

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

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- ✓ Therapeutic Model Development
- ✓ Developmental Mentoring, Consultancy and Clinical Supervision
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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.

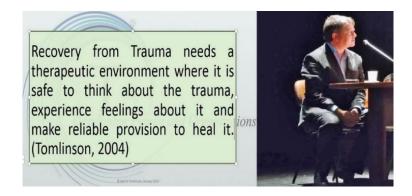
...they focus their energy on not thinking about what has happened and not feeling the residue of terror and panic in their bodies. (van der Kolk, 2014, p.133)

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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