ever mastered. There are many complexities involved, including how we manage ourselves. If we are working with children who suffered complex trauma we will often be tested to the limit of our capacities. I remember reading and learning a long time ago, early in my career that it can be the feelings aroused in ourselves that can be more difficult to work with than anything else.

As in the children's histories, the most punitive and unhelpful responses are likely to occur when adults are at the 'end of their tether'.

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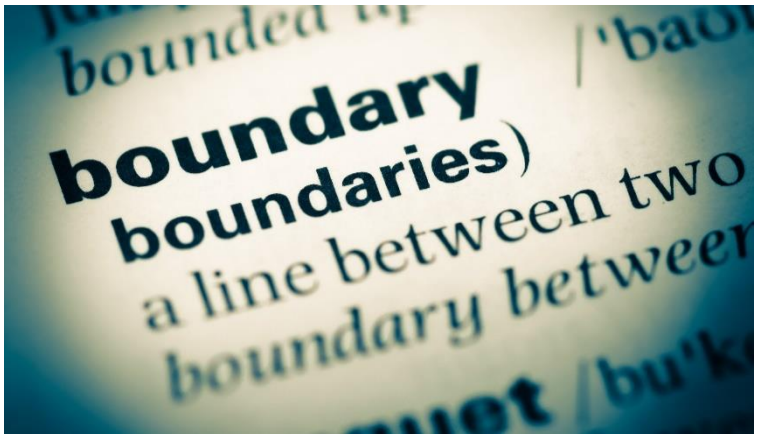


SHIFTING BOUNDARIES: THERAPEUTIC WORK AND LEADERSHIP DURING THE PANDEMIC
PATRICK TOMLINSON (2020)

I cannot think of anything in the last 50 years that has caused such a sudden and widespread disruption of global life and work, such as Covid-19. 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 an 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 always free of anxiety but is 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.

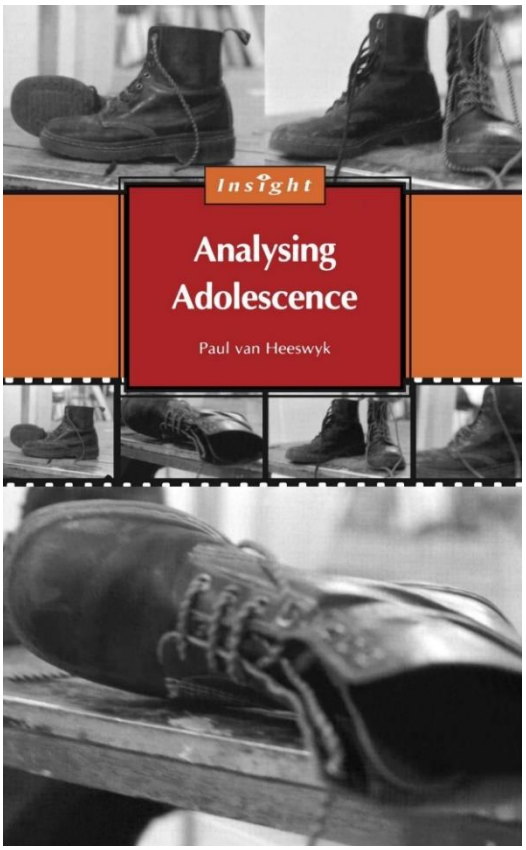
Once an adult in the work situation becomes unable to contain his anxiety, this also becomes uncontaining for the child for many reasons. An adult who cannot contain his feelings, will not be able to contain a child's. A child's past traumas may be associated with an overwhelmed adult – when adults were 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 the desire for 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, 2012, 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.

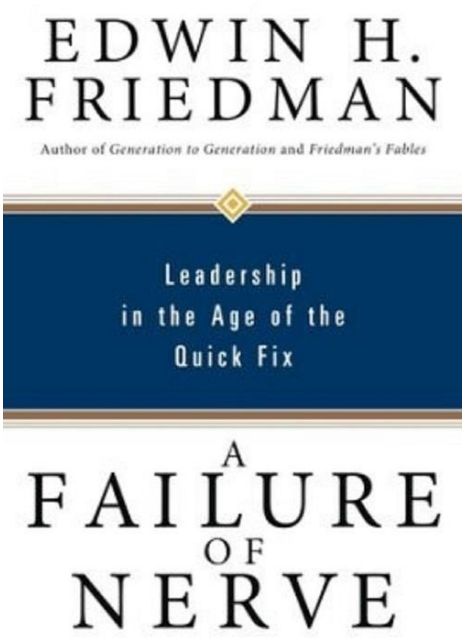
What is the impact of all this?

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.234) 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' (p.182).



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 ourselves 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 – PATRICK TOMLINSON (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 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 traumas, 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) links this kind of attunement with 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, could 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 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.

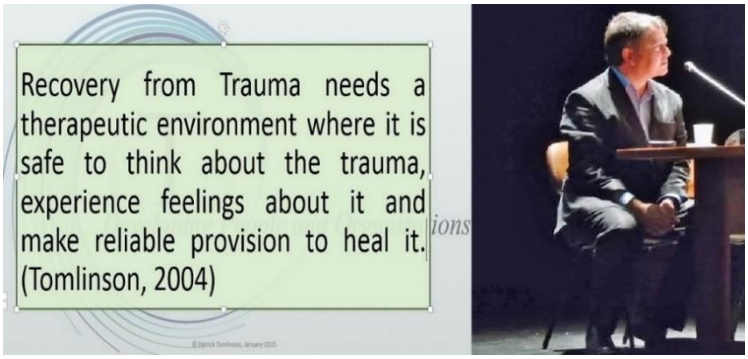
> …they focus their energy on not thinking about what has happened and not feeling the residue of terror and panic in their bodies. (van der Kolk, 2014, p.133)

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. When this is lost there is likely to be another failure. It sounds clear, but the problem is that we are often on the edge of becoming defensive in response to the difficulty. Those involved must face very painful and sometimes shocking realities. One way of getting out of this is through 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. These are often unconscious responses. 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'
PATRICK TOMLINSON (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 is hugely beneficial to our health, especially when it is built into daily life. I recently read about a study that claims the regular habit of reflective writing 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 the 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 too much from my own 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 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 often 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 can 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 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 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 and losses that he needed 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 <u>the</u> problem solver can be difficult. Our need to get out of the difficulty and to relieve our 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) 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. 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 him or her.

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 the medical problem! While this might help reduce emotional pain (for the Doctor and students), unfortunately, it does not aid the patient’s recovery. The 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 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 just 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 the 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, whilst gazing at their 'smart' phone. I was in a restaurant recently and noticed a mother feeding her baby, moving her focus between television and 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 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

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An interesting blog on the benefit and difficulty of being still, http://www.dailygood.org/story/926/starved-for-time-here-s-a-surprising-and-easy-solution-christine-carter/

3 Blogs by Maria Popova,

"Young Delacroix on the Importance of Solitude in Creative Work and How to Resist Social Distractions", http://www.dailygood.org/story/1076/young-delacroix-on-the-importance-of-solitude-in-creative-work-and-how-to-resist-social-distractions-maria-popova/

"Psychoanalyst Adam Phillips on Our Capacity for "Fertile Solitude", https://www.brainpickings.org/2014/07/18/adam-phillips-on-risk-and-solitude/

"Kierkegaard on Boredom, Why Cat Listicles Fail to Answer the Soul's Cry, and the Only True Cure for Existential Emptiness", https://www.brainpickings.org/2015/01/14/kierkegaard-boredom-idleness-either-or/

Comments made in response to this article.
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. **Anonymous**

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 solutions. 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."
Ioana Boldis, Psychologist, Romania

THOUGHTS ON THE ATTITUDES TOWARDS ABUSE OF CHILDREN
PATRICK TOMLINSON (2014)

This is a huge subject, and I am just going to make a few comments about my experience. Though these experiences may to some extent seem random, I think they are also connected by a theme. My first experience of work with children who had suffered abuse and neglect was in 1985. I was shocked to see how their early lives had so terrorized and deprived them of the experiences essential for healthy development.

For instance, because of abuse and neglect, a 12-year-old child might have the functioning level of an infant. He may not even have reached the level of emotional or neural integration normally achieved in the first 1 – 1.5 years. These children's development had literally been frozen. Their emotions were also highly dysregulated. They can fall into an overwhelming panic or violent rage in an instant. At the other extreme - still watchfulness, emotional detachment, and withdrawal may be the predominant mode of functioning. One thing that surprised me at the time was the fact that children like this existed, as I had no idea. It was and still may be a human problem that is hidden away. I knew about various disabilities and their consequences, and there was often media coverage – but nothing on these children traumatized by those who were supposed to protect them.

> The single most significant predictor that an individual will end up in the mental health system is a history of childhood trauma, and the more severe and prolonged the trauma, the more severe are the psychological and physical health consequences. (Kezelman and Stavropoulos, 2012, p.x)

It has been said that the dynamics of abuse are secrecy and denial. Kezelman and Stavropoulos (2012) refer to the 'culture of silence that continues to surround child abuse'. They explain why this may be so,

> The many constraints which still militate against open discussion of child abuse compound recognition and addressing of violations the scale and magnitude of which, were they to be acknowledged and confronted, would both raise questions of complicity and comprise grounds for deep national shame. (p.39)

I recently read that it was published in the 1950s that one in a million women had probably experienced incest as a child. Apparently, the text where this was stated was still widely used in the training of psychiatrists in the 1980s. Now some researchers put the incidence of child abuse within families as closer to one in four. Why is there such a huge difference in 50 years? Is child abuse on a huge increase or is it just being reported more or both? We also know very well the historical controversies that have existed in the relational sciences, as to whether reports of child abuse by adults in psychotherapy treatment are real or phantasy.

> Professor Middleton comments that *`[i]t is hard to find a comparable example in society where something so damaging to so many could exist undisturbed for decades under the*

> *gaze of those professional bodies who would be assumed to have qualifications and motivations to bring clarity and to be at the forefront of addressing such a pervasive threat to the mental and physical health of fellow citizens'*. (ibid p.38)

On the one hand, it seems that progress is made in the exposure of child abuse. But it doesn't seem that it is becoming any less common. Some westernized countries may have been ahead in terms of surfacing the problem. I was in India 7-8 years ago and sexual abuse was just beginning to be talked about in the media. Since then, there has also been a big movement to expose the violence towards women in India. I gave a talk to 100 or so social work students at an Indian University. During the talk, I referred to a child I worked with who had a severe panic attack when I made a simple request, like asking him to finish his breakfast. It turned out his mother had made a similar request and then hit him so hard on the head with a stick that he needed hospitalization. One of the students stood up and said she didn't see why being hit caused the boy such problems in the future. She added 'we've all had a good beating' to which everyone laughed.

I explained that the beating, while some would argue is never good for a child, might also depend on the context to determine how much damage is done. For example, if the culture is one where hitting children is common, at least the child feels this is normal - my friends also get hit. Another factor might be whether the 'disciplining' action takes place in what is a generally loving family environment – where the parents are concerned for their child. Or is it part of a more neglectful environment? Are the parents' actions more based on their own difficulties rather than the child's needs? The severity is another factor – violence that requires medical treatment cannot be right under any circumstances. While physical discipline might be considered by some to be ok within a cultural context, I don't think that anyone would argue that sexual abuse is.

Maybe because it simply isn't ok – discussing sexual abuse tends to become difficult. Besides abhorrence towards the abuser, few other views are expressed. Sex offenders are routinely hated and despised. They are often portrayed as evil. I remember visiting a sex offender in prison. On the way to the prison, the taxi driver was keen to know why I was visiting. When I alluded to the reason, the conversation immediately ended. After the visit, I was wondering why the prisoner I visited came into the room, after the other prisoners. He sat in an isolated area, wore a colored band and left before the others. I realized it was probably for his safety. Having anything to do with sex offenders or even children and young people who have been abused, can be uncomfortable and one's motives might be questioned. This is highlighted by the difficulty that can be involved in having a conversation on the subject with someone who has been abused. Too much interest might be felt to be intrusive and voyeuristic. Too little might feel like turning a blind eye.

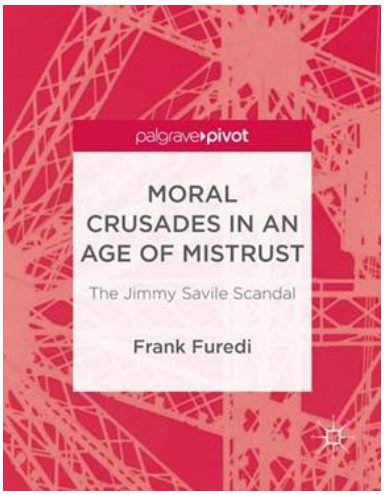
Recent sexual abuse scandals in the UK involving dead or elderly celebrities have caused outrage. Some of the most popular TV family entertainers, it turns out had been abusing children. The outrage has been towards the individual perpetrators, followed by the organizations that failed to be sufficiently protective or even colluded. It is as if the moral

outrage about abuse can be vented towards these cases, but we can't have a rational discussion about what is happening in our own neighbourhoods. A few years ago, when I was opening a new children's home in a residential neighbourhood, we met each neighbour, so we could build a positive relationship. One neighbour could not let go of the question, 'but have these children been sexually abused?' He was fearful of this as if the neighbourhood would be threatened and at-risk by having an abused child living among them.

In response, I focused on the fact that the children we were looking after, all had needs due to their difficult childhoods. Our job was to meet those needs, so that they could develop and prosper. The neighbour kept persisting with his question. In the end, I said that according to the statistics maybe 1 in 10 of the children in this neighbourhood was abused. After that, he abruptly dropped the whole issue. It is possible that my comment brought the subject too close to home.

Thinking about the conversations with the neighbour and taxi driver, I am struck by the fact that I just allowed the conversations to end. I could have asked them their views on what I had said. Maybe the underlying feelings, such as anxiety, fear and hostility led me to rather not talk and therefore collude in a small way. One of the inferences for anyone close to sexual abuse, whether personally or professionally, is that they may be complicit with the abuse. Therefore, anyone who talks about sexual abuse, rather than to just utter disgust towards a perpetrator runs the risk of being judged similarly. It is common in working with traumatized children, to be treated as if one is an 'abuser'.

What I am suggesting with the examples above, is that the problem of abuse gets projected in an extreme way and this is part of the denial dynamic. I have come across worthy organizations who aim to tackle the problem of abuse by focusing on the pedophile, 'lurking on the street corner'. The emphasis on stranger danger continues, though evidence suggests that the most likely threat to a child is someone close to them, especially a parent. We educate young children on how to avoid being lured by a stranger. Do we educate children on what to do if someone in the family is abusive? Maybe this reality still touches upon too many taboos and challenges the idealization of the family that is prevalent in many cultures.



The sociologist Frank Furedi (2013) wrote the book 'Moral Crusades in an Age of Mistrust: The Jimmy Savile Scandal', in response to the scandal of the deceased UK TV celebrity and the retrospective discovery of his serial abuse of children.

My understanding of Furedi's argument is that the erosion of our trust in authorities leads to a high level of uncertainty, which makes us feel anxious. We then project some of our anxiety onto children, who are increasingly perceived to be vulnerable and 'at risk'. Interestingly, numerous countries have gone through the same process in the last few years. Erosion of trust; exposure of corrupt politicians, church, bankers, etc.; media exposure of scandal concerning child abuse; as the moral panic grows, 'witch-hunts' follow; discovery of institutional abuse; national outcry and government inquiry; followed by recommendations on how to better protect children.

These are necessary and appropriate concerns. However, as Furedi argues our difficulty in really thinking about rather than reacting to the issues involved, often leads to some very unhelpful and destructive actions. This undermines the potential to make real progress. A slight illustration of a moral panic recently, was when a Doctor in Wales had bricks thrown through his living room window by angry neighbours. Someone had referred to him as a pediatrician, which was mistaken to mean pedophile!

Wrongful arrests are on the more serious side of things. I know of one service for children that was closed, due to the wrongful accusation of a link with a pedophile ring. The sensationalized media headlines were followed by the withdrawal of children from the service. Two years later, after the service had closed, children unnecessarily removed, staff wrongly arrested, and careers ruined, the Judge presiding over the court case concluded the trial by praising the work of the service.

How do we know when denial is appropriate and when it is a cover-up? Conspiracists might argue that Judges, Police, Politicians, Churches have a lot invested in supporting denial. This dilemma and lack of trust are exactly what Furedi suggests make this such an important and difficult problem.

Ultimately, what we want is no children suffering abuse and the potentially devastating consequences. How will this be achieved unless we become more able to have rational discussions about the problem? How do we become more capable to think about this difficult subject and what it means?

Comments

Sean Ferrer, Director - Strategic Marketing, England
Patrick, you have written a highly thought-provoking, and courageous piece here. I use the word courageous, because the fashion these days is to portray all sex offenders as incarnate evil, so abhorrent that the mere mention of the label provokes a raft of negative commentary. The fact that you have not engaged in the standpoint is to be commended.

Neither you, nor I, condone such offences, but I feel we both recognise that progress in our understanding of the phenomenon of sexual offences, especially against children, is continuously impeded when it is drowned out by a collective wail of disgust. Moreover, anyone who fails to express his or her disgust when exploring the topic risks being branded in some way complicit, or supportive of such damaging behaviour.

Jonny Matthew, Consultant Social Worker and Criminologist, Wales
Good stuff, Patrick - very thought-provoking! Your comments about those who help being in some way viewed suspiciously, is very true. After many years of working with harmful sexual behaviour in teenagers, I've experienced this many times. Worse still, at times, I've colluded with this suspicion by moderating my comments in line with what I perceive to be the likely stance of skeptical others. I guess part of this is the desire to avoid "freaking out" the uninitiated!

Sean's point about the prevalence of sexual interest in children is perhaps the next taboo for society to assimilate. The thorny issue of sex offenders as victims with reactive behaviours is another. Not that this is permissive or excusing in any way. Neither is it remotely suggesting that all victims do or may become perpetrators - that would be ridiculous. But we do have to face the fact that those who commit sexual crimes were very often victims themselves - meta-analytic research is really clear on this.

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CREATIVE PSYCHOTHERAPY WITH DEVELOPMENTAL AND COMPLEX TRAUMA
CAROL DUFFY (2020)

Introduction

It is my pleasure to introduce two guest blogs by Carol Duffy. Based in Mayo, Ireland, Carol is a child and adolescent psychotherapist specializing in play. She is also a clinical supervisor and trainer. She has over 15 years' experience working with attachment disruptions, trauma, and sensory regulation. Carol is married and mum of three vibrant and wonderful children.

In the first blog, Carol shows she fully understands the importance of safety, regulation, attunement, and repair after ruptures in relationships. It also shows the value of play as a healing process. Carol describes beautifully how play and safety are so connected in therapeutic work.

In the second blog, Carol captures essential therapeutic and human qualities. Namely, the capacity to sit with 'not knowing' and facilitating a holding environment so that growth and development may emerge. In doing this she shows how she experiences feelings of vulnerability as a therapist, a parent and perhaps most importantly as a person. The vulnerability but also wisdom of 'not knowing', has long been a bedrock of psychotherapy. Carol vividly illustrates how the Covid-19 pandemic has added new layers to this position.

Using the metaphor of Michelangelo's work as a sculptor she shows how we may focus but at the same time allow space for the emergent process to take shape. We have the science to ground what we are doing, but the process of therapy has more in common with art. Marion Milner who was a psychoanalyst and painter has written of 'wide-angled attention', which is receptive by not focusing ('when I paint a tree in a field, I look at everything except the tree'. (in Phillips, 2019, p.14)) In the same way in therapeutic work, we look around the presenting symptom and not just at it. This relationship between art and science is captured by one of the renowned neuropsychologists Carol mentions, Allan Schore, in the title of his classic book – The Science of the Art of Psychotherapy. I hope you enjoy this blog; I think there are so many layers to this poignant piece of reflective writing.

I hope you enjoy these thoughtful and insightful blogs and please do share.
Patrick Tomlinson

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Part 1

The deceptive simplicity of psychotherapy using play and creative approaches is quite paradoxical to explain. In many instances, it must be seen, felt and experienced to be fully understood. There is a wealth of science available to us now to consolidate what we as creative psychotherapists experience and contemplate so frequently and fluently in our work. Play and creativity are often cited as having transformative, therapeutic, healing and reparative potential, amongst many other qualities. However, when does playfulness become therapy? When does creativity, joy and spontaneous laughter become healing and reparative?

There is an abundance of research that indicates what we need to pay attention to. There are evidence-based strategies that tell us what to do. But none of these matters unless we pay close attention to the 'how' of what we do and realise that our greatest 'tool' is the use of ourselves. While we can describe a symphony of wonderful play ideas that are designed to activate wellbeing and interrupt trauma-induced behaviours - if we are not playful, then it's not play. It becomes more of the same...another intervention full of good intentions, that is not useful to the client. The intervention becomes part of the story of origin and cannot possibly interrupt it.

In the ninetieth session with my teenage client, I was simply brushing her hair while she imagined her future. Her future had hope, realism, and possibility attached to it. She imagined me in her future as our relationship had become something that mattered. She casually referred to it without flinching and without hints of fantasy. After 70 sessions a level of trust had developed, and she asked me to brush her hair. After ten more sessions, she engaged with me in thinking about her future. In the beginning of her therapy, notions of the future didn't exist, or at least when they did, they sounded fantastical and impossible. The past sounded rosy, which of course it wasn't.

> Everything felt fragmented, disjointed and at times it was very difficult for me to stay awake. I think this was due to her deeply embedded dissociative coping style. Our clients don't tell us how they coped and survived unspeakable terror; they show or project it into us.

In many cases having creative approaches available and a permissive environment is all they need. Their coping becomes visible in how they approach the play and/or you. But dissociation is more difficult to describe. The more entrenched it has become the more automatic it can be for the client. I noticed a heavy energy in the room, a sleepiness and a pressure so great that staying present in the moment seemed almost impossible. I imagined that for this client, staying present in her pain was simply unbearable and so she shut down. She had to shut down so much that now the coping had become automatic. This feeling of shutting down can also be felt by the therapist when they are truly attuned to their client. This has been a common experience of mine with those clients that have suffered profound and/or early relational trauma.

Early in the therapy, my energy and therapeutic presence were entirely focused on trying to just stay with her. Expanding her ability to even tolerate my presence, was underpinned by a visceral drive in me to pull away and a belief that I was useless. But none the less I stayed present, interested and tried to engage and communicate safety through my eyes, my voice, my body, and my self. I used my prosody, eye contact, body language and facial expressions to communicate interest. A desire to be with her and that she was deserving of unconditional positive regard.

> Above all, I tried to communicate safety. Through my reflective presence, I tried to give her an experience of herself that felt whole.

This is what we do when babies are born. We reflect back to them their being. We look at them with interest and joy, and we balance it, so to not over stimulate. We watch for excitement, interest and fear and we respond in kind. We tend to do this automatically and often without conscious awareness. It comes naturally to many of us. But for those of us who never received this, the need to have the experience replaced somehow, is fundamental. This work requires a conscious and deliberate focus. Play also offers an invitation to engage that can disarm or bypass habituated defence/coping mechanisms like dissociation. I tried to be an external regulator and container for her experiences. This took work, hearty supervision, energy and a type of focus that is quite difficult to explain or fathom.

This is the work when we try to engage with young people who have suffered developmental trauma and attachment disruptions. The success of the therapeutic models we use rests heavily on *how* we deliver them. Or rather how we embody them. We use our *selves,* much like I described above. We give our undivided attention. We try to communicate a felt understanding and reflect back interest, validation, understanding and at times an invitation to go a little further in our journey together. It is new ground for us both. As the therapist, you must exude and communicate that this is a safe terrain. Just like any parent of more than one child will tell you, it's a different journey with each child.

I saw my first movie in a movie theatre back in 1987. It was "Three men and a baby". I remember my young eyes seeing Tom Selleck cradle the little baby he was suddenly responsible for after he found her on his doorstep. The tragedy bearable within the comedy. He was reading to her from an architecture magazine. His friend criticised him for his choice of reading material and I distinctly remember him saying "it's not what I am reading, it's the way I am reading it that matters". My child's brain imprinted on that message, but it is only now that science has fully explained the resonance. Porges (2017, p.187) captures this very well,

> Also, we need to remember that we live in a culture where people say, "It is really *what* I say and not *how* I say it that's important." But our nervous system is telling something different to us: It says, "It is not really *what* you say – it is *how* you say it.

Our nervous system responds more to the tone and physical expressions than the words.

The work of Bessel van der Kolk (2014) and his aptly titled book, 'The Body Keeps the Score', illuminates the way our bodies hold the memories of our trauma, as felt physical sensations rather than conscious memories. The work of Allan Schore, Bruce Perry, Daniel Siegal, and many others on the significance of regulation and a significant "other" acting as an external regulator highlights the potential power of the attuned therapeutic relationship.

When someone engages with us playfully and communicates warmth, interest, and safety, their tone of voice and facial expression can communicate a type of felt safety. When this is paired with the fun and joy of play it creates a potent combination of both safety and connection. This enables regulation by the "other" and in turn, begins coregulation and the beautiful tapestry of social engagement. The pleasure it brings causes our bodies to crave it again. As it patterns it can then become an alternative and healthy habituated response as opposed to an automatic defensive response.

From my perspective, this also closely matches what Jaak Panksepp taught us about the importance of play as one of our emotional circuits in the brain. The joy play brings counteracts the effects of stress and fear. And of course, others such as Donald Winnicott have for a long time emphasized the importance of play in childhood development and therapeutic work. Winnicott (1971, p.44) stated the centrality of play in therapy,

> Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible, the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play.

Play amplifies our capacity to engage positively with others. This is a crucial therapeutic power of play (see Schaefer & Drewes, 2016). Play can generate positive emotions and promote bonding. Play is a creative, imaginative process. It happens in the space between two or more people. It is a shared experience, which also acknowledges separation and the boundaries between those involved. Play is a way in which feelings and experience can be expressed symbolically. Symbols and creative expression can communicate what cannot be put into words.

To describe the work of a psychotherapist these days who specialises in trauma or attachment, one will unavoidably be ensconced in the work of such amazing pioneers. However, the complexity and intricacies of the collective works of these people will only bring us so far. For again, it is not the 'what' we play or how brilliantly we can describe it for that matter, that will ultimately reach our harder to reach clients…it is the 'how' we play. Play and playfulness are felt experiences, that must feel 'real' to be meaningful. The simple description of finally reaching a place where I could brush the hair and nurture the adolescent child who now sat before me, did not and could not reflect the painfully slow at times pace that it took for such safety, regulation and trust to develop. Upon this, all other areas of her healing took place. This is where play and creativity became healing and reparative.

I once was asked, how *do* we explain what is happening, when it appears we are not really doing anything? My answer is that what may appear simplistic and 'nothing', reflects a vitally important interpersonal process.

> To support such wounded people to tolerate your very presence and to experience safety and co-regulation is the essence of complexity, and yet is deceptively simple in many ways. It is at the root of trauma recovery and attachment repair.

Good relationships can heal and repair and are the foundation of good mental, physical and indeed social health. For ordinary child development and recovery from trauma, an attachment relationship is necessary. And what facilitates attachment is attunement. An attuned 'other' is necessary for regulation to take place. Once external regulation has happened over and over again, the capacity for co-regulation and subsequent self-regulation grows. This is now cited across the literature and indeed, as above, in popular fiction. Relationships are portrayed as the answer to so many of life's difficulties. Relationships can buffer, mitigate against stress already endured and protect against potential traumas. I often describe healthy relationships as being nature's own antibiotic and vaccination all rolled up into one.

The reason for the volume of documentation and publicity is because it's true. Relationships *are* that powerful and they *can* heal and transform the potential of people's lives in ways that can be unfathomable. Recently Hambrick et al. (2018) highlight that the wealth of our current relational health is the most powerful predictor of our future outcomes. This even surpasses the impact of any adversities we may have experienced. This warrants much optimism. We must harness the positive and powerful regulating effects of healthy relationships, which will undoubtedly lend themselves toward the capacity to thrive following adversity.

Part 2

What happens when relationships are the very thing that we fear? What happens when the greatest danger experienced by someone is also the vessel of the healing potential?

> Nature's cure, sadly, is often also nature's cause.

For so many people, who have experienced the harsh environments of childhood trauma where the very people they turned to for protection were the source of their terror and pain, the idea of a relationship being the answer to their problems may seem absurd and dangerous. It may feel as terrifying as it would be to stand in front of an oncoming truck. Can you imagine that feeling? The pulsing of your heart, the beating in your ears, irregular breathing, the cold panic, the desire to run, kick, and scream, or the out-of-control impulses that may take over? The fear may take such a hold of you that you collapse and lose consciousness. Now apply that terrified state to the seemingly attractive and benign qualities that one may perceive about the relationships we offer to those impacted by complex trauma. This sadly is the lived experience that many traumatized people have for much of their life. The tragedy is that they crave and fear the connection they so greatly need. The Shakespearean irony here often results in a

classic Shakespearean tragedy. We may even hear narratives such as, 'they were offered every support going' or 'they didn't want the help' or 'they couldn't be helped'.

It is this intersection we now must turn our unrelenting attention to. The intersection of where we attempt to support another through a relationship, and they are very scared of it. This is where and when, that the 'how' of what we do really becomes important. We know that when the body has been hijacked by overwhelming events, it becomes primed for defence, not for connection.

> When trauma happens repeatedly it patterns as Perry et al. (1995) showed us, and our, "States become Traits".

The connections in our brain that fire up in response to fear and threat, get used repeatedly and strong neural connections develop there. These essentially form the go-to patterns of behaviour in our brains. Areas of the brain which are not getting used, for example, areas that are better able to think, reason, feel joy and gentle pleasures, become a little more barren and less populated. The more populated areas become our driving seat and our 'government' will reside there. They direct our behaviours.

If the areas primed for defence or threat become most populated, they are also the least able to think, the least able to rationalise or contextualise. Unintegrated traumas from the past will feel present. Benign experiences that are happening presently, such as, a person offering a secure, helpful, and possibly even transformative relationship, will unavoidably remind that person of their previous other relationships. The overused and by now overactive defence mechanisms will kick in. They now have the most seats in power. They will overrule and shut down the parts of our brain that could actually help them contextualise and set this relationship apart. Without that capacity, this new relationship will melt into the same pot as all the others. Without the ability to contextualise it, the threat is very real and present. The person will do what nature intended in response to a threat – run, defend, attack or collapse – all of which are designed to enable one thing and one thing only…survival.

These responses are especially important and protective in the context of a real threat but become unhelpful when they are habitually re-acted. We need to be respectful to these protective reactions *and* help the client feel safe in the therapy context.

> Porges (2017, p.87) goes as far to say, "Feeling safe is the treatment".

Safety is certainly the first stage and lays the foundation upon which all therapeutic work takes place. Kezelman and Stavropoulos, (2012, p.7) referring to the pioneering work of Pierre Janet, the French Psychologist and Psychotherapist, in the field of dissociation and traumatic memory, in the nineteenth century, state, "Phased treatment is the `gold standard' for therapeutic addressing of complex trauma, where Phase I is safety/stabilisation, Phase II processing and Phase III integration."

And so, we must use ourselves to externally regulate and to communicate safety above all else. We cannot do this by trying to engage the parts of the brain that have been overruled. The parts that relate to rational thoughts and reason. We harness the curative and transformative powers of play to regulate nervous systems and engage the right, emotional brain with non-verbal emotional transactions that exude calm, consistency and safe presence. Presence that doesn't seek to change or alter the frightened self in front of us. But presence that seeks only to engage and to engage safely. Presence that recognises that if we can manage a shared smile or moment of joy together then we are on the path. Presence that remains available even in the mix of confusion and doubt. Many times, we will feel that confusion and doubt as strongly as our clients. Presence must externally regulate long before there is co-regulation and even longer before there is self-regulation. Presence that communicates, "I've got you. I am here. I will not leave you in this alone. I want to be with you no matter what. You will be okay because in this moment, right here and right now, I will paddle for us both and keep us both afloat." We use our supervision, self-care and support networks in the same way so that we can stay regulated amid this. This is the only way we can hope to offer such external regulation.

The destination doesn't matter. Once we don't sink, it often takes care of itself. Reaching the equivalent transformative point where the offer of nurture is accepted, such as brushing hair, and where play becomes possible, means that we are well on the journey. Donald Winnicott (1963, p.228) using the metaphor of disentangling a knot, describes this process well,

> It is emotional growth that has been delayed and perhaps distorted, and under proper conditions the forces that would have led to growth now led to a disentanglement of the knot.

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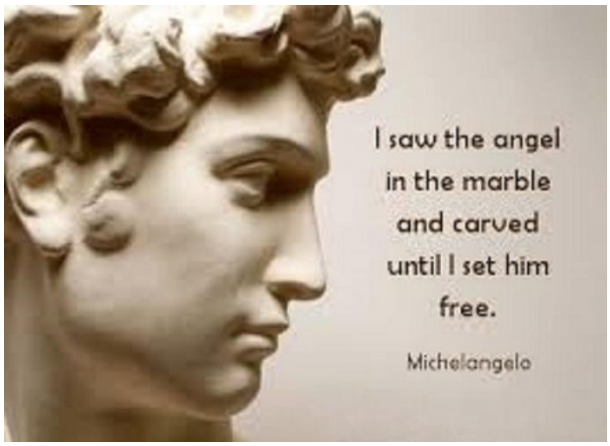
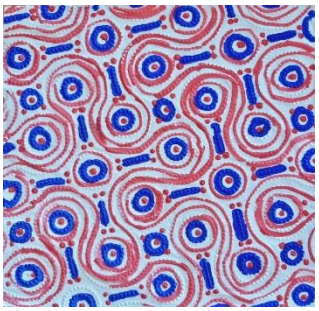
THE THERAPIST IN ME: THE ART OF BEING A CREATIVE PLAY THERAPIST DURING A PANDEMIC
CAROL DUFFY (2020)



Statue of David, Michelangelo, Florence, 1504

When I was in school, I remember learning about Michelangelo the sculptor. I was always fascinated by the majesty of other people's artwork. Struck because my hands, no matter how they tried could not create such beauty. The magic came from within the artist. I tried to draft my carbon copies but to little success. I watched and tried to learn the ability, but I could not.



I see my daughter attempt similar trials and to the same end. I tell her that her creativity lies in many ways and is not defined by what necessarily looks pretty or perfectly formed. The beauty of what she generates lies in her unique approach to it. But why should I expect her to understand at 9 what I still grapple with it at 40? All I can hope for is that she will take this in - that it will shine through like light in dark moments where she doubts herself and wonders why her pictures are not like the others.

That is what Michelangelo did for me. It was explained to me by an inspiring yet none the less forgotten teacher (in name but not in spirit), that Michelangelo never fully knew what he was going to sculpt. He became familiar with his rock and as he chiseled and worked with it (not at it) he could see a force or entity trying to be seen and escape itself. He felt he was, together with the rock, working towards a transcended view of something that was always there. He was the catalyst for the beauty but not the master of it. This, at least, was how my young mind interpreted it. To be truthful I have never sought to fact check this because of what it stirs in me. It speaks to me of trust. Trust in a process.

In my work as a child and adolescent psychotherapist, the imagery of Michelangelo sculpting was often how I visualized my practice. Being in connection with someone and trying to nurture a positive contact experience. One whereby, both my clients and I felt the wonder and excitement of what we could co-create through our relationship.

> The therapeutic relationship and generating a feeling of safety, from which creativity and endless possibility could sprout, was the essence of my practice.

Reading the work of Stephen Porges, Jaak Panksepp, and Allan Schore amongst many more, including pioneers such as Bruce Perry and Bessel van der Kolk, solidified my belief systems and rooted them in neurobiological evidence. I realised that the most potent object and resource in the therapy room were myself and the *use* of myself. I used my voice, my eye contact, my breath, my proximity, my seeing and hearing of my clients and my responses in kind, to create attunement and safety. I intended to cultivate a therapeutic relationship that could carry the pregnancy of the person's self-actualisation. In doing so, I too experienced change, wonder and growth. Each time. There has not yet been a client who has not gifted me with some inner knowledge of myself that I did not fully have before. I trusted the process.

I could be an external regulator and communicate safety even amid working with extreme fears. The capacity to externally regulate paved the way for more meaningful contact and the power to create and imagine in, to all sorts of places. New solutions could be tried, thrown away or mastered. Positivity could flourish rather than fear and defensiveness. A relationship of genuine warmth and knowing could emerge fueled by unconditional positive regard. This was possible, I believe because of the opportunity to be together in a meaningful way. Playfulness activated greater levels of joy and in a symbiotic way. The play powered a deeper relationship whilst the relationship boosted greater playfulness.

Then the world met a global pandemic. Never had we all collectively been exposed to the same threat at the same time. Not in my memory at least. Never had we all collectively experienced such a sudden assault on our ways of being in the world. Not at the same time. It made me think of the inescapable terror and oppression that so many in the world were already enduring. I felt I had no right to complain or feel any real fear in response to this. I was safe…wasn't I? I had food, warmth, my family. No one was going to run me from my home or drop a bomb on my quiet rural little village in the west of Ireland? My children had space to run outside and a family who loved them. I was instead haunted by the many others who faced this pandemic from a much less privileged position. I felt guilty when I succumbed to pangs of panic and overwhelm.

> I never really saw myself as so privileged before but now I realised what privilege was. It was to forget what being privileged meant.

In this way, some silver linings emerged in the form of gratitude and a greater, more in-depth appreciation of my fellow women and men. How we are "not in the same boat". That is not to say I did not appreciate or reflect on other people's struggles before. It is truer to say I had had to find ways to stop myself from doing this because it overwhelmed me. Often people asked me about my work, and I would get many responses with the most common being, "I don't think I could do that". I always replied that I found it much easier to work with trauma and attachment issues than to just read and hear about them. To only read/hear about these issues often

amplified a sense of hopelessness, despair and panic. But now I could not shut it out. I felt overcome with emotional pressure. I needed to do something. But what?

This is when my old childhood struggle resumed. I watched the psychotherapeutic and play therapy community spring into all sorts of action. The speed of the field's response in many ways threw me off my feet. This is not a complaint but more a reflection of the speed at which things were moving. First, globally and subsequently in my field of work where I had become accustomed to a more reflective position. But was that the truth? Was this time just revealing to me my old inner fear and introject?

> I just was not good enough? My pictures do not look as good as all the rest.

Self-doubt reared its head like a young stallion and threatened to bolt. This is when I realised, *I* needed to self-regulate first. I could not create, imagine in, or feel positivity and possibility flow. Because I was dysregulated, I most certainly couldn't externally regulate anyone else. I needed to dig deep to find my inner wisdom and then further again to allow myself to listen to it. Knowing when you cannot regulate is just as important as the capacity *to* regulate another, including yourself. Just as when the mother of a newborn realizes she is exhausted and cannot go on without some small reprieve. Some moment of calm that she can claim as her own, so too did I need a moment. A moment to breathe. To take in what was happening. To realise that relatively I was not too badly off, but I was still entitled to my reaction.

Culture and society can inadvertently paint pictures of how something should look. For example, many young parents struggle on and do not ask for help. Society tells them they should be grateful and enjoy their baby - they are the ones who should be able to soothe. Social media floods parents with images and positive affirmations reminding them of just how far away they are from that unattainable perfection that seems so real. If we are fortunate, we might hold onto Winnicott's vital concept of the good-enough mother! In general, many people cannot find a way to be vulnerable and show the pain they are in. Many, many, many of us feel the weight of that taboo. That invisible leash that pulls us back from saying we are not okay when we feel an unseen but very real pressure that tells us we should be fine and able to manage. I felt a similar expectation as a therapist.

> I should know what to do. I should be doing more. But I do not know. I am scared too. I cannot admit it because I am one of the people who are supposed to not be scared and to know what to do…aren't I?

I realised; I now needed some *externa*l regulation. It was too hard to do it on my own. I needed an inspiring teacher just like before. I needed relationships and their comfort and soothing. Time to myself to activate my capacity to heal and recalibrate. This is the essence of self-regulation. To know what you need when you need it and to be able to access it in turn. I read what I could when I could, and I chose carefully.

> I used my supervision. Not to find a solution but to allow me to stretch my tolerance for not having one.

I stopped trying to hide the anguish and surprisingly this facilitated greater clarity and capability. I fell back on my convictions and remembered why I had them.

I trained in tele play therapy and slowly but surely found my footing. I was not moving as fast as others but likewise, I was not moving as slow as some. Then I remembered that it did not matter. Moving fast or slow is irrelevant once you consider your capacity to regulate and support the finding of safety with others. The capacity to cultivate safety in another relationship hinged on my capacity to feel safe within myself. This capacity is a fluid rather than a fixed thing. An ever-changing and moving concept, always echoing some aspects of my current situation. The current situation now was a global pandemic. Everything I thought about, what I did and how I did it was under duress. All my structures and plans were suddenly removed with immediate effect. This requires a breath. This was not an echo of past trauma but was current and happening now. By the same token reverberated off the ghosts of the many times when I had felt unstable and unsure. When I thought that my drawings could never make the grade.

I attempted to hold on to my authenticity and to proceed with care. There were strengths and benefits I discovered along the way and there were things that I missed. I was surprised by my ability to relate and still engage in an online forum. I was grateful and attracted to what could happen in this virtual space. But I miss real voices and real faces, and the real sound of someone's breath and laughter. There is no virtual or technological replacement for that, for me anyway. We have all lost some things in this time, some more than others. We have also found certain things in this time, some more than others. Time itself, often being one of those things. Time is also one of the things where there are huge differences in what some have lost or found.

> Loss and new beginnings are truly entwined in this transitional space of uncertainty and possibility. But uncertainty breathes anxiety, just as possibility breathes hope.

So, this paradoxical place, we all find ourselves in can be quite disorganising for us. Couple this with the fact that none of us knows what will happen next. We are all in a place of wondering and as such must be seen, validated and understood in how we preoccupy ourselves with that.

So, as I move forward in my work as a psychotherapist, I try to remember that finding my capacity to regulate in relationships starts with myself and indeed my relationships with others as they scaffold me. As therapists, we deserve what we try to offer our clients and what that looks like is different for each of us. The creativity and the magic lie within us individually. And I will try to approach this as Michelangelo did and come to know what needs to emerge.

> I do not want to "do" therapy in this pandemic. I want to "be" the therapist; my therapist; me. This is who I am. The therapist in me.

Carol Duffy

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